

Health Improvement Partnership Board Detailed performance report

1. Details

Strategic Priority: Preventing infectious disease through immunisation

Strategic Lead: Nisha Jayatileke (Consultant in Public Health), NHS England (South Central)

Last updated:

PROGRESS MEASURE:

At least 95% children receive PCV (Pneumococcal) Booster, Hib/MenC (Haemophilus Influenza type B/Meningococcal C) Boosters and MMR (Measles, Mumps and Rubella) dose 1, on or after 1st birthday and before 2nd birthday.

At least 95% of children receive DTaP/IPV (Diphtheria, tetanus, pertussis and polio) booster and MMR (measles, mumps and rubella) dose 2 vaccinations by 5th birthday.

Current indicator RAG Rating Red

2. Trend Data

Quarterly uptake of 0-5 year children's immunisations in Oxfordshire - July 2014 to September 2015

Quarter/Year	DTaP/IPV V/Hib 1 yr	PCVB 2 yrs	Hib/Men C 2 yrs	MMR 2 yrs	DTaP/IPV 5 yrs	MMR 5 yrs
Q3 14/15	96.4%	95.0%	95.0%	95.2%	92.7%	92.5%
Q4 14/15	96.7%	95.2%	95.0%	95.0%	92.3%	92.1%
Q1 15/16	96.7%	95.6%	95.5%	95.1%	92.9%	92.0%
Q2 15/16	96.4%	94.6%	94.2%	94.5%	90.7%	91.0%
Q2 15/16- England	93.5%	92.1%	91.8%	91.5%	87.9%	87.9%

3. What is the story behind this trend? - Analysis of Performance

Bullet points to highlight why this trend is causing concern, what factors are influencing it, what the problems or risks are.... This section is NOT for solutions, just analysis of the current situation.

- **DTaP/IPV/Hib 1 yr** - This indicator is performing well above the national uptake target of 95% and also performing above England average.
- **PCVB, Hib/MenC, MMR 2 yrs** – These three indicators have historically achieved the national target of 95% and have remained stable until Q1 of 2015/16. The uncharacteristic dip in Q2 performance is due to Oxford Health NHS Trust Child Health Information Service (CHIS) migrating to a new clinical system. This complex migration has posed several technical issues and significantly affected

the CHIS team capacity to carry out the routine follow up and data quality work. CHIS report that the decline in performance does not accurately reflect the local uptake. CHIS are confident that technical issues with the new system and resulting capacity and data quality issues are likely to be resolved by Q3, which should positively reflect on the performance of these indicators.

- **DTaP/IPV and MMR 5 yrs** – These two indicators have historically performed below national uptake target of 95% however have remained stable until Q1 of 2015/16. It is important to note that despite the dip in Q2 performance, which is due to CHIS clinical system migration, the Oxon uptake remains above national average.
- It is important to note that there has been limited capacity within the current health system to undertake work to maximise uptake in children least likely to attend for vaccinations. NHS England Commissioners have prioritised work to increase capacity in Provider services to address this issue. (See more detail under current initiatives section)

4. What is being done? - Current initiatives and actions

Actions *(in brief)(add more rows if you need to)*

☒ **Identifying and rectifying anomalies in the data**

Oxon CHIS Service is working closely with their clinical system supplier and Oxford Health NHS Trust to resolve the technical issues in order to resume routine follow up and data quality checks to ensure accurate reflection of immunisation performance

☒ **Targeted follow up with low performing practices and non-engaging families**

NHSE have commissioned a specialist Band 6 nursing post (job share) to lead targeted work to follow up unimmunised children. The priority focus will be on age 5 indicators to ensure improved uptake.

☒ **Providing support to low performing practices**

Vaccination uptake is monitored at practice level and is scrutinised quarterly by NHS England Screening and Immunisation team to identify practices with low uptake rates

GP practices with low uptake rates are contacted by a member of the NHS England Screening and Immunisation team and offered specialist advice & support to improve uptake

Commentary *(is this working, if not why not?)*

- Due to current technical difficulties with new CHIS clinical system the level of follow up by CHIS of GP practices with data anomalies has been substantially reduced temporarily
- Oxford Health NHS Trust has recently recruited to these posts and the work has commenced with targeted GP practices. The key outcome measure is a reduction in the proportion of unimmunised children
- All primary care practices received a GP briefing introducing the role and remit of inequalities nurses (3 Feb)
- Quarterly performance data is analysed to identify low performing practices. Screening and Immunisation Coordinators then offer practice visits and best practice resources to encourage improved uptake

5. What needs to be done now? - New initiatives and actions

(this is the recovery plan. Details should show how this will get things back on track)

Action	By Whom & By When
• NHSE will work closely with Oxford Health NHS Trust and CHIS to ensure system migration issues are resolved as a matter of urgency in order to resume full data quality checks for anomalies and follow up with GP practices to improve data accuracy	NHSE/Oxford Health/CHIS - ongoing
• Continue to monitor practice level data and scrutinise quarterly to identify practices with low uptake rates and offer appropriate support	Screening and Immunisation team - ongoing
• Continue to monitor the work of specialist band 6 nursing post to focus on improving uptake of age 5 indicators & an overall reduction in the proportion of unimmunised children	NHSE/Oxford Health (specialist nursing post) – Ongoing
• NHSE to continue collaborative work with local stakeholders i.e. local authority, primary care, CCG, PHE South and the community trust through quarterly Immunisation Working Groups to promote and improve uptake of 0-5 immunisation programmes	Quarterly - ongoing