

# Immunisations in Southwark: Adult programmes

*Southwark's Joint Strategic Needs Assessment*

Southwark Public Health Division

April 2019

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## GATEWAY INFORMATION

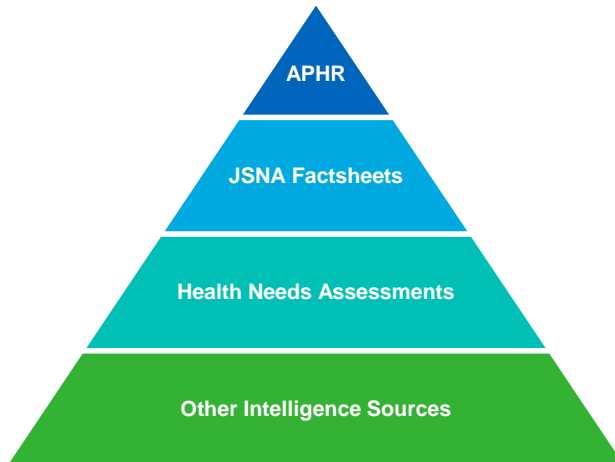
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# Health Needs Assessments form part of Southwark's Joint Strategic Needs Assessment process

## BACKGROUND

The Joint Strategic Needs Assessment (JSNA) is the ongoing process through which we seek to identify the current and future health and wellbeing needs of our local population.

- The purpose of the JSNA is to inform and underpin the Joint Health and Wellbeing Strategy and other local plans that seek to improve the health of our residents.
- The JSNA is built from a range of resources that contribute to our understanding of need. In Southwark we have structured these resources around 4 tiers:



**Tier I:** The Annual Public Health Report provides an overview of health and wellbeing in the borough.



**Tier II:** JSNA Factsheets provide a short overview of health issues in the borough.



**Tier III:** Health Needs Assessments provide an in-depth review of specific issues.



**Tier IV:** Other sources of intelligence include Local Health Profiles and national Outcome Frameworks.

- This document forms part of those resources.
- All our resources are available via: [www.southwark.gov.uk/JSNA](http://www.southwark.gov.uk/JSNA)

# This needs assessment aims to highlight opportunities to improve immunisation uptake in adults

## AIMS & OBJECTIVES

**The aim of this Joint Strategic Needs Assessment (JSNA) is to provide an overview of immunisation programmes for adults to inform development of the Southwark Strategy and Action Plan.**

### **The objectives are to:**

- Summarise uptake of adult immunisation programmes in Southwark, including pneumococcal, shingles, flu and maternal pertussis
- Benchmark immunisation uptake in Southwark compared to London and England
- Provide an overview of relevant national and regional policies on immunisations
- Consolidate stakeholder views with available data to ascertain barriers, challenges, and areas of improvement
- Identify local opportunities to improve immunisation uptake
- Make broad evidence-based recommendations to inform development of the Southwark Immunisation Strategy and Action Plan.

### **Different immunisation programmes in Southwark present different challenges.**

This report is the first part of a series of three JSNAs covering immunisations across the life course. Reports focused on pre-school programmes (part 1) and school-aged programmes (part 2) should be read alongside this one.

# This report is part of a series of immunisation needs assessments that cover vaccinations across the life-course

## SCOPE

Needs Assessment	Immunisation programme	Vaccine
<b>Part 1: Pre-school (0-3 years)</b>	Routine	<ul style="list-style-type: none"> <li>▪ DTaP/IPV/Hib/HepB (6-in-1)</li> <li>▪ PCV</li> <li>▪ Rotavirus</li> <li>▪ Men B</li> </ul>
	Selective	<ul style="list-style-type: none"> <li>▪ Hib/Men C</li> <li>▪ MMR</li> <li>▪ DTaP/IPV (4-in-1) booster</li> </ul>
	Flu	<ul style="list-style-type: none"> <li>▪ All children aged 2-3 years</li> <li>▪ Children at-risk* (6 months – 17 years**)</li> </ul>
<b>Part 2: School-age (4-16 years)</b>	Routine	<ul style="list-style-type: none"> <li>▪ Td/IPV</li> <li>▪ HPV</li> <li>▪ MenACWY</li> </ul>
	Flu	<ul style="list-style-type: none"> <li>▪ School-aged (4-10 years)</li> <li>▪ School aged children at risk (covered in the pre school JSNA)</li> </ul>
<b>Part 3: Adults (17+)</b>	Routine	<ul style="list-style-type: none"> <li>▪ PPV (Pneumococcal Polysaccharide vaccine)</li> <li>▪ Shingles (Herpes Zoster)</li> <li>▪ Maternal pertussis</li> </ul>
	Flu	<ul style="list-style-type: none"> <li>▪ Adults at-risk* (17-64 years old)</li> <li>▪ Older adults (65+ years old)</li> <li>▪ Pregnant women</li> </ul>

\*Children & adults are considered to be clinically 'at-risk' if they have a serious medical conditions. This includes, but is not limited to, chronic respiratory disease, chronic learning disability, splenic dysfunction/asplenia, weakened immune system, morbid obesity<sup>1</sup>

\*\* All children clinically at risk of flu will be covered in the pre-school JSNA from 6 months to 17 years for convenience

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# Immunisation is both a life-saving and cost-effective intervention

## INTRODUCTION

**Vaccination is the safest and most effective way of protecting individuals and communities from vaccine preventable diseases.**

