NHS Surrey

NHS Surrey Vaccination and Immunisation Strategy

2010 – 2015

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Acknowledgements

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A special thank you goes to Salford PCT for allowing us to adapt their immunisation strategy to meet Surrey's needs.

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Foreword by Director of Public Health

Worldwide vaccination and immunisation programmes are the second most effective public health intervention after clean water and have saved many lives. The population of Surrey must be able to fully benefit from this safe and effective health intervention that reduces avoidable illness, long term disability and early death, as the infections we immunise against can kill, even in Surrey.

Latest figures show that uptake rates across Surrey for all childhood immunisations do not currently meet the World Health Organisations target of 95%, required to achieve herd immunity to effectively interrupt the transmission of diseases. NHS Surrey is committed to increasing uptake across all the vaccination and immunisation programmes, in particular the MMR vaccine as by their 5th birthday only 64% of children within Surrey are receiving both doses, which ensures full protection against measles, mumps and rubella.

This strategy and action plan plays an important role to ensure World Health Organisations targets are met, ensure services are equitable and accessible to all and that NHS Surrey has a skilled and knowledgeable workforce. The strategy has been developed in consultation with relevant stakeholders to promote these vital public health interventions among all sectors of the population. The action plan incorporates NICE guidance and provides a clear focus for implementation.

Dr Ruth Milton

Director of Public Health

1. Introduction

Immunisation programmes are considered one of the most significant interventions in preventative health care across the globe [1] and have saved more lives worldwide than any other public health intervention [2].

Vaccination and immunisation programmes are essential to the well being of our communities [2]. They protect individuals and the population against diseases that can kill or cause long-term ill health, in order to achieve eradication of several diseases [3].

Despite well-established childhood immunisation programmes nationally, immunisation uptake rates have fallen over recent years [4], which have lead to outbreaks of vaccine preventable diseases. For example, the Health Protection Agency (HPA) [5] reports that almost ten years of sub-optimal Measles, Mumps and Rubella (MMR) vaccination coverage across Surrey is leaving large numbers of children susceptible to measles, which is now so sufficient it will support the continuous spread of measles. In 2006 there were 439 confirmed cases, compared with 77 during 2005 [3]. The outbreak in 2006 resulted in the first death from this disease in the UK since 1992 [6].

Immunisations are also required and given during our childhood years and also throughout life to protect us from seasonal influenza, lifestyle, travel and occupational related infections. It is essential that the population has access to all required vaccinations to protect themself and their families.

“Choosing Health” the Public Health White paper [7] recognised this and highlighted the need for improved local uptake rates. It stated that even in areas with overall good uptake rates, there are groups of the population that are either not immunised or not completely immunised and therefore at risk from vaccine preventable diseases. It encouraged Primary Care Trusts (PCTs) to examine uptake rates and identify the differences between population groups and geographical areas in terms of completion rates and access. It suggested that closer examination of local data may reveal hidden variation and help to prioritise action needed to improve the situation for those most in need of vaccination.

In September 2009 the National Institute for Health and Clinical Excellence (NICE) published public health guidance 21 ‘Reducing the difference in the uptake of immunisations’ [8], which focused on increasing immunisation uptake among children and young people aged under 19

years in groups and settings where immunisation coverage is low. The guidance gave PCTs 6 clear recommendations to implement:

1. Immunisation programmes
2. Information systems
3. Training
4. Contribution of nurseries, schools, FE colleges
5. Targeting groups at risk of not being fully immunised
6. Hepatitis B immunisation for infants

Many of the actions from these recommendations apply to all age ranges that access immunisation services and not just for under 19 year olds.

It is a key responsibility of NHS Surrey to ensure vaccination programmes are commissioned and delivered in a well-organised and structured manner, to maximise the availability and uptake of vaccinations to develop herd immunity to prevent outbreaks of infection and achieve national targets.

2. Vision, aims and objectives

2.1 VISION

To improve the health of the population and reduce inequalities by increasing vaccination uptake to reduce the spread of vaccine preventable diseases. This will be achieved through the delivery of a comprehensive, coordinated equitable immunisation service, accessible to all.

2.2 AIMS

- To achieve herd immunity in the population through increased uptake of immunisations
- To ensure the immunisation service is equitable and accessible to all, reducing health inequalities
- To provide a high quality, standardised immunisation service through effective commissioning
- To ensure the implementation of NICE guidance relating to immunisations.
- To ensure NHS Surrey meets the targets for immunisation uptake set by the Department of Health

2.3 OBJECTIVES

To achieve these aims we need to achieve the following objectives:

1. **Immunisation programmes**. Improve access to immunisation services.
2. **Information systems**. Ensure NHS Surrey holds accurate data and information on the immunisation status of the population.
3. **Training**. Provide universal training for those who give and advise on vaccinations and immunisations to develop a skilled workforce.
4. **Contribution of nurseries, schools, FE colleges.** Work in partnership to promote and deliver immunisation programmes**.**
5. **Targeting groups at risk of not being fully immunised**. Ensure immunisation services are accessible to all to address health inequalities and high risk groups are targeted appropriately.
6. **Hepatitis B and BCG immunisation for neonates.** Develop a targeted programme for neonates across acute and community settings.
7. **Seasonal Influenza and Pneumococcal.** Increase uptake rate among over 65s to 75% target
8. **Communication.** Develop an internal and external communication plan, paying particular attention to community engagement and a social marketing initiative around MMR.
9. **Emergency planning.** Ensure preparedness for provision for emergencies.

3. Equality statement

This strategy will not discriminate any patient or professional on the grounds of:

- Race
- Ethnic origin
- Nationality
- Gender
- Culture
- Religion or belief
- Sexual orientation
- Age
- Disability

Vaccination and immunisation services and information should be accessible to all regardless of the above and actions to ensure this are highlighted in the detail action plan.

4. Immunisation data

3.1 Childhood Immunisations

The percentage of Surrey children immunised in accordance to the national vaccination and immunisation schedule are lower than the South East Coast Strategic Health Authority (SHA) and national uptake rates across all reported age ranges and at times the uptake rates for certain vaccinations are the lowest in the region.

The following tables show the percentage of children immunised by their 1st, 2nd and 5th birthdays across the SHA, which is reported by COVER (Cover of Vaccination Evaluated Rapidly). COVER data are taken from local Child Health Departments (CHD) on a quarterly and annual basis and are used to measure NHS Surrey against the Vital Signs targets.

Table 1: % of children immunised by their 1st birthday, 07-08, 08-09 & Q1 for 09-10

PCT	Diphteria, Tetanus, Polio, Pertussis, Hib(DTaP/IPV/Hib)			MenC		
	07-08	08-09	09-10 Q1	07-08	08-09	09-10 Q1
Brighton & Hove City	89	91	89.5	88	90	88.9
East Sussex Downs & Weald	94	94	93.5	94	93	93.2
Eastern & Coastal Kent	88	89	90.3	88	89	89.7
Hastings & Rother	93	93	91.9	92	93	91.9
Medway	96	96	96.1	95	96	95.8
Surrey	**86**	**90**	**89.1**	**85**	**90**	**72.6**
West Kent	85	91	89.8	84	90	89.4
West Sussex	95	95	94.8	95	94	94.3
South East Coast	**89**	**92**	**91.2**	**89**	**91**	**91.1**
England	**91**	**92**	**91.9**	**90**	**91**	**91.3**

Source: NHS immunisation Statistics, The Information Centre

Table 2: % of children immunised by their 2nd birthday, 07-08, 08-09 & Q1 for 09-10

