Infection Prevention and Control and Vaccination/Immunisation Work Plan

2010/11

Subject/Area	Target/Aim	Actions Required	Lead Officer	Assurance Process	Progress/Update July 2010
1. Immunisation					
a) Seasonal Flu uptake:	Over 65's 75%	GP's to identify all patients in this age group. Uptake to be reported via ImmForm website Campaign to be publicized widely	Richard Potter Frances Turner	Automated upload to ImmForm	
	Clinical risk groups 60% Under 65 years of age	GP's to identify all patients in this age group. Uptake to be reported via ImmForm website Campaign to be publicized widely	Richard Potter Frances Turner	Automated upload to ImmForm	
	Health Care Workers 50%	Flexible delivery programme (Occupational Health Department, Community Pharmacists – vaccine trained, Walk in Centre and possibly breathing space). Publicise campaign and	Kathy Wakefield	Monthly reporting via ImmForm (November 2010 to Feb 2011)	Work commenced with regards to flexible delivery plan for NHSR staff – Occupational Health Breathing Space Still investigating community pharmacists and walk in

		centres widely among all staff groups. Ensure accurate data collection for denominators and uptake. Undertake an audit to ascertain peoples views and reasons for accessing or not accessing vaccination.			centre
	Poultry Workers – no national target set, but need to aim for 50%	Review previous programmes. List of eligible people/sites to be provided by Animal Health within Local Authority and from DEFRA. Flexible delivery – may need to consider mobile vaccination team LES may be required if utilizing existing health services Vaccine to be ordered via PCT Uptake to be recorded via ImmForm.	Kathy Wakefield Richard Potter	ImmForm website	Work commenced based on previous years' list of premises. All owners contacted to promoting vaccination programme and requesting expressions of interest to assess numbers for ordering. Discuss at mass vacc meeting with regards to delivery.

	Persons in receipt of Carer's allowance	To be identified by GP and Local Authority LES needed to cover this group	Richard Potter Frances Turner David Morgan (LA)		Covered by DES – individual discretion of GP's				
	Patients with other long term conditions e.g. Multiple Sclerosis/Neurological conditions, patients with hereditary and degenerative disease of the CNS	GP's to identify these patients. LES needed to cover these groups.	Richard Potter Frances Turner		Covered by DES – individual discretion of GP's				
b) Vital Signs Targets for Childhood immunization programme	DTaP/IPV/Hib age 1 95%	Uptake data by practice to be issued in form of 'QUILT' monthly Action plans to be followed quarterly Missing Imms and DNA reports to be issued to practices by Child Health Pathway to be developed for following up DNA's.	Anna Tebble/ Kathy Wakefield/ Kim Jones/Sue Gittins Chris Knowles Kathy Wakefield	HPA COVER data	Q1 95.4				
	MMR age 2 92%				91.1				
	Hib/Men C age 2 90%				95				
	PCV Booster age 2 85%				92				
	MMR 2nd dose age 5 90%				89.6				
	DTaP Booster age 5 90%				90.8				

c) HPV for girls aged 12-13 years – completing all three doses	90% completing programme by the end of August	Programme for girls entering Y8 in September 2009 to be completed by October 2010 Programme for girls entering Y8 in September 2010 to be commenced as soon after start of term as possible to ensure completion of programme by July 2011 Programme delivered by two HPV teams. Non school attenders access via GP (LES in place) or HPV Team.	Sue Gittins	Data via HPV team/Child Health	Up to end of June 2010 Cohort 7 (Y8 12-13 year girls – routine vaccination) Dose 1 81.5% Dose 1 and 2 65.7% All 3 doses 3.3%
	HPV vaccination to be recorded on to Exeter system to facilitate national cancer screening programme for cervical screening.	Upload of back information upto January 2010 to be complete by March 2011	Kim Jones/Sue Gittins	Monthly monitoring by National Cancer Screening Programme (QARC Yorks and Humber)	Alicia Gray and Kim Jones looking to do this electronically. Progress Review meeting planned for August. QARC meeting planned for September.
d) Td/IPV Booster for 13 -18 year olds	90%	Programme delivered through school nursing teams	Yvonne Weakley	Data provided by Child Health	
e) Pneumococcal					

