Lambeth together

Lambeth's Childhood Vaccination Programme

Needs Assessment
January 2023




Working in partnership for a healthier borough

Lambeth together

Gateway information

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Prepared by:	Dr Karol Basta
Contributors:	Karol Basta, Maria Schmidt, Juliet Amoa, Hiten Dodhia, Ese Iyasere
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This needs assessment aims to highlight opportunities to improve vaccination uptake and reduce inequalities in 0-5s

AIMS & OBJECTIVES

The aim of this needs assessment is to provide an overview of vaccinations in children aged 0-5 years, including any barriers of gaps in vaccination coverage to inform the development of Lambeth's Childhood Immunisation Strategy for 2023-2025.

The objectives are to:

- Provide an overview of relevant national and international policies on vaccinations
- Summarise the uptake of childhood vaccinations in Lambeth, compared to London and England
- Identify the areas and extent of inequalities in the childhood vaccination programme
- Understand local efforts to increase uptake and reduce inequalities in the programme
- Consolidate stakeholder and service user views with available data to ascertain barriers, challenges, and asset-based interventions to improve the vaccination service
- Learn from the evidence base, as well as local and regional best practice, to understand what works to improve uptake and reduce inequalities
- Make broad evidence-based recommendations to inform the development of Lambeth's Childhood Immunisation Strategy for 2023-2025

CONTENTS (2)




Glossary of terms

DTaP/IPV/Hib/HepB – vaccine which protects against diphtheria and tetanus and pertussis which is also known an whopping cough (DTaP), polio (IVP), haemophilus influenzae type b (Hib) and Hepatitis B (HepB). This vaccine is also known as the 6-in-1 vaccine
DTaP/IPV – vaccine which protects against diphtheria and tetanus and pertussis which is also known an whopping cough (DTaP) as well as polio (IVP). This vaccine is also known as the 4-in-1 pre school booster.
MenB- vaccine which protects against meningococcal group B
PCV - vaccine which protects against pneumococcal
Hib/MenC – vaccine which protects against haemophilus influenzae type b (Hib) and meningococcal group C (MenC)
MMR - vaccine which protects against measles, mumps and rubella (German measles)
WHO – World Health Organisation
EIA2030 - European Immunization Agenda 2030
UKHSA – UK Health Security Agency
JCVI - Joint Committee on Vaccination and Immunisation
DHSE - Department of Health and Social Care
NHSE – National Health Service England
PHE – Public Health England
ICB - Integrated Care Board
ICS - Integrated Care System
PCN – Primary Care Network
SEL – South East London
GLA – Greater London Authority
IMD – Index of Multiple Deprivation
Q – Quarter
COVER - Cover of Vaccination Evaluated Rapidly
CHIS – Child Health Information Services
SL-HPT – South London Health Protect Team




CONTENTS (3)



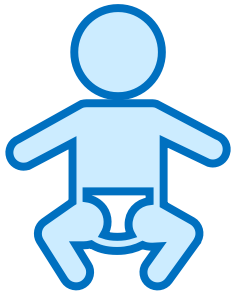

An effective, equitable, vaccination programme in Lambeth is integral to address children's health inequalities and for communicable disease control

INTRODUCTION

Save lives

Vaccinations have led to exceptional reductions in the incidence of previously common disease and related deaths[1]

Best start in life

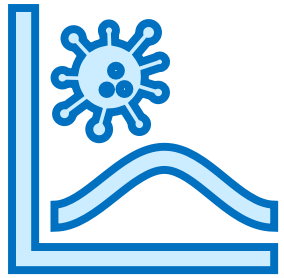


Vaccination is a highly cost effective way to promote child health from infancy[1]

Levelling up

Vaccine preventable diseases inequitably affect those in deprived communities[2]

Disease control

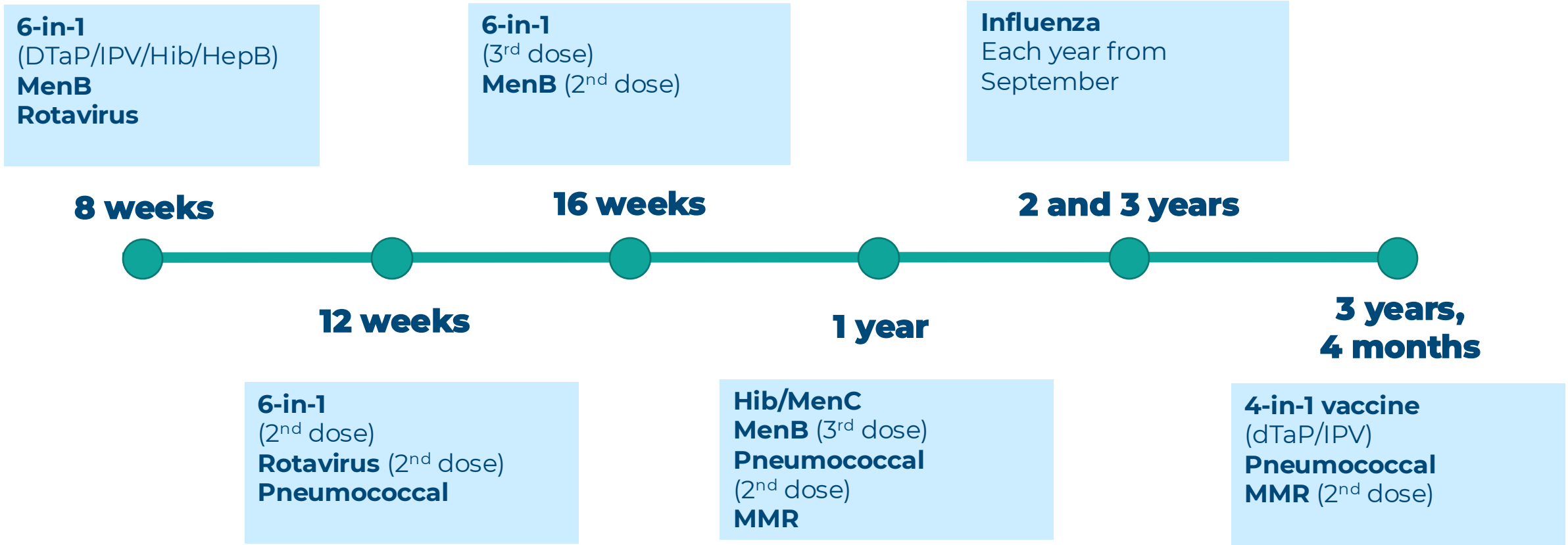


High coverage overall is not enough for disease control - rates within diverse communities matter[2]

References
1. World Health Organization. Immunisation coverage http://www.who.int/en/news-room/fact-sheets/detail/immunization-coverage
2. PHE, National Immunisation Programme: health equity audit

Children aged 0-5 years are protected against a range of diseases by the routine national immunisations schedule[1]

INTRODUCTION



References

1. Green book chapter 11 The UK immunisation schedule, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1060682/Greenbook-chapter-11-11Mar22.pdf

CONTENTS (4)




Worldwide vaccination strategies aim to improve coverage and reduce inequalities

INTERNATIONAL POLICY CONTEXT

"Immunization is one of the "best buys" in global health, a strong foundation of the primary health care system and an indisputable human right." The World Health Organisation, Immunisation Coverage 2021.

Immunisation has **saved and improved countless lives globally, nationally, and locally** by providing protection against a **wide range of vaccine preventable diseases** and **reducing the spread of illnesses**. We know that vaccination is the **most effective public health intervention available**, ranking second only to clean water for disease prevention. Despite this, more than **1.5 million people worldwide die from vaccine-preventable diseases each year** and **vaccination inequalities remains between and within countries**[1].

The WHO in Europe has set out it's vision and strategy for member states to achieve the full benefits of immunisations in the next decade under the **European Immunization Agenda 2030** (EIA2030)[2]. EIA2030 focuses on three key principles: **ensuring equity in immunization, providing immunization across the life course, and devising local solutions to local challenges.** EIA2030 aims to address the inequities in immunization coverage between and within countries through **innovative programming and local-level interventions, data-driven decision-making, and the remobilizing political leaders at regional, subregional, and country levels.**

References

1. **World Health Organization. Immunisation coverage** http://www.who.int/en/news-room/fact-sheets/detail/immunization-coverage
2. **European Immunization Agenda 2030. Copenhagen: WHO Regional Office for Europe; 2021. Licence: CC BY-NC-SA 3.0 IGO.**

Nationally newly delegated commissioning for immunisations is likely to take effect from 2024

NATIONAL POLICY CONTEXT

The **UK Health Security Agency (UKHSA)** and the **Department of Health and Social Care** are responsible for the **Green Book**[1]. This has the latest information on vaccines and vaccination procedures for all the vaccine preventable infectious diseases that may occur in the UK. Chapters are updated as necessary to reflect the current policies and procedures as advised by the **Joint Committee on Vaccination and Immunisation**. The aim of the routine childhood vaccination schedule is to **offer early protection against those vaccine preventable diseases that are most dangerous to the very young.**

In 2021 Public Health England (PHE) published a **national immunisations health equity audit**[2]. The immunisations programme achieved high overall coverage, however **avoidable inequalities in vaccination still exist within some population groups.** Inequalities in immunisation for a given population group can be complex to describe and may vary between areas. Inequalities in vaccination may arise due to a range of factors including community, institutional, and policy factors, as well as the health beliefs and knowledge of individuals and families. In response PHE developed a **national vaccinations inequality strategy** in 2021 advocating for the development of **locally relevant data** and **intelligence resources to support local needs assessment**.

References
1. The Green Book -https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book
2. PHE, National Immunisation Programme: health equity audit

Newly delegated commissioning for immunisations is likely to take effect from 2024

NATIONAL POLICY CONTEXT

NHS England (NHSE) is currently responsible for the commissioning of all national Immunisation Programmes under Mandate 7a[1]. This includes the 0-5 Routine Childhood Immunisation Schedule.

In April 2021, the GP contract agreement was updated to include five core GP contractual standards:

- A named lead for the vaccination service
- Provision of sufficient convenient appointments
- Standards for call/recall programmes and opportunistic vaccination offers
- Participation in national agreed catch-up campaigns
- Standards for record keeping and reporting

NHSE is currently working towards a **new national immunisation strategy** – Lambeth's needs assessment and strategy work is therefore timely as it provides a key opportunity to influence regional and national vaccination strategy reviews.

Lambeth's work also synchronises with the national agenda, including NHSE's focus on working with local authorities and Integrated Care Boards (ICB) to support a **new delegated commissioning arrangement for immunisations, likely to take effect from April 2024.**

1. https://www.legislation.gov.uk/ukpga/2006/41/section/7A#:~:text=(1)The%20Secretary%20of%20State,one%20or%20more%20relevant%20bodies

CONTENTS (5)




Data driven insights have been provided through a range of methods

Demography & deprivation

Understanding Lambeth's demography e.g. migration rate, languages spoken and levels of deprivation to unpick potential downstream impacts on vaccination

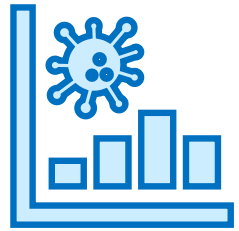
Vaccination uptake

Benchmarking uptake compared to national and regional levels, tracking trends over time and understanding the variation between primary care networks and general practices

Vaccination inequalities

Considering the impact of deprivation on uptake at a GP practice level, as well as on an individual level. Considering the impact of an individual's ethnicity on uptake

Preventable disease



Understanding levels of vaccine preventable disease locally, regionally and nationally is important to grasp the potential impact of low vaccine uptake




Lambeth is an ethnically diverse, mobile, young and densely populated borough

DEMOGRAPHY

Lambeth is an inner south London borough, extending over an area of 27km^2 with the 2022 resident population estimated at 318,000 people (GLA 2020 projections). Lambeth is the 7th most densely populated borough in London (excluding the City of London)[1]. The population is subject to significant annual turnover, with the sum of people leaving and those arriving equating to nearly 16% of the population in any one year[2]. This can make it particularly challenging for Lambeth to achieve the national immunisation coverage targets. As well as having the potential to reduce true coverage rates, high turnover makes accurate data capture more challenging. Turnover on GP lists can falsely inflate the denominator for vaccination uptake percentage calculations.

Lambeth has a predominantly young population with 61% aged under 40 and the population size is expected to grow by 5% overall (to 2032)[1]. The borough has the 2nd highest working age (16 to 64) population in London, as well as the 2nd highest employment rate in London at 81%[3]. This high employment rate may impact the availability of parents to attend appointments in the usual working hours.

Around 57% of Lambeth's population is White – with 41% of Lambeth's population specifically identifying as White British or Irish. 43% of Lambeth's population is Black, Asian or Multi-Ethnic – with those from Black or Black British African backgrounds accounting for 12% of the population and Black or Black British Caribbean backgrounds accounting for 10% of the population[1]. Over 150 languages are spoken in schools[4]. The ethnic and linguistic diversity of the population may affect vaccine uptake rates due to different beliefs and attitudes towards healthcare and vaccination. Communication barriers may also make it challenging for families to obtain accurate information about vaccinations.

1. Population profiles for local authorities in Englandhttps://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestin
2. Local area migrationshttps://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/articles/populationpro
Employment Rate and Unemployment Rate by Ethnic Group & Nationality, Borough Office for National Statistics (ONS) 4. Lambeth Education Statistics - https://www.lambeth.gov.uk/education-research-statistics/research-statistics/education-statistics

Two thirds of Lambeth's population live in the 40% most deprived areas in England

DEPRIVATION

Lambeth is ranked as the 11th most deprived borough in London, and the 81st most deprived in England (2019 IMD). One in five residents live in communities ranked in the 20% most deprived areas in England and two thirds live the 40% most deprived (2019 IMD).

Figure 1 shows the variation of child poverty before household income across the borough - the range varies from 11%-28% with low income families concentrated in the North and centre of Lambeth[1]. 2 in 5 children were affected by child poverty after housing costs in Lambeth during 2020-21[2].

Findings from PHE's National Immunisations Health Equity Audit[3] showed inequalities in vaccination are present according to socioeconomic status and IMD. Therefore the levels of deprivation in Lambeth may contribute to the challenges with achieving high uptake.

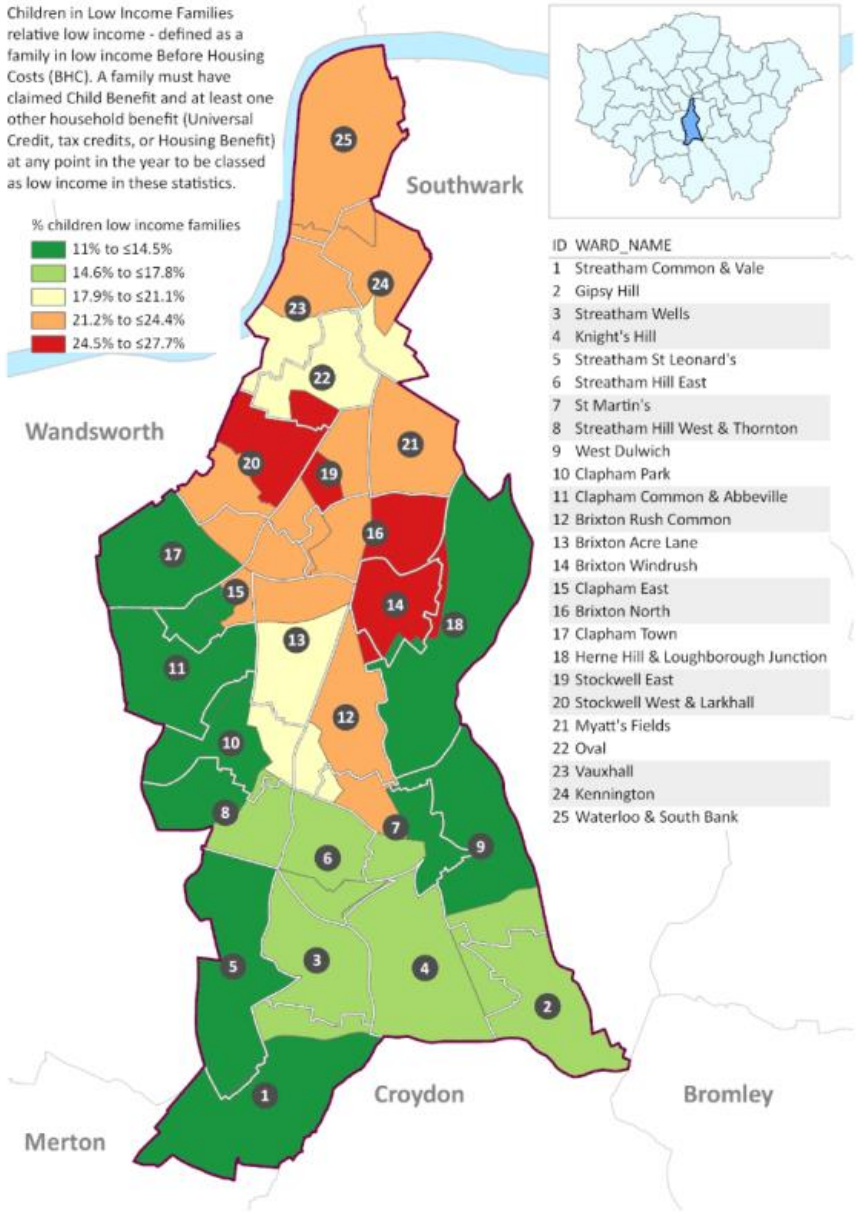


Figure 1: : Percentage of children in low income families, 2021[1]

1. Lambeth's Health Profile, Demography - https://www.lambeth.gov.uk/sites/default/files/2022-10/health-profile-for-lambeth-2022-sc
2. Trust for London - https://www.trustforlondon.org.uk/data/child-poverty-borough/
3. PHE's National Immunisations Health Equity Audit - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/957670/immnstn-equity_AUDIT_v11.pdf

The data shown over the following slides is from the COVER reporting programme

COVER DATA

- The cover of vaccination evaluated rapidly programme (COVER) evaluates childhood immunisation in England, collating data for children aged 1, 2 and 5.
- Annual data by financial year is collected by the UK Health Security Agency (UKHSA) under the COVER programme with further checks and final publication by NHS Digital as national statistics.
- COVER produces official statistics showing uptake data according to country of the UK, by region and by local authority
- COVER also release GP level coverage data - this is experimental data. Data is provided by Child Health Information Service (CHIS) providers and completeness of practices and data quality may vary.
- COVER data is publicly accessible.

