

**Report to Health and Well-Being Board on Section 7a
Immunisation Programmes in
the Royal Borough of
Kensington and Chelsea and
Westminster 2017/18**



Report on Section 7a Immunisation Programmes in the Royal Borough of Kensington & Chelsea and Westminster.

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The NHS Commissioning Board (NHS CB) was established on 1 October 2012 as an executive non-departmental public body. Since 1 April 2013, the NHS Commissioning Board has used the name NHS England for operational purposes.

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1 Aim

- The purpose of this paper is to provide an overview of Section 7a childhood and school age immunisation programmes in the London Boroughs of Kensington & Chelsea and Westminster for 2017/18. The paper covers the vaccine coverage and uptake for each programme along with an account of what NHS England (NHSE) London Region are doing to improve uptake and coverage.
- Section 7a immunisation programmes are publicly funded immunisation programmes that cover the life-course and the 18 programmes include:
 - Antenatal and targeted new-born vaccinations
 - Routine Childhood Immunisation Programme for 0-5 years
 - School age vaccinations
 - Adult vaccinations such as the annual seasonal influenza vaccination
- This paper focuses on those immunisation programmes provided for 0-5 years under the national Routine Childhood Immunisation Schedule and those programmes provided for school aged children (4-18).
- Members of the Health and Well-Being Board are asked to note and support the work NHSE (London) and its partners such as Public Health England (PHE), the local authority and the CCG are doing to increase vaccination coverage and immunisation uptake in Kensington & Chelsea.

2 Roles and responsibilities

- *The Immunisation & Screening National Delivery Framework & Local Operating Model* (2013) sets out the roles and responsibilities of different partners and organisations in the delivery of immunisations.
- Under this guidance, NHS England (NHSE), through its Area Teams (known as Screening and Immunisation Teams), is responsible for the routine commissioning of all National Immunisation Programmes under the terms of the Section 7a agreement. In this capacity, NHS England is accountable for ensuring that local providers of services deliver against the national service specifications and meet agreed population uptake & coverage levels. NHS England is also responsible for monitoring providers' performance and for supporting providers in delivering improvements in quality and changes in the programmes when required.
- Public Health England (PHE) Health Protection Teams lead the response to outbreaks of vaccine preventable disease and provide expert advice to NHSE screening and immunisation teams in cases of immunisation incidents. They also provide access to national expertise on vaccination and immunisation queries. In Kensington & Chelsea and Westminster, this function is provided by the PHE North West Health Protection Team.

- Clinical Commissioning Groups (CCGs) have a duty of quality improvement, and this extends to primary medical care services delivered by GP practices, including delivery of childhood immunisation services.
- Across the UK, the main providers of childhood immunisation are GP practices. In Kensington & Chelsea and Westminster, all general practices are contracted to deliver childhood immunisations for children aged 0-5 through their primary care contract.
- Central and North West London NHS Foundation Trust (CNWL) are contracted by NHSE (London) to provide the school age immunisations. Central London Community Healthcare NHS Trust (CLCH) are contracted to provide neonatal BCG vaccination.
- Immunisation data is captured on Child Health Information System (CHIS) for Kensington & Chelsea and Westminster as part of the NWL CHIS Hub (provided by Health Intelligence). Data is uploaded into CHIS from GP practice records via a data linkage system provided by Health Intelligence. The CHIS provides quarterly and annual submissions to Public Health England for their publication of statistics on 0-5s childhood immunisation programmes. This is known as Cohort of Vaccination Evaluated Rapidly (COVER) and these are the official statistics.
- Local Authority Public Health Teams (LAs) are responsible for providing independent scrutiny and challenge of the arrangements of NHS England, Public Health England and providers.
- Apart from attendance at Health and Social Care Overview Panels and at Health and Well-Being Boards, NHSE (London) also provides assurance on the delivery and performance of immunisation programmes via quarterly meetings of Immunisation Performance and Quality Boards. There is one for each Strategic Transformation Partnership (STP) footprint. The purpose of these meetings is to quality assure and assess the performance of all Section 7a Immunisation Programmes across the STP in line with Public Health England (PHE) standards, recommendations and section 7a service specifications as prepared by PHE with NHS England commissioning. All partners are invited to this scrutiny meeting, including colleagues from the Local Authority, CCG, CHIS, NHSE, PHE Health Protection and Community Provider service leads. Data for Kensington & Chelsea and Westminster is covered in the NWL STP Immunisation Performance and Quality Boards.
- Directors of Public Health across London also receive quarterly reports from the London Immunisation Partnership and updates via the Association of Directors of Public Health. It is through these communication channels that progress on the Bi-annual London Immunisation Plan (2017-19) and its accompanying annual Flu Plans are shared.

3 What is COVER and how is it produced?

- COVER monitors immunisation coverage data for children in UK who reach their first, second or fifth birthday during each evaluation quarter – e.g. 1st January 2012 to 31st March 2012, 1st April 2012 – 30th June 2012. Children having their first birthday in the quarter should have been vaccinated at 2, 3 and 4 months, those turning 2 should have been vaccinated at 12/13 months and those who are having their 5th birthday should have been vaccinated before 5 years, ideally 3 years 3 months to 4 years. This is an important point to note as often COVER statistics are used to improve uptake in general practice populations or communities. However, the data used is between 6 months and 18 months out of date and opportunities to ensure that those cohorts have been immunised in accordance with the routine immunisation schedule have therefore been missed.
- There are known complexities in collecting data on childhood immunisations. Indeed, since 2013, London's COVER data is usually published with caveats and drops in reported rates are always due to data collection or collation issues for that quarter. Production of COVER statistics in London involves a range of individuals and organisations with different roles and responsibilities.

3.1 Role of Child Health Information Service (CHIS)

- London has four CHIS Hubs – North East London (provider is North East London Foundation Trust, NELFT), South East London (provider is Health Intelligence), South West London (provider is Your Healthcare CIC) and North-West London (provider is Health Intelligence). These Hubs are commissioned by NHSE to compile and report London's quarterly and annual submissions to PHE for COVER.
- A 'script' or algorithm is utilized to electronically extract anonymous data from the relevant data fields to compile the reports for COVER within the caveats specified. For example, for first dose of MMR, any child who had their MMR vaccination before their first birthday are not included and so appear unvaccinated.
- CHIS Hubs are commissioned to check the reports run and are expected to refresh the reports before final submission to PHE.
- CHIS Hubs are also commissioned to 'clean' the denominator by routinely undertaking 'movers in and movers out' reports. This is to ensure the denominator is up-to-date with the children currently resident in London. They are also expected to account for the vaccinations of unregistered children in London. Historically and currently, there are ongoing issues with CHIS Hubs keeping up-to-date with movers in and removals which is picked up in contract performance meetings with the NHSE (London) commissioners.

3.2 Role of Data Linkage Systems

- Immunisation data is extracted from London's general practices' IT systems and uploaded onto the CHIS systems. This isn't done directly by the CHIS Hubs. Instead data linkage systems provided by three different providers provide the interface between general practices and CHIS. Two of these providers – QMS and Health Intelligence – are commissioned by NHSE whilst 4 CCGs in outer North-East London commission a separate system.
- Since the primary purpose of CHIS is to hold health information on individual children, the immunisation data extracted from general practices is patient identifiable data (PID). As a result, data sharing agreements are required between each general practice and CHIS. In 2017, NHSE (London) Immunisation Commissioning Team and CHIS Hubs worked to ensure that data sharing agreements were signed and agreed. Introduction of GPDR in mid-2018 meant that DSAs had to be resigned and this was reported by the NEL CHIS Hub to their commissioner as having had an impact on their data submission for Q1 2018/19 and again for Q2 2018/19.
- NHS (London) Immunisation Commissioning Team receives data linkage reports from QMS and Health Intelligence. This provides a breakdown by general practice of the uptake of vaccinations in accordance to the COVER cohorts and cohorts for Exeter (for payments). This information is utilized by the team as part of the 'COVER SOP', to check against the COVER submissions by CHIS to question variations or discrepancies.

3.3 Role of General Practice

- While data linkage systems provide an automated solution to manual contact between CHIS and general practices, data linkage does not extract raw data. General practices have to prepare the data for extraction every month. This will vary between practices how automated the process is but it can be dependent upon one person to compile the data in time for the extraction by the data linkage system providers and should this person be on annual or sick leave, there will be missing data.
- General practices have to prepare data for four immunisation data systems – COVER, ImmForm (although this is largely done by their IT provider of Vision, EMIS or TPP SystemOne, all of whom are commissioned by their CCG), CQRS (the payments system run by NHS England for the payment of administration of the vaccine) and Exeter (payments system, whereby practices receive targeted payments for achieving 70% or 90% uptake of their cohorts – these cohorts are different to the COVER cohorts of children). Preparation of data for the systems again will vary between practices but this can be time and resource intensive.
- The aggregated immunisation data in each practice is dependent upon the quality of patient records. When a practice nurse vaccinates a child, the record

of the vaccination should be recorded onto the GP IT system and into the child's hand held personal record (the Redbook). In the past, a duplicate copy was taken from the Redbook and sent to CHIS but this is no longer wide-spread practice. It is anticipated that the e-Redbook will provide that secondary source to triangulate immunisation data going forward. There can be variation in when the nurse inputs the information – can be at the individual appointment or at the end of a clinic. Roll out across London is expected to commence in late 2019 and completed by the end of 2020.