PCT	Pneumococcal disease (PCV) Experimental			MMR			Hib/MenC Experimental		
	07-08	08-09	09-10 Q1	07-08	08-09	09-10 Q1	07-08	08-09	09-10 Q1
Brighton & Hove City	86	81	84.9	78	82	84.3	Data collection started 08-09	85	88.8
East Sussex Downs & Weald	91	84	87.2	86	88	87.9		89	89.6
Eastern & Coastal Kent	80	81	86.7	86	85	85.3		86	87.9
Hastings & Rother	88	85	88.9	87	86	87.6		90	92
Medway	92	93	95.2	93	94	95.8		93	95.8
Surrey	**79**	**74**	**78.5**	**75**	**77**	**79.7**		**78**	**67.2**
West Kent	80	85	89	82	86	88.1		85	88.9
West Sussex	92	89	90.4	90	89	90.8		93	94
South East Coast	**84**	**83**	**85.9**	**83**	**85**	**85.9**		**86**	**88.4**
England	**84**	**81**	**85.8**	**85**	**85**	**86.3**		**85**	**88.4**

Source: NHS immunisation Statistics, The Information Centre

Table 3: % of children immunised by their 5th birthday, 07-08, 08-09 & Q1 for 09-10

PCT	Diphteria Tetanus, Polio			Hib			Diphteria, Tetanus, Polio, Pertussis			MMR					
	Primary			Primary			Booster			1st dose			1st & 2nd dose		
	07-08	08-09	09-10 Q1	07-08	08-09	09-10 Q1	07-08	08-09	09-10 Q1	07-08	08-09	09-10 Q1	07-08	08-09	09-10 Q1
Brighton & Hove City	88	89	91.2	88	89	90.3	67	73	77.4	80	85	85.8	62	69	73.2
East Sussex Downs & Weald	96	95	95.4	95	94	95.2	86	87	87.8	90	91	93.1	81	82	84.3
Eastern & Coastal Kent	94	94	95.2	95	95	95.7	86	87	88.3	87	90	90.3	78	82	83.8
Hastings & Rother	93	93	92.2	93	92	92.2	84	81	82.3	88	91	89.8	78	78	80.7
Medway	94	94	94.5	94	95	95.0	91	93	92.9	88	91	91.4	82	87	88.1
Surrey	**85**	**88**	**89.1**	**84**	**87**	**88.7**	**63**	**69**	**74.2**	**75**	**80**	**83.4**	**59**	**64**	**68.9**
West Kent	94	94	94.4	95	95	95.4	83	88	87.9	84	89	90.7	72	81	82.4
West Sussex	95	94	94.6	95	93	94.1	87	87	89.8	90	90	92.4	82	82	84.6
South East Coast	**91**	**92**	**92.9**	**91**	**92**	**92.9**	**78**	**82**	**84.0**	**84**	**87**	**88.8**	**72**	**76**	**79.2**
England	**93**	**93**	**93.0**	**91**	**91**	**92.1**	**78**	**80**	**83.4**	**87**	**89**	**90.0**	**74**	**78**	**81.1**

Source: NHS immunisation Statistics, The Information Centre

Diagram 1: % of children immunised by their 1st birthday within the past 3 years by PCT, SHA and national level.

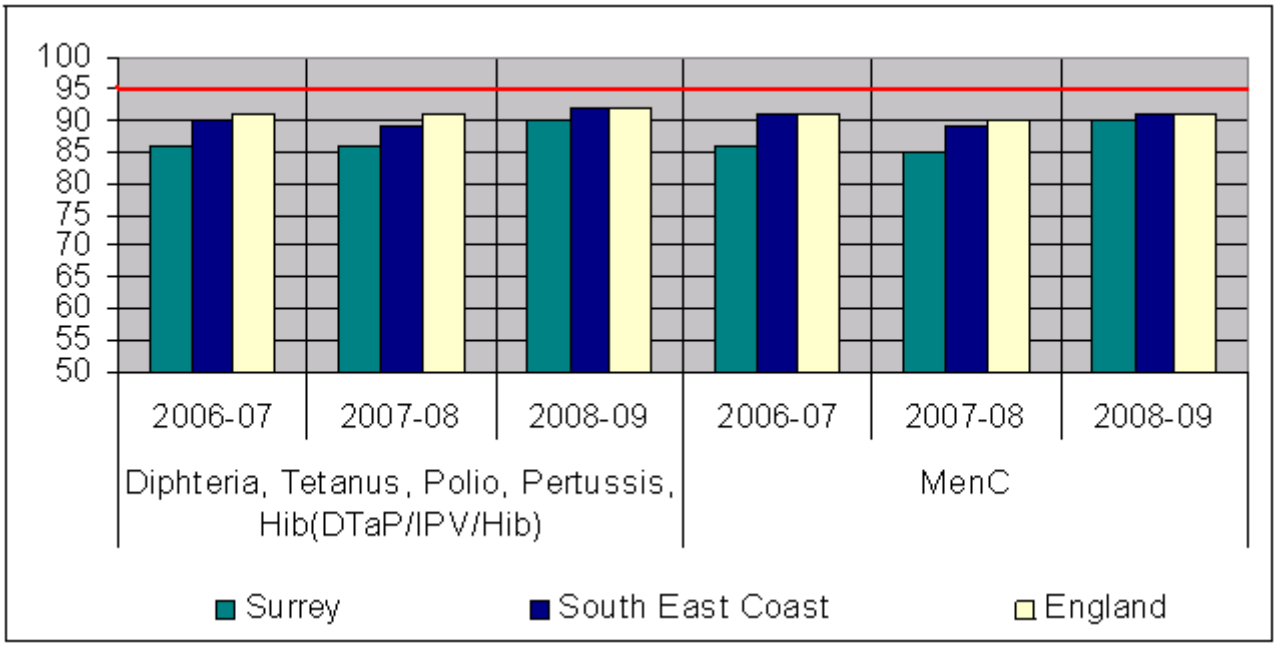


Diagram 2: % of children immunised by their 2nd birthday within the past 3 years by PCT, SHA and national level.