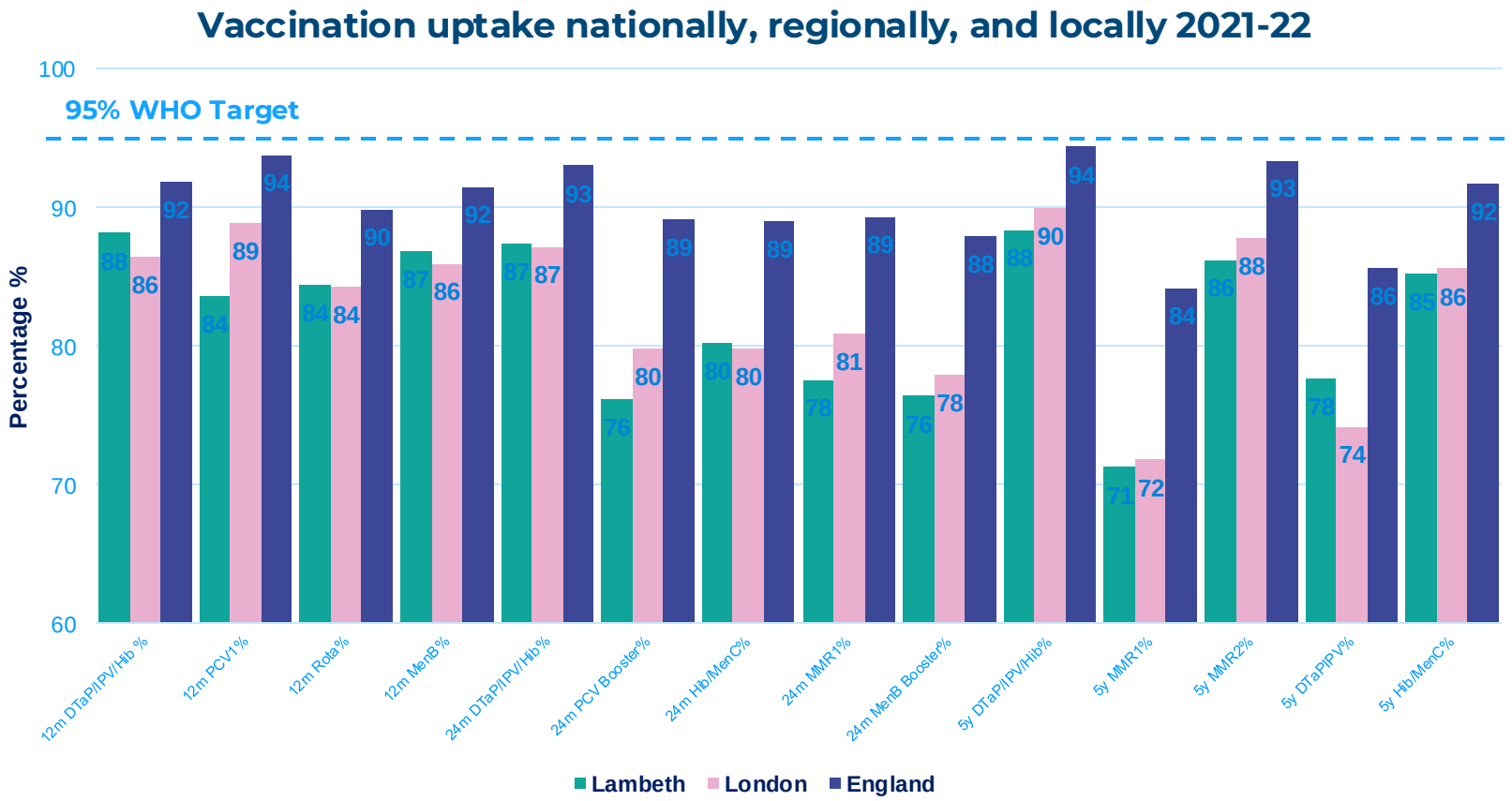



Lambeth's uptake for all childhood vaccines falls well below the WHO's target and country average

NATIONAL, REGIONAL AND LOCAL COVERAGE DATA

The gold standard vaccination rate is set by the WHO at 95%. This is the rate which achieves herd immunity. Herd immunity protects the clinically vulnerable such as young babies or the immunosuppressed and can also lead to the eradication of disease.

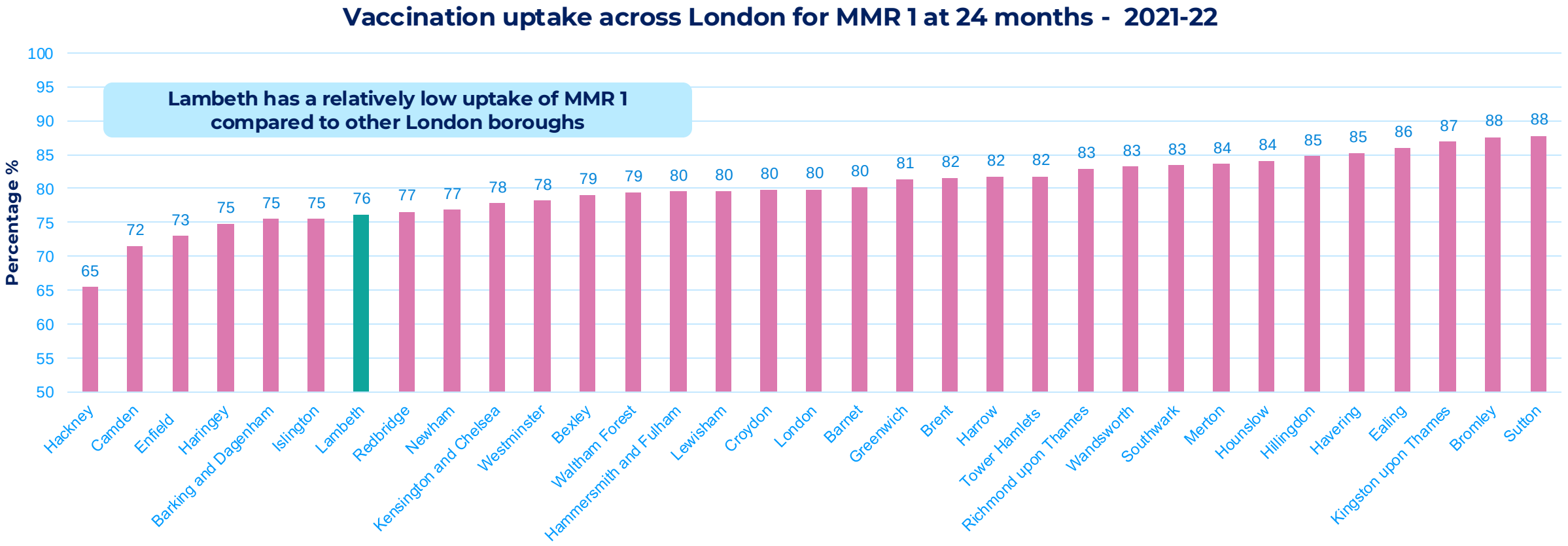
Uptake in Lambeth for all vaccinations given to children aged 0-5 years consistently falls well below the WHO target and country average.



Data source: COVER (Cover of vaccination evaluated rapidly) 2021-22, NHS Digital

Lambeth's vaccine uptake compared to other London boroughs differs depending on the specific vaccine (1)

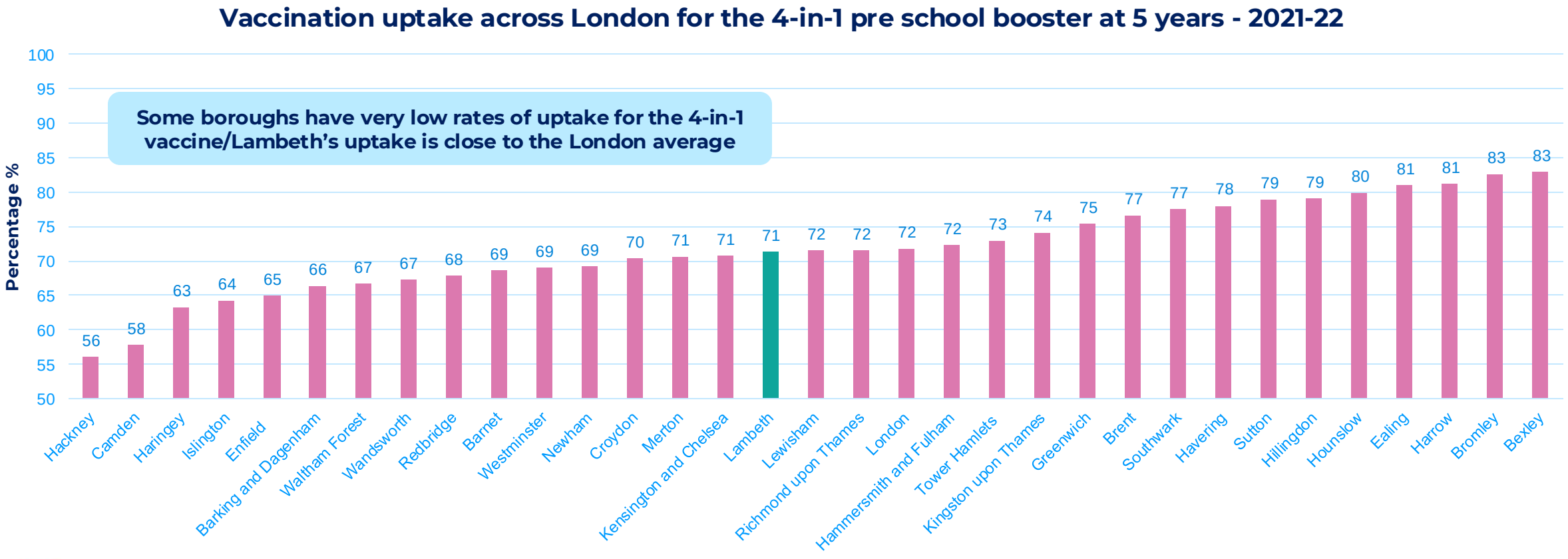
COVERAGE ON A LONDON LEVEL



Data source: COVER (Cover of vaccination evaluated rapidly) 2021-22, NHS Digital

Lambeth's vaccine uptake compared to other London boroughs differs depending on the specific vaccine (2)

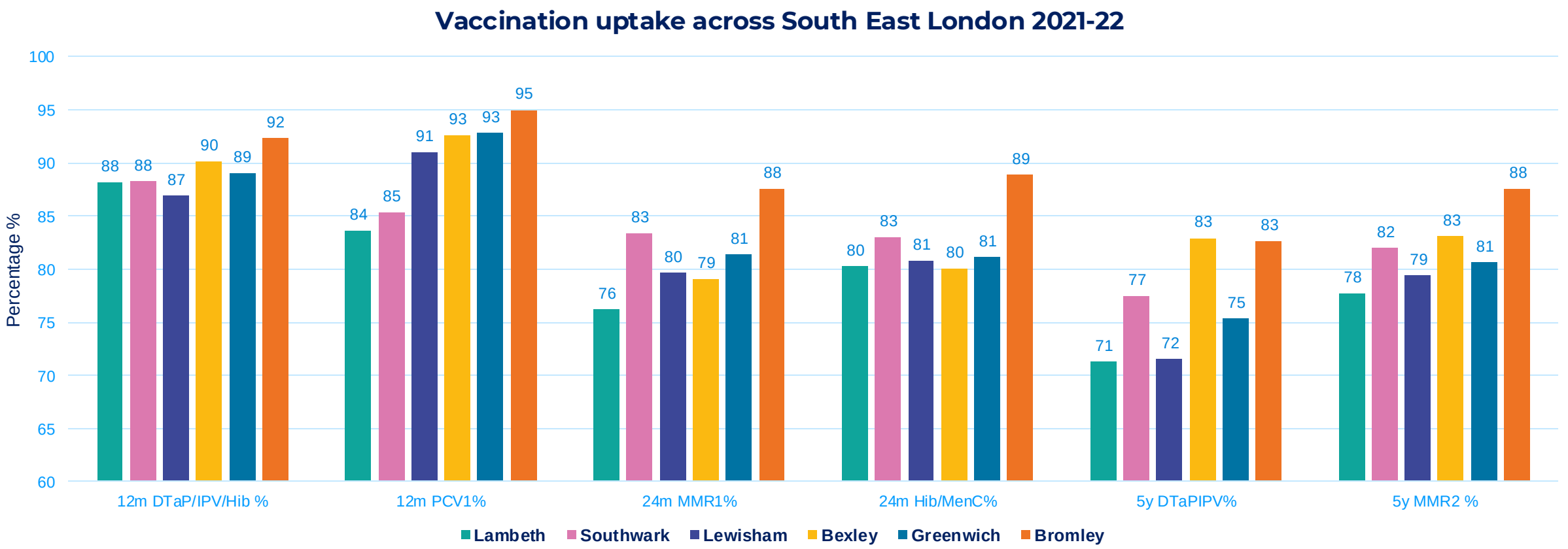
COVERAGE ON A LONDON LEVEL



Data source: COVER (Cover of vaccination evaluated rapidly) 2021-22, NHS Digital

Lambeth consistently had the lowest vaccination uptake in South East London in 2021-2022

COVERAGE ON A SOUTH EAST LONDON LEVEL

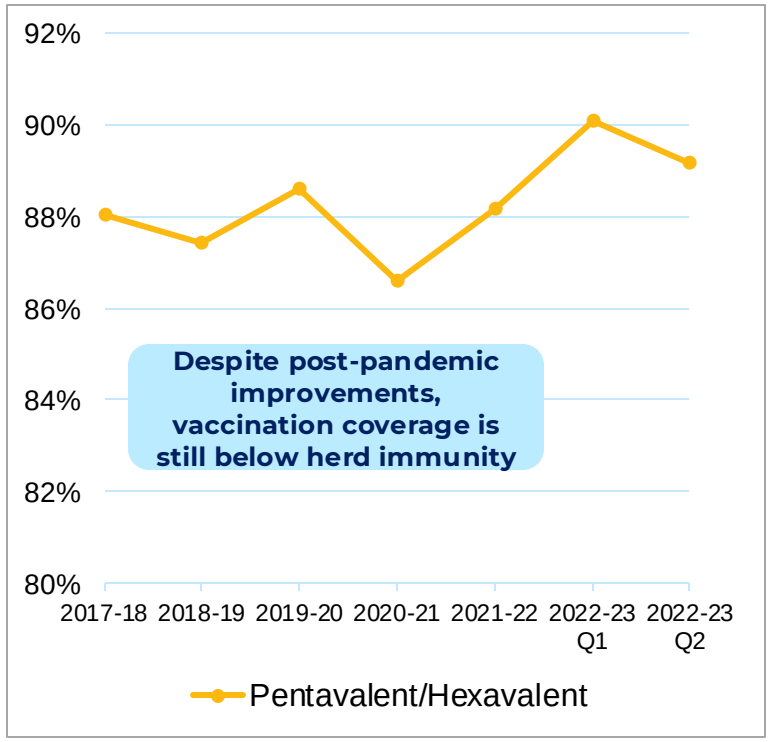


Data source: COVER (Cover of vaccination evaluated rapidly) 2021-22, NHS Digital

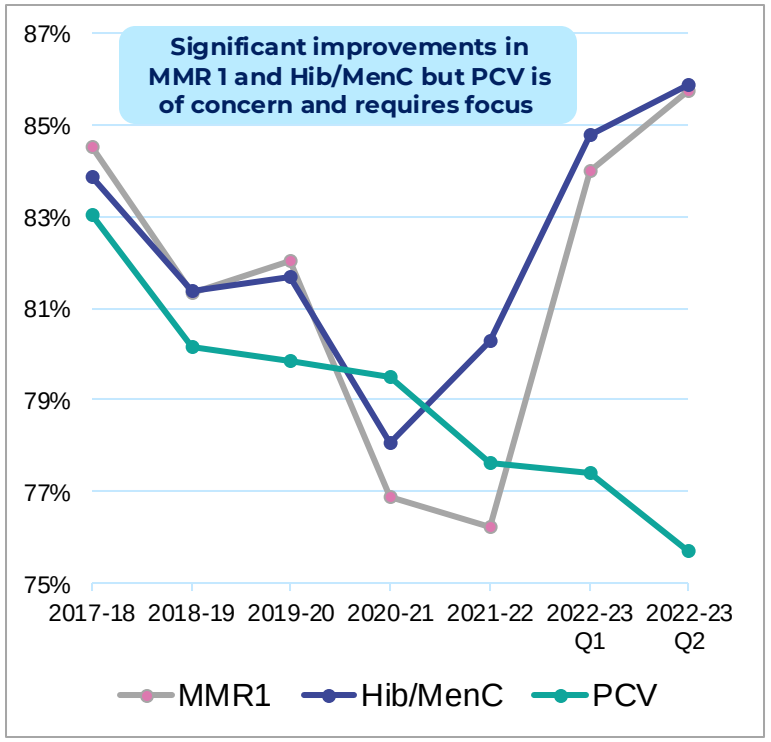
Despite post pandemic improvements, vaccination coverage is still below herd immunity