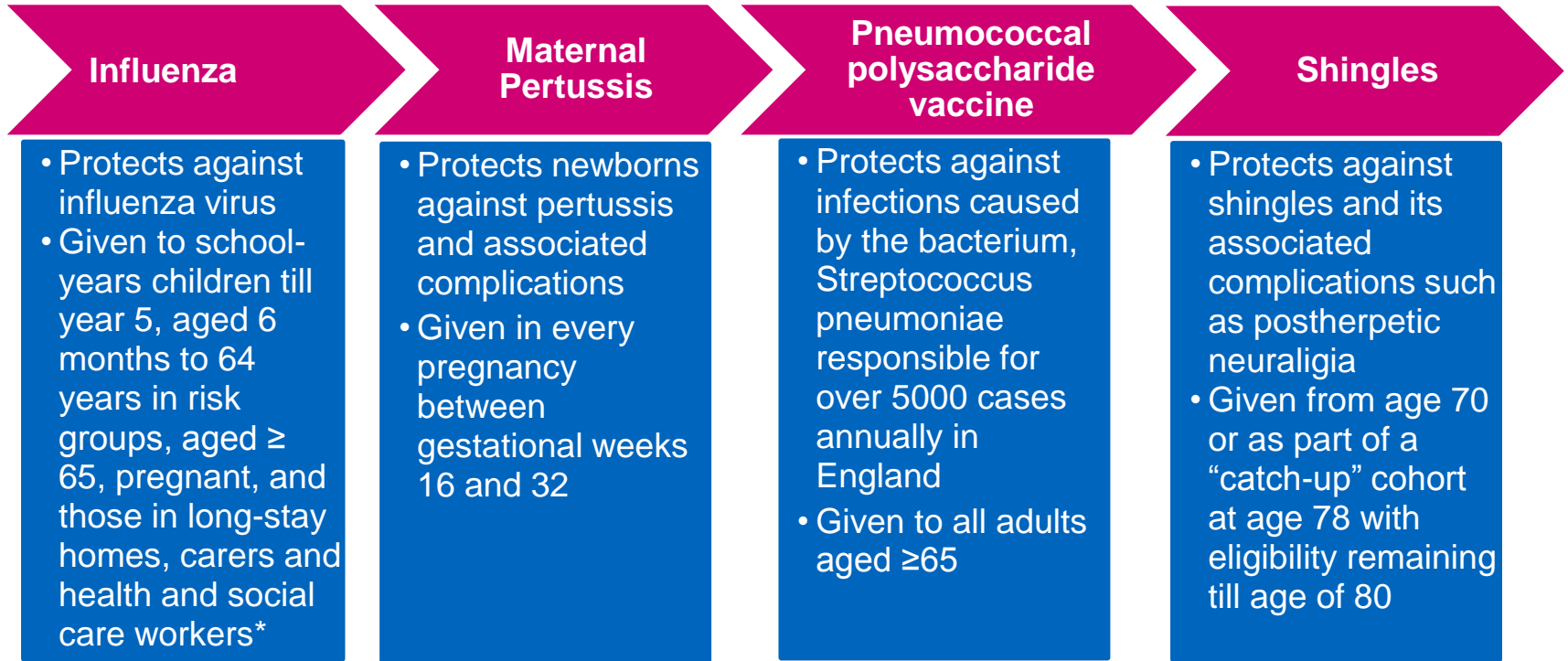
**National immunisation programmes have led to exceptional reductions in the incidence of previously common disease, and related deaths.**

- Vaccination is responsible for the eradication of smallpox and almost complete eradication worldwide of polio
- National immunisation programmes have led to exceptional reductions in incidents of previously common disease such as pertussis, diphtheria, measles and related deaths
- In 1940, there were more than 60,000 cases and 3,823 deaths from diphtheria in the UK, however by 2002 vaccination had reduced this to 2 deaths annually
- Equally, in the 1950s the UK had 120,000 cases of pertussis annually, however by 2011 vaccination had reduced this to under 1500 cases

**Nevertheless, inequalities persist in immunisation uptake. A number of groups of adults (eg those who are from more deprived areas and certain minority ethnic groups) are less likely to be fully immunised.**

# Adult Vaccination Schedules are complex due to varying times at which individuals become eligible

## INTRODUCTION



\*Health and social care staff as well as carers in direct contact with vulnerable patients are eligible



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# European and national polices aim to improve coverage and reduce inequalities in vaccination uptake

## NATIONAL POLICY CONTEXT

**Vaccination programmes aim to achieve a level of coverage that confers herd immunity; a form of indirect protection that occurs when a large percentage of a population has become immune to an infection, thereby providing some protection for individuals who are not immune. There are a range of national and international policies and strategies that seek to improve the coverage of vaccination programmes:**

- WHO Europe's immunisation work is guided by the **European Vaccine Action Plan 2015-2020 (EVAP)**<sup>1</sup>, which was adopted in 2014 and includes commitments to eliminate measles and rubella and control hepatitis B infection, amongst others. Two of the **EVAP objectives** are:
  - to ensure individuals understand the value of immunisation services.
  - that the benefits of vaccination are equitably extended to all people through tailored, innovative strategies to reach the underserved.
- The **Green Book**<sup>2</sup> provides comprehensive and up to date information about all vaccinations and procedures in the UK. The aim of the vaccination schedule in adults is to offer protection against those vaccine preventable diseases that are most dangerous to the older population.
- **NHSE/PHE Immunisation and Screening National Delivery Framework & Local Operating Model**<sup>3</sup> – sets out how, after 1 April 2013, national, regional, and local operational and governance arrangements for national screening and immunisation programmes in England will be coordinated.

### References

1. [www.euro.who.int/en/health-topics/disease-prevention/vaccines-and-immunization/policy](http://www.euro.who.int/en/health-topics/disease-prevention/vaccines-and-immunization/policy)
2. [www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book](http://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book)
3. [www.england.nhs.uk/wp-content/uploads/2013/05/del-frame-local-op-model-130524.pdf](http://www.england.nhs.uk/wp-content/uploads/2013/05/del-frame-local-op-model-130524.pdf)

# A number of national, regional, and local organisations are involved in immunisation governance and delivery

## NATIONAL POLICY CONTEXT

There are a range of organisations across the country involved in childhood immunisation programmes, with different roles and responsibilities:

- **Joint Committee on Vaccines and Immunisation (JCVI); Public Health England; NICE:** Programme-level clinical policy-making, including the vaccination schedule.
- **Department of Health & Social Care:** National strategic oversight, policy and finance of national programmes.
- **Public Health England:** Working with NHS England to improve and sustain the successful delivery of existing programmes. Communicating clinical policy updates.
- **NHS England:** Routine commissioning of national immunisation programmes.
- **Screening and Immunisation Team (SIT):** Ensuring that immunisation services commissioned by NHS London area team meet national service specifications.
- **Local Authority Public Health:** Independent scrutiny and challenge of immunisation arrangements of NHS(E), PHE and providers. Responsibility for the health of the local population and for reducing health inequalities.
- **CCGs:** a duty of quality improvements regarding immunisation programmes delivered by primary care providers.
- **Primary care providers:** contractual obligation for service delivery.

### References

1. NICE Immunisations: reducing difference in uptake in the under 19s, Public health guideline [PH21] Updated 2017 <https://www.england.nhs.uk/wp-content/uploads/2013/05/del-frame-local-op-model-130524.pdf>

# NHSE (London) published a 2-year Immunisation plan for London in 2017/18 to improve immunisation uptake

## REGIONAL POLICY CONTEXT

**In London, commissioning of the immunisation programmes (Section 7a agreement) is done by the NHS England (London) immunisation team.**

- This team comprises of PHE and NHSE staff who work together to improve the uptake and quality of commissioned vaccination services in London.
- Providers commissioned for immunisation services include GPs, school-aged vaccination teams, pharmacies, maternity services and some outreach services.