- There is also an array of codes that can be used to code the vaccination (if a code different to what the data linkage system recognises is utilised, it results in the child looking unvaccinated) and there are difficulties with coding children who received their vaccinations abroad or delays in information on vaccinations given elsewhere in UK being uploaded onto the system in time for the data extraction. (During 2015/16, the team visited 300 practices to uncover the issues in vaccinating 0-5-year olds and these were the main factors vocalised by practice managers.)
- Whilst NHSE (London) immunisation commissioning team verify and pay administration of vaccines that are part of the Section 7a immunisation programmes, they do not commission general practices directly. Vaccination services, including call/recall (patient invite and reminder systems) are contracted under the General Medical Services (GMS) contract. This contract is held by primary care commissioning directorates of NHSE. To date, there is a lack of clarity on what levers NHSE (London) Immunisation Commissioning Team (with primary care colleagues) can use to ensure robust high-quality data for extraction for COVER and that practices are undertaking adequate call/recall.

4 Headlines for London

- Historically and currently, London performs lower than national (England) averages across all the immunisation programmes.
- London faces challenges in attaining high coverage and uptake of vaccinations due to high population mobility, increasing population, increasing fiscal pressures and demands on health services and a decreasing vaccinating workforce.
- Under the London Immunisation Partnership (formerly the London Immunisation Board), NHS England London Region (NHSE London) and Public Health England London Region (PHE London) seek to ensure that the London population are protected from vaccine preventable diseases and are working in partnership with local authorities, CCGs and other partners to increase equity in access to vaccination services and to reduce health inequalities in relation to immunisations.

5 Routine Childhood Immunisation Programme (0-5 years)

5.1 The routine schedule for 0-5s

- The routine childhood immunisation programme protects against:
 - Diphtheria, Tetanus, Pertussis (whooping cough), Polio, Haemophilus influenzae type b (given as the '6 in 1' DTaP/IPV/Hib/HepB vaccine)
 - Pneumococcal disease, (PCV)
 - Meningococcal group C disease (Men C)
 - Meningococcal group B disease
 - Measles, mumps and rubella (MMR)
- Children aged 1 year should have received 3 doses of 6 in 1 (called the primaries) and 2 doses of Men B. If eligible, they may also be offered the targeted BCG and Hep B.
- At 12 months, they are offered first dose of MMR and the boosters of PCV, Hib/Men C and Men B.
- At 2 years and again at 3 years, children are offered annual child influenza vaccine.
- From 3 years 4 months to 5 years, children are offered 2nd dose of MMR and preschool booster (which is the fourth dose of the diphtheria/tetanus/pertussis/polio course).

5.2 Kensington & Chelsea and Westminster and the challenges

- Kensington & Chelsea and Westminster are affected by the same challenges that face the London region. London has in recent years delivered significantly poorer uptake than the remainder of the country. Reasons for the low coverage include:
 - Complexities in data collection for COVER statistics
 - the increasing birth rate in London which results in a growing 0-5 population and puts pressure on existing resources such as GP practices
 - London's high population mobility which affects data collection and accuracy
 - Inconsistent patient invite/reminder (call-recall) systems across London
 - Declining vaccinating workforce
 - Increasing competing health priorities for general practice
- London's high population turnover is a big factor. There is a 20-40% annual turnover on GP patient lists which affects the accuracy of the denominator for COVER submissions, which in Kensington & Chelsea and Westminster's case inflates the denominator (i.e. number of children requiring immunisation)

resulting in a lower uptake percentage. A 2017 audit by London's CHIS providers showed that by the age of 12 months, 33% of infants moved address at least once.

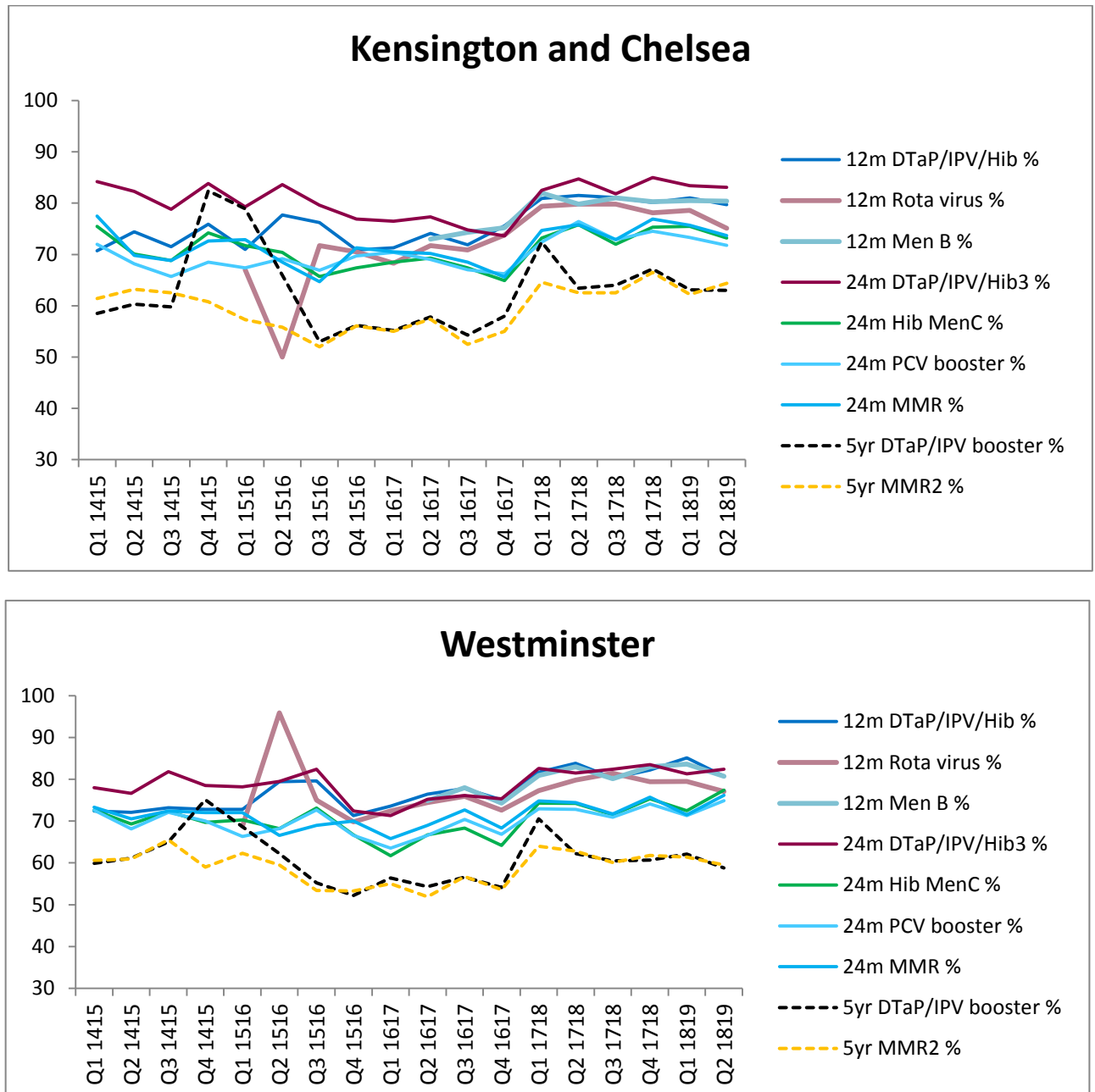
- However, despite London's percentage uptake being lower than other regions, London vaccinates almost twice as many 0-5 year olds than any other region. If you look at MMR2 as an indicator of completion of programme, London reported 79.5% uptake for 2016/17 compared to England's 87.6%. We vaccinated 100,293 five year olds with MMR2 in 2016/17, down from 104,031 in 2015/16 but more than any other region – South East (the next biggest region) vaccinated 99,434 (86.2% coverage)
- It could be argued that with a bigger denominator, London has a bigger number of unvaccinated children. However, only a proportion of these 'unvaccinated' children are truly unvaccinated, the others have been vaccinated abroad (there are known difficulties recording these) or within UK (records may not be updated in time for the data extraction). These vaccinations have not been captured on data systems. Similarly, there are children who are vaccinated outside the schedule (either early or late) and are not included in the cohorts reported.
- Kensington & Chelsea and Westminster has a high number of private practices within the boroughs, thought to be approximately 100. A number of children may register in the area and therefore show up on the CHIS system but never actually access their GP or just have certain vaccinations and then go privately for some. As private practice data cannot be accessed, it is unknown what numbers this constitutes.

5.3 Kensington & Chelsea and Westminster's uptake and coverage rates

- COVER monitors immunisation coverage data for children in UK who reach their first, second or fifth birthday during each evaluation quarter – e.g. 1st January 2012 to 31st March 2012, 1st April 2012 – 30th June 2012. Children having their first birthday in the quarter should have been vaccinated at 2, 3 and 4 months, those turning 2 should have been vaccinated at 12/13 months and those who are having their 5th birthday should have been vaccinated before 5 years, ideally 3 years 3 months to 4 years.
- Like many other London boroughs, Kensington & Chelsea and Westminster has not achieved the World Health Organisation recommended 95% coverage for the primaries and MMR to provide herd immunity (i.e. the proportion of people that need to be vaccinated to stop a disease spreading in the population).
- For immunisations, uptake is usually compared with geographical neighbours as immunisation uptake is affected by service provision and neighbouring boroughs in NWL historically have similar general practice provision and thereby provide a better comparison than statistical neighbours.