LOCAL COVERAGE – TIME TRENDS

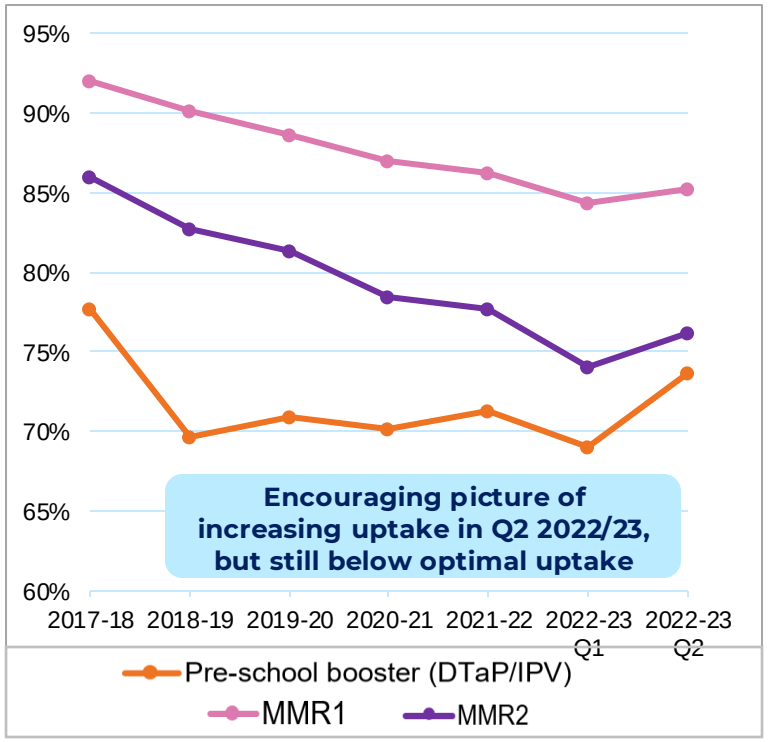
Uptake at 12 months



Uptake at 24 months



Uptake at 5 years



Data source: COVER (Cover of vaccination evaluated rapidly) 2017-23, NHS Digital

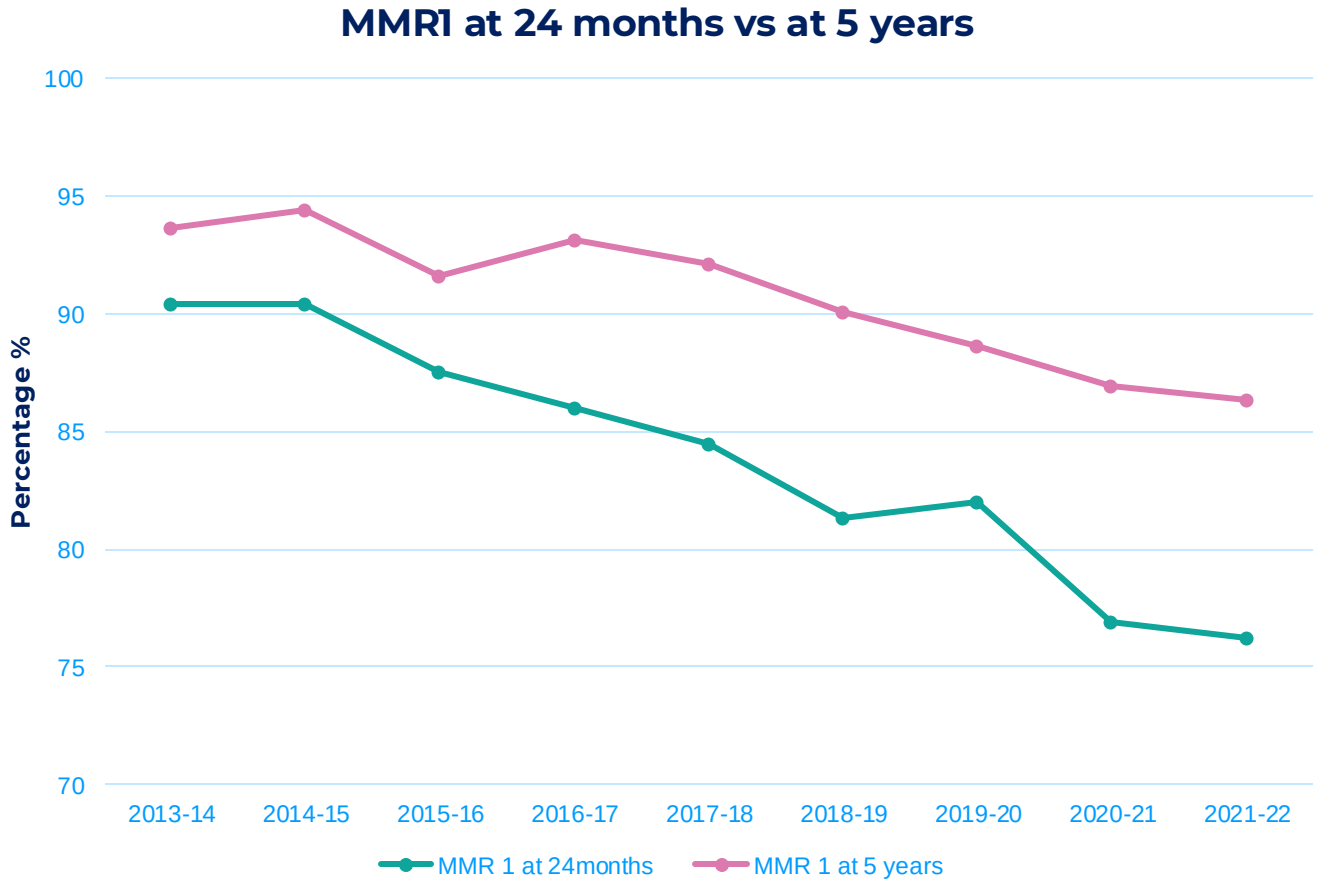
Uptake is higher for MMR 1 at five years compared to at 24 months in Lambeth

LOCAL COVERAGE – MMR 1

Uptake of MM1 is higher at 5 years when compared to 24 months .

Children are receiving their MMR1 vaccination but not necessarily in the timescales outlined within the national COVER programme.

Practices could consider reviewing their call and recall to align with COVER reporting.



Data source: COVER (Cover of vaccination evaluated rapidly) 2013-22, NHS Digital

Absolute numbers show how many vaccinations are needed to achieve herd immunity

ABSOLUTE NUMBERS TO ACHIEVE HERD IMMUNITY – LAMBETH LEVEL

Table 1: Numbers required to reach herd immunity 95% target across Lambeth for 2022/23 Q2

Vaccine	No. registered	No. vaccinated	% achieved	Outstanding number to reach 95% target
DTaP/IPV/Hib at 12 months	1042	929	89%	61
PCV booster at 24 months	877	664	76%	169
MMR 1 at 24 months	877	752	86%	81
Hib/MenC at 24 months	977	753	86%	80
MMR 2 at 5 years	935	712	76%	176
DTaP/IPV at 5 years	935	689	74%	199

Looking at absolute numbers broken down on a quarterly level can show the actual numbers of individuals needed to be vaccinated to reach the 95% herd immunity target in a 4 month period.

For example, 61 more children across Lambeth needed to be vaccinated with the DTaP/IPV/Hib at 12 months to reach herd immunity levels in quarter 2 of 2022-23.

Data source: COVER (Cover of vaccination evaluated rapidly) 2022-23 quarter 2, NHS Digital

Vaccinations required to reach herd immunity per primary care network vary, but for the 6-in-1 vaccine can be relatively low

ABSOLUTE NUMBERS TO ACHIEVE HERD IMMUNITY – PRIMARY CARE NETWORKS

Table 1: Numbers required per PCN to reach herd immunity 95% target for the 6-in-1 vaccine (DTAP/IPV/Hib/HepB) at 12 months in Q2 22/23

Primary Care Network (PCN)	No. registered	No. vaccinated	% achieved	Outstanding number to reach 95% target
Stockwell Being	76	63	83%	9
North Lambeth	152	129	85%	15
Hill Brook & Dale	153	132	86%	13
Croxted	120	107	89%	7
AT Medics	146	132	90%	6
Brixton & Clapham	75	69	92%	2
Fiveways	95	87	92%	3
Streatham	122	113	93%	2
Clapham	103	97	94%	0

The numbers of children within each PCN that need to be vaccinated to reach the 95% herd immunity target in a 4 month period can be relatively low.

There is variable levels of uptake across the different PCNs in Lambeth. For example Clapham PCN has a 94% uptake of the 6-in-1 vaccine, whereas Stockwell Being is at 83%.

Data source: COVER (Cover of vaccination evaluated rapidly) 2022-23 quarter 2, NHS Digital

Primary care networks may need more targeted support to reach MMR target herd immunity levels

ABSOLUTE NUMBERS TO ACHIEVE HERD IMMUNITY – PRIMARY CARE NETWORKS

Table 1: Numbers required per PCN to reach herd immunity 95% target for MMR 2 vaccine at 5 years in Q2 22/23

Primary Care Network (PCN)	No. registered	No. vaccinated	% achieved	Outstanding number to reach 95% target
North Lambeth	115	78	68%	31
Stockwell Being	80	55	69%	21
Streatham	120	83	69%	31
Fiveways	84	62	74%	17
Brixton & Clapham	67	52	78%	11
Hill Brook & Dale	166	130	78%	27
Clapham	98	76	78%	17
Croxted	96	81	84%	10
AT Medics	107	93	87%	8

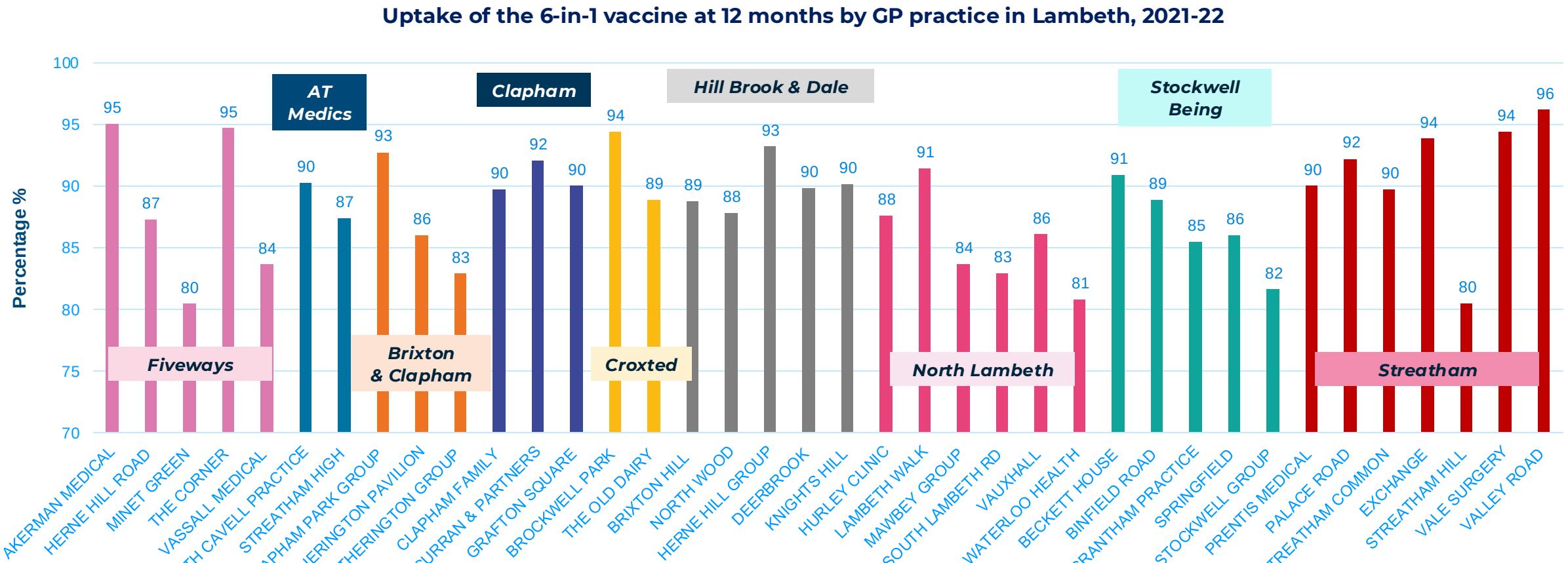
There is variable levels of uptake across the different PCNs in Lambeth for MM2 at 5 years.

For example AT Medics PCN has an 87% uptake of MMR 2, and would reach herd immunity if 8 more children were vaccinated. However North Lambeth is at 68% and 31 children would need to be vaccinated for MMR herd immunity.

Data source: COVER (Cover of vaccination evaluated rapidly) 2022-23 quarter 2, NHS Digital

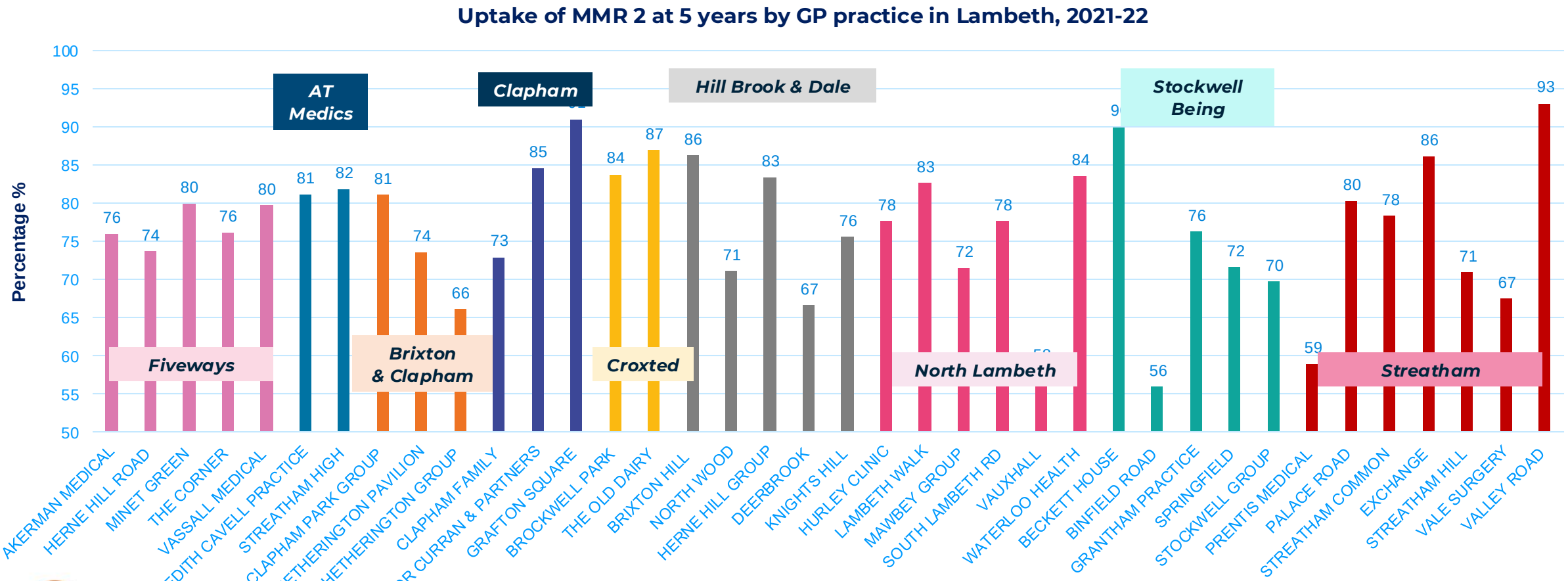
Within primary care networks, the uptake of the 6-in-1 vaccine varies between individual general practices

COVERAGE ACCORDING TO GP PRACTICE



Within primary care networks, the uptake of the MMR 2 vaccine widely varies between individual general practices

COVERAGE ACCORDING TO GP PRACTICE



Data source: COVER (Cover of vaccination evaluated rapidly) 2021-22, NHS Digital

The data shown over the following slides is from a combination of the COVER reporting programme and EMIS

COVER AND CORE 20

- The cover of vaccination evaluated rapidly programme (COVER) evaluates childhood immunisation in England, collating data for children aged 1, 2 and 5.

- The following slides have used COVER data at GP level - this collection is experimental data. Data is provided by Child Health Information Service (CHIS) providers and the completeness of practices and data quality may vary.

- COVER data for 2021-2022 has been combined with data from EMIS Web Lambeth. The EMIS data extract has provided information on the percentage of service users registered at each GP practice who are on Lambeth's Core20. Lambeth's Core20 represents the most deprived 20% of Lambeth's GP registered population as identified by the national Index of Multiple of Deprivation (IMD 2019). EMIS data was extracted in October 2022.

- The following data should be treated with caution as the Core20 extract looks at adults registered at GP practices rather than children. The analysis assumes that the distribution of children will be similar to that of adults in Lambeth's Core20.

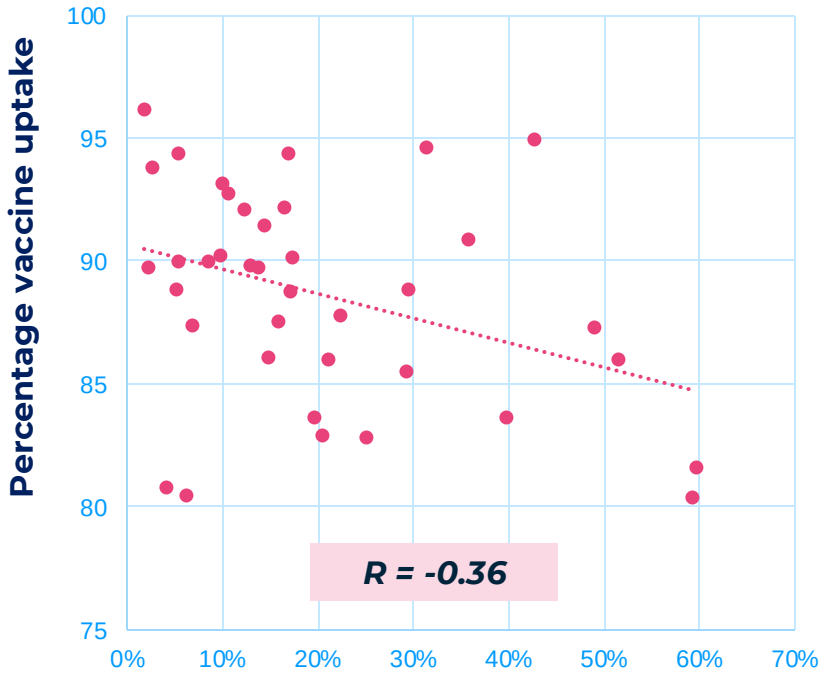



There is a negative trend between percentage of service users on Lambeth's Core20 and vaccination uptake at 12 months

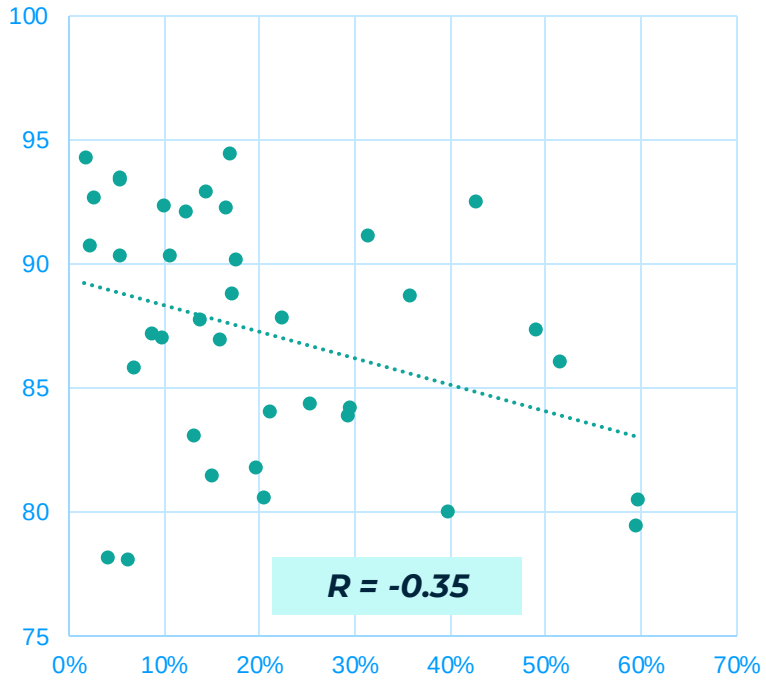
COVERAGE ACCORDING TO CORE20

The graphs show practice level vaccination uptake at 12 months, against the proportion of registered patients on Lambeth's Core20. Each dot represents an individual GP practice. The graphs show a negative association between percentage of service users on Lambeth's Core 20 and vaccination uptake at 12 months. This association is very weak and may be affected by outliers.