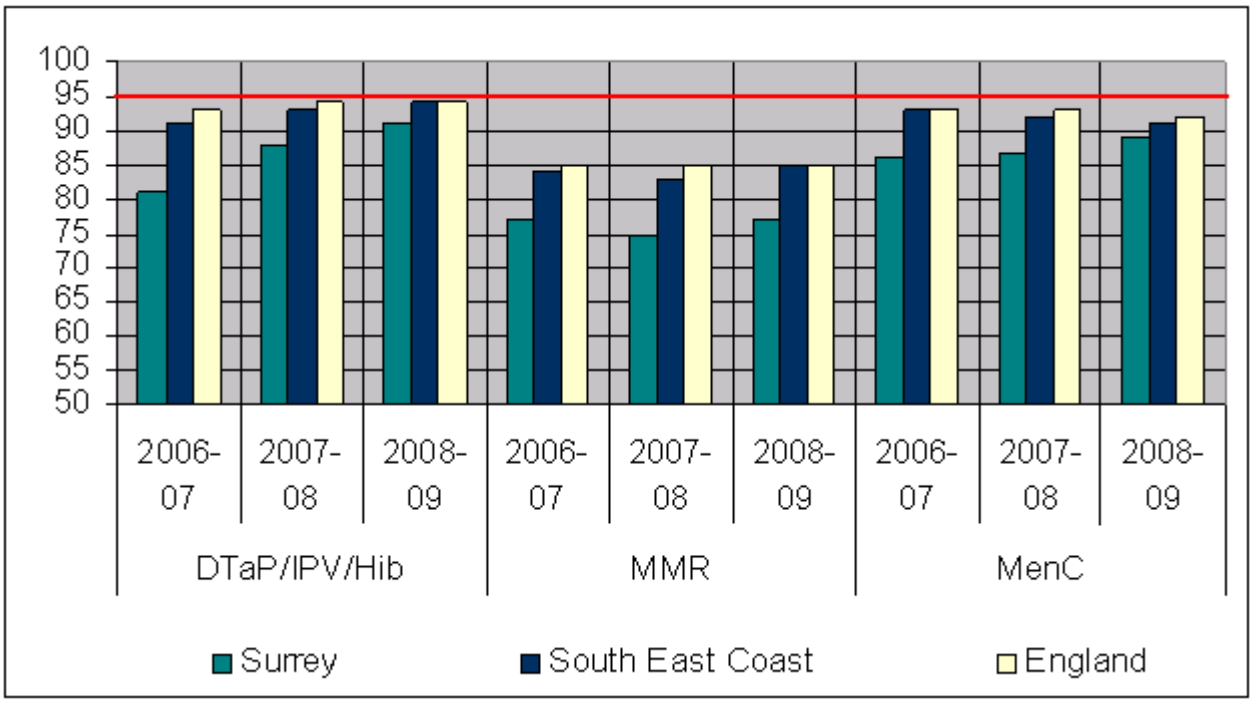


Diagram 3: % of children immunised by their 5th birthday within the past 3 years by PCT, SHA and national level.

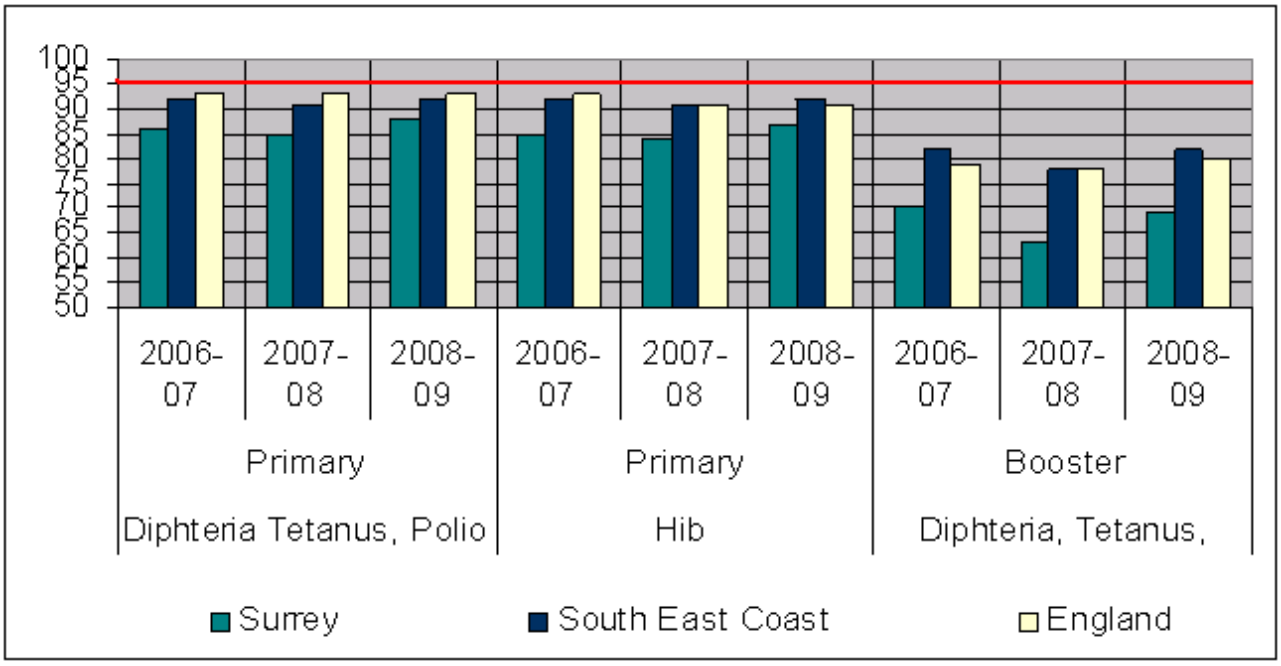
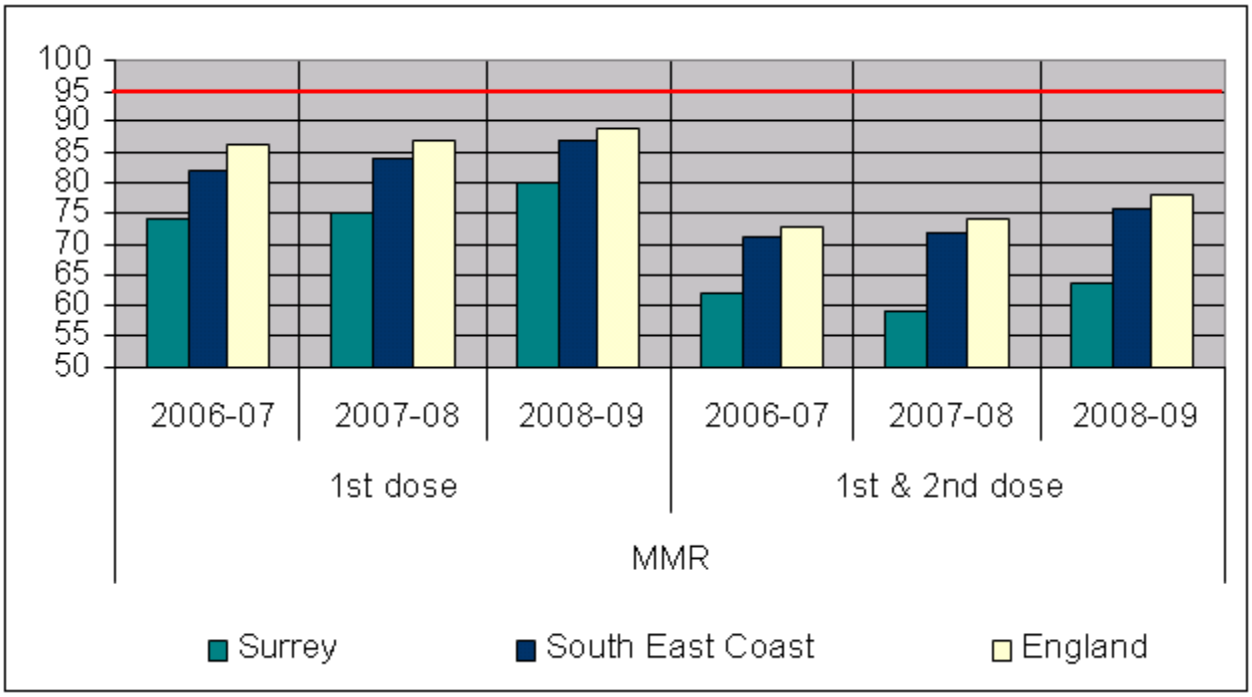


Diagram 4: % of children immunised with the MMR by their 5th birthday within the past 3 years by PCT, SHA and national level.