**NHSE (London) published a 2-year Immunisation plan for London in 2017/18 to improve immunisation uptake and coverage by aiming to:**

- Improve information management systems and data management across London
- Improve provider performance with specified immunisation targets
- Increase patient choice and access
- Capture patient views and experience
- Implement best-practice in call/recall

**The London Plan sets out specific targets relating to immunisations for adults:**

- 60% of pregnant women receive their pertussis vaccination
- 75% of 65+ have PPV vaccine
- 60% uptake for shingles
- 55% target for flu in at risk adults up to 64
- 75% target for flu in adults 65+

# A local steering group monitors immunisation programmes and makes recommendations for action

## LOCAL POLICY CONTEXT

**Local oversight, scrutiny, and challenge of arrangements between NHSE and providers is the responsibility of the Lambeth & Southwark Immunisation Steering Group.**

### Functions:

- Monitor local coverage data and make recommendations for action.
- To provide scrutiny and challenge of the arrangements of NHSE, PHE and providers.
- To address inequalities and improve access to under-served groups.
- To review and update the Lambeth and Southwark Immunisation Risk Log.
- To provide assurance to the Director of Public Health of immunisation programme quality.

### Membership:

- Public Health Southwark & Lambeth
- South London Health Protection (PHE).
- Southwark and Lambeth CCGs; NHSE London region commissioning.
- Clinical and / or service management colleagues: primary care development; practice nursing; immunisation clinical coordinators; community paediatric and immunisation consultant.

### Accountability:

- The Steering Group is accountable to the Southwark CCG Quality and Safety sub-Committee (QSC), which in turn is accountable to the CCG Governing Body.

#### References

1. Immunisation programmes in Southwark Annual Report 2016/17, Sarah Robinson, Sabrina Kwaa

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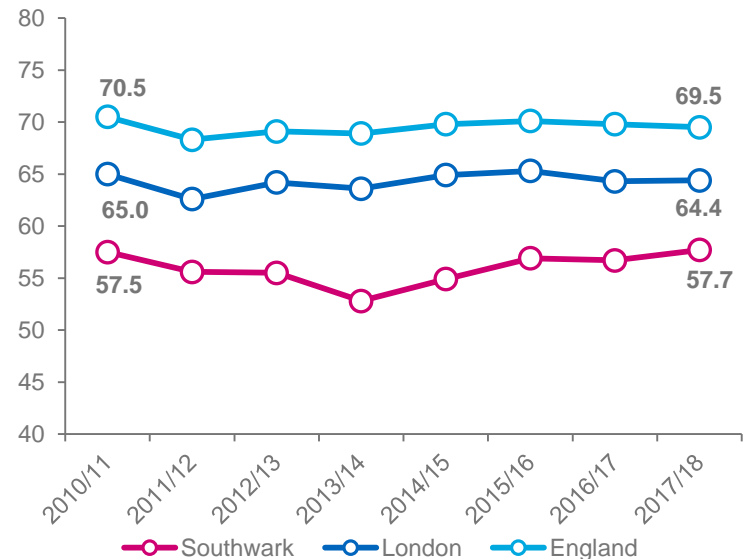
# PPV coverage in Southwark remains stable but is well below the target and London average

## THE LOCAL PICTURE: PPV COVERAGE

**Coverage of Pneumococcal Polysaccharide Vaccine (PPV) in adults aged 65 years and over, vaccinated any time up to and including 31 March 2018, was 57.7% in Southwark compared to 64.4% in London and 69.5% in England.**

- Most eligible people do not receive vaccination in their first year of eligibility though coverage increases with age.
- This is evidenced by coverage being lowest in 65-69 group with 39.6% in Southwark compared to 43.4% in London and 47.9% in England.
- The uptake among eligible adults aged 65 years who were vaccinated in the 12 months between April 2017 and March 2018 was 3.3% in Southwark compared to 3% nationally.
- NHSE London have set a target of 75% coverage for 2019 for over 65+ and 4-5% annual uptake.
- Despite national PPV shortages, coverage has not declined in Southwark since 2016/17.

Figure 1: PPV vaccination coverage in those aged ≥ 65 years at end of financial year (%)



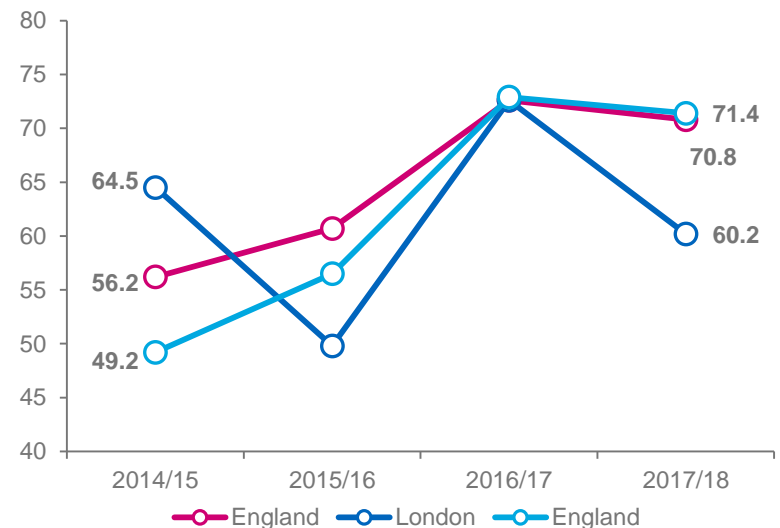
# Maternal Pertussis coverage in Southwark is similar to England and higher than the London average

## THE LOCAL PICTURE: PERTUSSIS COVERAGE

**Coverage of pertussis in pregnancy in March 2018 in Southwark was 71.4% which was similar to England (70.8%) and higher than in London (60.2%).**

- Longer periods available for vaccination, greater signposting & reminders have been cited for improvements observed nationally in recent years.
- A study published in 2017 using ImmForm data showed 14% lower coverage in those from most deprived geographical areas compared to least.
- It also showed lower coverage in all ethnicities compared to white British. This was most pronounced among Black-Caribbean (-15.4%) and Black other (-16.3%) .
- This has implications given Southwark has high levels of deprivation across the borough and a multi-ethnic population.

Figure 2: Pertussis vaccination coverage in Pregnant Women at end of financial year (%)



1. Byrne, L, Ward, C, White, J, Amirthalingam, G. & Edelstein, M. Predictors of coverage of the national maternal pertussis and infant rotavirus vaccination programmes in England. *Epidemiology and Infection*, 2018; 146(2), 197-206
2. Pertussis Vaccination programme for pregnant woman: vaccine coverage in England Jan to Mar 2018



# Shingles coverage is lower in Southwark than the London average and considerably below the target

## THE LOCAL PICTURE: SHINGLES COVERAGE

**Coverage against shingles at March 2018 in Southwark was 29.2% for the routine 70 year old cohort which was lower than in England (41.0%) and London (37.5%). Coverage was similarly lower in the “catch-up” cohort aged 78.**

- The decrease in coverage observed across all of England since 2016/17 may be misleading and stem from a revision of the eligibility criteria in April 2017 which meant more individuals became eligible (from age of 70 or 78 until they turned 80).
- Uptake percentages closely reflect coverage and are lower compared to England.
- NHSE London have set a target of 60% coverage for 2019.