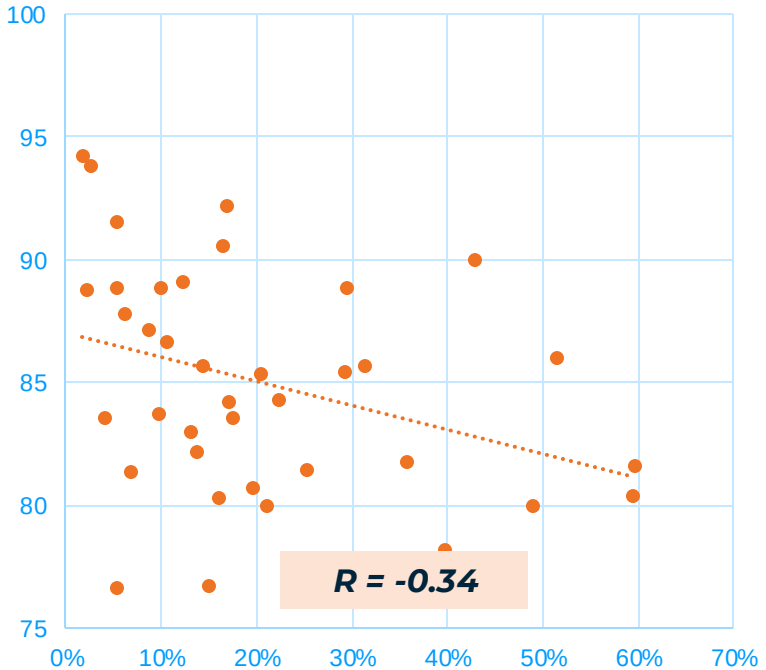
6-in-1 at 12 months



MenB at 12 months



Rotavirus at 12 months



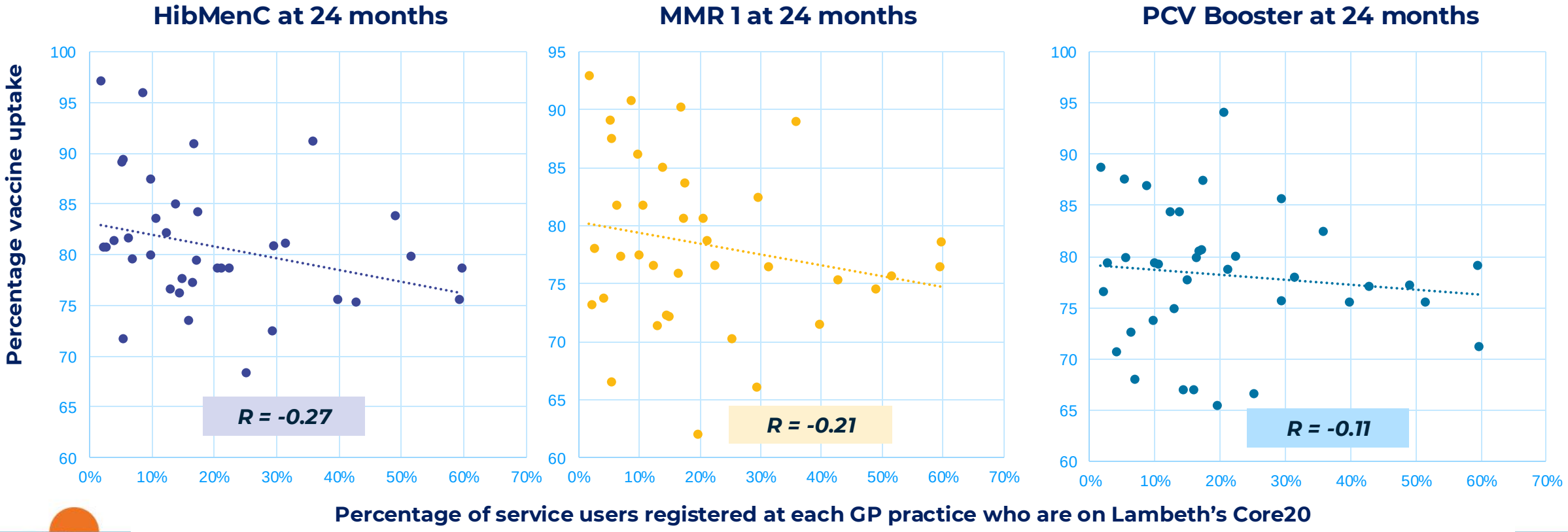
Percentage of service users registered at each GP practice who are on Lambeth's Core20

Data source: COVER (Cover of vaccination evaluated rapidly) 2021-22 NHS Digital and Core 20 EMIS Web Lambeth, extracted October 2022

There is a negative trend between percentage of service users on Lambeth's Core20 and vaccination uptake at 24 months

COVERAGE ACCORDING TO CORE20

The graphs show practice level vaccination uptake at 24 months, against the proportion of registered patients on Lambeth's Core20. Each dot represents an individual GP practice. There is a weakly negative trend between percentage of service users on Lambeth's Core 20 and vaccination uptake. This trend is especially weak for the PCV booster and may be impacted by possible outliers.

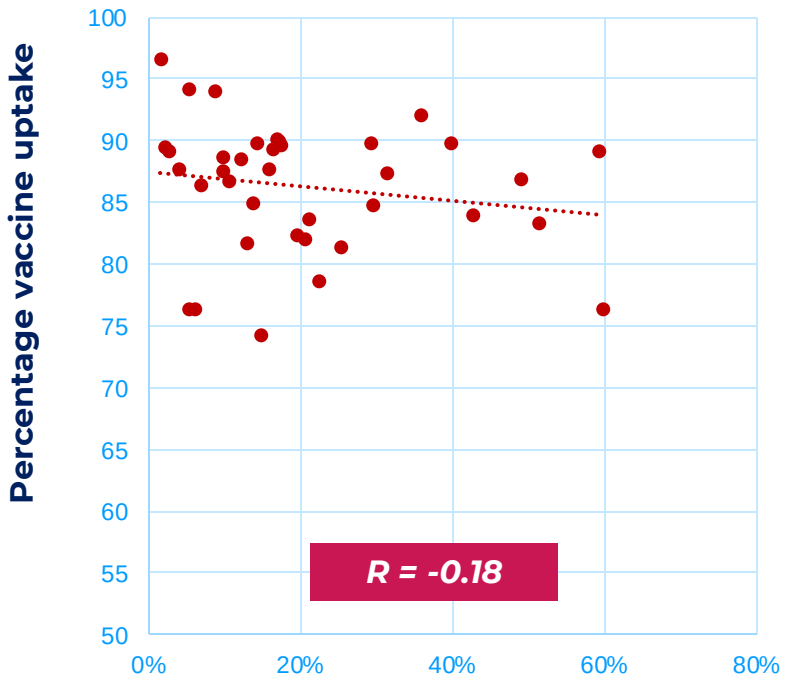


There is a negative trend between percentage of service users on Lambeth's Core20 and vaccination uptake at 5 years

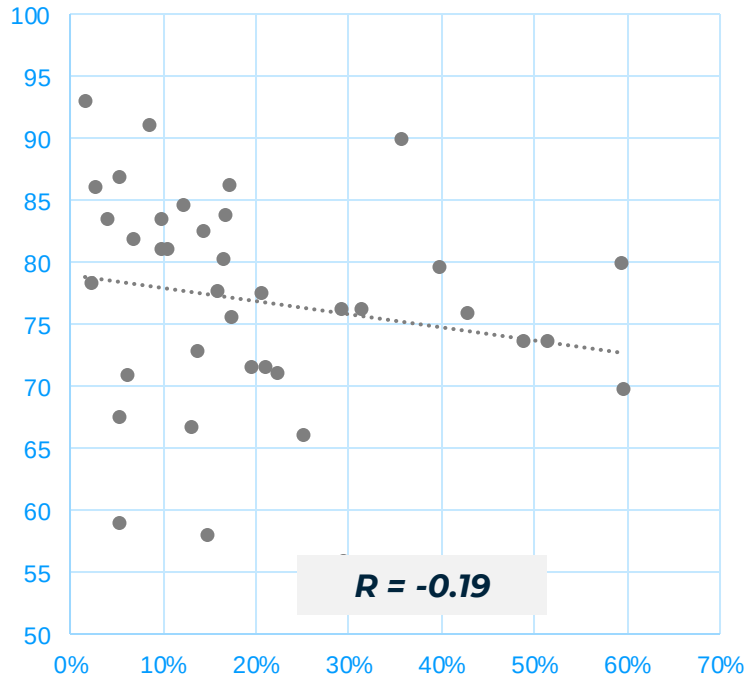
COVERAGE ACCORDING TO CORE20

The graphs show practice level vaccination uptake at 5 years months, against the proportion of registered patients on Lambeth's Core20. Each dot represents an individual GP practice. The data appears to show a negative association between percentage of service users on Lambeth's Core 20 and vaccination uptake at 5 years. This association is very weak and may be affected by outliers.

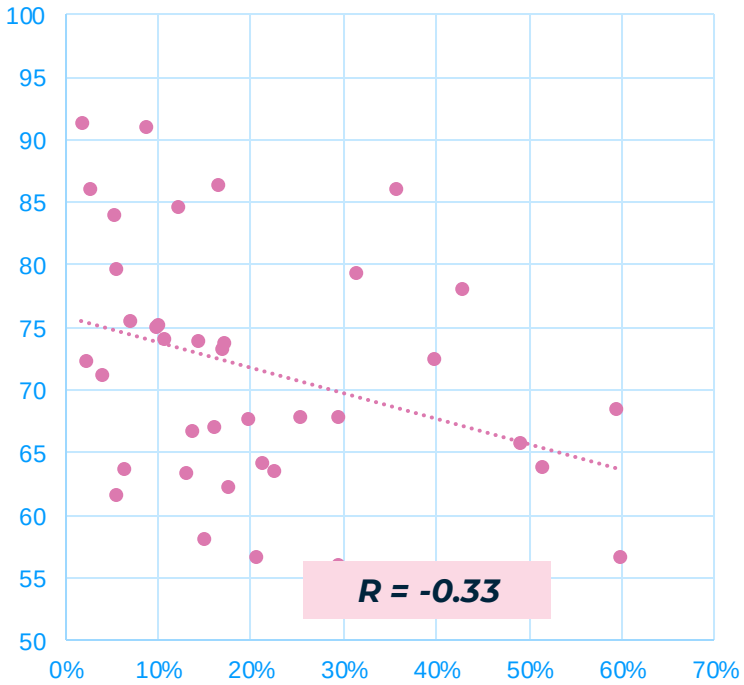
MMR 1 at 5 years



MMR 2 at 5 years



4-in-1 at 5 years



Percentage of service users registered at each GP practice who are on Lambeth's Core20

The data shown over the following slides is from Lambeth DataNet

LAMBETH DATANET

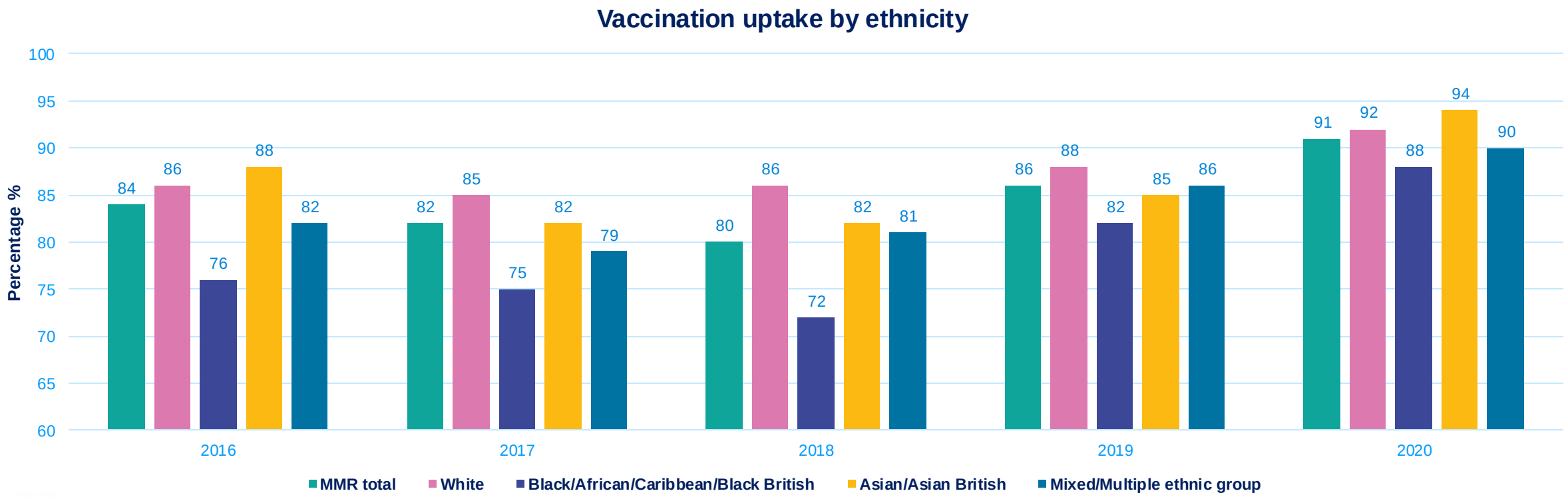
- Lambeth DataNet is a database holding routinely collected primary care data, for all 41 general practices (GP) within Lambeth
- These findings should be treated with caution as a significant weakness of data from Lambeth DataNet is that date of birth is not available (only age of the patient can be extracted)
- Therefore there may be inaccuracies in the approximated denominator (those who are eligible for vaccination)
- Data is not publicly available; the data on page 35 and page 37 has been shared by Kings College Academic Partners and used to create graphs on pages 34 and 36

pending official referencing agreements from KCL

MMR uptake in the Black African, Black Caribbean and Black British population is consistently lowest

COVERAGE BY ETHNICITY

MMR uptake in Black African, Black Caribbean and Black British is consistently lowest across the 5 years but does increase over time. However this is the in the context of a notable decrease in denominator (registered eligible patients) over time (see next slide)



Data source: LambethDataNet, extracted data sent by Kings College Partners

In the context of notable deceases in the eligible population, uptake increases by time for all ethnicities

COVERAGE BY ETHNICITY

There is a notable decrease in the number of eligible patients to be vaccinated (the denominator) over time. The percentage change in denominator from 2016 to 2020 is greatest for those of Black ethnicity (White 31% decrease, Black 52% decrease, Asian 20% decrease, Mixed 30% decrease). This could be representing a population shift within Lambeth with proportionately fewer Black families. However this data does not include children where ethnicity is unknown or missing; and so there is a chance that black children or other ethnic groups could be over-represented within this missing category.

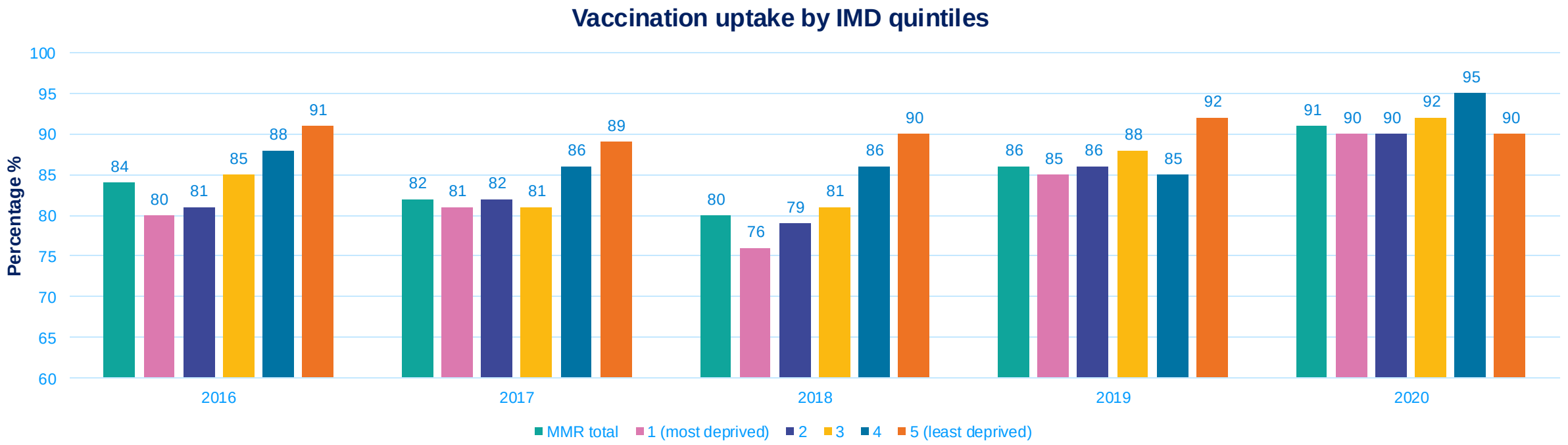
Ethnicity	2016	2017	2018	2019	2020
MMR 1 total	84% (3354/4033)	82% (3125/3813)	80% (3014/3765)	86% (3049/3527)	91% (2737/3002)
Stratified by ethnic group					
White	86% (1360/1588)	85% (1211/1417)	86% (1179/1373)	88% (1156/1310)	92% (1007/1093)
Black/African/ Caribbean/Black British	76% (555/728)	75% (466/623)	72% (424/593)	82% (414/502)	88% (309/351)
Asian/Asian British	88% (159/181)	82% (144/176)	82% (154/187)	85% (123/144)	94% (137/145)
Mixed/Multiple ethnic group	82% (353/429)	79% (301/381)	81% (345/426)	86% (252/293)	90% (274/304)

Data source: LambethDataNet, extracted data sent by Kings College Partners

MMR uptake in the most deprived group is consistently lowest

COVERAGE BY DEPRIVATION

This graph shows uptake by Index of Multiple Deprivation (IMD) 2019 quintile. IMD 2019 quintiles are a method of dividing geographic areas or populations in England into five equal groups based on their level of deprivation. This is based on a composite index that combines various indicators of deprivation, such as income, employment, health, education, and crime, into a single score for each small area or neighbourhood. The most deprived group is shown to consistently have the lowest MMR uptake.