- Figure 1 provides a snapshot of all Kensington & Chelsea and Westminster’s 0-5 immunisation programmes. It can be seen that the uptake of vaccinations are close together indicating a good quality of service provision (drop off between age 1 and age 2 and again by age 5 indicates system ability to call/recall and track children).

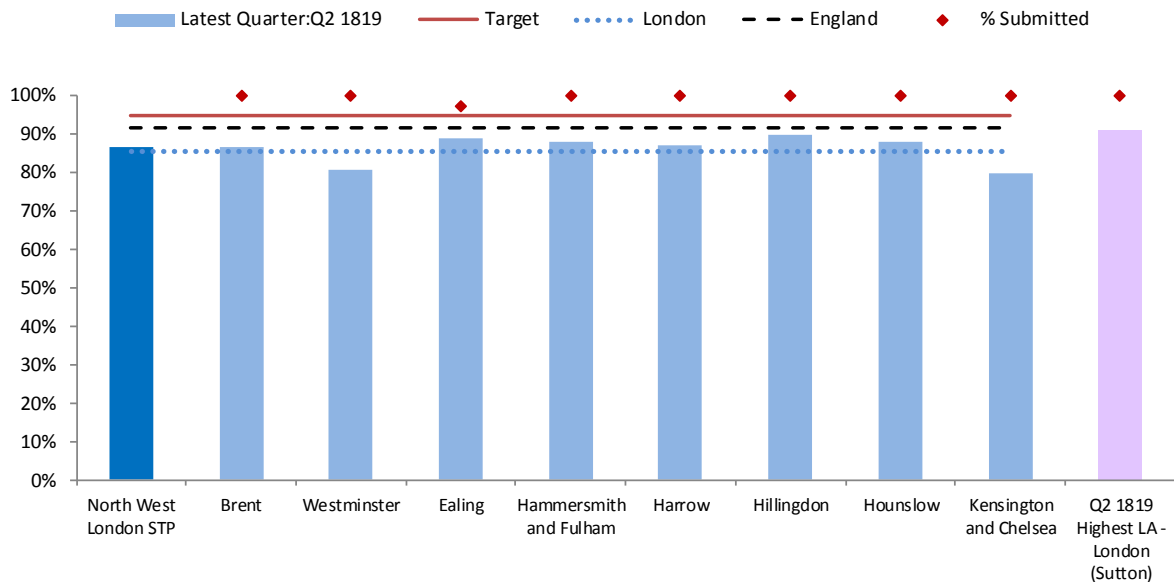
Figure 1
 Uptake rates of 0-5 vaccinations for Kensington & Chelsea and Westminster Q1 2014/15 – Q2 2018/19



Source: PHE (2019)

- Figures 2-5 illustrate the comparison of Kensington & Chelsea and Westminster to other North West London boroughs using quarterly COVER statistics for the uptake of the six main COVER indicators for uptake. These are
 - The primaries (i.e. completed three doses of DTaP/IPV/Hib/HepB) are used to indicate completion of age one immunisations
 - PCV and Hib/MenC boosters and first dose of MMR for immunisations by age 2
 - Preschool booster and second dose of MMR for age 5.
- Quarterly rates vary considerably more than annual rates but are used here so that Quarter 2 data from 2018/19 (the latest available data) could be included.

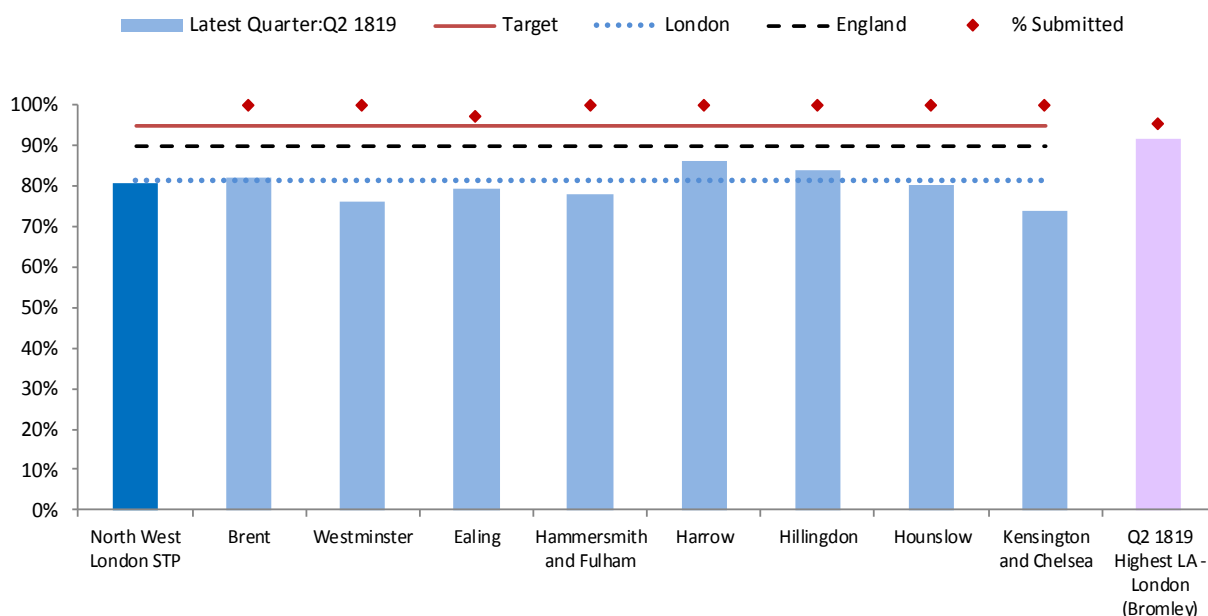
*Figure 2
DTAP/IPV/ Hib/Hep B Vaccine – 1 year (quarterly data Q2 17/18 to Q2 2018/19)*



	Eligible	Vaccinated	Q2 1718	Q3 1718	Q4 1718	Q1 1819	Q2 1819	Eligible	Vaccinated	Trendline
ENGLAND	170,151	158,581	93.2%	93.1%	92.6%	0.0%	91.6%	168,144	154,020	
London	31,157	27,738	89.0%	88.9%	89.1%	86.3%	85.5%	32,267	27,592	
North West London STP	7,434	6,466	88.7%	88.8%	89.1%	88.4%	86.8%	7,434	6,456	
Brent	1,256	1,086	89.4%	90.7%	90.1%	89.6%	86.5%	1,256	1,086	
Westminster	538	434	83.8%	80.3%	82.2%	85.1%	80.7%	538	434	
Ealing	1,339	1,190	90.1%	89.6%	91.7%	90.3%	88.9%	1,339	1,190	
Hammersmith and Fulham	599	528	88.2%	87.8%	88.5%	86.4%	88.1%	599	528	
Harrow	876	762	90.0%	88.9%	90.3%	88.1%	87.0%	876	762	
Hillingdon	1,125	1,009	91.7%	93.6%	91.9%	90.8%	89.7%	1,125	1,009	
Hounslow	1,075	947	88.8%	90.0%	90.0%	89.2%	88.1%	1,075	947	
Kensington and Chelsea	626	499	81.5%	81.1%	80.1%	81.0%	79.7%	626	499	
Q2 2018/19 Highest LA - London (Sutton)							91.3%	596	544	

Source: PHE (2019)

Figure 3
MMR Vaccine Dose 1 measured at 2 years of age (quarterly data Q2 17/18 to Q2 2018/19)



	Eligible	Vaccinated	Q2 1718	Q3 1718	Q4 1718	Q1 1819	Q2 1819	Eligible	Vaccinated	Trendline
ENGLAND	160,960	146,635	91.1%	91.1%	90.8%	0.0%	89.9%	173,769	156,218	
London	30,990	25,868	83.5%	83.7%	84.3%	81.6%	81.2%	32,911	26,726	
North West London STP	7,459	5,813	81.2%	80.9%	82.3%	80.7%	80.7%	7,459	6,017	
Brent	1,143	938	81.1%	83.0%	82.2%	81.4%	82.1%	1,143	938	
Westminster	501	382	74.4%	71.7%	75.7%	71.5%	76.2%	501	382	
Ealing	1,329	1,057	82.3%	82.0%	83.2%	81.7%	79.5%	1,329	1,057	
Hammersmith and Fulham	624	486	79.6%	80.5%	80.8%	75.7%	77.9%	624	486	
Harrow	909	785	82.6%	83.8%	85.2%	82.7%	86.4%	909	785	
Hillingdon	1,137	952	85.1%	82.6%	86.3%	83.7%	83.7%	1,137	952	
Hounslow	1,189	955	82.3%	82.3%	82.3%	83.2%	80.3%	1,189	955	
Kensington and Chelsea	627	462	75.8%	72.9%	76.9%	75.7%	73.7%	627	462	
Q2 1819 Highest LA - London (Bromley)							91.7%	1,153	1,057	

Source: PHE (2019)

Figure 4
Hib/MenC Vaccines uptake at 2 years (quarterly data) (2017/18 - 2018/19)