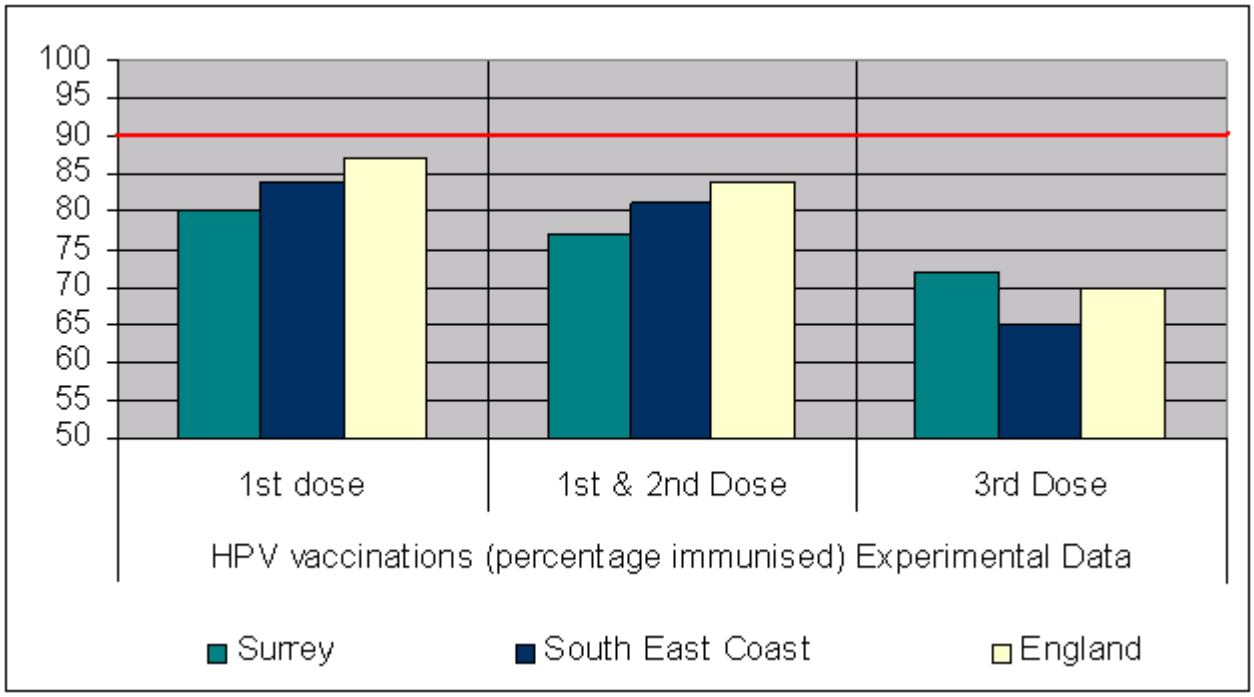


The red line in the above diagrams indicates the 95% uptake rate required to achieve herd immunity to effectively interrupt the transmission of diseases [9] [10]. The 95% uptake rate is the Vital Signs target for year 3 (2010 – 2011) across all childhood immunisations.

3.2 Human Papilloma Virus (HPV)

Provisional data are reported for year 8 girls as the programme is still in its infancy and straddles two financial years. National figures show that 87% of girls received the first dose and 70% completed the 3 dose course. It is thought that the third dose figures may increase slightly by end of the year. For Surrey the figures show that 80% received their first dose and 72% completed the course in 2008-09.

Diagram 5: % of year 8 girls vaccinated within the new HPV immunisation programme in 2008-09.

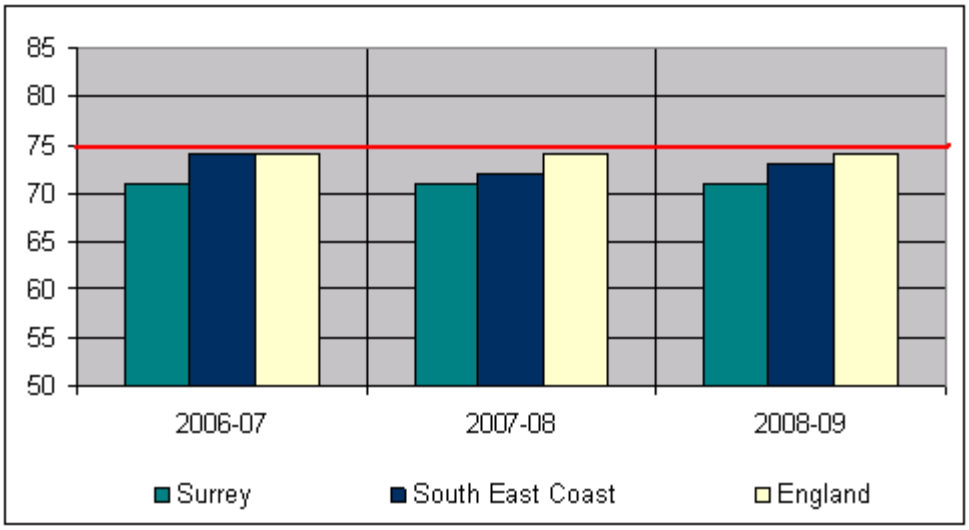


In this diagram the red line indicates the 90% Vital Signs target for year 3 (2010 – 2011).

3.3 Seasonal influenza for 65s and over

The World Health Organisation (WHO) has set a 75% uptake rate target for 2010 (indicated by the red line) for the uptake of seasonal influenza. For the past 3 years Surrey has achieved a 71% uptake rate for the 65 and over target group, slightly lower than regional and national uptake rates.

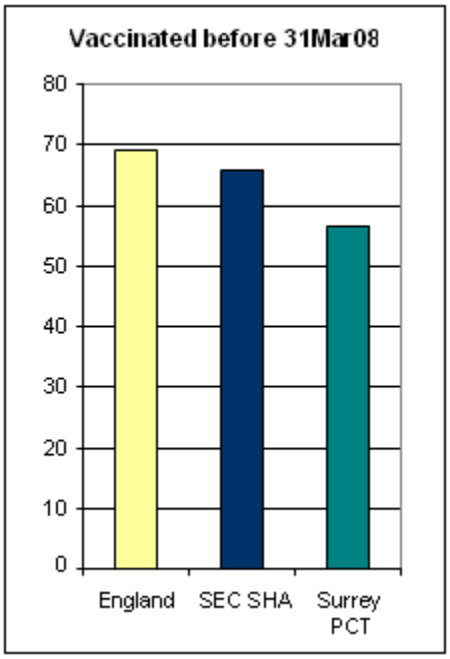
Diagram 6: % of persons aged 65 & over vaccinated against the seasonal influenza



3.4 Pneumococcal

People who are 65 and over are routinely offered a vaccine to help protect against pneumococcal disease. This is not an annual vaccine and patients only need one dose.

Diagram 7: % of persons aged 65 and over vaccinated against Pneumococcal before 31st March 2008.



Source: HPA - Annual Pneumococcal Polysaccharide Vaccine Uptake Report in 65 years old and over for England

5. Current provision

4.1 Routine Childhood Immunisations

The following immunisations are predominantly given in GP practices:

When to immunise	Diseases protected against	Vaccine given
2 months old	Diphtheria, tetanus, pertussis (whooping cough), polio and *Haemophilus influenzae* type b (Hib) Pneumococcal infection	DTaP/IPV/Hib and Pneumococcal conjugate vaccine (PCV)
3 months old	Diphtheria, tetanus, pertussis, polio and *Haemophilus influenzae* type b (Hib) Meningitis C (meningococcal group C)	DTaP/IPV/Hib and MenC
4 months old	Diphtheria, tetanus, pertussis, polio and *Haemophilus influenzae* type b (Hib) Meningitis C (meningococcal group C) Pneumococcal infection	DTaP/IPV/Hib, MenC and PCV
Around 12 months	*Haemophilus influenzae* type b (Hib) and meningitis C	Hib/MenC
Around 13 months	Measles, mumps and rubella (German measles) Pneumococcal infection	MMR and PCV
3 years and 4 months or soon after	Diphtheria, tetanus, pertussis and polio Measles, mumps and rubella	DTaP/IPV or dTaP/IPV and MMR
Girls aged 12 to 13	Cervical cancer caused by human papillomavirus types 16 and 18	HPV
13 to 18 years olds	Tetanus, diphtheria and polio	Td/IPV

Each GP practice provides this programme often within set days and at set times. Patient records are updated on the GP practice system and information should be sent to their local CHD.