There is notable deceases in the eligible population to be vaccinated across time

COVERAGE BY DEPRIVATION

There is a very low number of children registered in the least deprived group which likely reflects the demographic of the area. There are changes in the denominators over time which adds some uncertainty to the results; as there are likely multiple confounding factors among a picture of decreasing registration.

	2016	2017	2018	2019	2020
MMR total	84% (3354/4033)	82% (3125/3813)	80% (3014/3765)	86% (3049/3527)	91% (2737/3002)
Stratified by IMD group					
1 (most deprived)	80% (618/773)	81% (565/697)	76% (506/662)	85% (530/622)	90% (472/525)
2	81% (1406/1726)	82% (1285/1576)	79% (1296/1634)	86% (1280/1491)	90% (1172/1297)
3	85% (965/1130)	81% (928/1140)	81% (868/1069)	88% (907/1031)	92% (813/887
4	88% (295/334)	86% (247/286)	86% (254/297)	85% (229/268)	95% (209/221)
5 (least deprived)	91% (70/77)	89% (74/83)	90% (62/69)	92% (70/76)	98% (44/45)

Data source: LambethDataNet, extracted data sent by Kings College Partners

The data shown over the following slides is from the UK Health Security Agency (UKHSA)

UKHSA DATA

National UKHSA data - Notifications of infectious diseases (NOIDs)

- Registered medical practitioners in England and Wales have a statutory duty to notify their local authority or local Health Protection Team of suspected cases of certain infectious diseases.
- All laboratories in England performing a primary diagnostic role must notify UKHSA when they confirm a notifiable organism.
- UKHSA collects these notifications and publishes analyses of local and national trends every week, as well as annually.
- This data is publicly accessible.

Data from UKHSA's South London Health Protection Team (SLHPT)

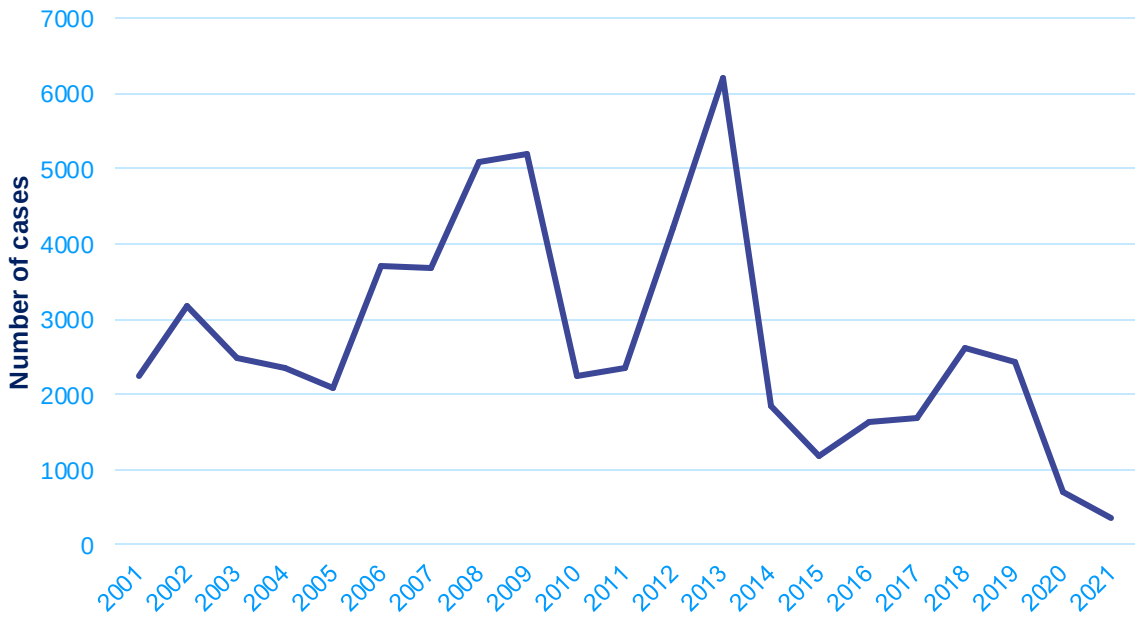
- Data was requested and provided by the SLHPT. This data is not publicly accessible
- Data was extracted from HPZone; a clinical case and incident management system which is used by Health Protection Teams to monitor, investigate, and manage cases and outbreaks of both communicable diseases and non-infectious environmental hazards.
- HPZone was designed as a clinical rather than surveillance system so is not optimised for data extraction or analysis. Routine data cleaning and quality checks are carried out daily, but the system is dependent on the accuracy of information entered by users.

Outbreaks of vaccine preventable disease have previously occurred nationally

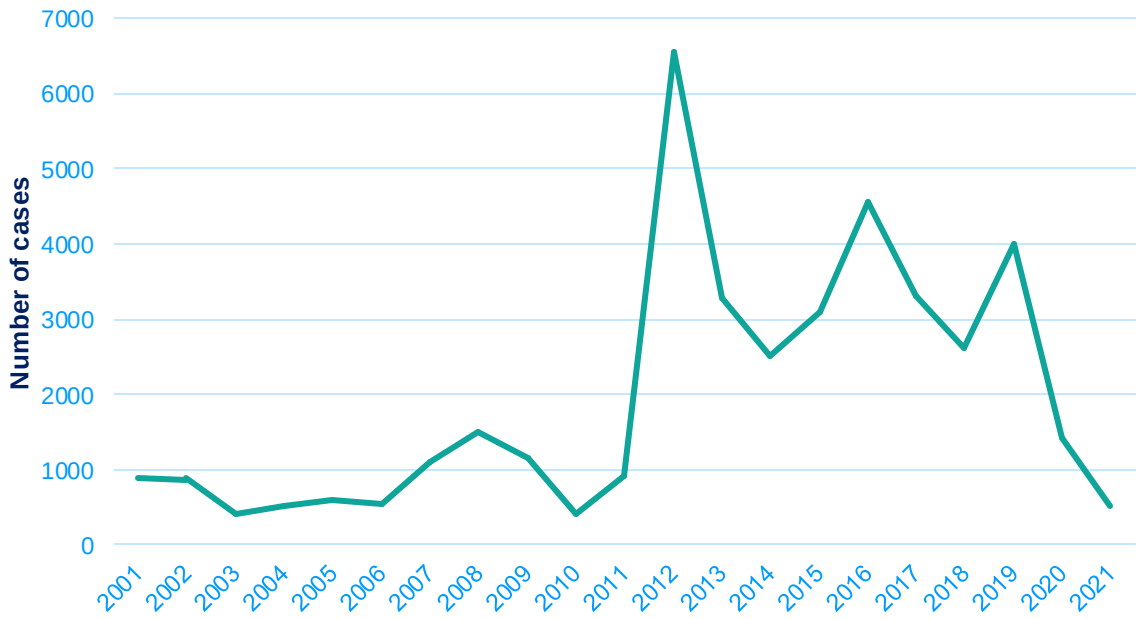
VACCINE PREVENTABLE DISEASE – TIME TRENDS

In the past outbreaks of vaccine preventable disease have occurred nationally following deceases in vaccine uptake and herd immunity[1]

Measles cases notified in England and Wales



Pertussis cases notified in England and Wales

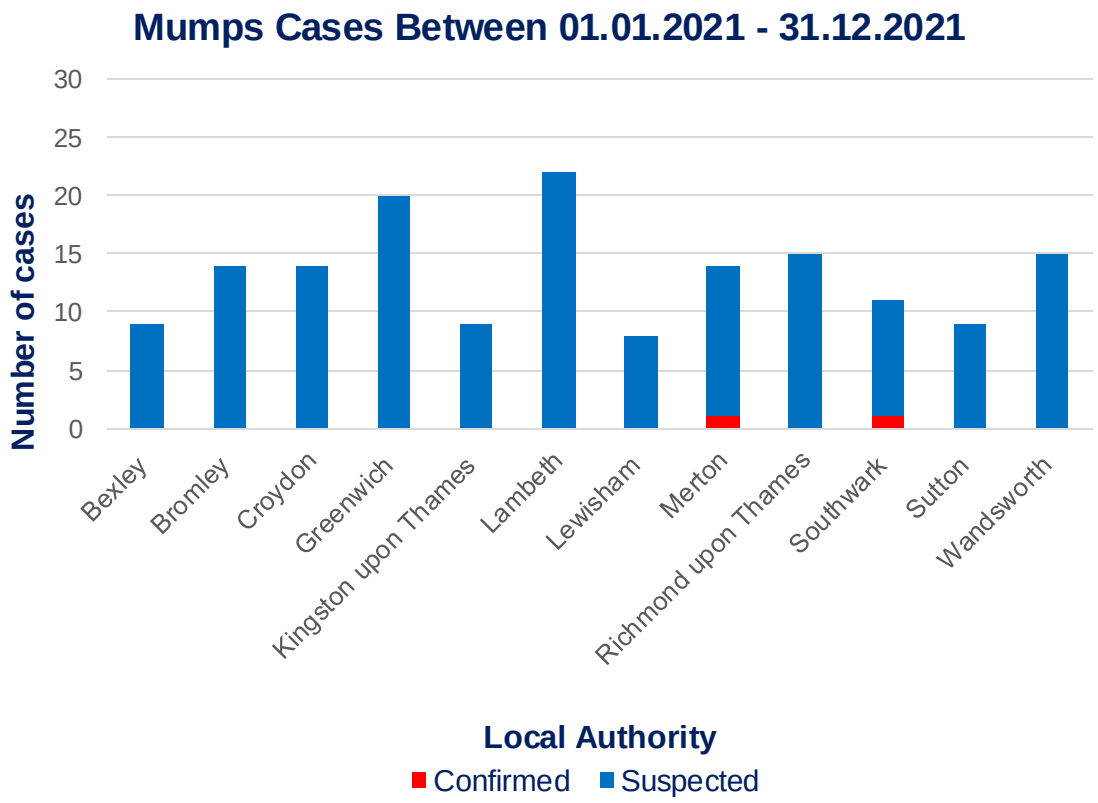


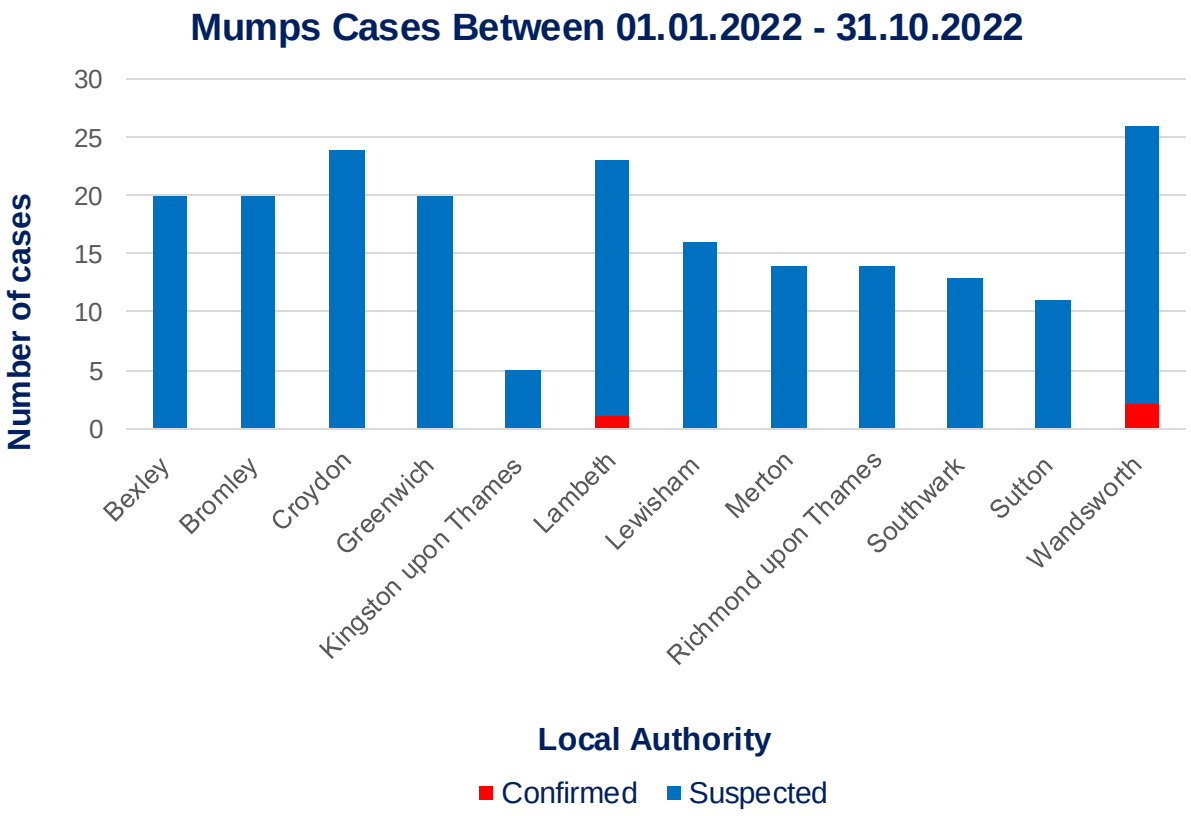
Data source: Notifiable diseases: annual totals from 1982 to 2021 Report, UK Health Security Agency

1. UK Measles and Rubella elimination strategy 2019, Public Health England

Vaccine preventable disease has not been eradicated in South East London (1)

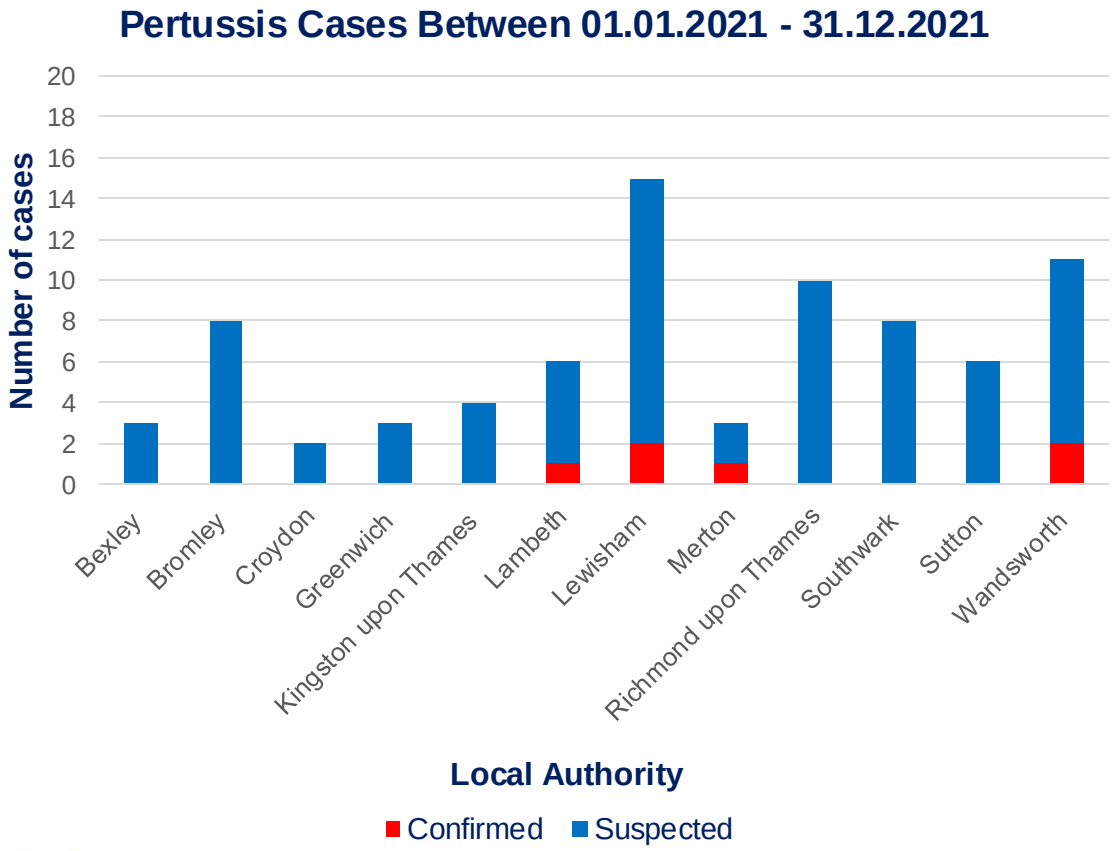
MUMPS INCIDENCE

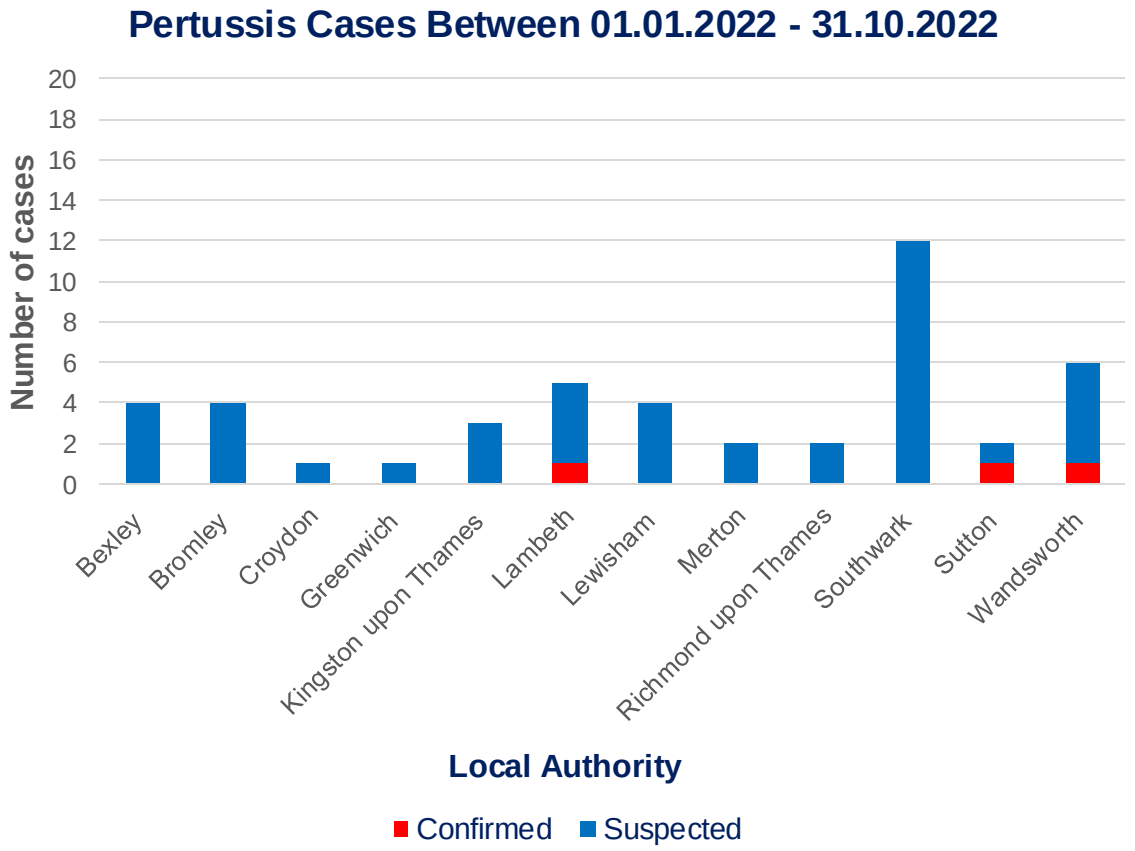




Vaccine preventable disease has not been eradicated in South East London (2)