Figure 3: Shingles vaccination coverage for those aged 70 at end of financial year (%)

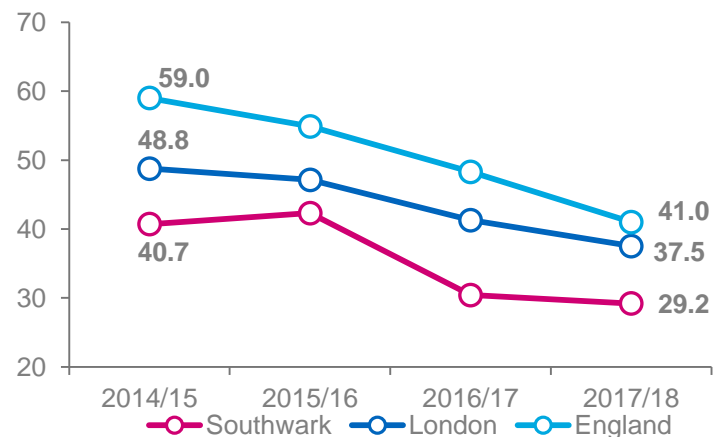
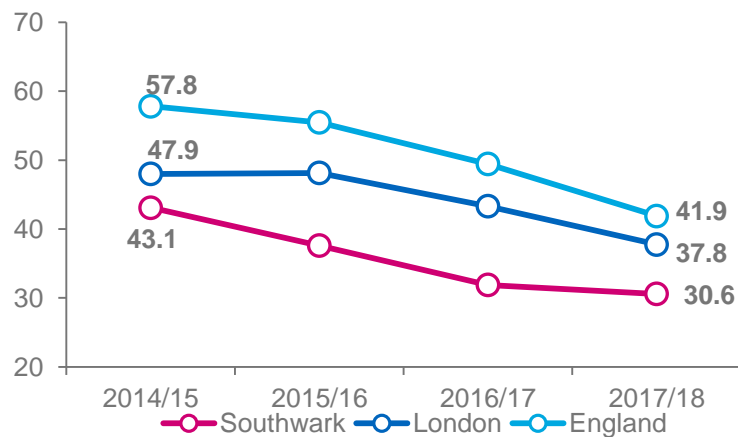


Figure 4: Shingles vaccination coverage for those aged 78 at end of financial year (%)



1. Amirthalingam G, Andrews N, Keel P, et al. Evaluation of the effect of the herpes zoster vaccination programme 3 years after its introduction in England: a population-based study. *The Lancet Public Health* 2018;3(2):e82-e90
2. Public Health England. Vaccine uptake guidance and the latest coverage data

# Interpretation of shingles coverage rates is complicated by eligibility changes though evidence supports its use

## THE LOCAL PICTURE: SHINGLES COVERAGE

**Eligibility criteria for shingles has changed several times since its introduction in 2013/14 which makes times trends more difficult to interpret.**

- Since April 2017 individuals are eligible for shingles vaccination when they turn 70 or 78, up to their 80th birthday.
- The incidence of shingles infection increases with age and has been estimated at around 7 per 1000 person-years among 75–79 year olds.

**Several studies have examined impact and coverage of the shingles vaccine in the UK**

- A PHE commissioned study published in the Lancet calculated that since introduction of the vaccination programme in 2013/14, there have been 17,000 fewer episodes of shingles nationally.
- A study published in 2017 using data from 2014/15 showed coverage in the UK to be lower in most deprived (55.8%) compared to the least deprived (64.1%).
- This study also showed coverage was lower in all ethnicities compared to white British (60.7%), Indian (56.7%), Pakistani (49.2%), Bangladeshi (54.9%), Chinese (45.2%), Black-African (43.1%) and Black-Caribbean (42.1%).

1. Amirthalingam G, Andrews N, Keel P, et al. Evaluation of the effect of the herpes zoster vaccination programme 3 years after its introduction in England: a population-based study. *The Lancet Public Health* 2018;3(2):e82-e90
2. Public Health England. Vaccine uptake guidance and the latest coverage data
3. Ward C, Byrne L, White JM et al. Sociodemographic predictors of variation in coverage of the national shingles vaccination programme in England, 2014/15. *Vaccine* 2017; 35(18): 2372-78

# Flu vaccination uptake in adults is similar in Southwark to London but below the England averages

## THE LOCAL PICTURE: FLU

**Coverage against flu for the 2017/18 season in Southwark was slightly lower than the England average but similar to London in both those aged 6 months-64 years\* in at-risk groups and those aged  $\geq 65$  years.**

- In both cases it was below respective national targets of 55% for those aged under 65 and at risk and 75% for those aged  $\geq 65$  years.
- Annual patterns continue to remain stable across both groups.

Figure 5: Flu vaccination uptake in at-risk groups 6mths-64 years at end of January (%)

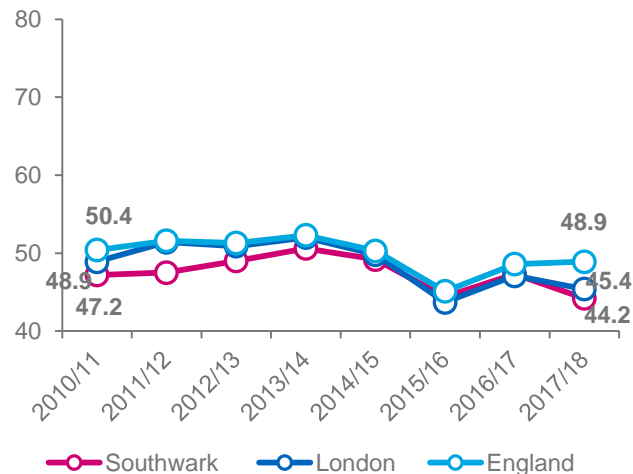
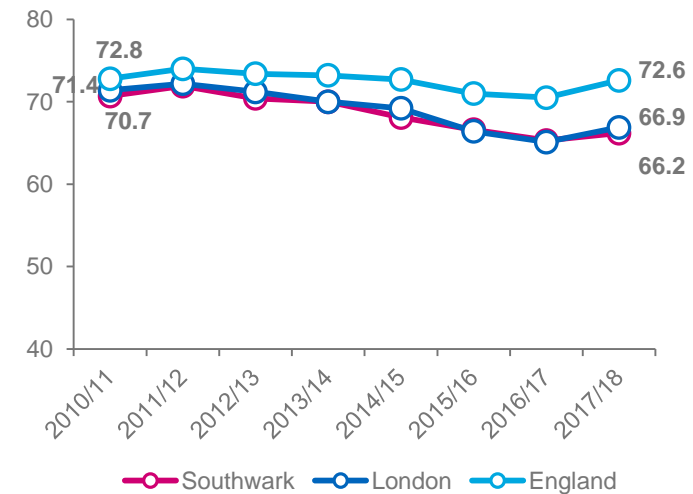


Figure 6: Flu vaccination uptake in those aged  $\geq 65$  years at end of January (%)



• Data for “at-risk” is grouped from 6month-64 years as this is how data is presented through Fingertips.