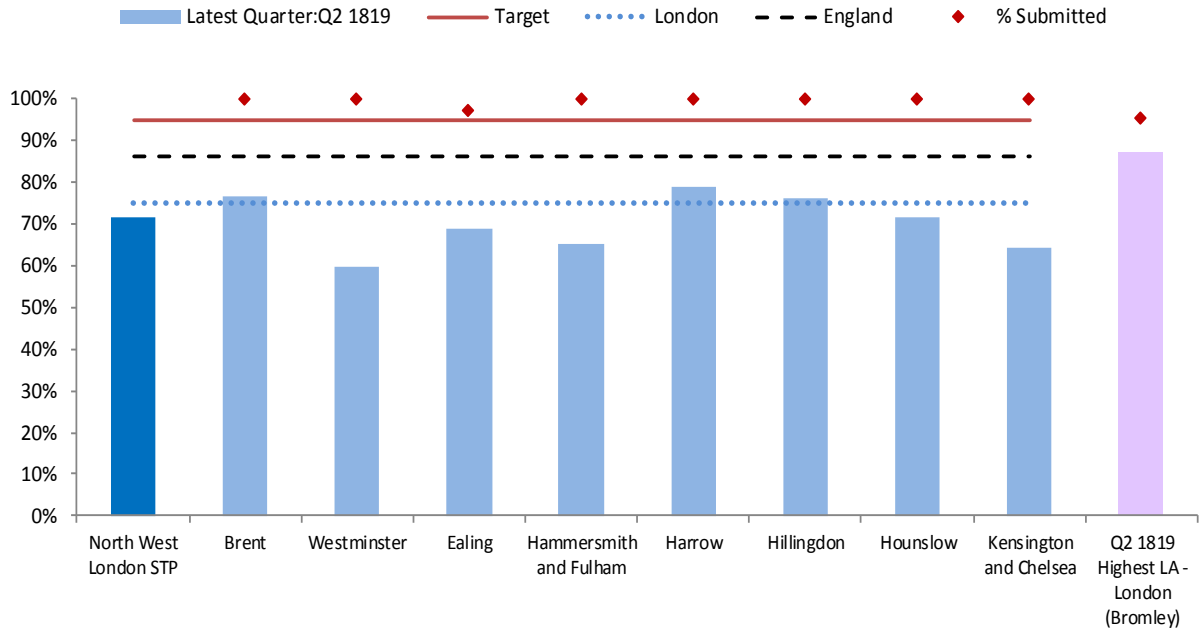
	Q3 1718	Q4 1718	Q1 1819	Q2 1819
ENGLAND	91.3%	91.2%	0.0%	90.2%
London	84.2%	85.2%	82.2%	81.8%
LA with highest uptake - London	91.1%	92.1%	92.7%	92.0%
North West London STP	81.3%	83.4%	81.5%	81.8%
Brent	83.5%	84.8%	83.7%	83.5%
Ealing	83.3%	84.7%	82.9%	80.6%
Hammersmith and Fulham	81.1%	81.9%	76.5%	80.9%
Harrow	83.5%	84.6%	82.8%	86.8%
Hillingdon	83.1%	88.7%	84.7%	85.1%
Hounslow	82.8%	83.3%	83.3%	81.2%
Kensington & Chelsea	72.0%	75.3%	75.5%	73.2%
Westminster	71.5%	75.3%	72.5%	77.4%

PCV Vaccine uptake at 2 years (quarterly data) (2017/18 - 2018/19)

	Q3 1718	Q4 1718	Q1 1819	Q2 1819
ENGLAND	91.3%	91.2%	0.0%	90.0%
London	84.0%	84.7%	81.8%	81.3%
LA with highest uptake - London	91.2%	92.3%	92.0%	91.7%
North West London STP	80.2%	81.4%	80.1%	80.0%
Brent	82.3%	83.2%	82.8%	81.9%
Ealing	81.8%	82.4%	81.3%	79.0%
Hammersmith and Fulham	79.9%	80.3%	74.7%	78.8%
Harrow	82.5%	82.6%	82.4%	84.6%
Hillingdon	82.6%	86.9%	83.0%	84.3%
Hounslow	79.9%	79.6%	81.1%	78.5%
Kensington & Chelsea	72.9%	74.5%	73.3%	71.8%
Westminster	70.9%	74.1%	71.3%	74.9%

Source: PHE (2019)

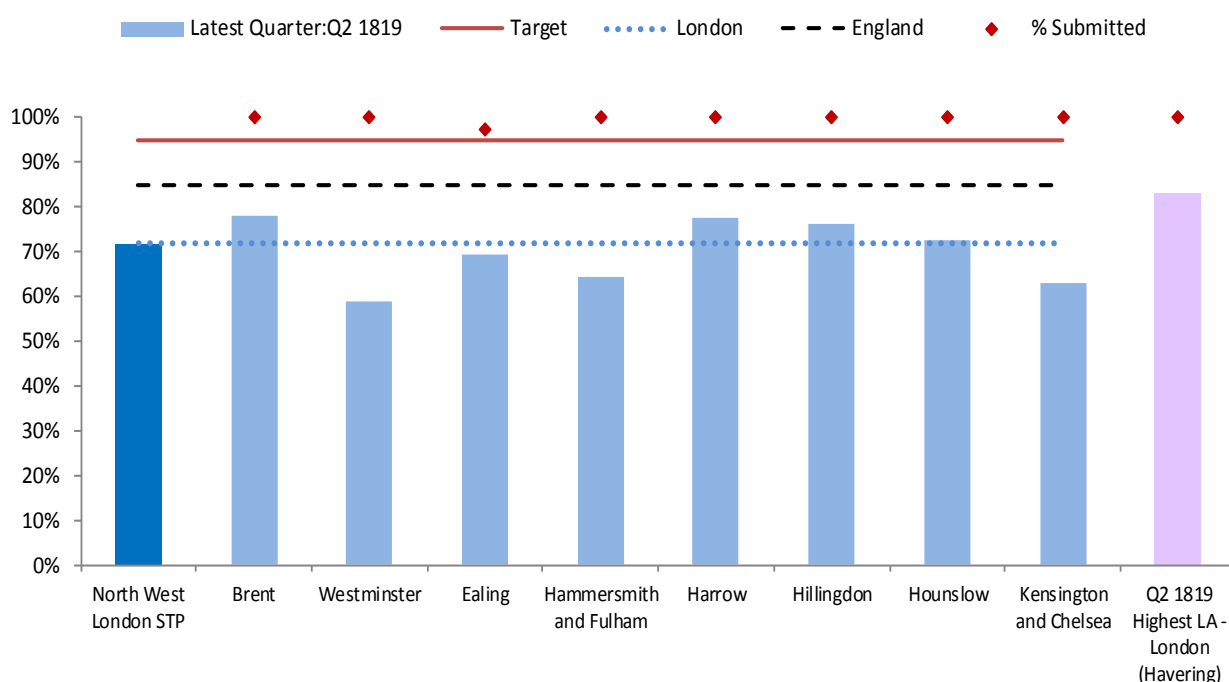
Figure 5
MMR Vaccine Dose 2 – measured at 5 years of age (quarterly data Q2 17/18 to Q2 2018/19)



	Eligible	Vaccinated	Q2 1718	Q3 1718	Q4 1718	Q1 1819	Q2 1819	Eligible	Vaccinated	Trendline
ENGLAND	171,013	149,807	87.6%	87.3%	87.2%	0.0%	86.4%	179,348	154,957	
London	31,452	24,192	76.9%	77.1%	77.6%	72.2%	74.8%	32,095	24,000	
North West London STP	7,493	5,615	75.1%	73.3%	75.3%	71.5%	71.7%	7,493	5,370	
Brent	1,246	954	81.2%	79.6%	80.0%	76.8%	76.6%	1,246	954	
Westminster	452	269	62.8%	60.1%	61.8%	61.4%	59.5%	452	269	
Ealing	1,398	962	75.3%	73.2%	75.6%	71.1%	68.8%	1,398	962	
Hammersmith and Fulham	575	374	71.6%	68.2%	71.2%	61.6%	65.0%	575	374	
Harrow	889	700	80.3%	80.9%	79.9%	79.4%	78.7%	889	700	
Hillingdon	1,193	909	77.0%	76.3%	76.6%	76.5%	76.2%	1,193	909	
Hounslow	1,156	827	75.5%	71.8%	77.1%	69.4%	71.5%	1,156	827	
Kensington and Chelsea	584	376	62.5%	62.5%	66.5%	62.2%	64.4%	584	376	
Q2 1819 Highest LA - London (Bromley)							87.0%	1,141	993	

Source: PHE (2019)

Figure 6
DTAP/IPV (Pre School Booster) Vaccine – measured at 5 years of age (quarterly data Q2 17/18 to Q2 2018/19)