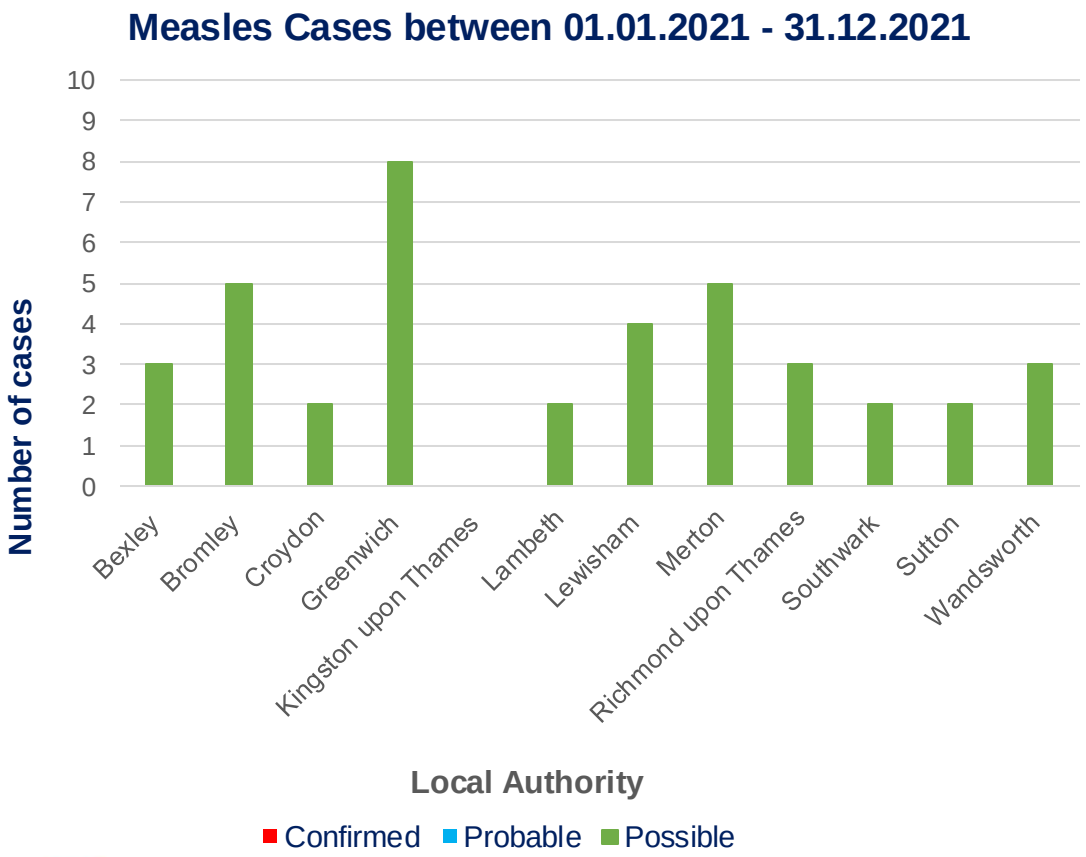
PERTUSSIS INCIDENCE

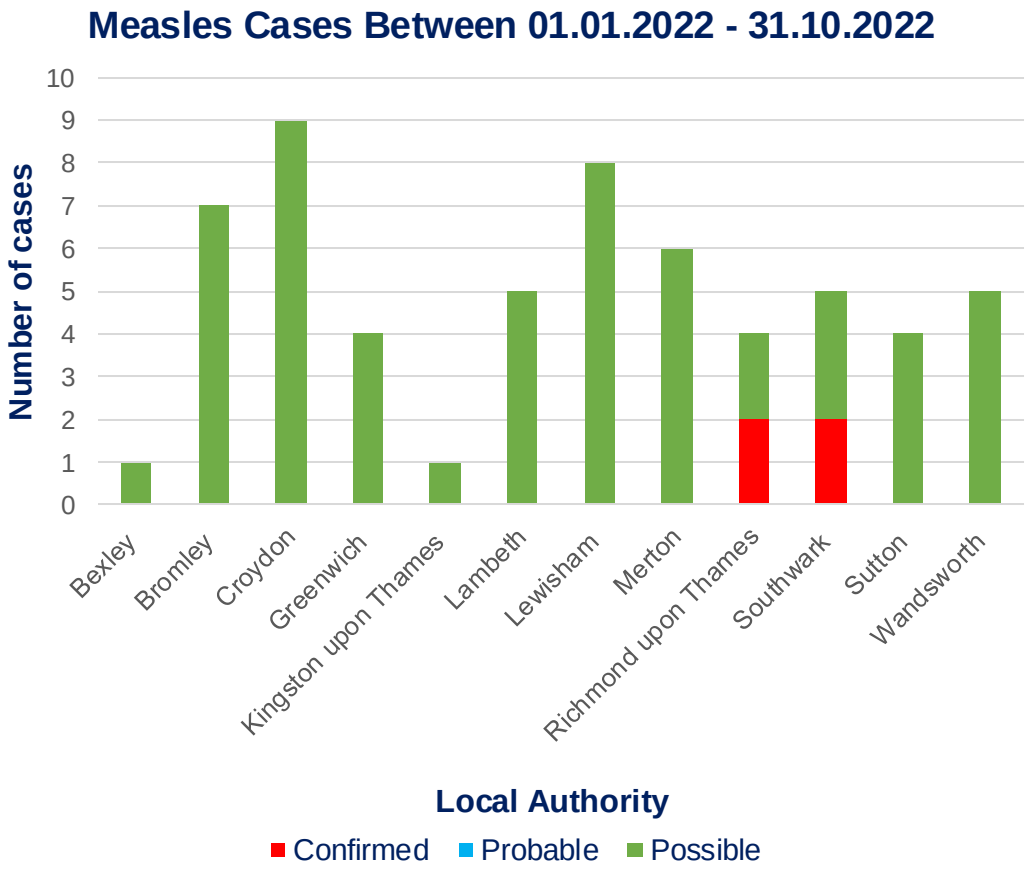




Vaccine preventable disease has not been eradicated in South East London

MEASLES INCIDENCE





CONTENTS (6)




We are working towards co-producing a system wide childhood immunisation strategy with our stakeholders and service users

THE LOCAL RESPONSE

NHS England is currently responsible for the commissioning of all national Immunisation Programmes under Mandate 7a, this includes the 0-5 Routine Childhood Immunisation Schedule. Routine childhood vaccinations in Lambeth are **delivered through general practice (GP)**, with children given a **universal offer via call and recall.**

NHS England is working closely with local authorities and integrated care board partners to support a **new delegated commissioning arrangement for immunisations**. This is likely to take effect from April 2024.

Prior to delegated commissioning, Lambeth is developing a system wide **Childhood Immunisations Strategy for 2023-25** which this needs assessment feeds into. The strategy will include piloting, monitoring and evaluating new and innovative ways of working which can be trialled on a small scale over 2023-24. Lessons learnt from pilots will be applied to a wider launch in April 2024.

The COVID-19 pandemic has shown the strength of Lambeth's community assets, including a range of diverse grassroot and voluntary groups. We are prioritising a people and community centred approach to our vaccination programme.




A local steering group monitors Lambeth's immunisation programmes and makes recommendations for action

THE LOCAL RESPONSE

Lambeth's immunisations governance structure overseeing immunisations is shown below:

Complex data networks and flows are involved in Lambeth's immunisation system

DATA FLOWS

Lambeth's immunisation data flows are shown in the figure on the right.

This is a complex system, involving many components including individual GP practices, the GP federation, Child Health Information Services (CHIS) and the Integrated Care System (ICS).

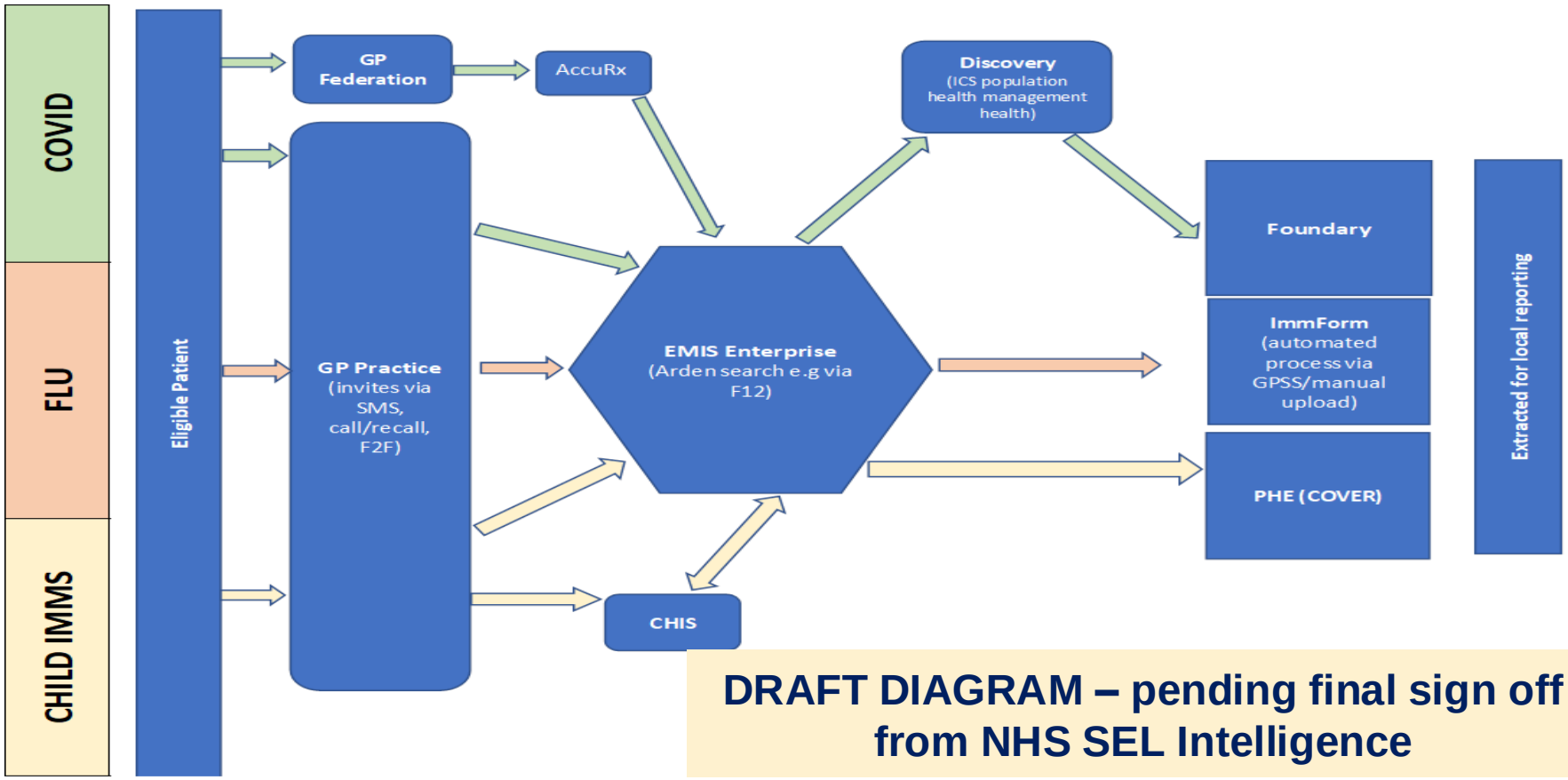


Figure 1: Immunisation data flows draft diagram

CONTENTS (7)




The existing literature shows multiple complex factors interplay to influence the overall uptake of vaccination

FACTORS INFLUENCING UPTAKE

Public Health England (PHE) undertook an evidence review exploring reasons for vaccine inequalities in high income countries.

They created a social-ecological model showing how interpersonal, intrapersonal, community, policy, and institutional factors interact to impact inequalities in vaccine intent and completion (Figure 1).

The picture is complex, and thus as with other social determinants of health, the need for considering intersectionality is important.

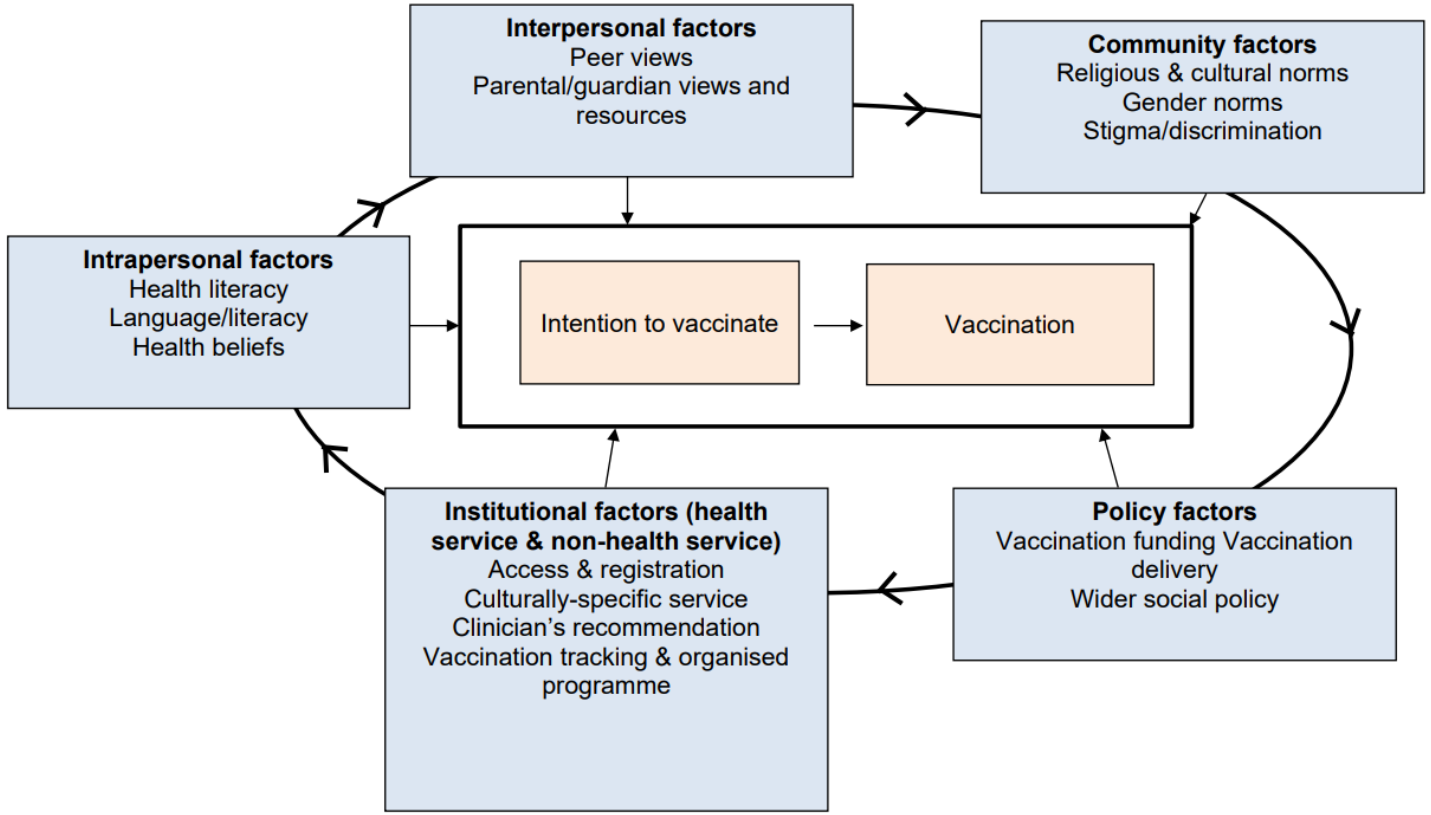
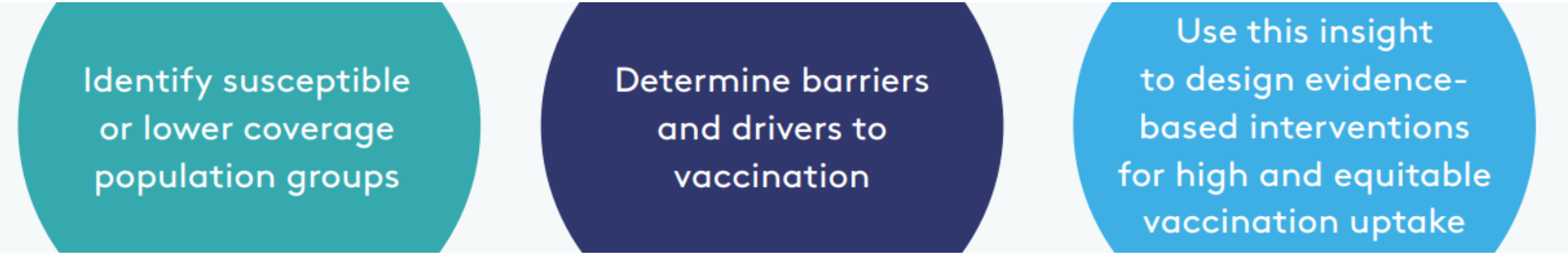


Fig 1. Factors influencing inequality in vaccination uptake, or low vaccination uptake in specific populations in high income settings. Figure taken from the National Immunisation Programme: health equity audit, Public Health England, February 2021

The WHO has developed evidence based guidance to aid increasing uptake in specific population groups

INTERVENTIONS TO IMPROVE UPTAKE

The WHO Regional Office in Europe recognises that complex system wide factors affect vaccine uptake in a population, and have developed the 'tailoring immunization programmes (TIP) approach', based on scientific evidence and behavioural science:



The logic of the TIP approach - produced by the WHO Regional Office in Europe

The above principles are common to both the:

- UK National Immunisation Inequalities Strategy 2021
- The London Association of Directors of Public Health collated learnings from COVID-19 vaccine programmes

Evidence based interventions to reduce inequalities as well as improve uptake should be prioritised

INTERVENTIONS TO IMPROVE UPTAKE AND REDUCE INEQUALITIES

The literature is rich in evaluating interventions aiming to increase the overall uptake of vaccination universally, with several recent large-scale reviews.[1,2]

In 2022 NICE published updated guidance on increasing vaccine uptake in the population[3]. To support this they published 11 evidence reviews, exploring the efficacy of different types of interventions to improve uptake. Key findings from NICE relating to vaccinations in young children are shown on the next slide.