f) Equity Audit	Equality impact assessment has been completed. Compliance with NICE guidelines for reducing differences in the uptake of immunizations (September 2009).	Equality Audit to be undertaken to identify any gaps and direct use of resources	Rachel Hogg		Information from Korner reports and child health information systems have been reviewed. These systems are unable to give any significant detail that would suggest inequalities. The amount of work involved does not givesignificant advantage over the local intelligence already known and the groups identified in the NICE guidance. Therefore agreed to concentrate the groups already identified.
g) Training	Ensure compliance with national training standards. All vaccinators to receive update training annually	Agree programme with Learning and Development and South Yorkshire Health Protection Unit Work with SHA Immunization Lead to develop training package that can be used by all healthcare professionals to increase the number of vaccinators.	Kathy Wakefield/ Mary Curtis (RCHS)/Rose Cressey (HPU)	Training records	Vacc and imm training programmes in place until March 2011 for NHSR and Practice Nurse staff.
2. Policy Development					
a) Mass Vaccination Plan	Comply with Vital Signs and NHS Operating Framework 2010/11 for emergency preparedness.	Plan to be reviewed in line with lessons learned from Pandemic Flu and best practice	Kathy Wakefield		Draft completed – sent to Jo Abbot t and Gaynor Young for comment prior to wider circulation.

b) Infectious Diseases Outbreak Plan	Reduce the risk identified within the NHS Rotherham Emergency Planning Risk Register	Develop policy in line with South Yorkshire Health Protection Unit and Yorkshire and Humber SHA	Kathy Wakefield		
c) Vaccination Policy		Develop policy to ensure all aspects of vaccination and immunization are covered and adhered to by all practioners.			
3. Infection Prevention and Control in Dental Practice					
a) Decontamination	Compliance with HTM 01-05	Audit data to be analysed Action plans to be drawn up and implemented Action plans to be reviewed Re-audit January 2011	Ken Wragg/John Heyes		Audit sent out by Clinical Audit Team – awaiting results/feed back.
4. Audit Programme					
a) Neonatal Hep B immunisation	To identify the number of babies requiring and receiving Hepatitis B vaccine and assess the dropout rate.	Audit of babies born to Hepatitis B positive Mums in 2009 (excluding the one year follow up – this will be for 2008)	Ian Baker		Continuing to develop process map. Draft of Audit completed and sent to RFT clinical effectiveness department for comment and approval, then to add to their annual programme. This is qualitative to check compliance against process

					map and supports the quantitative audit undertaken by HPU.
b) TB Services	Identify the quality of the current service and any gaps in service provision	Audit of services in line with TB toolkit	Ian Baker		Draft audit in progress.
5. Care Homes	Ensure compliance with Health Act – all providers to be registered with Care Quality Commission by 1st October 2010	Work with Local Authority to review Care Home contract to include Infection prevention and control Work with LA to develop assurance framework/standards for infection prevention and control Develop strong links with Contract Review Officers at LA Review management and treatment of MRSA in Care Homes	Kathy Wakefield/Kath Rogers (LA)		Infection prevention and control elements included in Care Home contract. KW to attend care home managers forum in August.
6. Communicable Diseases					