	Eligible	Vaccinated	Q2 1718	Q3 1718	Q4 1718	Q1 1819	Q2 1819	Eligible	Vaccinated	Trendline
ENGLAND	171,013	147,413	86.2%	85.9%	85.5%	0.0%	85.0%	179,348	152,446	
London	31,452	24,236	77.1%	75.0%	75.5%	69.2%	71.8%	32,095	23,058	
North West London STP	7,493	5,675	75.9%	73.5%	75.4%	72.1%	71.8%	7,493	5,379	
Brent	1,246	973	81.8%	80.3%	80.5%	79.0%	78.1%	1,246	973	
Westminster	452	266	62.2%	60.5%	60.7%	62.1%	58.8%	452	266	
Ealing	1,398	967	75.7%	71.7%	74.9%	70.2%	69.2%	1,398	967	
Hammersmith and Fulham	575	369	71.1%	70.1%	70.3%	60.5%	64.2%	575	369	
Harrow	889	690	82.4%	80.9%	80.4%	80.7%	77.6%	889	690	
Hillingdon	1,193	909	78.1%	76.6%	77.7%	77.6%	76.2%	1,193	909	
Hounslow	1,156	837	76.9%	72.3%	77.4%	69.8%	72.4%	1,156	837	
Kensington and Chelsea	584	368	63.4%	64.0%	67.2%	63.1%	63.0%	584	368	
Q2 1819 Highest LA - London (Havering)							83.1%	955	794	

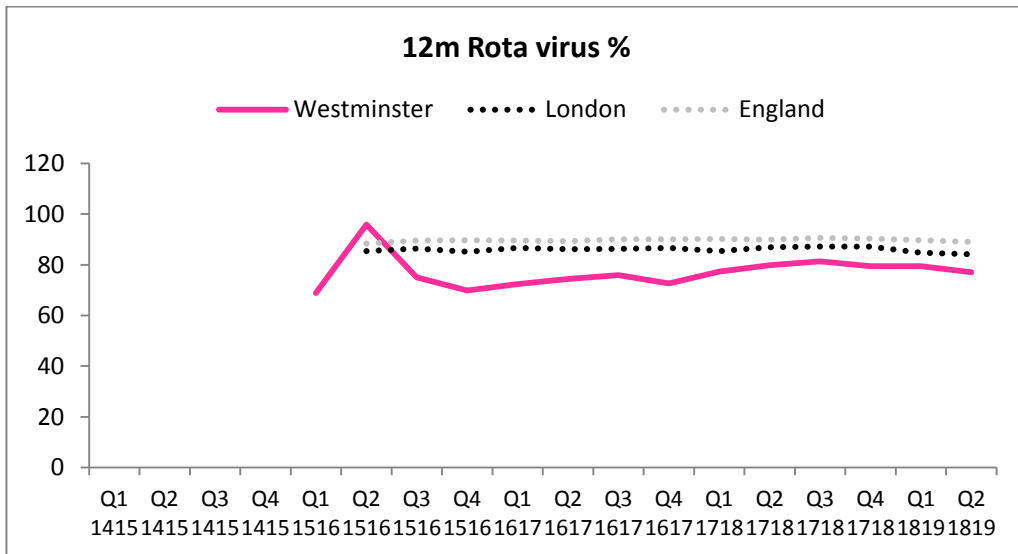
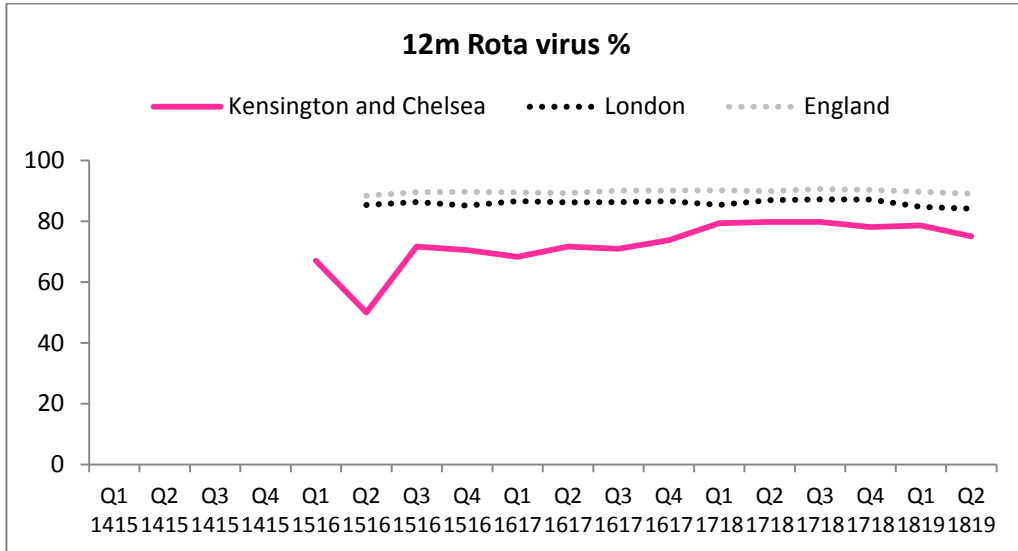
Source: PHE (2019)

5.4 Rotavirus

- Rotavirus is a contagious virus that causes gastroenteritis.
- Rotavirus vaccine was introduced into the Routine Childhood Immunisation Schedule in 2013/14 and has been reported as part of COVER since 2016.
- In Kensington & Chelsea and Westminster, coverage (i.e. the 2 doses) of Rotavirus is below London averages and England averages (Figure 7) and was

75.1% and 77.1% respectively in Q2 2018/19 compared to London's 84.7%. Figure 8 illustrates how Kensington & Chelsea and Westminster has been doing compared to its geographical neighbours up to Q1 2018/19.

*Figure 7
Coverage of Rotavirus at 12 months in Kensington & Chelsea and Westminster compared to London and England Averages*



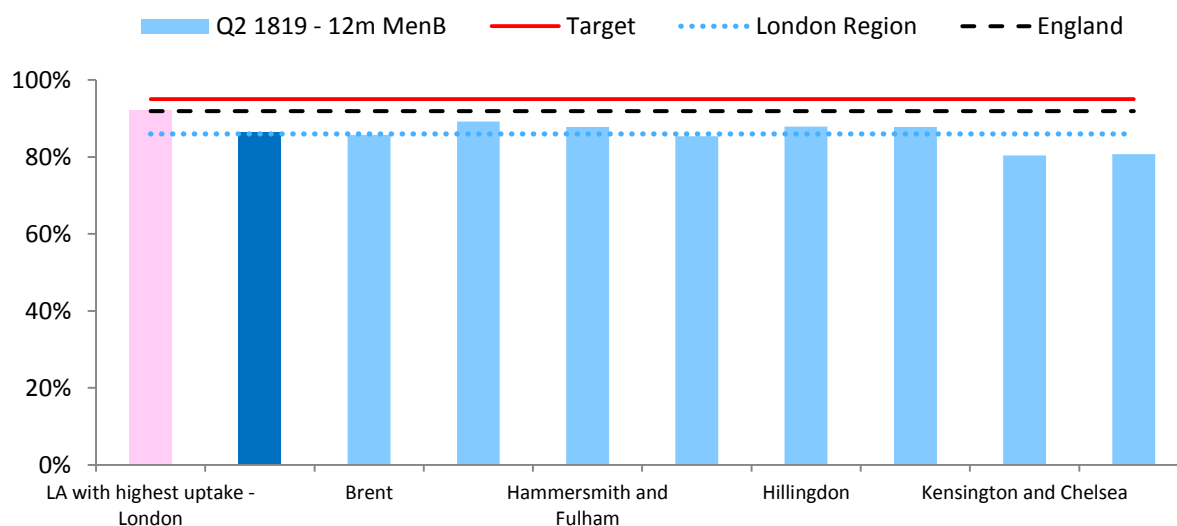
**please note that the vaccine reporting was only introduced in 2015/16*

Source: PHE (2019)

Figure 8
Uptake of Rotavirus at 12months in NWL

	Q3 1718	Q4 1718	Q1 1819	Q2 1819
ENGLAND	90.6%	90.3%	0.0%	89.1%
London	87.2%	87.2%	84.7%	84.1%
LA with highest uptake - London	93.8%	92.5%	91.7%	90.3%
North West London STP				
Brent	87.2%	86.1%	85.7%	84.8%
Ealing	86.5%	86.8%	86.7%	85.8%
Hammersmith and Fulham	89.7%	87.9%	87.2%	87.5%
Harrow	88.3%	87.1%	85.4%	86.5%
Hillingdon	85.7%	87.5%	85.1%	84.1%
Hillingdon	91.7%	89.1%	88.8%	88.5%
Hounslow	88.1%	86.4%	87.5%	85.8%
Kensington & Chelsea	79.8%	78.1%	78.6%	75.1%
Westminster	81.4%	79.4%	79.5%	77.1%

**please note that the migration of GP data to the NE London CHIS hub has affected coverage estimates for many of the LAs reported by this hub. As a consequence, London-level coverage figures are under-estimated in quarter 1. Due to the impact London data has on national figures, England estimates have not been calculated for quarter 1.*