Formalised research has generally focused more on identifying inequalities in vaccine coverage or increasing overall uptake of vaccination universally compared to interventions to specifically reduce inequalities. However the risk of only applying interventions which do not consider equity, it that they have the potential to further widen inequalities in the population.

In 2017, a systematic review in the BMJ was published "Interventions to reduce inequalities in vaccine uptake in children and adolescents aged <19 years: a systematic review"[4]. This review included 41 original studies and is relevant to children's vaccination in Lambeth - as the literature searched for intervention, cohort or ecological studies - conducted in children and young people from birth to 19 years in upper middle and high-income countries, with vaccine uptake as outcomes, published between 2008 and 2015. Findings from this review, as well as further original research[5,6,7] is summarised on the slide after the next slide.

Siddiqui FA et al, Interventions to Improve Immunization Coverage Among Children and Adolescents: A Meta-analysis. Pediatrics. 2022 May 2. Andreas M et al. Interventions to increase COVID-19 vaccine uptake: a scoping review. Cochrane Database of Systematic Reviews 2022. 3. NICE Vaccine uptake in the general population, 2022: https://www.nice.org.uk/guidance/ng218 4. Crocker-Buque T et al, J Epidemiol Community Health 2017;71:87-97. 5. *Tarca, Adrian J et al, Journal of Paediatrics and Child Health; 2021; vol. 57 (no. 2); 263-26*
6. Menzies R et al, Vaccine. 2020 Mar 30;38(15):3137-3142. doi: 10.1016/j.vaccine.2020.02.045. Epub 2020
7 Bell, S et al, BMC Public Health 20, 381 (2020). https://doi.org/10.1186/s12889-020-8454-x

Vaccinations for young children and older people: invitations, reminders and escalation of contact

Invitations

- Invite people who are eligible for vaccination or their family members or carers (as appropriate) to book an appointment or attend an open access clinic. Do this opportunistically during consultations if possible, or by letter, email, phone call or text. Use the person's preferred method of communication for invitations if possible.
- Consider sending the vaccination invitation and any subsequent reminders from a healthcare practitioner or service that is known to the person or their family members or carers, such as a school, GP practice, doctor, nurse, midwife or health visitor.
- Ensure that people (or their family members or carers, as appropriate) who live in care homes or residential settings, or are housebound, or are housebound and are the parents or carers of babies and children, know how to get home visits for vaccination if they are unable to attend vaccination clinics or other settings where vaccinations are available.
- For contents of the invitation, see recommendations 1.3.11 and 1.3.12. Trusted sources include Oxford University's Vaccine Knowledge Project, NHS England and the World Health Organization.
- Ensure that the parents or carers (as appropriate) of babies who are in neonatal care units when they are eligible for their vaccinations receive relevant information (see recommendations 1.3.11 and 1.3.12) and are made aware of when and how their baby's vaccination will take place.

Reminders

Identify people who do not respond to invitations or attend clinics or vaccination appointments and send a reminder. Confirm receipt of the reminder.

Escalation

Older people

If older people do not respond to reminders, consider more direct contact such as a phone call. Explore with them the reasons for their lack of response and try to address any issues they raise.

For children aged 5 and under

Talk to parents or carers (as appropriate) who have not responded to a reminder if a vaccination delay is approaching:

- 2 weeks for babies aged up to 1 year
- 3 months for children aged 1 year and over.

Explore with them the reasons for their lack of response and try to address any issues they raise.

If someone declines an offer of vaccination, record this with the reason why, if given, and make sure they know how to get a vaccination at a later date if they change their mind.

- Consider a multidisciplinary approach to address any issues raised, involving other relevant health and social care practitioners such as health visitors, social workers or key workers, while respecting the person's decision if they refuse vaccination.
- Consider home visits for people who have difficulty travelling to vaccination services. Discuss immunisation and offer them or their children (as relevant) vaccinations there and then (or arrange a convenient time in the future).

Accessible information and supported decision making

- Try to provide the information, invitation and any subsequent reminders in a format and language appropriate for the person and their family members or carers (as appropriate).
- Ensure that the information, invitation and any subsequent reminders meet the person's communication needs (see NHS England's Accessible Information Standard). For more guidance on providing information to people and discussing their preferences with them, see NICE's guidelines on patient experience in adult NHS services and shared decision making.
- If people need to provide consent for vaccination but need additional support with decision making (such as people with learning disabilities) or if they may lack mental capacity, follow the recommendations on supporting decision making in the NICE guideline on decision making and mental capacity.

Older people are adults who are eligible for routine vaccination on the UK schedule, excluding pregnancy-related vaccinations. At the time of publication (May 2022) the UK schedule has routine vaccinations for adults who are 65 and over, but this is expected to change. Consult Immunisation against infectious disease (the Green book) for information about current age limits and vaccinations for older people.

Published date: May 2022

Inequalities can be reduced by increasing community collaboration and trust whilst decreasing accessibility barriers

INTERVENTIONS TO REDUCE INEQUALITIES

Listening at every encounter – health and social care workers to proactively seek to understand specific community concerns and signpost e.g. to further information sources or to accessible vaccine sites, ensuring time and space available at vaccination sites for discussion

Collaboration and community knowledge – drawing on expertise and relationships built by those already working closely with minority communities, involving representatives from minority communities in design of interventions, working with e.g. trusted grassroots organizations, schools, charities

Building trust – using professionals and local leaders who are trusted members of the community from minority groups to engage in the vaccine campaign e.g. social media, public discussions and delivering vaccines

Language and cultural competence – in written material and verbally, information should be factual and informative, but also address specific cultural concerns and be accessible and available in different languages, may need training of workforce

Minimizing technical and physical barriers – streamlining registration at GPs, flexible appointments, and bringing the vaccination effort to familiar community centered settings (e.g. children's centers, asylum accommodation, using vaccine buses and taxis)

Intelligence – continued monitoring of vaccination according to inequalities, and evaluation of any potential interventions, to inform present and future campaigns

CONTENTS (8)




We have been looking outwardly to learn what works for other similar boroughs

LEARNING FROM OTHER BOROUGHS

We have been engaging with other London boroughs - to learn what has worked well to increase childhood vaccination uptake and reduce inequalities.

We have looked for other boroughs who have a similar demographic and socio-economic profile to Lambeth. We have done this using the Chartered Institute of Public Finance and Accountancy (CIPFA) Nearest Neighbours model[1]. After finding comparator boroughs we used COVER reporting[2] to identify which of the comparator boroughs achieved a higher uptake of childhood immunisations. We have collated learnings from both Hounslow and Islington.

Hounslow have benefited from using a roving outreach model run by their outreach team:

- A council shop on a local high street is used. This provides a space for people to drop in to ask questions about general health, including vaccinations. Leaflets are available in different languages and a range of vaccinations can be given on site
- A health hopper bus is sent to areas of low vaccination uptake once a week. Childhood vaccinations are given on the bus, as well as general health information, blood pressure readings and BMI measurements to ensure a more holistic approach is taken

1. https://www.cipfa.org/services/cipfastats/nearest-neighbour-model
2. Childhood Vaccination Coverage Statistics - England, 2017-23, NHS Digital

Hounslow have relied on taking a data driven approach to target meeting community groups where they are

LEARNING FROM HOUNSLOW - VIDEO

Islington have benefited from closely working with their GP practices and primary care networks

LEARNING FROM ISLINGTON

Registrations:

- Practices book appointments with the nurse for a health check when a child registers at the practice. The nurse will then go through their immunisation records and book any appointments for missing immunisations.
- When a baby's discharge summary comes to the practice, they register the baby as a temporary patient and start contacting the parents regarding immunisations whilst they are awaiting the baby's registrations form to be brought.

Appointments:

- Flexibility for vaccination appointments such as evening and weekends
- The nurse books any follow up immunisations appointments whilst the patient is in with them for either a vaccination appointment or at other appointments
- Nurses vaccinate opportunistically and try their best to prioritise vaccination appointments

Primary care network (PCN) collaborations:

- Many practices find that they work well within their PCN and that they would be interested in working more with their PCN to support childhood immunisations uptake.
- PCNs in Islington seem to be more matured than in other boroughs and the COVID-19 vaccination programme was well supported by PCN collaboration.

A very proactive approach can help maintain consistently high levels of vaccine uptake

LEARNING FROM A LAMBETH GP PRACTICE

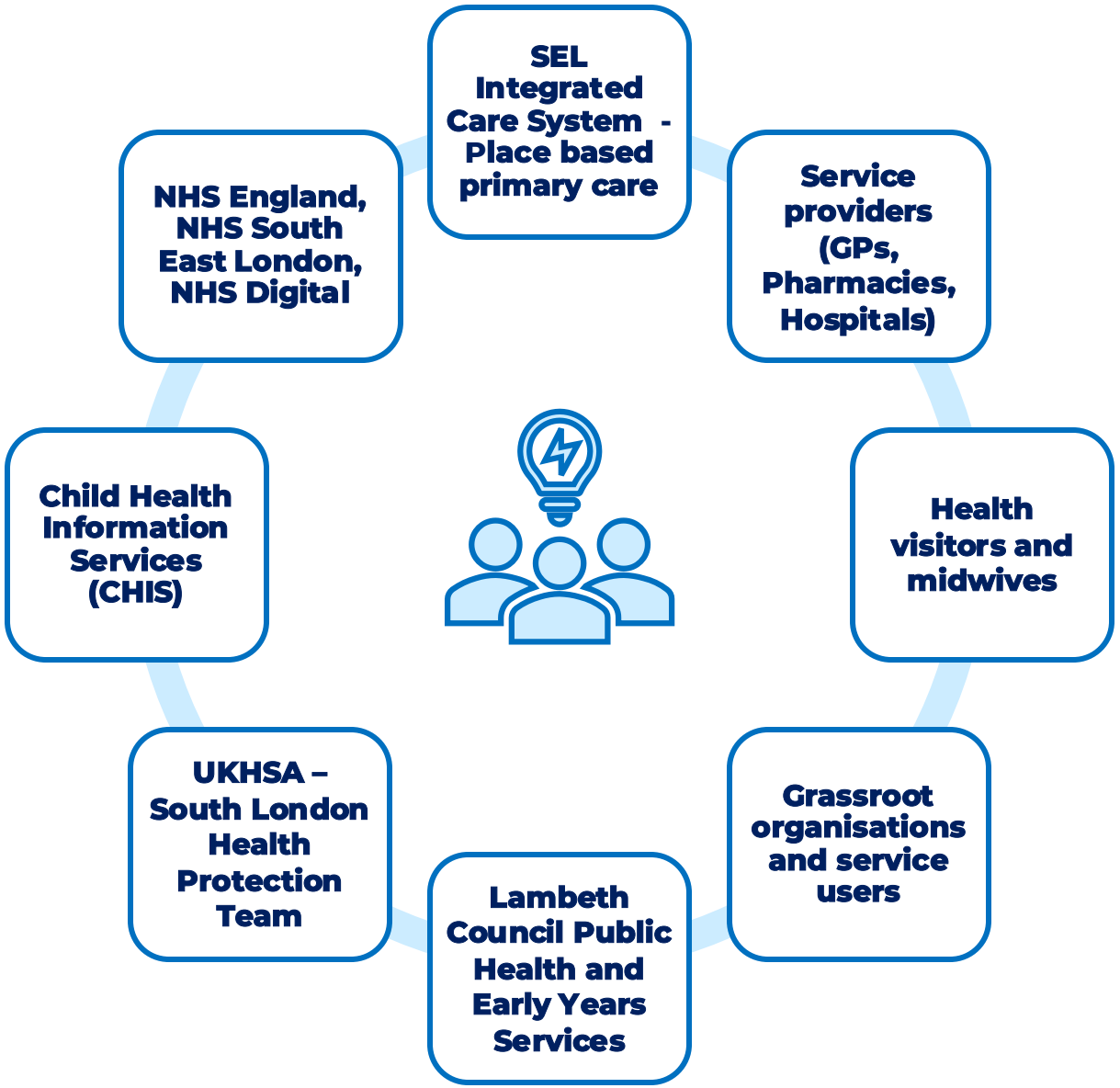
A GP practice that was identified as one of the highest performing GPs in Lambeth for childhood immunisations were able to provide key insights into what has aided their success:

- All new mums are invited in for their postnatal and baby's first check as soon as they receive their discharge summaries, baby's first immunisations are always booked with the doctor at the postnatal appointment and immunisation discussions are prioritised
- Parents are proactively called to invite them in for vaccinations but also parents are texted with the option for them to reply to open a conversation – this has been especially important for those parents who are sceptical about immunisations
- For booster campaigns e.g. polio, special Saturday and evening clinics for patients are held
- Monthly recall immunisations searches are run by a few staff members to protect from absenteeism
- Previously birthday cards when children turn 1 have been sent, this has been well received by parents and the practice is considering re-starting this by sending electronic birthday cards for 2023-24 from April to explore if this impacts uptake
- The practice is also considering attaching the NHS immunisation schedule when electronic contact is made with parents and adding a link to this schedule on the practice's website

CONTENTS (9)




Stakeholder Engagement



Qualitative research and engagement work has been undertaken with a range of stakeholders to enable the identification of barriers and facilitators to vaccination uptake, as well as promote ownership and shared responsibility

Stakeholder views have been collected through a range of methods

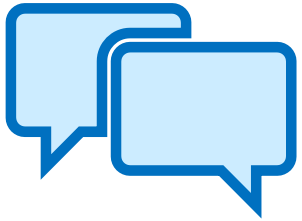
Questionnaires

The views of 597 parents on access and acceptance of childhood imms have been collected

Engagement

Feedback from community engagement events run via grassroot organisations

Interviews



Interviews with a range of stakeholders including service providers

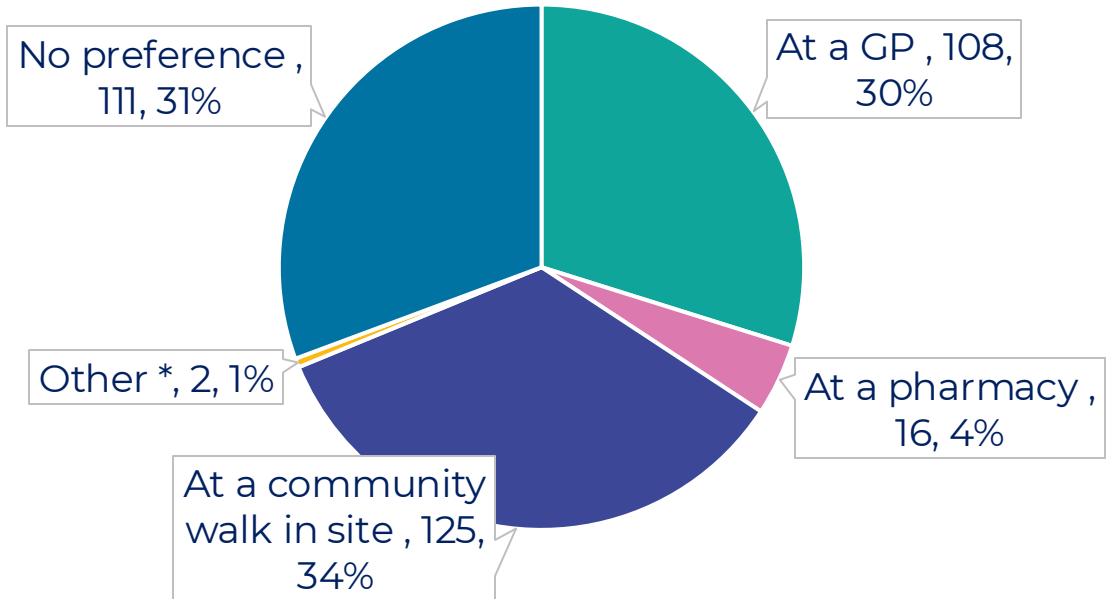
Workshop

A workshop with representation from 45 stakeholders from across the system

Feedback from the community – vaccination venue preferences varied

STAKEHOLDER VIEWS – QUESTIONNAIRE

Vaccination venue preference



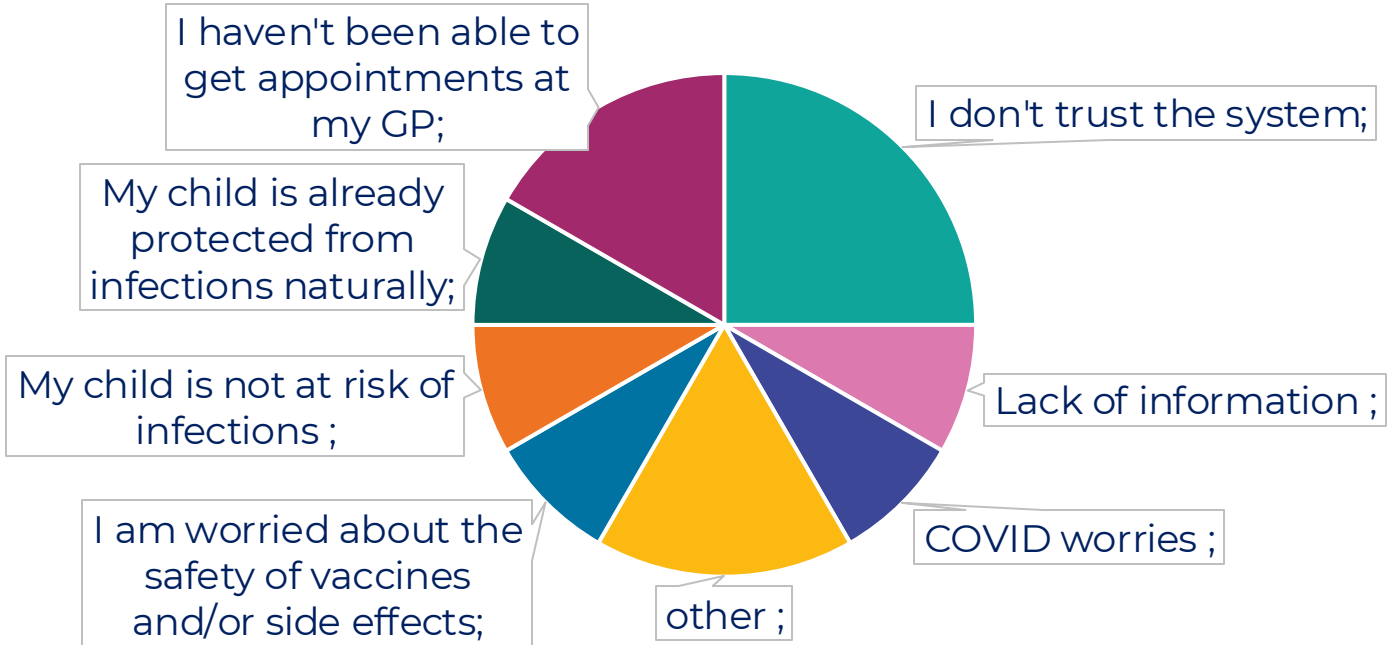
Out of 360 total respondents, a third preferred vaccinations to be given at a GP, a third preferred vaccinations to be provided in a community walk in site, and a third had no preference

