

**Report to Operational Executive NHSR and Health and Wellbeing
Cabinet Member Delegated Powers**

1.	Meeting:	Operational Executive NHSR and Health and Wellbeing Cabinet Member Delegated Powers
2.	Date:	16th January 2012
3.	Title:	Update on Seasonal Vaccination Programme
4.	Programme Area:	Public Health - Immunisation

5. Summary

The seasonal flu vaccination programme is issued by the Chief Medical Officer (CMO) in the spring of each year, identifying the groups that are to be included in the forthcoming programme. In 2010/11 the programme was extended to include pregnant women (regardless of underlying health problems) as part of the routine cohort. The cohorts for 2011/12 programme remain unchanged. The groups included are therefore:

- People over the age of 65 years
- People 6 months to 65 years with chronic or long term conditions
- People living in long stay care facilities e.g. care homes
- Carers
- Pregnant women (any stage of pregnancy)
- Frontline health and social care staff.

Responsibility for delivering and performance managing the programme sits locally with NHSR and the Public Health Department aligned to the Local Authority. Whilst the programme is delivered primarily through General Practice, alternative providers have been commissioned. GPs remain responsible for housebound patients (including care homes) who are not on a District Nurse caseload.

Whilst Community and Primary Care Indicators and influenza like illness consultations remain relatively low at the present time, within seasonally expected levels, an increase in influenza activity cannot be ruled out. It is therefore essential that as many vulnerable people as possible are vaccinated before significant levels of flu are circulating.

6. Recommendations

Flu vaccination continues to be widely promoted by NHS Rotherham, radio and local media. Relevant posters and leaflets are displayed in all healthcare providers including pharmacists. Delivery of further material is awaited and this will be distributed in due course.

This report aims to assure the Operational Executive that measures are in place to ensure effective delivery of the seasonal flu vaccination programme during the transition.

Flexible delivery of the programme is vital in improving uptake. Community midwives must continue to actively promote and encourage vaccination among their client groups, signposting pregnant women to the Practice Nurse or GP.

All health and social care providers and staff should take every opportunity to promote and encourage vaccination among patients and clients and patients.

A review will be undertaken with regards to the housebound that are not on the District Nurse Caseload. Whilst mass vaccination programmes take place for people in care homes, those in their own home may be more difficult to reach and may need a targeted strategy in future years.

The lessons identified from the 2011/12 programme will be discussed with and disseminated through the Vaccination and Immunisation Champions to ensure the changes needed to improve uptake in 2012/13 will be implemented.

7. Proposals and Details

The RFT have identified two Midwives who will be freed up to administer a vaccination programme in Greenoaks (Ante-natal clinic). The RFT have reported that this programme will commence during the first week in January.

District Nurses continue to vaccinate patients (and where present their partners) on their caseload.

Analysis has begun looking at the underperforming practices in terms of their specific populations i.e. ethnicity and index of multiple deprivation, although initial analysis does not suggest a correlation between these and poor uptake.

8. Finance

The programme is currently funded centrally by the Department of Health, but will under the new architecture be the responsibility of Public Health England. As delivery and performance are local issues, contract variations and service level agreements have been put in place to support delivery by The RFT and Community Pharmacists. Shortfalls in funding are currently addressed from elsewhere in the NHSR annual allocation.

9. Risks and Uncertainties

The performance to date data is taken from the automatic weekly bulk upload, week ending 1st January 2012 – this is subject to change with the monthly reports as two practices do not have automatic bulk upload facilities.

Target/Area	2010/11 Performance	Performance to Date	Issues	Actions
Over 65's 75%	74.9%	75.4%	Arrangements had been put in place to allow vaccination of this group if	The programme is well established in this group, which is easily

			admitted to hospital. However due to pressures resulting from diarrhoea and vomiting this has not been implemented.	identifiable on the GP system – this facilitates the call/recall system. The systems and arrangements put in place to facilitate vaccination within RFT will be developed to support the 2012/13 programme.
Under 65 at risk/chronic conditions 60%	50.8	51.9%	Data quality issues with regards to the denominator. As practices use the READ codes linked to QOF disease registers, some patients may not be identified.	Detailed investigation and analysis has been carried out by NHSR – this has revealed significant differences in the business rules between ImmForm (used by DH) and QOF (used by practices) used to identify at risk patients. This has been escalated to SHA for discussion with DH Immunisation Team, to align the two registers.
Pregnant Women (all) - 60%	38.2% (not in a clinical risk group) 55.8% (in a clinical risk group)	19.3% (not in a risk group) 44.8% (in a clinical risk group) All pregnant women 21.1%	Reporting parameters have changed so that reporting summarises all pregnant. The planned programme for delivery of vaccination within midwifery services has	Two midwives have been identified to deliver the vaccination programme within the ante-natal unit and Day Ward/Triage – one has received the

			<p>been considerably delayed due to internal service issues.</p> <p>Uptake is comparable to most other areas across Yorkshire and Humber.</p>	<p>relevant training with a view to commencing vaccination during the first week in January.</p> <p>Community midwives promoting vaccination to pregnant women.</p> <p>Investigating ways to improve publicity e.g maternity/mums websites, bounty packs etc.</p> <p>Publicity via local media including free press, advertiser and local radio</p>
Frontline Healthcare Staff 60%	52.7%	For NHSR staff as of End of November 65.5%	<p>NHSR report on behalf of primary medical and dental care.</p> <p>Uptake is variable, with some practices achieving near to 100% of staff, others reporting staff do not want to receive vaccination</p>	<p>Wide publicity from NHSR.</p> <p>Wide publicity from NHS Employers.</p> <p>Importance of staff vaccination and duty of care reiterated in order to protect vulnerable patients.</p> <p>Flexible delivery programme via Occupational Health, Employing GP's and Community Pharmacists.</p>
			<p>Underperforming practices in one or more target groups, as identified internally and reported by DH 1000 lowest performing practices.</p>	<p>These practices are reported to the Lead GP within the Clinical Commissioning Group.</p> <p>Practices are contacted and actions to</p>

				<p>improve uptake discussed. This includes contacting patients who have not responded and reviewing risk registers. It has been reiterated to these practices not to rely on QOF disease registers. Reviewing practice uptake against levels of deprivation and ethnicity to identify any specific issues.</p>
			<p>General apathy due to low levels of flu activity and mild weather conditions.</p>	<p>Reiterated through communications that the risk remains despite existing low levels of circulating flu.</p>

10. Policy and Performance Agenda Implications

It is clear that there is a great deal of work needed in the coming months, locally and nationally to better understand how patients are coded and identified and to ensure that the system used to identify/call patients and establish the denominator is the same for both practices and the Department of Health Immunisation Team.

The Joint Committee for Vaccination and Immunisation (JCVI), expert advisors to the Department of Health are continuing to review evidence in relation to vaccinating all healthy children as part of the seasonal flu programme. If this is approved this will have major financial and service implications for the 2012/13 programme.

11. Background Papers and Consultation