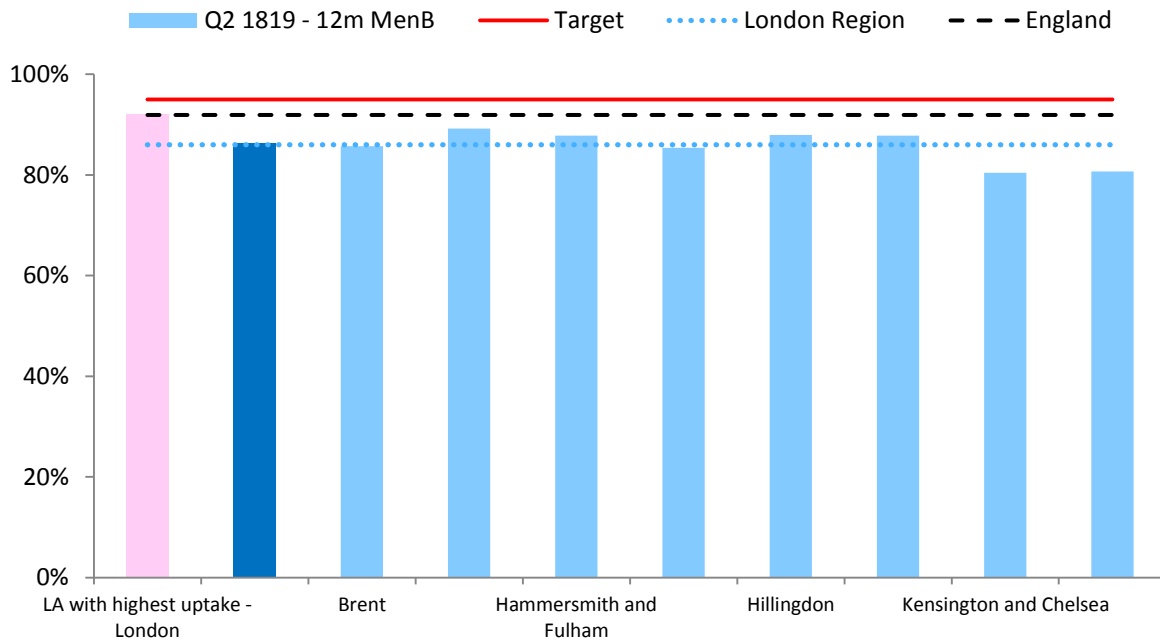


Source: PHE (2019)

5.5 Meningococcal B vaccination

- Since September 2015, all infants are offered a course of meningococcal B (men B) vaccine as part of the Routine Childhood Schedule. Eligible infants were those babies born on or after 1st July 2015.
- Kensington & Chelsea and Westminster performs below the London average.

*Figure 9
Uptake of two doses of Men B vaccination by 12 months in Kensington & Chelsea and Westminster compared to London and England*



	Q3 1718	Q4 1718	Q1 1819	Q2 1819
ENGLAND	93.0%	92.5%	0.0%	91.9%
London	88.0%	88.5%	86.1%	86.0%
LA with highest uptake - London	94.4%	93.0%	92.7%	92.1%
North West London STP	87.8%	88.0%	87.5%	86.3%
Brent	89.0%	88.6%	87.6%	85.7%
Ealing	89.2%	90.6%	89.9%	89.2%
Hammersmith and Fulham	88.1%	88.3%	86.6%	87.8%
Harrow	87.7%	88.2%	86.9%	85.4%
Hillingdon	91.4%	89.3%	90.2%	87.9%
Hounslow	89.0%	89.1%	88.8%	87.8%
Kensington & Chelsea	81.0%	80.3%	80.5%	80.4%
Westminster	80.1%	83.0%	83.6%	80.7%

Source: PHE (2019)

**please note the vaccine was only introduced in 2015 so this is the first available data*

5.6 Child ‘flu vaccination

- There is a national ambition for 40-60% and London achieved these in 17/18 for the school age groups.

- Our goal in London was to achieve 40% uptake rates in 2 and 3 year olds and 50% in School Years 1, 2 and 3 and 40% in reception and School year 4
- Age 2 and 3 remain under 40% but the 2017/18 figures reflect the highest ever proportion of children vaccinated with child flu vaccine in these age groups.
- Figure 10 displays the comparison of London's 2017/18 rates to the previous year whilst Figure 11 compares Kensington & Chelsea and Westminster with the rest of its geographical neighbours and London and England averages. Kensington & Chelsea and Westminster performs well across the age groups, particularly when the vaccine is given in the school setting by the community provider CNWL, where they achieve the highest rates in the North West area. There are also year on year improvements in each cohort. This can be seen in Westminster where the 51.3% of reception children being vaccinated, which is higher than the original child 'flu group of Year 4 (they've been receiving the vaccination since Year 1), where 37.1% were vaccinated.

Figure 10
Child 'Flu vaccination rates for London 2016/17 and 2017/18

	Age 2	Age 3	Reception	Year 1	Year 2	Year 3	Year 4
London 17/18	33.1%	33.1%	51%	49%	48%	45%	41%
London 16/17	30.4%	32.5%	n/a	45%	43%	42%	n/a

Figure 11
Uptake of child flu vaccination for Kensington & Chelsea and Westminster CCG compared to NWL, London and England for Winter 2017/18 (September 1st 2017 – January 31st 2018)

CCG	% of 2 year olds	% of 3 year olds	% of Reception	% of Year 1	% of Year 2	% of Year 3	% of Year 4
Brent	29.7	31.2	30.5	30.5	24.2	22.6	22.1
Central London (Westminster)	27.7	25	51.3	46.9	45.7	32.6	37.1
Ealing	35.9	33.8	38.6	35.4	32.3	30.1	27.4
Hammersmith & Fulham	32.3	31.7	49.5	41.2	43.3	43.3	37.8
Harrow	25.2	29.5	56.6	54.8	53.8	50.1	49.8
Hillingdon	31.9	33	49.1	50.3	47.5	47	41.2
Hounslow	30.8	31.1	55.1	53	59.9	47.7	45.8
Kensington & Chelsea	28.1	26	43.4	40.4	45.8	40.1	42.1
London	33.2	33.3	51.6	49.6	48.2	45.6	43.8

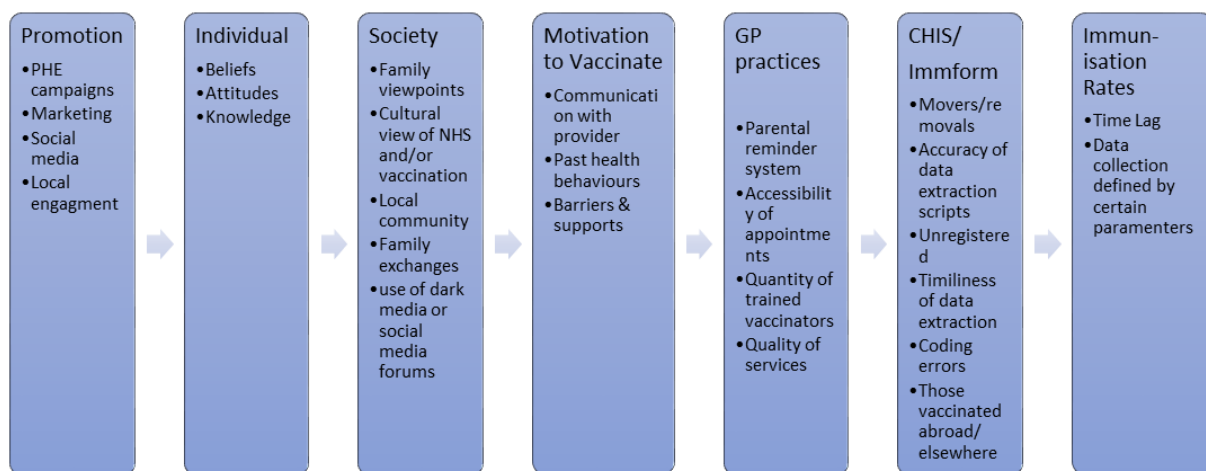
England	42.8	44.7	62.6	61	60.4	57.6	55.8
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Source: PHE (2018)

5.7 What are we doing to increase uptake of COVER?

- Kensington & Chelsea and Westminster like other London boroughs performs below England averages for completed routine childhood immunisations as indicated by MMR 2nd dose and preschool booster. This is also below the recommended WHO 95% recommended uptake levels. Improving uptake rates in Kensington & Chelsea and Westminster is being undertaken by pan London endeavours as well as local borough partnership work between CCG, local authority, PHE and NHSE London. This involves examining uptake data, looking at local need and formulating a plan to increase uptake.
- Increasing coverage and uptake of the COVER reported vaccinations to the recommended 95% levels is a complex task. Under the London Immunisation Board, PHE and NHSE (London) have been working together to improve quality of vaccination services, increasing access, managing vaccine incidents and improving information management, such as better data linkages between Child Health Information Systems (CHIS) and GP systems. As well as these pan London approaches, NHSE (London) have been working locally with PHE health protection teams, CCGs and local public health teams in local authorities to identify local barriers and vulnerable or underserved groups and to work together to improve public acceptability and access and thereby increase vaccine uptake. Figure 12 shows the complexity around increasing the uptake of immunisation rates in London.

Figure 12
Logic Model for Improving Immunisation Uptake Rates in London



- The London wide Immunisation Plan for 2017/18 included sub-sets of plans such as improving parental invites/reminders across London, which the evidence repeatedly states as the main contributor to improving uptake of 0-5s vaccinations (see figure 12). A census of London's 1,346 GP practices resulted in the production of 0-5s call/recall best practice pathway and a 0-5s best practice pathway. Under the London Immunisation Partnership PHE and NHSE (London) are evaluating the impact of these pathways over the next few months.
- An evaluation of the 300 practices in London last year in relation to improving uptake of COVER reported vaccinations also concluded that practices need support around information materials to discuss with parents which the NHSE (London) immunisation team are addressing in conjunction with our PHE colleagues.
- Since April 2017, London's child health information systems (CHIS) are being provided by four hubs which feed a single data platform. This has simplified the barriers previously experienced by London have a large number of different data systems 'talking to each other'. Now all CHIS information is on one system fed by three data linkage systems from GP practices, which in turn are now on one of three systems. This change should remove many of the data errors in the past that had led to an overestimation of unvaccinated children. However, London continues to have a large proportion of children vaccinated overseas which often means that children are reported as unvaccinated when they have been vaccinated but on a different schedule. Work is underway to help GPs code the vaccinations of these new patients.

