

**NHS England Lancashire Area Team**

# **HEALTH SCRUTINY-BLACKPOOL**

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## 1). Introduction

Immunisation is an extremely safe and cost-effective public health intervention. It reduces the human suffering and loss of life previously associated with vaccine preventable disease, reduces levels of post-infection disability and long term ill health and has a positive impact on the financial burden that would otherwise fall on families, health and social care services.

While the primary aim of immunisation is to protect the individual, high uptake levels in a community also protect vulnerable individuals too young or too frail to receive the immunisation themselves. This protection is achieved by reducing the risk of the spread of disease by the so-called herd immunity effect especially if an uptake target of 95% is achieved.

## 2). The delivery of immunisation programmes

Immunisation programmes in England have traditionally been delivered via primary care in GP practices. Some of the targeted immunisation like BCG and Hepatitis B are also delivered in acute setting or community clinics by specialist teams. The national immunisation programmes are well planned, well-resourced and uptake levels are high, although in some areas uptake is low and do not achieve the rates required for robust herd immunity.

When immunisation rates fall below their target levels there is a risk that disease outbreaks may occur, as evidence by last year's UK-wide measles outbreak that particularly affected school children age 10-16 years who had not being immunised or partly immunised with the measles, mumps and rubella (MMR) vaccine.

## 3). New immunisation programmes in 2013/2014

In 2013 a number of new immunisation programmes were introduced and the table below gives a summary of the programmes. All the programmes apart from the Adolescent Men C are currently being delivered in primary care and the Adolescent Men C via the school nursing service.

Programme	Comments
Rotavirus	<ul style="list-style-type: none"><li>From 1<sup>st</sup> July 2013 Rotavirus given to infants aged 2 and 3 months (two doses)</li></ul>
Shingles	<ul style="list-style-type: none"><li>From 1<sup>st</sup> September given to people aged 70 years and 79 years only a single dose required</li></ul>
Childhood Influenza	<ul style="list-style-type: none"><li>From 1<sup>st</sup> September all children aged 2 and 3 years old – given an influenza nasal spray. From 1<sup>st</sup> September 2014 to include all children aged 2 to 4 years old</li></ul>
Adolescent Meningitis C Booster	<ul style="list-style-type: none"><li>From 1<sup>st</sup> September 2013 Meningitis C booster for adolescents in Year 10</li></ul>
University Freshers Meningitis C Booster	<ul style="list-style-type: none"><li>From 1<sup>st</sup> September 2014 Men C booster for University Freshers</li></ul>

#### 4). Cases of vaccine preventable diseases

Vaccine preventable diseases are statutory notifiable diseases and clinicians are supposed to report any suspected cases to the Health Protection Teams at Public Health England. Below is a list of confirmed cases of measles, mumps and pertussis (whooping cough) in Blackpool from 2010-2014.

Disease	2010	2011	2012	2013	2014*
Measles	1	0	10	0	0
Mumps	3	5	13	10	0
Pertussis	0	2	2	2	2
<b>Total in Year</b>	<b>4</b>	<b>7</b>	<b>25</b>	<b>12</b>	<b>2</b>

*\*Up to the end of September 2014*

The immunisation uptake figures of Blackpool from 2010 to 2014 are highlighted in appendix 1 page 5 to 7. The WHO recommended target for immunisation uptake/coverage is 95%

#### 5).What's going well?

- The immunisation uptake figures across Blackpool have been good and above the national average. The practices have systems in place to call and recall children needing vaccination.
- The immunisation uptake tables by age group in appendix highlight that although the majority of the children are being immunised there still pockets of un-immunised children in the area.
- NHS England Lancashire Area Team's immunisation governance structure is now in place with three immunisation sub-groups, 0-5 Immunisation Programmes, School Age Immunisation Programmes and Adult and Seasonal Immunisation Programme. The sub-groups report to the Screening and Immunisation Oversight Group (SIOG) which is chaired by the Director of Commissioning.
- The Screening and Immunisation Team (SIT) have designated Duty Desk line and a generic email address which they use to deal with immunisation queries from immunisers across the Area Team.
- SIT also developed a dashboard with practice level data which they will be using to support GP practices to improve screening and immunisation uptake. A resource pack with top tips has been developed and will be used during the practice visits.
- As part of the MMR Plan B following the national measles outbreak last year, a specialist immunisation team undertook some work to target the hard to reach communities and identify children with outstanding immunisations.

#### 6). Current Issues

- Immunisation uptake figures have remained poor for the following programmes Age 2 1<sup>st</sup> MMR, Age 5 2<sup>nd</sup> MMR and the Preschool booster below 90%. This highlights

that there is a cohort of children starting primary school with incomplete immunisation, making them susceptible to vaccine preventable diseases.