4.1.1 Final School Booster - Td/IPV

This element of the routine immunisation programme is predominantly delivered via a school based programme with the exception of Spelthorne. The 0-19 teams from Surrey Community Health (SCH) and Central Surrey Health (CSH) immunise children at all the state schools across Surrey, however 20% of Surrey's children attend an independent school. Therefore final school boosters are also offered by SCH and CSH to the large day private schools but not all schools take up this service. Boarding schools organise their own immunisation programme under the direction of a GP.

4.1.2 Human Papilloma Virus (HPV)

In 2008 the Department of Health (DH) launched a new immunisation programme for year 8 girls (12 to 13 year olds) with a catch up programme for all girls under the age of 18 to be vaccinated against HPV. The routine programme (year 8 girls) has been incorporated into the national childhood immunisation programme and in Surrey is delivered via a school based programme by

the 0-19 teams with girls attending their GP practice to obtain a vaccine they may have missed due to an absence at school.

The catch up programme will run for two years from September 2008 to August 2010 and is currently being delivered via GP practices through a Local Enhanced Service (LES). Most GP practices in Surrey have signed up to deliver this service and provide activity data on a quarterly basis. The vaccine for this programme is free and must be ordered by the PCT for each practice.

4.2 Non-routine Childhood Immunisations

4.2.1 BCG - Neonates and those considered at risk

Acute trusts and community providers in Surrey currently have slightly different processes for offering and vaccinating those individuals identified as being 'at risk'. For each provider the following processes are in place:

- Central Surrey Health. A screening service is carried out in schools at reception and Year 6. For those identified at risk two community clinics are offered every month with 48 appointment slots, currently with a 95% attendance. Epsom and St Helier University Hospitals NHS Trust provides vaccination to neonates who fall within the at risk category. Information is sent to the CHD.
- North West Locality. Letters are sent by SCH to school entrants, Yr 6 and Yr 9 children to inform parents of the 'at risk' categories and where their child can be vaccinated if they fit the criteria. A community clinic is run by Health Visitors once a month to immunise identified at risk children. Ashford and St Peters Hospitals NHS Trust offers the BCG vaccination to all babies born in the trust.
- South West Locality. A screening service is carried out in schools at reception and Year 6. Those individuals 'at risk' can be vaccinated at a community clinic in Farnham or at the University of Surrey delivered by SCH. Identified at risk neonates born at the Royal Surrey County Hospital NHS Foundation Trust are referred to the BGC clinic in the hospital. This clinic also vaccinates children under 6yrs. Birth notifications include BCG information which is recorded by the CHD, however no data are recorded from the community clinics currently.
- South East Locality. Neonates identified 'at risk' are not vaccinated in hospital. SCH provides two community clinics to children 'at risk', a 0 – 5yr clinic and a 5 – 16yr clinic as part of the school screening programme. DNA (Did not attend) rates are high for these clinics. Information sent to the CHD.

4.2.2 Hepatitis B (Hep B) - Babies whose mothers are hepatitis B positive

The HPA is currently undertaking an audit of babies born to Hep B positive mothers. All acute trusts in Surrey have slightly different processes for immunising babies whose mothers are hep B positive.

For the community providers the following processes are in place:

- Central Surrey Health. 'At risk' babies are vaccinated at Epsom and St Helier University Hospitals NHS Trust, but there is no formal recording of this data. CHD record these data manually.
- North West Locality. Information is sent from maternity services at Ashford and St Peters Hospitals NHS Trust to CHD. This is communicated to GPs via the Health Visitor in order that follow up immunisations are given to the baby.
- South West Locality. 'At risk' babies are vaccinated at Royal Surrey County Hospital NHS Foundation Trust and then transferred into the community for further vaccinations. Information is sent to the CHD
- South East Locality. 'At risk' babies are vaccinated at Surrey and Sussex Healthcare NHS Trust and then transferred into the community for further vaccinations. Information is sent to the CHD.

4.3 Child Health Departments

In Surrey there are 4 child health departments with 4 different software systems:

- Surrey Community Health - North West Locality, Goldsworth Park – Interhealth
- Surrey Community Health - South West Locality, The Jarvis Centre – Continuum
- Surrey Community Health - South East Locality, St Johns Court – ComWise
- Central Surrey Health, Ewell Court – Rio

Each department provides different services for GP practices for call and recall for childhood immunisations. The following different processes are in place:

- Information is sent to parents/carers directly asking them to contact their GP to make an appointment.
- Immunisation appointments are sent to parents/ carers, giving them a set time and date to attend their GP practice.
- Notifications are sent GP practices outlining which children need which vaccine and the practice sends information to the parents/carers who schedule their own appointments.

For parents and carers who do not attend appointments different processes are in place for call and recall across all departments:

- Some practices take on the responsibility for call and recall.
- For some practices their local CHD take on the responsibility for call and recall.
- Some local 0-19 teams are contacted after 2-3 attempts to recall parents to allow a phone call or face to face contact.
- CHD send quarterly and annual data returns to COVER from information that is received from GP practices. The majority of practices send back immunisation information to their relevant department but some do not. The DH use COVER data to measure PCTs against the immunisation Vital Signs targets.

4.4 Seasonal influenza for 65s and over and at risk groups

The seasonal influenza programme is an annual programme for people aged 65 and over and those in the identified clinical at risk groups. Those who wish to have this vaccine must attend each year to take into account evolving strains of the influenza virus.

GP practices organise their own seasonal flu programme and start putting plans in place e.g. ordering vaccine in the April of every year. Practices deliver this programme under a Directed Enhanced Service (DES) and claim for activity under this through PCTs on a quarterly basis. All practices in Surrey sign up to this DES and deliver the service by specific clinics or appointment times. Call and recall of patients is carried out by the practice and is done by sending individual letters or via telephone call.

Uptake data for seasonal influenza are collected via the national ImmForm website. Practices individually upload their data on a monthly basis during October to February and PCTs are able to check this information by practice in order to target areas of low uptake.

4.5 Seasonal flu vaccine for poultry workers

Over the past 3 years the DH has offered a free seasonal influenza vaccine to poultry workers under the identified definition. Every year DEFRA provides contact details for all poultry premises to aid targeting this group. In Surrey information is sent to practices informing them of the process and how to obtain vaccine and where and when they need to send their data. Identified poultry keepers and their staff are sent letters and leaflets requesting they contact their GP if they wish to be vaccinated against the human seasonal influenza virus.

4.6 Pneumococcal for the over 65s

In Surrey, responsibility for administering this vaccine lies with individual practices and it is usually offered during the seasonal influenza programme. This programme also forms part of the Seasonal Influenza DES and practices are paid for activity on a quarterly basis. Patients can be asked to self refer or are called and recalled during the influenza season. Local District Nursing teams provide this service to house bound patients on request from the GP practice. This vaccine only needs to be administered once and uptake data are collected via the national ImmForm website on an annual basis.

6. Performance monitoring

Continual monitoring of immunisation uptake at a GP practice level provides information on uptake at a local population level. This ensures that areas of poor uptake are identified at an early stage and enables staff responsible for delivery to be alerted so actions can be put in place to improve uptake.

Continual monitoring of performance against contracts as described within the strategy will indicate progress and provide an early warning of a drop in uptake of immunisations. We will be assured that this strategy has been successful when we reach national targets equitably and sustainably across the county. Positive messages around the implementation of the strategy need to convey that it is not about forcing people to have vaccinations but about breaking down barriers and encouraging people to make informed choices.