a) Hepatitis C	Ensure access to services to all groups/patients who are Hepatitis C positive Ensure compliance with NICE guidelines	Work with SHA to develop Commissioning Framework for prevention, case finding and treatment/management Develop the existing Hepatitis C steering group to include representation from all risk groups Incidence of cases and numbers accessing service/completing treatment to be monitored Screening protocols to be reviewed to include new entrants	Cathie Gillies (SHA)/Kathy Wakefield/ Mel Simmonds		Regional steering group meeting September – sub groups meeting August. Proposal going to BBV steering group (previously Hep C group) with regards to pharmacy testing for Hep B and Hep C – post meeting note – Anne Charlesworth to investigate and report back. Referrals 1-2 per week (from Drugs Services). 2nd nurse led clinic starting in September RFT. DNA rate for 1st appointment and non compliance rate below national average
b) Hepatitis B	Ensure best practice followed for the prevention, detection and management of Hepatitis B. Ensure immunization programme is delivered in line with 'Green Book'	Through harm reduction group review report on vaccinating household contacts Review care pathway for ante-natal and neonatal Hepatitis B Screening protocols to be reviewed to include new entrants			Pilot of Hep B vaccination by pharmacists – led by Debbie Stovin Evaluation of Hep B vaccination programme underway – which groups this is offered to in primary care. Issues around neonatal Hep pursued via steering group.

c) Chlamydia	Reduce incidence of Chlamydia and ensure compliance with Vital Sign target of 35% for 2010/11	Work with Regional Screening programme/Leads to ensure cohort targeted. Work collaboratively with contraception and sexual health Ensure all providers undertaking screening – complete necessary paperwork to allow accurate data capture. Ensure all patients with positive results are referred for wider STI screening.	Mel Simmonds		The local Chlamydia screening programme is above trajectory for quarter 1 by 53 screens. The Local Chlamydia Implementation Group action plan revised and progressed monitored quarterly
d) TB	Ensure compliance with NICE guidelines, and service delivery in line with CMO TB action plan and commissioning toolkit Ensure at risk people are identified, screened and treated to minimize the risk of transmission.	Review TB services to identify gaps Review existing level of service Develop a service specification for TB services Prepare business case for screening of all new entrants for inclusion in operational plan for 2011/12 Work collaboratively with South Yorkshire Health Protection Unit.			

7. Healthcare Associated Infections								
a) MRSA Bacteareamia	Ensure compliance with Vital Signs target – following the principle of zero-tolerance	RFT Target 3 (deminimis of 5 for CQC and 6 for Monitor) Commissioner target 6	Walid Al-Wali Kathy Wakefield/ Kath Henderson		Q1 2			
b) C.difficile	Ensure compliance with vital signs target.	RFT – 100 (out turn is 43 – this has been agreed by RFT in line with contractual arrangements within national acute contract) Commissioner – 172 (local trajectory set at 97) Primary Care antibiotic policy to be reviewed in line with new guidelines and best practice and new RFT policy.	Walid Al-Wali Kathy Wakefield/ Kath Henderson Jason Punyer					
8. Primary Care	To ensure high standards of infection prevention and control in primary care. Practice should be in line with the principles contained within Health Act, even though GP's are not required to register until April		Frances Turner/ Kathy Wakefield		Infection prevention and control to be incorporated into annual contract review. Proforma developed to assess compliance with key principles.			

	2012				
9. Infectious Diseases in Pregnancy Screening Programme.	Written protocols and Links directly to the ante-natal screening programme. Pathways should be available from each provider – these should include roles and responsibilities for the screening and management of women with positive results). The screening service should be commissioned and monitored against a framework which is linked and referenced to national standards. KPI's/Minimum standards should be agreed.				
a) Hepatitis B	**All** pregnant women should be offered Hep B screening in each pregnancy (unless already known to be Hep B positive)		Janet Wade/ Judith Gilliver	Local screening data	

b) HIV	**<u>All</u>** pregnant women should be offered HIV screening in each pregnancy (unless already known to be Hep B positive)		Janet Wade/ Judith Gilliver	Local screening data	
c) Syphilis	**<u>All</u>** pregnant women should be offered screening for syphilis early in each pregnancy regardless of the results of syphilis screening in previous pregnancies.				
d) Rubella	**<u>All</u>** pregnant women should be offered screening for rubella susceptibility early in each pregnancy, regardless of rubella susceptibility screening tests in previous pregnancies.				Midwifery services looking to develop vaccination programme for non immune – not yet operational. Need to investigate home births and vaccination. Data obtained from labs on non immune age groups – requested quarterly. November 09 to 30 June 2010 – 119 non immune (87% under 25 years of age)

					Q1 48 (6%)			