- The majority of the childhood immunisation programmes are delivered in primary care and uptake can be dependent on the flexibility of GP practices with their immunisations clinics. The practices that don't have enough clinic slots for immunisations means there is a long list of children still waiting for appointments.
- There have been issues with data recording in some areas, where details of the children immunised in primary care is not fed back to the Child Health Information System (CHIs) causing under reporting and inaccurate uptake figures.

## **7). Future plans**

- The Screening and Immunisation Team continues to engage with CCGs, local authorities and providers via the three immunisation sub-groups in order to ensure improvement of immunisation uptake figures.
- The practice visits by the Screening and Immunisation Co-ordinators commenced in August 2014 and are targeting poor performing practices, supporting them with relevant issues on performance and how to improve immunisation uptake.
- The Screening and Immunisation Co-ordinators have been engaging with Practice Nurse Forums and will continue to work closely and support forums.
- The Screening and Immunisation Team is monitoring the immunisation waiting list via the Child Health Teams who schedule the immunisation clinics. The practices with long waiting lists will be contacted by the Screening and Immunisation Co-ordinators.

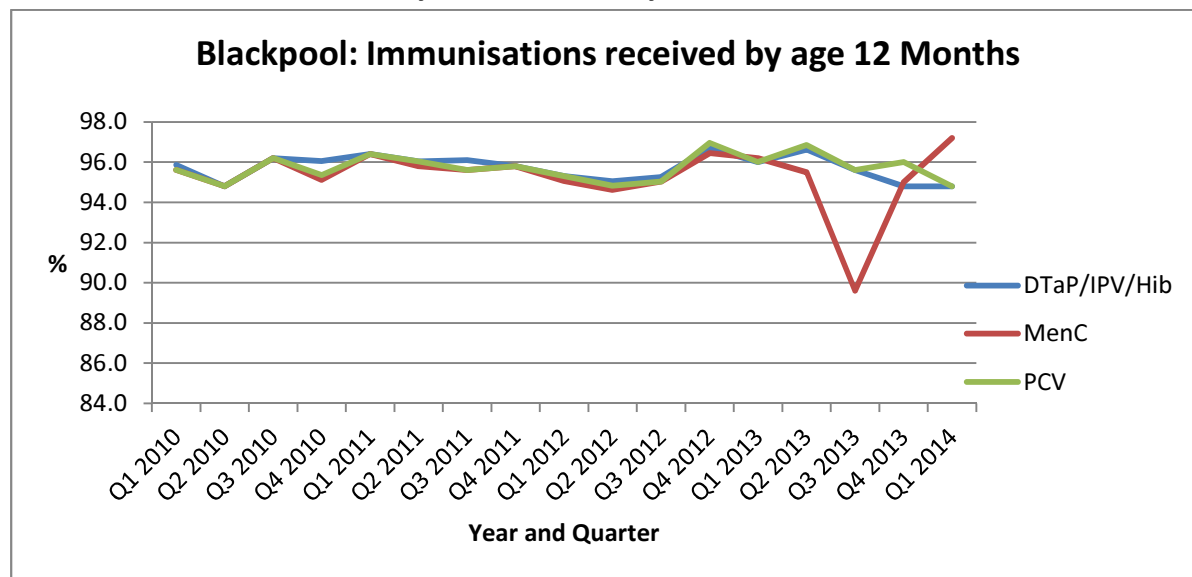
## **8). Summary**

- The childhood immunisation uptake figures are generally good across Blackpool and Lancashire.
- There has been on-going reporting and data issues in some parts of Lancashire which is currently being addressed via the 0-5 and Targeted immunisation sub-group working with GP practices, CCGs and Child Health teams.
- We are aware that with some of the programme the recommended 95% uptake target is not being met and therefore there are pockets of unvaccinated children susceptible to vaccine preventable diseases.