The Surrey Vaccination and Immunisation Committee are responsible for:

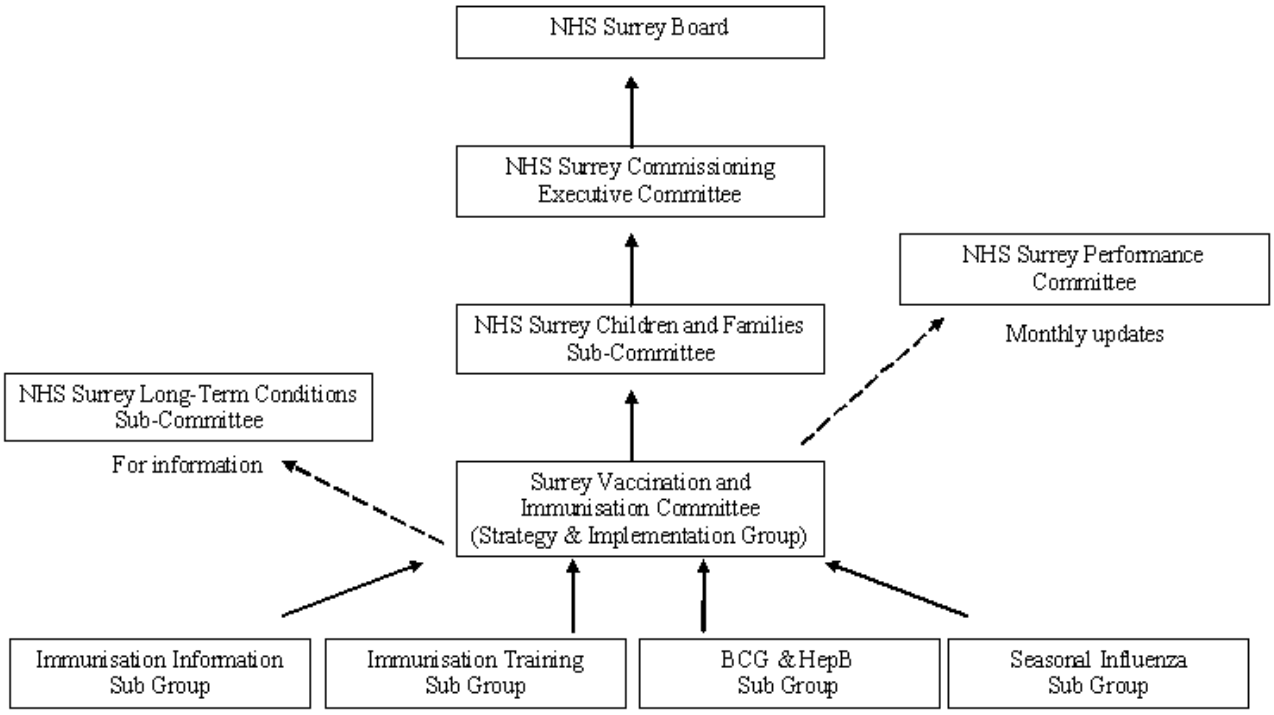
- Monitoring the strategy.
- Developing and implementing the action plan.
- Monitoring immunisation uptake.
- Providing monthly updates to the NHS Surrey Performance Committee.
- Providing updates to the Children and Families Sub Committee.

7. Governance

Assurance to the Board on strategy implementation and immunisation uptake will be provided through the Surrey Performance Committee on a monthly and quarterly basis.

The Immunisation Strategy will be implemented through the Surrey Vaccination and Immunisation Committee who report to the NHS Surrey Children and Young Peoples Programme Board. Individual work streams will be developed and implemented to look at each objective under the strategy and will report to the overall strategy group. Diagram 8 illustrates the governance arrangements and accountability for this strategy.

Diagram 8: Surrey Vaccination and Immunisation Strategy Governance Structure



8. Cost of implementing the strategy

It is anticipated that the majority of objectives in this strategy can be delivered through contracted services that are already in place with appropriate funding and therefore is cost neutral. For example the 0-19 service specification will ensure services provided according to a clear need and evidence base as set out in this strategy. With regard to information systems; acute, primary care and community services already have systems in place to process vaccination data. NHS Surrey already has in-house staff that could be utilised to provide immunisation training by working in partnership with HPA and immunisation leads within community providers, however it is also important to note that an immunisation e-learning pack, free to all NHS staff, is currently under development and is likely to reduce training costs.

Changes in the National Immunisation Programme and additional campaigns attract new monies from the DH, which will be used to commission the delivery of the additional services and provide training where necessary.

Immunisations required as a response to an outbreak of infection would come under the umbrella of emergency planning and fall outside the scope of this strategy.

Over the life of the strategy resources may need to be re-distributed depending on service development and cost implications against any current DES or LES will occur as uptake across all immunisations needs to increase to meet national targets.

Additional resources may be required for:

- Extend clinic times.
- Eliminate waiting lists where backlogs have built up.
- Make waiting areas more “child-friendly”.
- Reconcile child health information systems and GP practice records to ensure consistency.
- Ensure accurate transfer of immunisation information between providers and between services and systems.
- Undertake audit and quality assurance of immunisation records.
- Outreach programmes for children from traveller, or new immigrant families.
- Home visits to parents who do not bring their children to attend immunisation appointments.
- Translation services for non-English speakers.

Although elements of this strategy may need some additional resources it is important to note that increasing uptake across all immunisation programmes will lead to savings for the NHS as a whole. For example in 2005-06, there were 8,391 admissions to hospital of people with vaccine preventable illness (excluding pneumococcal disease). The estimated treatment costs were £27.91 million of which:

- £2.45 million were of children aged 0-14
- £25.46 million were of people aged 15 and over.

9. National Support Team

The Department of Health's Vaccination and Immunisation National Support Team (VINST) visited Surrey in January 2010. The VINST offers support to local partnerships in achieving the Government's key deliverables for improving immunisation uptake. This support took the form of a two day visit by a team with specialist expertise in vaccination and immunisation and will be followed up with focused support where required. At the end of the visit the NST presented their preliminary findings and the following six priority actions for Surrey:

1. **Strategy**
   - Accelerate progress on implementing the immunisation action plan through exploring and exploiting existing opportunities in Surrey
   - Write and implement an internal and external communication plan
2. **Commissioning**
   - Implement the planned governance arrangements for the Immunisation Programme and review this to include reporting lines for adult immunisations
   - Include all elements of the strategy in the community service specification for the 0-19 teams
3. **Organisational Arrangements**
   - Implement the planned introduction of the RiO Child Health Module across the Child Health Systems
4. **Care Pathways**
   - Evaluate targeted immunisations and associated care pathways to ensure that all eligible babies, children and young people are immunised, including Hep B, BCG and MMR.
5. **Data**
   - Review the current systems and processes alongside the introduction of RiO and the move to rationalise the current child health systems
   - Establish co-ordinated call and re-call systems
6. **Social Marketing and Community Engagement**

   Develop and implement:
   - Social marketing approaches in relation to immunisation uptake to increase uptake and inform commissioning
   - A joint approach across statutory and voluntary organisations around focused community engagement for immunisation services

10. Action plan

Action	Time	RAG Score	Lead
Carry out an equity impact assessment on the immunisation strategy	April 10		Tricia Spedding
Develop a project plan to implement an audit of the implementation of NICE Guidance with all providers using the NICE audit support tool, cross referencing to the actions below	March 10		Tricia Spedding
Complete costing template to incorporate into strategy and the operating framework	Feb 10		Tricia Spedding