1. Public Health England. Seasonal influenza vaccine uptake in GP patients: winter season 2017 to 2018
2. Tessier E, Warburton F, Tsang C et al. Population-level factors predicting variation in influenza vaccine uptake among adults and young children in England, 2015/16 and 2016/17, Vaccine 2018; 36(23): 3231-3238

# Flu coverage in at risk groups is largely similar to London for 2017/18

## THE LOCAL PICTURE: FLU IN RISK GROUPS

**Uptake was similar across at risk groups aged 16-64 years in Southwark in 2017/18 compared to London and England averages.**

- High uptake in Southwark in the diabetes-risk group (64.0%) and low uptake in pregnancy (44.9%), mirrored national patterns.
- The proportion vaccinated in the morbidly obese at-risk group (BMI  $\geq 40$ ) was higher in Southwark (58.6%) compared to London (36.6%) and England (39.4%).

**Previous studies have explored socio-demographic links to flu uptake:**

- Those from most deprived areas aged 2-4 showed 11% lower uptake.
- Muslim and Black and Minority ethnic populations aged 16-65 have shown higher uptake in studies compared to White British

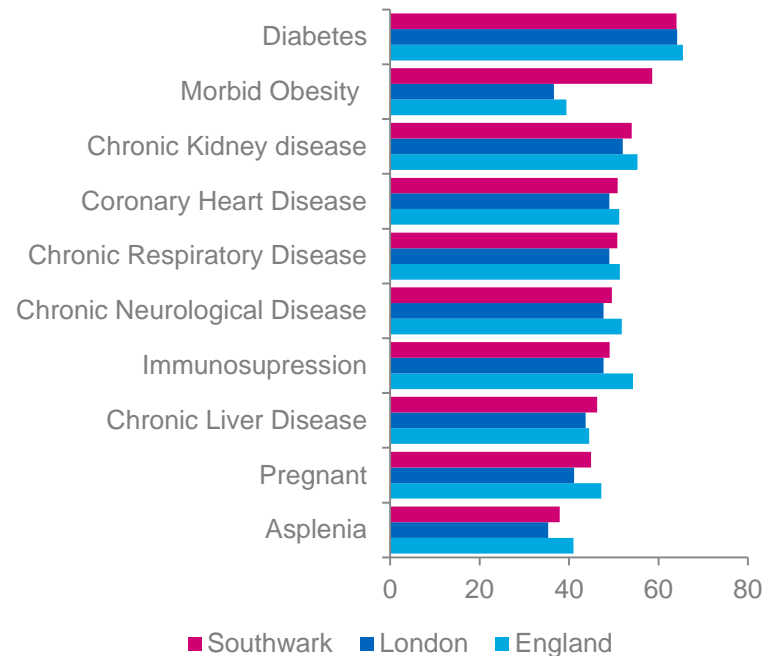


Figure 7: Flu vaccination uptake in at-risk groups aged 16-64 years at end of January 2018 (%)

1. Seasonal influenza vaccine uptake in GP patients: winter season 2017 to 2018

2. Tessier E, Warburton F, Tsang C et al. Population-level factors predicting variation in influenza vaccine uptake among adults and young children in England, 2015/16 and 2016/17, Vaccine 2018; 36(23): 3231-3238

# Immunisation coverage across Southwark shows wide variation when examined by practice across federations

## THE LOCAL PICTURE: PRACTICE LEVEL COVERAGE (1 of 2)

Patterns of immunisation coverage across both GP Federations in Southwark were similar with both showing wide variation across their respective general practices for most vaccinations in 2017/18.