## APPENDIX 1

### Immunisation uptake trend in Blackpool: Quarter 1: 2010 to Quarter 1: 2014

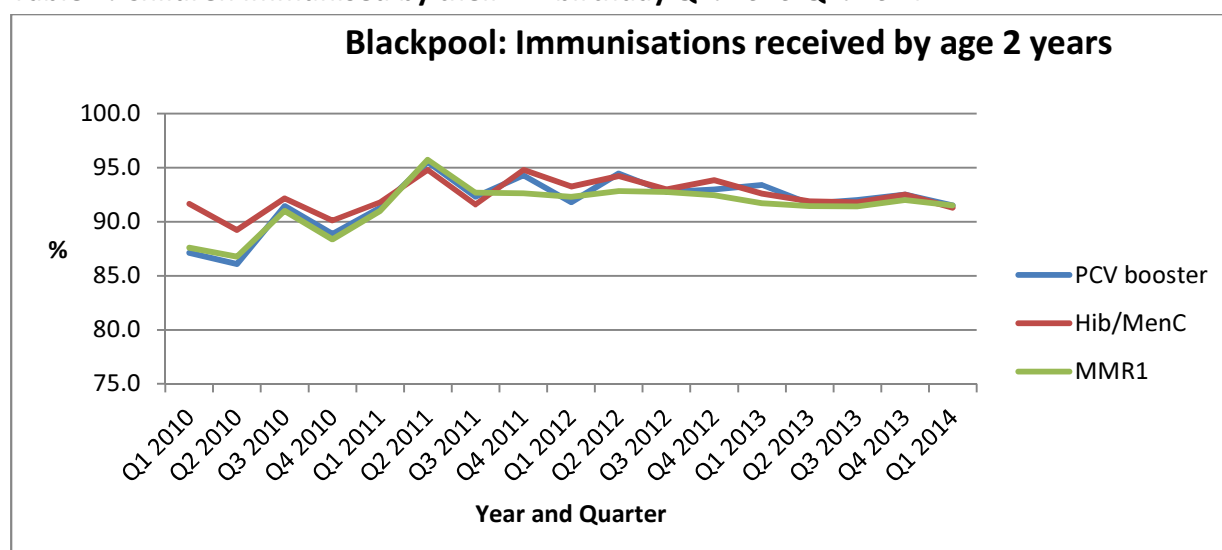
Table 1: Children immunised by their 1<sup>st</sup> birthday Q1: 2010-Q1: 2014



The above figures are for children who have received their third dose of diphtheria, tetanus, polio, pertussis and Haemophilus influenzae type b (Hib) (DTaP/IPV/Hib) by the age of 12 months. The third dose according to the UK immunisation schedule is given at the age of 4 months, if missed it can be given at any other time.

The Meningitis C (Men C) vaccine two doses were given at the age of 3 and 4 months. The programme changed from June 2013 and only a single dose of the vaccine is given at 3 months. The Pneumococcal (PCV) vaccine two doses of the vaccine are given at the age 2 and 4 months. Blackpool CCG uptake figures are good and above national average.

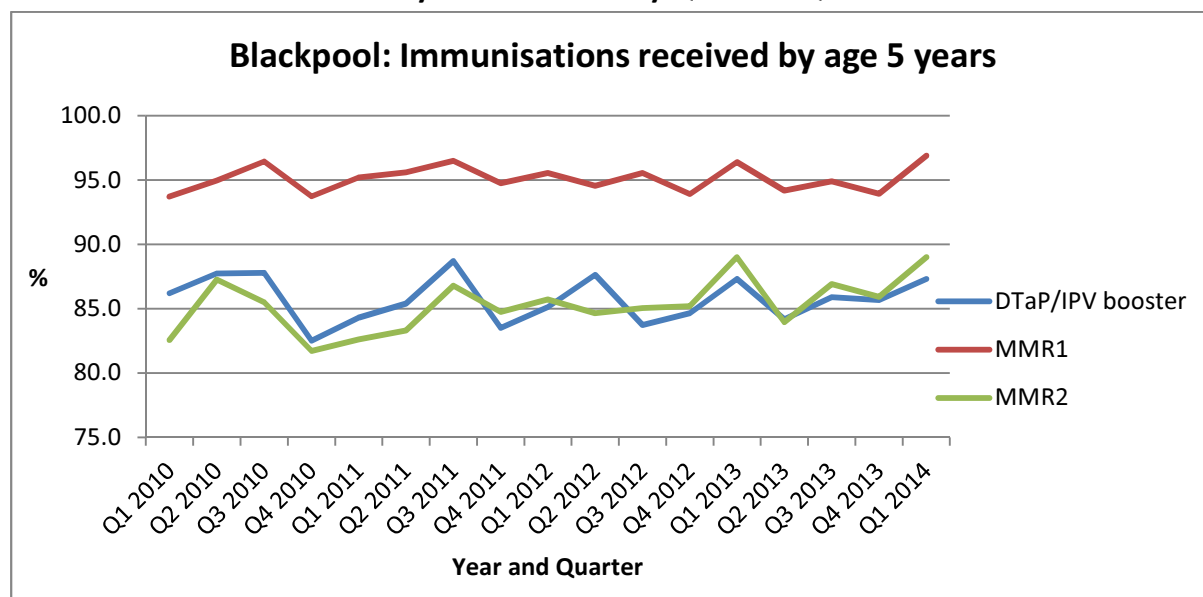
Table 2: Children immunised by their 2<sup>nd</sup> birthday Q1: 2010-Q1: 2014



The table above highlights the uptake figures of children who have received the Hib/Men C booster, Pneumococcal booster (PCV) and their first dose of measles, mumps and rubella

(MMR) by the age of 2 years old. The three vaccines are given when children are 12 months old, the uptake figures are above national average.