Priority Actions for November 2009 – March 2010

Objective		Action	Time	RAG Score	Lead
P.1	Develop and implement a consistent approach across Surrey for call and recall to immunisation appointments.	▪ Develop Immunisation Information subgroup.	Dec 09		Ruth Hutchinson
		▪ Develop and implement tailored invitations, reminders and recall invitations to be used by CSH & SCH child health departments.	March 10		Immunisation information sub group
P.2	Develop and implement a consistent follow up procedure for DNAs.	▪ Develop pathway to inform GPs, CHD & 0-19 teams of follow up process for DNAs.	Feb 10		Ruth Hutchinson & Tricia Spedding
		▪ Work with communication teams and 0-19 service leads on cascading information out to relevant health professionals.	March 10		
		▪ Incorporate pathway into 0-19 team service specification.	March 10		
		▪ Incorporate care pathway in to immunisation training. See recommendation 3.	Dec 10		Immunisation training sub group
P.3	Gather immunisation data direct from GP systems	▪ Work with CHD and DQF on implementing an appropriate process to gather data needed to incorporate into the CHD systems.	Dec 09		Immunisation information sub group
		▪ Establish with COVER exact requirements for quarterly reporting (COVER data informs vital signs).	Dec 09		Ruth Hutchinson & Tricia Spedding
		▪ Obtain agreement from information governance lead on process for sharing PID.	Dec 09		Ruth Hutchinson
		▪ Ensure CHD obtain NHS net accounts.	Dec 09		Tricia Spedding

		▪ Commission service to write an electronic tool to use in GP practices.	Dec 09		Knowledge Management
		▪ Support the development and implementation of the reference guide for GP practices to run electronic searches.	Jan 10		Ruth Hutchinson & Tricia Spedding
		▪ Co-ordinate Surrey report for COVER with regard to Q2, Q3 and a refresh for Q1.	Feb 10		Tricia Spedding
		▪ Work with primary care contracting to work with GP practices not providing data.	March 10		Tricia Spedding
		▪ Work with primary care contracting on cross-checking DES/LES payments against data provided by CHD and ImmForm.	March 10		Tricia Spedding & Becky Kite

Objective 1: Immunisation programmes - Improve Access to Immunisation Services.

Objective		Action	Time	RAG Score	Lead
1.1	Ensure updates to the childhood immunisation programme (CIP) are monitored and services adapted appropriately.	Continue to work with primary care contracting colleagues on amendments to the CIP by ensuring that: • Services are commissioned that meet the requirements of DH guidance. ▪ Commissioned services that maximise opportunities for increased uptake rates. ▪ Ensure maximum cost effectiveness of services.	On going		Tricia Spedding and primary care contracting team with support from Surrey Vac & Imms Committee
1.2	Ensure enough immunisation appointments are available so all receive recommended vaccinations on time.	▪ Develop and implement a consistent process for scheduling appointments across Surrey.	March 10		Immunisation information sub group
		▪ Monitor current waiting list via CHD by using their scheduling system.	On going		
		▪ Work with primary care contracting on current requirements with GP contracts and how to use targets for payments.	June 10		Tricia Spedding and primary care contracting team
		▪ Work with practices on encouraging flexibility of immunisations appointments for parents/carers who are unable to bring child/ren to specific clinics.	Aug 10		Tricia Spedding and primary care contracting team

		▪ Ensure immunisation information is imbedded into the new PMS contract.	March 10		Ruth Hutchinson
1.3	Ensure all patients know how to access immunisation services and information.	Establish a system which will: ▪ Regularly inform local practices and other health professionals of any immunisation updates. ▪ Provide information with regard to the on-line order process for immunisation material so they are able to access own supply.	April 10		Becky Kite
		Ensure content of GP contracts and 0-19 service specifications include: ▪ Providing patients with tailored information, advice and support on the vaccinations and immunisation including the benefits and risks. ▪ Ensuring patients have the opportunity to discuss any concerns they might have about immunisations.	April 10		Ruth Hutchinson & Tricia Spedding
1.4	Ensure young people fully understand what is involved in immunisation so those considered sufficiently capable can give their consent to vaccinations.	▪ Include information on Gillick competencies in the immunisation training. See recommendation 3.	Dec 10		Immunisation training sub group
		▪ Develop care pathway for those young people who wish to consent to receiving an immunisation.	April 10		Tricia Spedding and Immunisation Leads from CSH & SCH
1.5	Check the immunisation status of children and young people at every appropriate opportunity.	▪ Develop service specification for providing opportunistic vaccinations, including cost implications	May 10		Becky Kite and Liz Roberts.
		▪ Develop contract variations with relevant health care settings on providing an opportunistic vaccination service.	June 10		Ruth Hutchinson, Tricia Spedding and contract managers
		▪ Ensure data collection systems are in place to allow accurate reporting to GP and CHD.	June 10		Tricia Spedding, CHD and DQF
		▪ Ensure health professionals within relevant settings access mandatory immunisation training against the national minimum standards. See recommendation 3.	Dec 10		Immunisation training sub group
		▪ Conduct evaluations of opportunistic vaccination services to inform future practice.	March 11		Tricia Spedding and Becky Kite
1.6	Vaccination payment guidance	▪ Research , develop and obtain ratification for a guidance document for vaccination claims in primary care	June 10		Sarah Flack

Objective 2: Information Systems

Objective		Action	Time	RAG Score	Lead
2.1	Ensure PCTs and GP practices have a structured, systematic method for recording, maintaining and transferring accurate information on the vaccination status of all children and young people.	▪ See P1-3 (pg 22).	March 10		Immunisation information sub group
		▪ Develop and implement a process which links data transfer to CHD from practices to claims for payment.	Aug 10		
		▪ Ensure all health professional involved in immunising record vaccines under correct read codes.	Aug 10		
2.2	Enable private providers to give GPs details of all vaccinations administered.	▪ Contact local GPs to establish current process. ▪ Create a list of private providers offering vaccinations and immunisations. ▪ Develop secure data transfer to GP systems which ensures patient confidentially is maintained.	Aug 10		Tricia Spedding
2.3	Record any factors which may make it less likely that a child or young person will be up-to-date with vaccinations.	▪ Investigate current processes in primary care and the community. ▪ Contact LAC&YP nurses to establish current process. ▪ Develop further actions after further investigation is complete.	Dec 10		Tricia Spedding.

Objective 3: Training

Objective		Action	Time	RAG Score	Lead
3.1	Ensure all staff involved in giving and advising on immunisations are appropriately trained to the national minimum standard for immunisation training.	▪ Establish sub group to take this action forward.	March 10		Tricia Spedding
		▪ Undertake a training audit of the 0- 19 teams within CSH & SCH.	Dec 09		Becky Kite
		▪ Undertake a training audit of immunisers in primary care.	May 10		Becky Kite
		▪ Develop and implement a systematic mandatory rolling training programme for all staff involved in giving immunisations.	Dec 10		Immunisation training sub group

		▪ Develop and implement a systematic mandatory rolling training programme for all staff involved in advising on and promoting immunisations.	Dec10		
		▪ Ensure training of staff includes sections on awareness of the cultural barriers /issues for some vulnerable groups e.g. Gypsy Travellers and Black Minority Ethnic groups.	Dec10		Immunisation training sub group
		▪ Ensure the delivery of a mandatory rolling training programme is included in the 0-19 service specification.	March 10		Tricia Spedding
		▪ Ensure GP contracts include stipulation around PN training link to payment.	March 10		
		▪ Work with primary care contracting team to ensure quality standards are monitored via LES contracts.	On going		
		▪ Evaluate training to allow yearly updates to meet the needs of the participants.	March 11		Immunisation training sub group