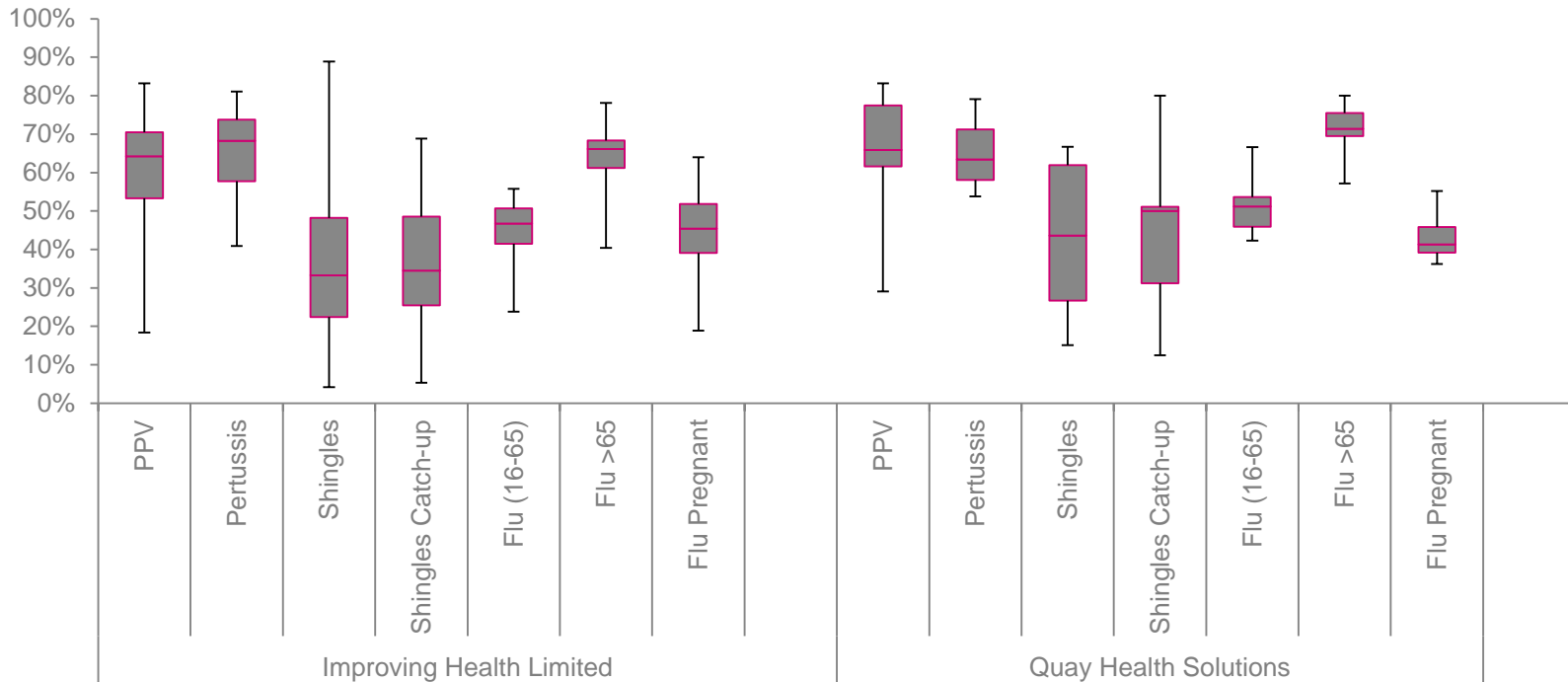


Figure 8: Box Plots displaying immunisation coverage in practices based across both GP Federations in Southwark

# Immunisation patterns across Southwark practices varied based on immunisation involved

## THE LOCAL PICTURE: PRACTICE LEVEL COVERAGE (2 of 2)

**This wide variation across practices may be partially due to varying practice patient list sizes. Equally it highlights that there is scope for using learning from high coverage practices to help increase uptake in lower coverage ones.**

- PPV coverage rates largely varied from 53.3% to 75.5% but coverage as low as 29.1% had been recorded in one practice and as high as 83.2% in another practice.
- Pertussis coverage was similar across both GP Federations with exception of few outlier practices in Improving Health Limited with coverage as low as 40%.
- Shingles coverage for both the routine and catch-up cohort showed widest variation partially explained by lower numbers of individuals being eligible across many GP surgeries for this vaccine.
- Half of practices in Improving Health Limited recorded coverage between 22.5% to 48.2% for the routine shingles cohort while half in Quay Health Solution recorded coverage between 26.7% to 62.0%.
- Variation in Flu was consistent across subgroups and federations with clear outlier practices where performance was lower.
- It was common for practices with lower coverage for one vaccine to also have lower coverage across other vaccines as well

# There are particular groups identified as having lower rates of vaccination than the population as a whole

## THE LOCAL PICTURE: UNDERSERVED GROUPS

**Underserved populations are those whose social circumstances, language, culture of lifestyle make it less likely they will recognise they are eligible for vaccination and access health services.**

**The literature highlights several groups that are at higher risk of not being immunised:**

- Physical or learning disabilities
- Not registered with a GP
- Deprived communities
- Travellers, asylum seekers and homeless
- Deprived communities
- Chronic and long-term illness
- Certain minority ethnic groups
- Those from non-English speaking families

1. NICE Public Health Guideline: Immunisations: reducing differences in uptake in under 19s (PH21)
2. NICE Flu vaccination: increasing uptake (NG103)
3. Byrne L, Ward C, White J M, Amirthalingam G and Edelstein M. Predictors of coverage of the national maternal pertussis and infant rotavirus vaccination programmes in England. *Epidemiol. Infect.* 2018, 146, 197–206
4. Ward C, Byrne L, White JM et al. Sociodemographic predictors of variation in coverage of the national shingles vaccination programme in England, 2014/15. *Vaccine* 2017; 35(18): 2372-78

# Southwark has a high population of communities known to be underserved for immunisations

## THE LOCAL PICTURE: UNDERSERVED GROUPS

### **Southwark home to 312,000 people has high proportions of some underserved groups:**

- Just over half of Southwark's residents are White, a quarter Black and a quarter Asian, mixed or other ethnicities.
- Approximately 13% of people living in inner London have a disability, equating to 40,700 people in Southwark.
- Four in 10 Southwark residents live in communities considered the most deprived nationally.
- In the UK, over 30% of population have  $\geq 1$  Long term illness (LTI) translating to at least 78,000 in Southwark.
- In the UK, 52% of the household population aged  $\geq 65$  years and older have an activity limiting LTI or disability, which equates to 25,649 people in Southwark.

1. Overview of Southwark's Population. Southwark's JSNA. Southwark Council: London, 2018
2. Annual Public Health Report of the Director of Health and Wellbeing, 2017, London Borough of Southwark
3. Public Health England & Department of Health , Vaccination services: reducing inequalities in uptake , 2005
4. Southwark Population Pyramid 2017
5. JSNA Factsheet 2018 Long Term Conditions
6. JSNA Factsheet 2017 Protected Characteristics



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# Adult immunisation data is collected through ImmForm which is used to monitor immunisation trends

## THE LOCAL RESPONSE: IMMUNISATION DATA CAPTURE

**ImmForm is the system used both in Southwark and across England by PHE for recording coverage data for certain immunisation programmes for the NHS.**

- GP practice level vaccine coverage data for PPV, pertussis, shingles and flu are automatically uploaded via participating GPs to ImmForm on a periodic basis.
- These data are then validated and analysed by PHE to check data completeness, identify and query any anomalous results, and describe epidemiological trends.
- Administration in pharmacies that takes place for PPV and flu is recorded on Sonar Informatics, which notifies GPs electronically within 24 hours (as contracted in the service level agreement) of administration. Sonar is also used to determine payment to pharmacies.
- Administration of these immunisations in all settings other than GP requires notification of GP within 24 hours e.g. flu vaccine in pharmacy.
- Data from other settings can then be uploaded periodically by GPs onto ImmForm.
- Concerns have been raised that some GP details were uploaded incorrectly on Sonar hence notifications may not be getting through but ongoing work from NHSE London aims to rectify this.