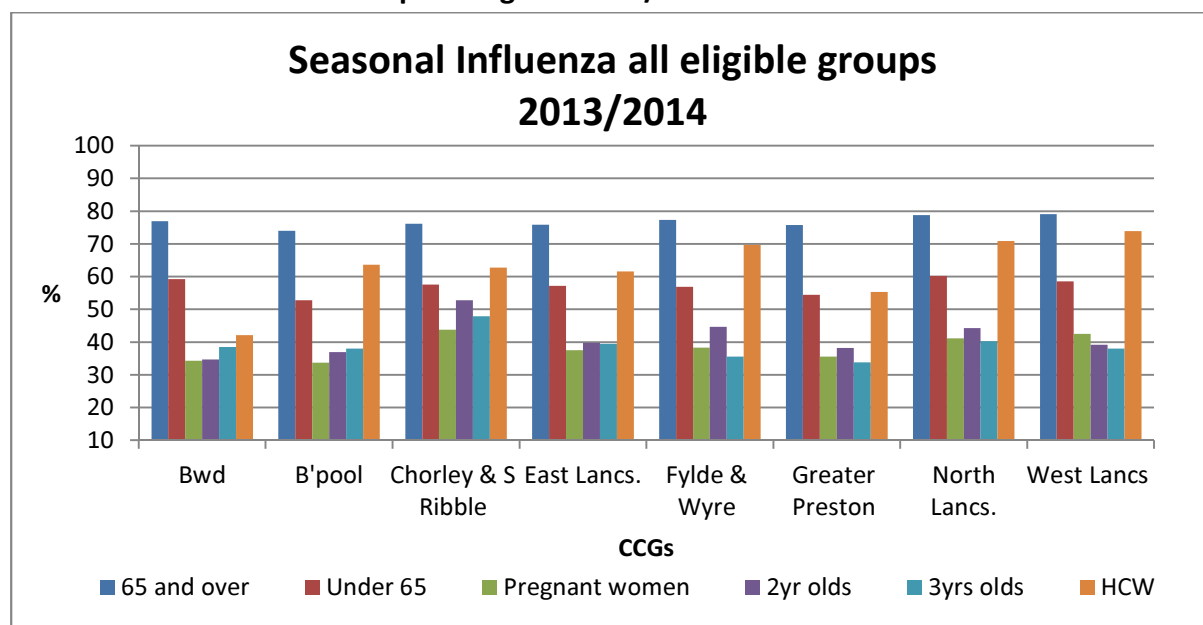
**Table 3: Children immunised by their 5<sup>th</sup> birthday Q1: 2010-Q1: 2014**



The table above highlights the uptake figures of children who have received their diphtheria, tetanus, polio and pertussis DTaP/IPV (pre-school booster), their first and second MMR vaccination by the age of 5 years old. The pre-school booster and 2<sup>nd</sup> MMR dose are given when children are between the ages of 3 years 4 months to 5 years old.

The uptake figures for the preschool booster and 2<sup>nd</sup> MMR are poor and have remained the same since 2010. Although a number of children are not getting immunised with the first dose of MMR by the age of 2 years the majority of the children are getting their first dose before the age of 5 years old.

**Table 4: Seasonal Influenza Uptake figures 2013/2014**



The 2013/2014 seasonal influenza data is presented by CCG locality. The uptake target for patients aged 65 years and over and under 65yrs in clinical risk groups was 75% and this target was met by 7 of the 8 CCGs. There is no target for all the other clinical risk groups. The Blackpool uptake figures were as follows:

<b>CCG</b>	<b>65yrs &amp; over</b>	<b>Under 65yrs</b>	<b>Pregnant women</b>	<b>2yr olds</b>	<b>3yrs olds</b>	<b>Healthcare workers</b>
Blackpool	74.0%	52.8%	33.7%	36.9%	38.0%	63.6%

- This year NHS England Lancashire Area Team commissioned the community pharmacies to deliver the 2014/2015 seasonal influenza programme to clinical risk groups