Figure 13

Infographic of action plan to improve immunisation coverage by working in partnership on each of the four areas below



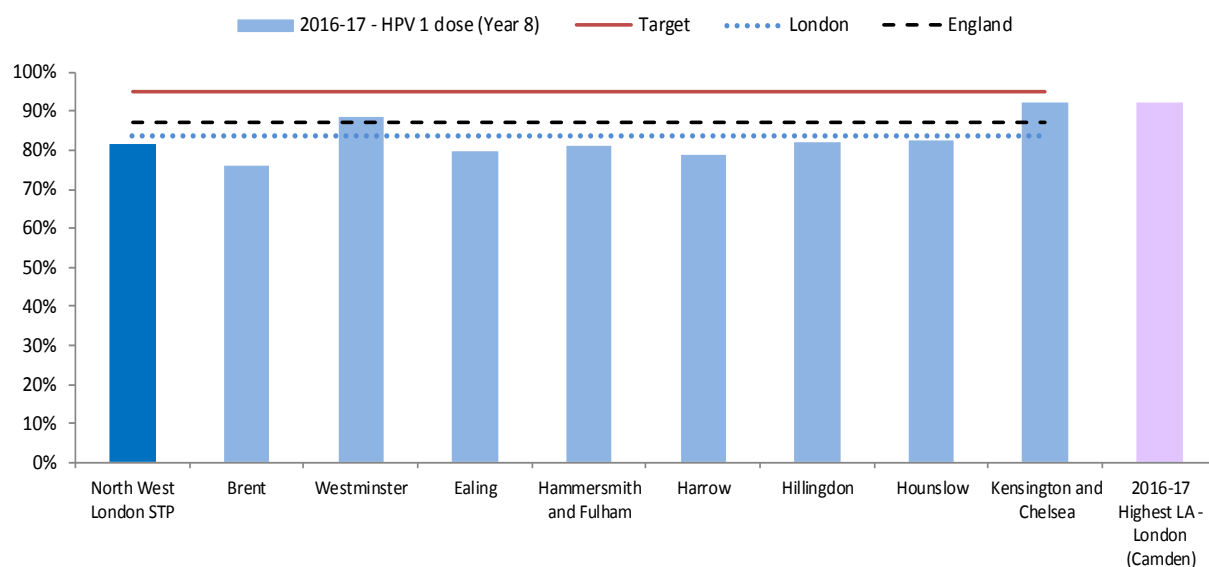
6 School Age Vaccinations

- School Age vaccinations consist of :
 - HPV vaccine for 12-13 year old girls – this programme will be rolled out to boys in September 2019.
 - Tetanus, diphtheria, polio booster (Teenage Booster) at age 14/15 for boys and girls
 - Meningitis ACWY at age 14/15
 - Annual child 'flu vaccination programme which in 2017/18 covered Reception to Year 5 in primary schools

6.1 HPV vaccination

- Human papillomavirus (HPV) vaccination protects against viruses that are linked to the development of cervical cancer
- HPV vaccination has been offered to 12-13 year old girls (Year 8) since the academic year 2008/09. Originally the course was 3 doses but following the recommendation of the Joint Committee of Vaccinations and Immunisations (JCVI) in 2014 is that two doses are adequate.
- Since 2008/09, there has been a steady increase of uptake both nationally and in London. However the introduction of a two course programme instead of a three course programme meant that many providers didn't offer the second dose until the next academic year. For 2015/16, London was the only region to commission both doses to be given within one academic year. This has continued until this year, 2018/19 where providers are now given a choice of whether to deliver both doses in one year or one dose in year 8 and the second in year 9 due to the increasing pressure of the school flu programme which has now expanded. CNWL, who deliver the programme in Kensington & Chelsea and Westminster, have opted to continue to deliver both doses in one year.
- Kensington & Chelsea and Westminster's uptake for 2 completed doses are 66.6% and 69.6% respectively which is below the London average of 75.3% and the NWL STP area average of 72.1%.

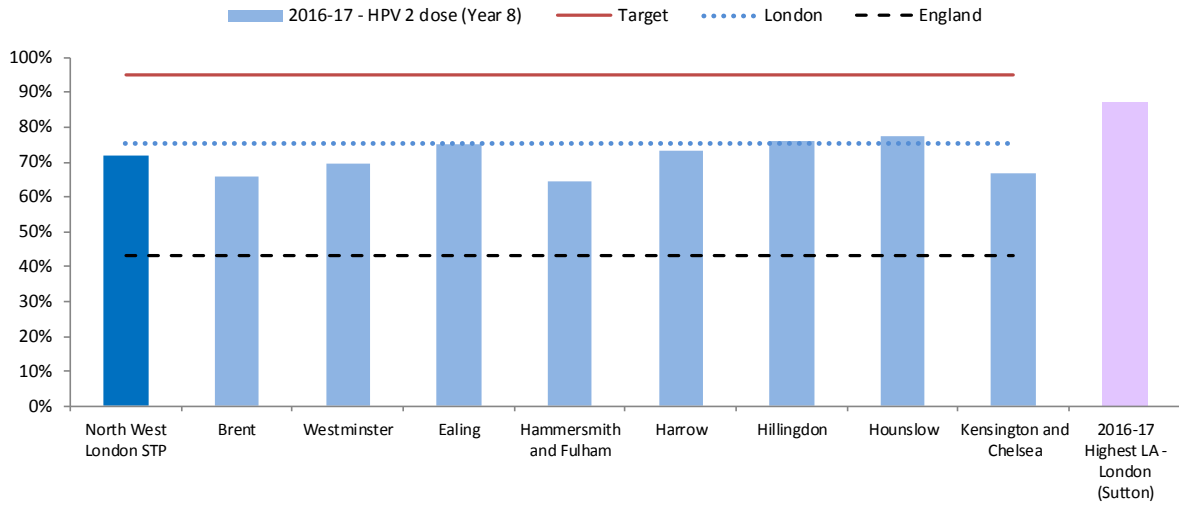
Figure 14
Dose 1 HPV Year 8



	Eligible	Vaccinated	2015-16	Eligible	Vaccinated	2016-17
ENGLAND	288,536	251,010	87.0%	299,198	260,959	87.2%
London	42,666	35,787	83.9%	44,535	37,336	83.8%
North West London STP	9,644	7,872	81.6%	10,143	8,251	81.3%
Brent	1,618	1,107	68.4%	1,601	1,215	75.9%
Westminster	858	835	97.3%	882	781	88.5%
Ealing	1,701	1,250	73.5%	1,735	1,386	79.9%
Hammersmith and Fulham	703	559	79.5%	954	775	81.2%
Harrow	1,219	1,004	82.4%	1,240	976	78.7%
Hillingdon	1,724	1,554	90.1%	1,776	1,461	82.3%
Hounslow	1,420	1,182	83.2%	1,491	1,229	82.4%
Kensington and Chelsea	401	381	95.0%	464	428	92.2%
2016-17 Highest LA - London(Camden)				925	854	92.3%

Source: PHE (2018)

Figure 15
Completed HPV course Year 8 (2 doses)



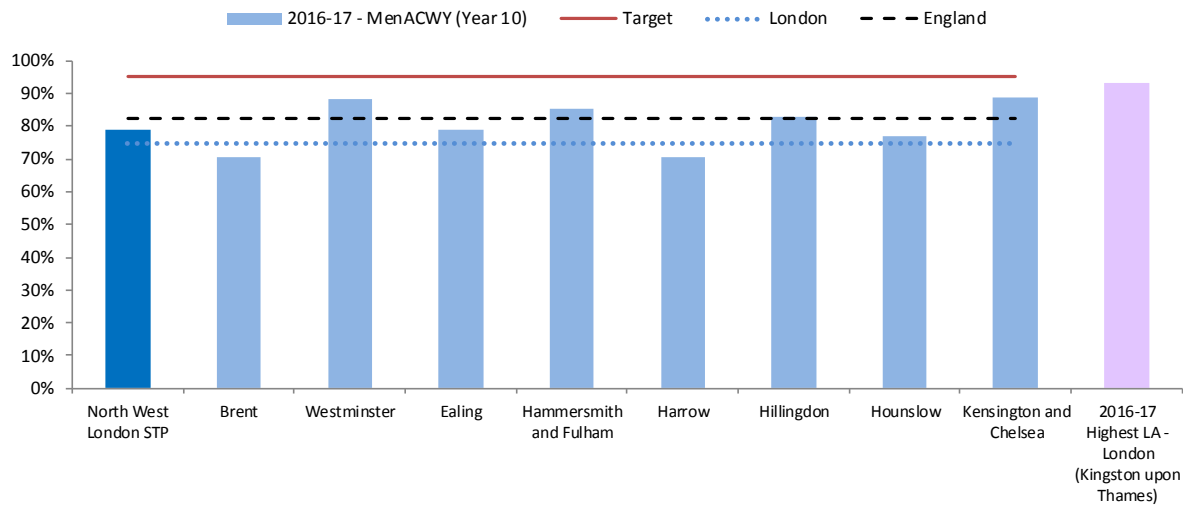
	Eligible	Vaccinated	2015-16	Eligible	Vaccinated	2016-17
ENGLAND	288,536	116,191	40.3%	299,198	128,868	43.1%
London	42,666	31,922	74.8%	44,535	33,535	75.3%
North West London STP	9,644	6,870	71.2%	10,143	7,309	72.1%
Brent	1,618	1,107	68.4%	1,601	1,055	65.9%
Westminster	858	541	63.1%	882	614	69.6%
Ealing	1,701	1,145	67.3%	1,735	1,304	75.2%
Hammersmith and Fulham	703	343	48.8%	954	615	64.5%
Harrow	1,219	932	76.5%	1,240	908	73.2%
Hillingdon	1,724	1,511	87.6%	1,776	1,348	75.9%
Hounslow	1,420	1,101	77.5%	1,491	1,156	77.5%
Kensington and Chelsea	401	190	47.4%	464	309	66.6%
2016-17 Highest LA - London(Sutton)				925	1,348	87.3%