1. Public Health England Vaccine uptake guidance and the latest coverage data
2. Public Health England Pneumococcal Polysaccharide Vaccine Coverage report, England, April 2017 to March 2018
3. Stakeholder Interview: NHSE London Immunisation Commissioning Manager
4. London Pharmacy Immunisation Service 2018/19 <https://www.sonarinformatics.com/home/eoi>

# PPV is delivered in Southwark through GP services and some pharmacies while Pertussis is through GP only

## THE LOCAL RESPONSE: PPV AND PERTUSSIS SERVICE DELIVERY

**Points of access to Adult immunisations vary for each vaccine. Several pilots are taking place to help diversify and increase access but need to ensure quality of data capture is maintained**

	Immunisation Access Points	Future Pilots	Challenges and Data Capture
PPV	GPs, Pharmacy	A pilot is planned for 2018/19 which will commission all pharmacies in Southwark to deliver PPV	<ul style="list-style-type: none"> <li>Only 27 (44%) pharmacies had signed up to provide PPV immunisation in 2017/18</li> <li>96.7% of all GPs in England provided data on PPV in 2017/18</li> </ul>
Pertussis	GPs	Maternity services e.g. Kings Hospital in Southwark have begun to offer the vaccine under a pilot run by NHSE London *	<ul style="list-style-type: none"> <li>In 2016, it was estimated that data was only captured in 65% of pregnancies as capture is reliant on the recording of delivery dates in maternal records</li> </ul>

\*No data is currently available regarding effectiveness of this pilot

1. Public Health England Pertussis Vaccination programme for pregnant woman: vaccine coverage in England Jan to Mar 2018
2. Southwark Pharmaceutical Needs Assessment 2018 – 2021
3. Public Health England Pneumococcal Polysaccharide Vaccine Coverage report, England, April 2017 to March 2018
4. Stakeholder Interview: NHSE London Immunisation Commissioning Manager

# Flu is delivered in Southwark through multiple access points while shingles is only delivered through GP

## THE LOCAL RESPONSE: SHINGLES AND FLU SERVICE DELIVERY

	Immunisation Access Points	Future Pilots	Challenges and Data Capture
Shingles	GP	None planned	<ul style="list-style-type: none"> <li>Eligibility criteria for shingles has changed several times since its introduction in 2013/14 which makes times trends more difficult to interpret</li> <li>95.9% of all GPs in England provided data on shingles in 2017/18</li> </ul>
Flu	GPs, pharmacy, hospital, schools (for school children)		<ul style="list-style-type: none"> <li>Uptake in pregnant women is possibly underreported due to the dynamic nature of the group entering and leaving the risk group and poor pregnancy recording</li> <li>99.8% of all GPs in England provided data on flu in 2017/18</li> </ul>

1. Public Health England Seasonal influenza vaccine uptake in GP patients: winter season 2017 to 2018
2. Public Health England Surveillance of influenza and other respiratory viruses in the UK: Winter 2017 to 2018
3. Public Health England Vaccine uptake guidance and the latest coverage data
4. Stakeholder Interview: NHSE London Immunisation Commissioning Manager

# Strategies employed in Southwark are known to vary across practices and immunisations involved

## LOCAL RESPONSE: STRATEGIES TO IMPROVE IMMUNISATION UPTAKE

**Strategies employed in Southwark for increasing immunisation uptake vary considerably depending on immunisation and setting involved.**

**Evidence based approaches for improving uptake have been published by NICE:**

- Raising awareness and training in health/social care staff and eligible groups
- Use multiple access locations where possible for immunisations - pharmacies, hospitals, GPs
- Making every contact count (MECC) approach
- Eligibility prompts in electronic healthcare records
- Targeted Health Information and Invitations e.g. invitations from health professionals, call/recall using texts, letters, emails, social media
- A multi-component approach is most effective

**NICE advise that improving uptake in hard-to-reach groups such as ethnic minorities and most deprived is challenging. Evidence supports use of:**

- Complex, locally designed interventions.
- Postal/telephone reminders while automated computer reminders are last effective.

1. NICE Flu vaccination: increasing uptake (NG103)
2. Crocker-Buque TY, Edelstein M, Mounier-Jack S. Interventions to reduce inequalities in vaccine uptake in children and adolescents aged <19 years: a systematic review. J Epidemiology & Community Health 2017; 71: 87-97
3. Stakeholder interviews – Principal Advisor of Commissioning Immunisations and Vaccination Services

# Evidence-based methods are used in Southwark to increase uptake but their local effectiveness is unclear

## LOCAL RESPONSE: STRATEGIES TO IMPROVE IMMUNISATION UPTAKE

A Cochrane Review published in 2018 listed evidence-based interventions for increasing flu uptake in over 60s and may have wider applicability to other vaccines.

Increasing Community Demand	Enhancing Access	Provider/System Interventions
<ul style="list-style-type: none"> <li>Recall by letter and/or postcard</li> </ul>	<ul style="list-style-type: none"> <li>Home visits by nurses/physicians</li> </ul>	<ul style="list-style-type: none"> <li>Physician reminder/prompts</li> </ul>
<ul style="list-style-type: none"> <li>Nurse / pharmacist education and vaccinations</li> </ul>	<ul style="list-style-type: none"> <li>Group visits e.g. nursing homes</li> </ul>	<ul style="list-style-type: none"> <li>Posters in clinics presenting vaccination rates</li> </ul>
<ul style="list-style-type: none"> <li>Personalised and Simple reminders</li> </ul>		<ul style="list-style-type: none"> <li>Encouraging doctor competition and benchmarking to rates achieved by top 10% of physicians</li> </ul>
<ul style="list-style-type: none"> <li>Medical students counselling patients</li> </ul>		

Table 2: Strategies for improving immunisation uptake, as published in Cochrane Review in 2018

Several such methods have been employed in some GP surgeries in Southwark though data has not been possible to extract on their local success.

1. Thomas RE, Lorenzetti DL. Interventions to increase influenza vaccination rates of those 60 years and older in the community. Cochrane Database of Systematic Reviews 2018, Issue 5. Art. No.: CD005188.
2. Stakeholder Interview: NHSE London Immunisation Commissioning Manager

# Focused strategic work is needed to overcome barriers and increase immunisation coverage in Southwark

## LOCAL RESPONSE: CURRENT AND PROPOSED WORK

**In addition to national Quality and Outcomes Framework for flu related targets, Key Performance Indicators are also in place in Southwark to incentivise flu uptake in  $\geq 65$ .**

**No such incentives are in place for any other adult immunisation.**

**The London 2-year Immunisation plan published 2017/18 recognises that in order to increase uptake we must tackle the fact that there is:**

- Wide variation across practices
- Coverage widely below national targets
- Inequalities in immunisation uptake in Southwark

**The Lambeth and Southwark Immunisation Steering Group meets quarterly to monitor immunisation uptake locally and make recommendations for action.**

- They have developed an Immunisation risk-log where risk areas are logged and actions developed to mitigate
- They strive to address inequalities and increase uptake in underserved groups
- They review and update the Borough Immunisation Action Plan.

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# Numerous population factors are affecting the uptake of vaccinations in London and Southwark

## STAKEHOLDER VIEWS: FACTORS AFFECTING UPTAKE

**Local Stakeholders involved in immunisation commissioning and delivery were also interviewed to identify factors affecting uptake:**

<b>Population movement</b>	In and out of London; between boroughs; from abroad; within Southwark. High number of temporarily housed families and individuals not registered with a GP.
<b>Movement of staff</b>	Higher turnover of staff in GP practices and community roles.
<b>Parents' knowledge and understanding</b>	Lack of awareness of changing immunisation pathways and availability.
<b>Accessibility of GPs</b>	Large families face a logistical challenge of attending GP, shortage of trained immunisation workforce.
<b>Trust in the information they receive</b>	Inconsistent messages and information patients suspect may not be accurate, being denied detail may create vaccine hesitancy.
<b>Incomplete data</b>	Accuracy of coding and data entry is difficult to assess and assure at both practice level and in settings other than GPs where immunisations are given.
<b>Financial Incentivisation</b>	Current contracts may not adequately incentivise practices to prioritise immunisation uptake other than for flu.