*Both of the 2 responders ticking other specified they would prefer vaccinations done in school

Feedback from the community – a range of barriers to vaccination found

STAKEHOLDER VIEWS – QUESTIONNAIRE

Reasons parents do not take up the offer of vaccination for their children



19 parents were generally against childhood vaccinations - a broad range of barriers to vaccination were expressed

Forums to allow open discussion about vaccines needed to address vaccine mistrust

STAKEHOLDER VIEWS – COMMUNITY ENGAGEMENT EVENTS

Key findings from an event with 25-30 local residents held in collaboration with COPEF, a charity based near Brixton station which aims to support local disadvantaged communities:

Barriers to vaccinations

- Many of the attenders had heard others in their community speaking out against vaccines and have seen the spread of negative social media news preventing many people vaccinating their families
- The Tuskegee Study was brought up by attenders, which they said is a significant barrier to Black, Asian and Multi-Ethnic communities vaccination uptake - there was still a significant lack of trust and confidence in vaccines, which has only been exacerbated the COVID-19 pandemic
- Attenders lacked honest clarification on whether vaccines were a good or a bad thing

Enablers for vaccinations

- To address the current lack vaccine information from sources other than social media, attenders wanted more information in GP surgeries and to be able to ask their GPs questions which has not always been possible
- Community events and vaccine awareness programmes are needed where vaccines can be discussed openly and allow people to learn and express themselves in a safe environment without discrimination




Information on vaccines is lacking and problematic

STAKEHOLDER VIEWS – COMMUNITY ENGAGEMENT EVENTS

Key findings from an event with 15 mothers held in a children centre in collaboration with Lambeth Early Action Partnership (LEAP):

Barriers to vaccinations

- Most attendees did not understand which vaccine their child was given at their appointment, or which disease(s) the vaccine protected against – although parents were mostly in favour of vaccinations, they said they would appreciate more information particularly around side effects.
- Many felt vaccination appointments were rushed and not always baby and child friendly. This meant parents did not have the space or time to ask questions
- There was confusion about where and when children who attend pre-school (nurseries attached to schools) will receive flu vaccination - some parents had experienced the GP saying their child would be offered their vaccine in pre-school at age 4, but this does not happen till children are in reception

Facilitators to vaccinations

- For practice nurses and GPs to factor in more time for appointments to enable questions to be addressed
- Attendees feel they would appreciate improved communication skills by reception and admin staff at GP surgeries such as better basic information about when appointments should be booked for vaccination (e.g. 8 weeks, 12 weeks, 1 year etc) by the reception team

Worries about MMR and autism are still very strong in some communities

STAKEHOLDER VIEWS – COMMUNITY ENGAGEMENT EVENTS

Key findings from an event held with the Bright Centres, a local organisation which aims to support disadvantaged communities to access better opportunities in employment. Around 25 mothers of predominantly Somali background attended.

Barriers to the MMR vaccination

- All parents were worried about the MMR vaccine causing autism, especially for boys
- Some parents had chosen not to vaccinate their children at all with the MMR vaccine because of the concern about autism, whilst others opted to delay their child's vaccination instead until after their child was able to speak and interact
- Most parents had not looked into the MMR autism themselves, but believed there was a link because of what they hear through social media and because a large proportion of their whole community believes there is a link between MMR and autism
- Most parents did not know anything about Andrew Wakefield, or that his study had been discredited, and they did not realise he had been stuck of the doctors register.
- They were not aware of the many other studies that showed no link between autism and MMR

Facilitators to MMR vaccination

- Parents would like to receive more information about the MMR vaccine to enable them to make a decision for themselves. They would like information in their own languages, and for it to be delivered by members of their own community.




Parents need more than written information, they would like short videos and to be able to have a conversation

STAKEHOLDER VIEWS – COMMUNITY ENGAGEMENT EVENTS

Key findings from an event held with Somali community at the Bright Centres

Barriers to all vaccines

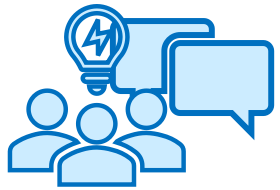
- Language barriers – written information and videos are never translated into Somali or Eritrean
- Leaflets and letters with health promotional details are often not read by parents even if they can read English
- It is increasingly difficult to book an appointment with GPs

Barriers to the flu vaccine: most parents are concerned about flu and want their children to have the flu vaccine, however they did not want their children to have the nasal flu spray as it contains pork gelatine. Many parents had unsuccessfully tried to arrange for their child to get vaccinated with the flu injection as it does not contain gelatine, but only one parent had success with this. Some parents were told by their GP that their children could not have the flu injection until they were aged 12.

Enablers to all vaccines

- Parents prefer short videos delivered by trusted health professionals which are translated and can be received on social media channels such as WhatsApp (instead of printed information)
- They would like to be able to have a face to face conversation about vaccinations, as well as have online information readily available in their community language
- More engagement sessions are needed within local communities to have informal conversations with parents



Collaboration with GPs has shown barriers to vaccination and ideas for realistic interventions

STAKEHOLDER VIEWS – STAKEHOLDER INTERVIEWS

- Parents who do not take up vaccination offers are contacted – they broadly fall into three main categories – those who are completely uncontactable, those who do not attend appointments and those who verbally decline vaccinations for a variety of reasons e.g. fear of side effects, feeling vaccines are unnecessary
- GPs and practice nurses also feel there is a serious lack of education around vaccine preventable disease – parents often do not know what the vaccinations schedule is, or why children are being are vaccinated and what the implications are for not getting vaccinated
- When clinicians talk to parents who have declined vaccination due to health beliefs - it rarely leads to them changing their mind about vaccination, and some can get defensive

More informal engagement and education sessions where parents can discuss vaccinations and ask questions could address the lack of parental education.




Pop-up clinics diversity access to vaccination if used correctly

STAKEHOLDER VIEWS – INTERVIEWS

Key findings from stakeholders regarding the usefulness of pop-up clinics and what is necessary for them to work:

Delivering pop up vaccination clinics directly within communities helps reach diverse groups e.g. children's centres and schools can be used to reach families who may not otherwise have taken their child to get vaccinated

Families prefer the option of walk-in vaccination clinics, booked appointments generally have a high rate of people who do not attend their appointment

Vaccination events for children need to be child friendly e.g. by having activities for children to participate in while waiting, providing them with stickers and/or little presents after their vaccination.

Proximity of the community to the pop-up location is key - learning from the delivering pop up vaccination clinics at the Civic Centre indicates that those who attend are mainly White British or White Other and live in the surrounding area

Workforce capacity needs to be carefully factored - if the pop-up attracts high footfall being able to upscale the workforce is essential to minimise waiting times

Sufficient stock – needs to be in place and brought along to the event, as well as ensuring more stock can be delivered if needed

Schools and GPs are trusted by families are uniquely placed to promote pop-up events

Factor in extra time - plan for pop up events to run for 30 minutes longer than advertised so that those waiting in a queue, or arriving late, can be vaccinated




A stakeholder workshop was held with 45 partners from across the vaccination system

STAKEHOLDER VIEWS – STAKEHOLDER WORKSHOP

Stakeholders from across the system attended and contributed to a childhood immunisations workshop:

45 partners attended, with representation from: NHS England, NHS South East London Integrated Care , UKHSA, the South London Health Protection Team, general practice (practice managers, receptionists, nurses, healthcare assistants, GPs), the GP Federation, Health Visiting, Early years and Children's services, Public Health, Child Health Information Services (CHIS), Midwifery, Pharmacy, Guys & St Thomas and service users.

Across the vaccination programme system, the workshop aimed to identify what is working well, what is not working well, where the need is, and what the opportunities are to improve.

Stakeholders felt community engagement needs to be prioritised to combat vaccine misinformation

STAKEHOLDER VIEWS – STAKEHOLDER WORKSHOP

Stakeholders felt community engagement and outreach efforts need to be prioritised to ensure that all families have access to accurate information and resources to make informed decisions about their children's vaccinations.

This could be done through:

- Organising parent engagement events with primary care networks or with GP practices to address questions and concerns about vaccinations
- Offering a more targeted approach to specific communities, considering what their needs are and how trusted community assets can be used (e.g: example faith groups, cultural leaders and trusted members)
- Using different healthcare professionals to make every contact count (e.g. health visitors, nurseries, and school nurses to relay information about vaccinations)
- Using non-medical spaces for vaccination promotion, such as leisure centres, libraries or children's centres, where information and resources on vaccinations can be provided

Stakeholders felt training needs to be provided across the system

STAKEHOLDER VIEWS – STAKEHOLDER WORKSHOP

Stakeholders felt there is a need to increase education and training for healthcare professionals as well as community leaders to better inform and support parents in making informed decisions about their child's vaccinations.

This could be done through training the following groups:

- Staff at children's centres and pharmacies to provide accurate information and administer vaccines, including multiple vaccines at once
- Staff at GP practices so they can have a basic understanding of the importance of vaccination and make it their business to promote and encourage vaccinations
- Pharmacies signed up to the Healthy Start scheme could be trained to speak to families about vaccinations
- Midwives could be trained regularly to start educating and informing parents about vaccinations during pregnancy, including a timeline of when vaccines will be offered and regular baby check.
- Healthcare workers could be used as vaccinators
- Voluntary and faith group leaders so that they can promote and encourage vaccinations. Data should be collected to identify communities that require targeted training and assistance to increase vaccination rates.




Stakeholders identified the need to diversify access to vaccinations

STAKEHOLDER VIEWS – STAKEHOLDER WORKSHOP

Stakeholders felt that the traditional model of vaccination delivery, which relies heavily on GPs, is no longer adequate to meet the needs of our population as evidenced over the years. As a result, there is a growing need for diversifying access to vaccinations.

This could be done through:

- Offering vaccinations in community settings, such as pharmacies, children's centers, and local parks.
- Providing options for after-hours appointments, walk-ins, and electronic booking systems could help make vaccinations more accessible and convenient for users. It may also be helpful to offer incentives, such as food at vaccination sites or reimbursement for travel expenses, to encourage more people to get vaccinated.
- Taking opportunities to use the skills and resources of healthcare professionals and community organizations, such as community pharmacists and family hubs, to increase access to vaccinations. However, it is important to ensure that all providers who are administering vaccinations are properly trained and competent
- Simplifying the consent process for parents and make the vaccination experience more fun and engaging for children; perhaps through partnerships with schools or community organizations that focus on child development




Stakeholders identified data sharing is stifling partnership working

STAKEHOLDER VIEWS – STAKEHOLDER WORKSHOP

There should be regular communication and partnership working between different healthcare providers and services to ensure that children receive the care they need. However there are significant challenges related to data sharing and communication between different healthcare providers and systems which is hindering partnership working which needs to be addressed.

This could be done through:

- Having a centralised data sharing process that is up-to-date and can communicate with different areas of health and care system. This would help ensure that coding is correct and that all healthcare professionals have access to the necessary information about a child's vaccinations.
- Having a seamless service for referring children for vaccinations. For example this would allow paediatric staff in the Emergency Department to refer children for vaccinations as easily as they can for other conditions like obesity. This would help ensure that children who need vaccinations receive them in a timely manner.
- Being mindful of pop-up fatigue in GP surgeries which can be a challenge. It's important to find a way to ensure that alerts related to vaccinations are not overwhelming for healthcare professionals, while still being effective in reminding them to discuss vaccinations with parents and guardians.




Stakeholders identified the need for both universal and targeted communication strategies

STAKEHOLDER VIEWS – STAKEHOLDER WORKSHOP

There is a need for better communication and education around vaccinations, particularly in diverse communities where language barriers and misinformation can be obstacles.

This could be done through:

- Providing information in community languages and through various channels such as social media, school networks, and children's centres. This can help to reach a wider audience.
- Providing targeted support and information to those who are hesitant about vaccinations.
- Engaging with fathers, grandparents and teenagers can also help to ensure that children receive the necessary vaccinations.
- Providing easy-to-understand videos and a clear flow diagram of a baby's healthcare journey can also help to make the system easier to navigate for parents.
- Using birth registrars and the registration system to prompt letters about vaccination schedules could be a helpful strategy.




Stakeholders identified the current booking system does not prioritise the service users' needs

STAKEHOLDER VIEWS – STAKEHOLDER WORKSHOP

Parents and caregivers face barriers in accessing vaccination services, including difficulty booking an appointment, navigating the healthcare system and having to manage long wait times. The system needs to be placing the needs of the user at the centre.

This could be done by:

- Simplifying the booking process - booking appointments should be easy and seamless, with patients given a choice of days and times that work for them including evenings and weekends
- Using electronic booking systems to allow booking an appointment online - links could be sent out with call and recall
- Simplifying consent forms for parents, and having immediate benefits for families, such as fun activities for children or reimbursement for travel.




CONTENTS (10)




Achieving herd immunity has been challenging, with many factors affecting uptake and inequalities (1)

SUMMARY & KEY RECOMMENDATIONS

Uptake of childhood vaccinations in Lambeth is generally consistent with that in the rest of London, but despite post pandemic improvements still falls below target levels. Inequalities have been identified and improvements could be made locally to improve access and uptake. Many factors affect uptake:

- **Lambeth has a young population with high rates of population density and migration :** population density and various forms of migration make it particularly challenging for Lambeth to achieve the national immunisation coverage targets. As well as having the potential to reduce coverage rates, these factors make accurate data capture more challenging and turnover on GP lists inflates the denominator for COVER submissions
- **Parts of Lambeth contain very high levels of deprivation and child poverty:** deprivation has been shown to be associated with lower levels of vaccine uptake in Lambeth, this is likely to be an increasingly challenging problem with the increasing fiscal pressures
- **Lambeth has a breadth of cultures and languages spoken:** there is a serious lack of vaccine preventable disease, however many campaigns are currently not delivered in key community languages widening inequalities

Vaccine preventable disease (VPD) remains present but levels remain low. However with the real possibility of VPD such as measles re-emerging after the COVID-19 pandemic, now is the time to act to do things differently to protect our community.




Achieving herd immunity has been challenging, with many factors affecting uptake and inequalities (2)

SUMMARY & KEY RECOMMENDATIONS

- Vaccine preventable disease (VPD) has not been eradicated in South East London. Despite post pandemic improvements in some vaccines, Lambeth's uptake for all childhood vaccines falls well below the WHO's target and country average. With the real possibility of VPDs such as measles re-emerging after the COVID-19 pandemic, **now is this time act to avoid potentially serious implications for communicable disease.**
- The uptake of vaccinations can broadly vary between primary care networks within Lambeth. Furthermore even within primary care networks, the uptake of vaccination can vary widely between individual general practices. **Data driven targeted support for individual primary care networks and general practices should be considered.**
- Specific vaccinations are of particular concern in Lambeth, including the **pneumococcal** vaccine and the **Measles, Mumps, and Rubella (MMR)** vaccine. **Focused work is required for these vaccines.** Further work is needed to unpick the causes of the falling pneumococcal uptake rates reported. For example, investigating whether there is a specific data quality issue. Regarding MMR, our community engagement work has highlighted that **vaccine misinformation around Wakefield and the autism link is still very prevalent within certain communities**. **Targeted, culturally sensitive campaigns** need to be considered.
- Research has shown that on a national level, there are inequalities within the vaccination system. On a local level, data also suggests that there are **inequalities linked to deprivation and ethnicity**. Patient-level data is needed to allow for the conduction of a **health equity audit to more comprehensively identify the exact areas and extent of inequalities, enabling targeted resources to be provided to those who need them the most.**




A community and people centred approach is needed to reduce inequalities

SUMMARY & KEY RECOMMENDATIONS

Families value **variety in access and availability** where **flexible, convenient and accessible appointments are offered.** This includes delivery from community pharmacies, community vaccination centres, pop-up clinics, GP surgeries, and schools.

Engagement and information sessions are needed to address the lack of parental education around vaccine preventable disease, by providing **non-judgemental forums for informal conversations** with parents and carers to alleviate concerns about vaccinations

Communication materials and social media campaigns should include **targeted approaches with multi-media educational tools**, such as short videos, to explain benefits of vaccinations in **key community languages**

A **parent centred approach should be prioritised** – where adequate time for vaccination appointment slots is included to enable parents to make informed decisions.

A system wide strategy covering four key themes is recommended to increase coverage and reduce inequalities in Lambeth's childhood vaccination program

Commissioning and quality improvement	Training and making every contact count	Community outreach	Effective and robust communication
Strengthened partnership working centred on people and community	Mapped and identified professionals/services who engage with 0-5 year olds and their families	Whole GP practice approach with immunisations actively promoted	Key information available in community languages
Robust call/recall, including a targeted focus for non-responders and decliners	Improved engagement with professionals, community and faith leaders	Taking a data driven approach to engagement through a health equity audit	Dedicated webpage to childhood vaccination programme
Diversified and equitable access to vaccination through a range of providers	Co-designed training package for all staff and community leaders engaging with families	Parents are empowered to make an informed decision about childhood vaccinations	Bespoke communications campaign
Improved data flow and data quality	Improved understanding by health care professionals of existing assets that provide support	Regular engagement and education sessions using community assets	Multi-media education materials