Source: PHE (2018)

6.2 Men ACWY

- This vaccination protects against four main meningococcal strains (A, C, W and Y) that cause invasive meningococcal disease, meningitis and septicaemia.
- As seen in Figure 15, the uptake rate for Kensington & Chelsea was 88.8% and for Westminster it was 88.0% for Year 10 which is above the North West, London and England average.

Figure 16
MenACWY uptake in Year 10 (14-15 years)



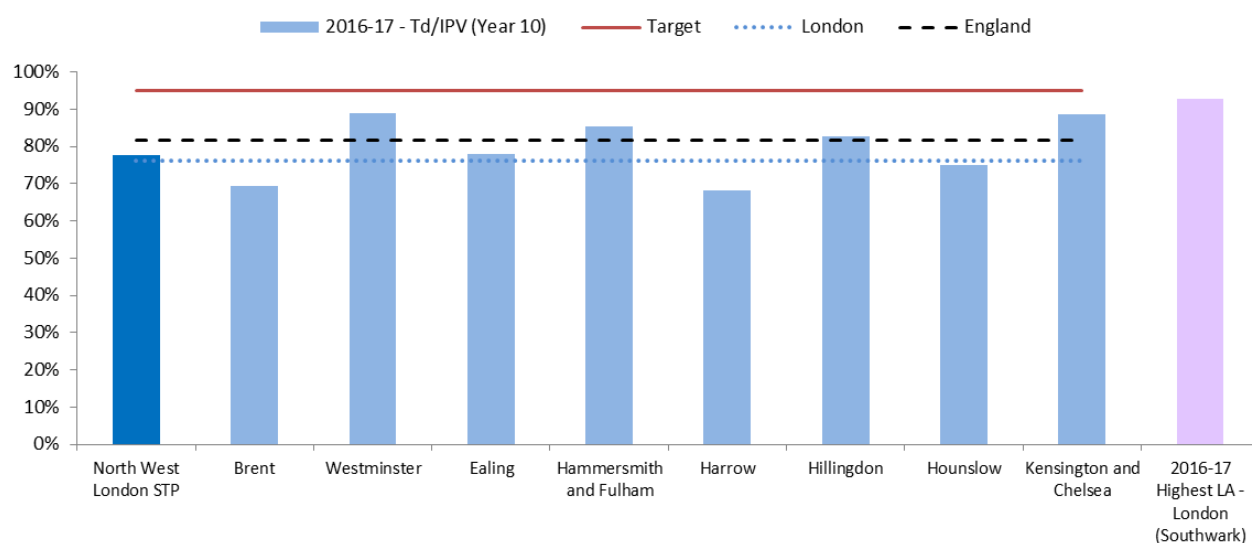
	Eligible	Vaccinated	2015-16	Eligible	Vaccinated	2016-17
ENGLAND	270,383	208,759	77.2%	538,530	444,507	82.5%
London	57,517	36,297	63.1%	69,472	51,995	74.8%
North West London STP	17,773	13,333	75.0%	19,332	15,208	78.7%
Brent	2,892	1,859	64.3%	3,103	2,190	70.6%
Westminster	1,604	1,294	80.7%	1,647	1,450	88.0%
Ealing	2,916	2,042	70.0%	3,330	2,628	78.9%
Hammersmith and Fulham	1,374	1,047	76.2%	1,533	1,305	85.1%
Harrow	1,980	1,496	75.6%	2,446	1,728	70.6%
Hillingdon	3,443	2,846	82.7%	3,568	2,956	82.8%
Hounslow	2,781	2,166	77.9%	2,882	2,220	77.0%
Kensington and Chelsea	783	583	74.5%	823	731	88.8%
2016-17 Highest LA - London (Kingston upon Thames)				1,796	1,671	93.0%

Source: PHE (2018)

6.3 Td/IPV

- The school leaver booster is the fifth dose of tetanus, diphtheria and polio (Td/IPV) vaccine in the routine immunisation schedule and completes the course, providing long-term protection against all three diseases.

Figure 17 Td/IPV- Year 10 (14-15 years)



	Eligible	Vaccinated	2015-16	Eligible	Vaccinated	2016-17
ENGLAND	300,431	225,005	74.9%	530,308	433,307	81.7%
London	62,053	39,888	64.3%	73,169	55,646	76.1%
North West London STP	17,773	13,190	74.2%	19,332	15,041	77.8%
Brent	2,892	1,869	64.6%	3,103	2,152	69.4%
Westminster	1,604	1,296	80.8%	1,647	1,462	88.8%
Ealing	2,916	2,034	69.8%	3,330	2,598	78.0%
Hammersmith and Fulham	1,374	1,059	77.1%	1,533	1,310	85.5%
Harrow	1,980	1,428	72.1%	2,446	1,669	68.2%
Hillingdon	3,443	2,843	82.6%	3,568	2,955	82.8%
Hounslow	2,781	2,072	74.5%	2,882	2,165	75.1%
Kensington and Chelsea	783	589	75.2%	823	730	88.7%
2016-17 Highest LA - London (Southwark)				2,511	2,329	92.8%

Source: PHE (2018)

6.4 What are we doing to improve uptake in Kensington & Chelsea and Westminster?

- As well as these pan London approaches, NHSE (London) have been working locally with Central London and West London CCGs, the local Public Health team and local school age provider to focus and identify local barriers and vulnerable or underserved groups and to work together to improve public acceptability and access and thereby increase vaccine uptake. One example of this is our local flu working group which meets monthly throughout the flu season. Key agenda items are local communications, data analysis, current vaccination uptake, national updates and school engagement.
- Since July 2017, we have had two ‘deep dive’ workshops with our nine school age vaccination providers across London where we focused on the service

factors impacting upon uptake. The main issues were identified as school refusals, lack of return of paper consent forms, self-consent and lack of school support. We have been working with our providers to rectify these and other issues including a pilot of three organisations using e-consent. This involves developing a communication strategy between providers and schools as well as developing an escalation process that they can follow.

- Following on from that, the last quarterly meeting of the London Immunisation Partnership (June 2018) did a deep dive into the factors impacting upon school aged vaccination rates, looking at data management, quality of services, commissioning and provider performance and public acceptability. An action plan has been devised with our partners which was circulated in February 2019 to them. The aim was to make a SMART annual plan that we can deliver together across London to improve uptake.
- As part of the Evaluation, Analytics and Research Group (EAR) of the London Immunisation Partnership, we continue to work with our academic partners in examining the factors impacting upon school aged vaccination uptake. We've completed a study looking at service factors impacting upon Men ACWY and another on HPV (both papers are currently under review for peer review journals). We are collaborating on the evaluation of the e-consent and contributing to a RCT on incentives to improve return of consent forms. We are also working on developing teacher training on school aged vaccinations (an action arising from our deep dive).

7 Outbreaks of Vaccine Preventable Diseases

- PHE NWL Health Protection Team has the remit to survey and respond to cases of vaccine preventable diseases. Where they declare a cluster or an outbreak, NHSE (London) have commissioned Imms01 which is the commissioner response. Under this we can mobilise a provider service response to vaccinate the designated contacts.
- During 2017/18, a total of 20 confirmed measles cases were reported for NWL. 1 confirmed case was reported in Kensington & Chelsea and 2 in Westminster. However, at 1.0/100,000 inhabitants, the rate of confirmed measles in NWL in 2017/18 was much lower than the previous year's peak rate of 3.7/100,000 but higher than the rates from 2013 to 2015. The rate of confirmed mumps in NWL in 2017/18 was 2.8/100,000 inhabitants, over twice the rate in 2016 (1.2/100,000) and the second annual increase in a row. NHSE (London) are working with PHE Health Protection Teams as part of the London Immunisation Business Group to reduce the number of measles and mumps cases in the population by increasing uptake of MMR in the adolescent and adult populations as well as the under 5s.

8 Next Steps

- NHSE (London) continues to work on delivering the WHO European and national strategies to improve coverage and to eliminate vaccine preventable diseases. In London this is done through the London Immunisation Plan which is reviewed annually by the London Immunisation Partnership.

- Quarterly assurance is provided on Kensington & Chelsea and Westminster through the NWL Immunisation Performance and Quality Board where challenges and solutions can be discussed around the performance data and the surveillance data.