Objective 4: Contribution of nurseries, schools, colleges of further education

Objective		Action	Time	RAG Score	Lead
4.1	0-19 teams to check the immunisation record of each child when they join a nursery, playgroup, children's centre, primary school, transfer to a new school or college. If possible offer vaccinations to those under 19s with an incomplete vaccination record, or refer them to other immunisation services.	Develop and implement a consistent approach across Surrey through: ▪ 0-19 service spec (SCH & CSH). ▪ Uniformed screening process ▪ Uniformed data recording. ▪ Partnership working with childcare or education staff and the parents.	July 10		Tricia Spedding and Immunisation Leads from CSH & SCH
4.2	0-19 teams in partnership with nurseries and schools to explain to parents why immunisation is important.	▪ Establish links with local children centre leads. ▪ Ensure early years establishments have up to date information on immunisations. ▪ 0-19 to advise young people and their parents about the vaccinations recommended at secondary school age and	Dec10		

		provide information in an appropriate format. ▪ Work with SCC education department on publishing immunisation information through school bulletins.			
4.4	Encourage nurseries, schools, colleges of further education to become venues for vaccinating local children.	▪ Work with head of education to scope the potential for using schools as venues for current vaccinations and any other additions to the CIP. ▪ Develop and implement links with local children centres. 0-19 teams to offer opportunistic vaccinations ▪ Investigate the extended school role in proving immunisation services via schools.	Dec 10		

Objective 5: Targeting groups at risk of not being fully immunised

Objective		Action	Time	RAG Score	Lead
5.1	Improve access to immunisation services for those with transport, language or communication difficulties, and those with physical or learning disabilities.	▪ Audit current immunisation provision with regard to patients who may have transport, language or communication difficulties, and for those with physical or learning disabilities. ▪ Develop further actions once audit complete	July 10		Tricia Spedding and Becky Kite
5.2	Provide accurate, up-to-date information in a variety of formats on the benefits of immunisation against vaccine-preventable infections.	See 1.3 (pg24) to also include: ▪ Informing local health professionals that immunisation resources exists in other languages and formats. ▪ Developing an e-group across Surrey for sharing good practice e.g. leaflets in other languages, green book chapter etc.	May 10		Tricia Spedding, Becky Kite and the communication department
5.3	Consider using other outlets to promote and disseminate accurate, up-to-date information on immunisation.	▪ Inform other partners e.g. SCC, LA and other organisations of how to obtain immunisation information via LSP and other health and well being groups.	Jan 10		Becky Kite and public health links into local BCs
5.4	Health professionals should check the immunisation history of new migrants, including asylum seekers, when they arrive in the	Further investigation needed and actions to be developed once compete.	Sept 10		Tricia Spedding

	country.				
5.5	Prison health services should check the immunisation history of all offenders.	Further investigation needed and actions to be developed once compete.	Sept 10		Tricia Spedding, JoAnne Alner and Nicky Croft
5.6	Check the immunisation status of looked after children during their: ▪ initial health assessment ▪ annual review health assessment ▪ other statutory reviews.	Further investigation needed looking at: ▪ Ensuring outstanding immunisations are addressed as part of the child's health plan. ▪ Offering opportunities to have any missed vaccinations, as appropriate. ▪ Actions to be developed once compete.	Sept 10		Tricia Spedding & Kelly Morris

Objective 6: Hepatitis B and BCG immunisations for infants

Objective		Action	Time	RAG Score	Lead
6.1	Identified person responsible for coordinating the local HepB vaccination programme for babies.	▪ Establish sub group to take work forward and develop clear actions.	Feb 10		
6.2	Clear process for the local infant HepB and BCG vaccination programme should be developed and implemented.	Develop a consistent approach across Surrey including: ▪ Patient care pathway ▪ clear communication channels between antenatal, postnatal, neonatal, paediatric, primary care and community support teams ▪ Health professionals will provide parents with information, advice and support on how to prevent the transmission of HepB. ▪ Health professionals will assess whether or not the baby's siblings need to be immunised or tested for infection and will offer relevant services depending on results.	July 10		Hep B & BCG vaccination sub group, Antenatal Screening Group

Objective 7: Seasonal Influenza and Pneumococcal 2010-2011 programme

Objective	Action	Time	RAG Score	Lead

7.1	Increase seasonal flu and pneumococcal uptake rate among the over 65 target group to 75% in 2010.	Establish a sub group and arrange meetings	March 10		Tricia Spedding
		Identify practices with uptake below 75% for the 65 & overs and practices within priority areas to develop one to one support.	March 10		Tricia Spedding
		Establish uptake figures per Borough	March		Becky Kite
		Attend PH LSP team meetings to promote the seasonal flu programme, using Elmbridge as good practice example.	March 10		Tricia Spedding
		Contact Practices with 75% and over uptake to establish how they achieve this.	May 10		Becky Kite
		Develop practice toolkit of ideas to increase uptake	June 10		Sub group
		Contact all Practices to inform them of how NHS Surrey will be the supporting the influenza vaccination campaign.	June 10		Tricia Spedding
		Send out information from the DH to practices within 1 day of receiving the information, via email or hard copy where necessary.	Ongoing		Tricia Spedding
		During programme remind all Practices a week before the start of each monthly data collection period to input their data.	Oct 10 – Feb 2011		Becky Kite
		Identify Practices that have not uploaded data within 3 days of the site of the site opening and remind them of the deadline. (CC Contract Managers)	Oct 10 – Feb 2011		Becky Kite
		Within January 2011 contact Practices who have not uploaded data to offer support.	Oct 10 – Feb 2011		Becky Kite
7.2	Increase seasonal flu uptake rate among poultry workers.	Contact other PCTs to find out how they encouraged uptake among this target group.	Sept 10		Tricia Spedding
		Develop service specification for vaccinating workers on site. Add actions if a viable option	Sept 10		Tricia Spedding
		Send letters and literature to practices to inform them of current procedure around vaccinating poultry workers.	Oct 10		Administration
		Send letters and literature to Poultry Organisation employers.	Oct 10		Administration
		Contact practices with regard to number of poultry workers vaccinated.	Feb 11		Tricia Spedding

		Upload data to ImmForm	April 11		Tricia Spedding

Objective 8: Communication

Objective		Action	Time	RAG Score	Lead
8.1	Improve communication around current immunisation programmes with health professionals within primary care, acute trusts and community settings.	▪ Develop an internal communications plan. ▪ Incorporate communications plan into the strategy. ▪ Cascade communications plan to relevant stakeholders	June 10		Tricia Spedding and communication dept
8.2	Improve communication around current immunisation programmes with the public.	▪ Develop an external communications plan, which is appropriate in meeting needs of all the population e.g. information in accessible formats ▪ Incorporate communications plan into the strategy. ▪ Cascade communications plan to relevant stakeholders	June 10		Tricia Spedding and communication dept
8.3	Engage communities in the development or change to current immunisation services.	▪ Arrange to meet with the engagement team to discuss future engagement with communities around immunisation services.	June 10		Tricia Spedding and engagement team
8.4	Develop a social marketing initiative looking at increasing uptake of MMR.	▪ PH Immunisation Lead to attend social marketing training	March 10		Tricia Spedding
		▪ Develop project plan	June 10		
		▪ Recruit colleagues to take project forward	July 10		
		▪ Once project plan is complete further actions to be added	July 10		

Over the life of the strategy the action plan will be amended depending on future changes to the immunisation programme and new evidence around increasing uptake.

Glossary

CHD	Child Health Departments
COVER	Cover of Vaccination Evaluated Rapidly
CSH	Central Surrey Health
Defra	Department for Environment, Food and Rural Affairs
DES	Directed Enhanced Service
DH	Department of Health
DNA	Did not attend
FE	Further Education
GP	General Practitioner
Hep B	Hepatitis B
HPA	Health Protection Agency
HPV	Human Papilloma Virus
LES	Local Enhanced Service
MMR	Measles, Mumps and Rubella
NHS	National Health Service
NICE	National Institute for Health and Clinical Excellence
PCT	Primary Care Trusts
SCH	Surrey Community Health
SHA	South East Coast Strategic Health Authority
VINST	Vaccination and Immunisation National Support Team
WHO	World Health Organisation

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