1. Stakeholder interviews – Principal Advisor of Commissioning Immunisations and Vaccination Services
2. Stakeholder Interview – Immunisations Clinical Coordinator, Guy's and St Thomas' NHS Foundation Trust
3. Stakeholder interviews – NHS England

# Call/recall systems in Southwark vary considerably across practices and immunisations involved

## STAKEHOLDER VIEWS: CALL/RECALL SYSTEMS

**GP practice managers (12 responses) in Southwark were surveyed to ascertain their views regarding their call/recall systems for adult immunisations.**

- Letters, text messages and telephone calls were used either alone or in combinations as a multicomponent approach for call/recall.

	All patients contacted	Most patients Contacted	No patients contacted	Did not know
Flu	9	3	-	-
PPV	3	4	1	3
Shingles	5	3	1	2

Table 1 Responses of Practice Managers to whether they contacted eligible patients for respective immunisations in their GP. Note: One practice manager did not answer questions for PPV and shingles

- Nine (75%) of 12 managers contacted all eligible patients for flu but managers contacting all eligible patients for other vaccines was much lower.
- A question was not asked in the survey regarding pertussis vaccination.

# Increased reminder frequency, access and better call/recall were some ideas for improving vaccine uptake

## STAKEHOLDER VIEWS: SOUTHWARK PRACTICE NURSE SURVEY

**Southwark General Practice Nurses were also asked for their suggestions on how to improve immunisation through a questionnaire (n=70)**

- **More reminders and chasing of missed appointments** was the most common suggestion to improve vaccine uptake. (8 respondents)
- Six respondents suggested **opportunistic reminding about immunisations**
- Five suggested **improving the visibility of missed immunisations** through records-system alerts.
- Increasing and **diversifying the points at which information is received**
- Seven respondents suggested **increasing access to immunisations**, either through dedicated clinics or walk-in centres.
- Three respondents suggested **centralising the call / recall system**
- Four suggested **increasing administrative or nursing capacity** in practices.

**Suggestions from practice nurses to improve immunisation uptake mirrored evidence-based recommendations published by NICE and in a Cochrane review**

1. Stakeholder Questionnaires: General Practice Nurses
2. Thomas RE, Lorenzetti DL. Interventions to increase influenza vaccination rates of those 60 years and older in the community. Cochrane Database of Systematic Reviews 2018, Issue 5. Art. No.: CD005188.
3. NICE Flu vaccination: increasing uptake (NG103)

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# Immunisation coverage in adults shows wide variation across Southwark and a need for strategic improvement

## KEY FINDINGS

### Five key findings were evident:

- All four adult vaccines examined in this report showed coverage in Southwark below local and nationally set targets, however areas where there was room for most improvement include shingles, flu in at risk groups (6months-65years) and PPV.
- Maternal pertussis coverage has improved considerably in Southwark following campaigning including extensive signposting and reminders.
- Immunisation coverage averages in Southwark masks wide variation between practices, highlighting scope for lesson sharing from practices with better coverage.
- Southwark has a high population of communities known to be underserved for immunisations such as those from more deprived areas, with long-term illness and disability and certain minority ethnic groups. Specifically tailored interventions to improve uptake in each of these underserved groups are evidence-based as being most effective.
- Stakeholder interviews, questionnaires reinforced by the evidence review highlighted that improved call/recall systems, data management and flow, creating better access to immunisations and increasing consistency and frequency with which immunisation information is provided can help improve coverage in Southwark.

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# A number of opportunities to improve immunisation uptake in adults in Southwark have been identified

Recommendation	Details	Suggested Owner
<b>POLICY</b>		
Immunisation Strategy	Develop a co-ordinated strategy for improving Immunisation uptake, ensuring co-operation between stakeholders. This JSNA, together with companion volumes relating to other age groups, will provide the evidence base .	Public Health
Increasing Access	Increase coverage through piloting delivery of shingles through pharmacy and commissioning for pertussis during antenatal care (pending NHSE pilot review) ensuring systems in place for accurate recording.	NHSE
MECC Approach	Increasing opportunistic vaccination e.g. PPV and flu for at-risk groups during routine GP, pharmacy and hospital consultations.	NHSE / Public Health
Improve call/recall	Encouraging use of evidence based multicomponent call/recall systems rather than single approach alone e.g. text, phone call.	NHSE / Public Health/ Federations
Targeted measures to ensure equity of access	Targeting promotion campaigns towards hard to reach populations where immunisation uptake is worse such as deprived and ethnic minority groups.	Public Health, NHSE

# A number of opportunities to improve immunisation uptake in adults in Southwark have been identified

Recommendation	Details	Suggested Owner
<b>COMMISSIONING</b>		
Financial Incentivisation	Adapting KPIs and QOF targets to enhance practice level remuneration for immunisations other than flu (flu is only current financially incentivised adult immunisation).	NHS England, CCG
Development of a multicomponent call/recall system	Commission a project to develop a standardised call/recall method incorporating letter/ text/ calls that could be used borough-wide in all practices.	NHS England, Public Health
Personally-delivered health interventions	Commission qualitative work focusing on barriers to immunisation in underserved communities such as ethnic minorities and those from more deprived areas with a view to using findings to develop group-specific interventions.	NHS England, Public Health



# A number of opportunities to improve immunisation uptake in adults in Southwark have been identified

Recommendation	Details	Suggested Owner
<b>INTELLIGENCE</b>		
Standardise data collection	Ensuring immunisation coverage data from facilities that are not GPs continues to be accurately captured in immunisation records.	GP services, Public Health
Monthly Bulletin	Bulletin sent monthly (or incorporated into current bulletin) highlighting immunisation performance for each practice against others in Southwark and sharing best practice.	NHSE, Public Health, CCG
Encourage adoption of system alerts for immunisation across Southwark	All Southwark GPs to be made aware of and encouraged to adopt automated electronic healthcare record system alerts for immunisation.	Public Health, GP Services
Reevaluate IMMs uptake in adults	Following implementation of a strategy a JSNA focused on adult immunisation uptake should be repeated in 3-5 years to assess impact and to inform direction of future strategic work.	Public Health

**Find out more at**  
[southwark.gov.uk/JSNA](https://southwark.gov.uk/JSNA)

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