

## Health Improvement Partnership Board Detailed performance report April 2017

### 1. Details

**Strategic Priority:** Preventing infectious disease through immunisation

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

**Last updated:**

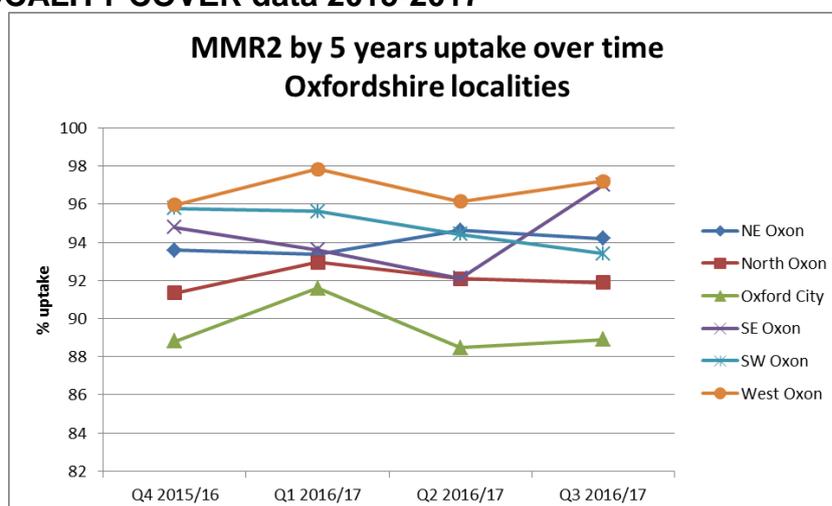
**PROGRESS MEASURE:** At least 95% children receive PCV (Pneumococcal) Booster, Hib/MenC (Haemophilus Influenza type B/Meningococcal C) Boosters and MMR (Measles, Mumps and Rubella) dose 1 by 2<sup>nd</sup> birthday.  
At least 95% of children receive DTaP/IPV (Diphtheria, tetanus, pertussis and polio) booster and MMR (measles, mumps and rubella) dose 2 vaccinations by 5<sup>th</sup> birthday.

### 2. Trend Data

#### Oxfordshire COVER data 2015-2017

	15-16 Q1	Q2	Q3	Q4	Annual	16-17 Q1	Q2	Q3
Rotavirus (2 doses given before 24 wks)	93.8	92.8	93.5	93.5	92.5	94.2	93.6	94.7
DTaP/IPV/Hib 1 yrs	96.7	96.4	96.6	96.0	95.9	96.2	96.2	96.6
Men B							93.9	95.7
PCV 2 yrs	95.6	94.6	96.3	95.5	95.0	95.1	95.1	94.6
Hib/MenC 2 yrs	95.5	94.2	95.0	96.2	95.9	95.6	94.4	94.5
MMR 2 yrs	95.1	94.5	95.1	95.4	95.1	95.0	94.5	94.6
DTaP/IPV 5 yrs	92.9	90.7	92.0	93.7	94.0	94.0	92.7	93.2
MMR 5 yrs	92.0	91.0	91.9	92.5	92.8	93.4	92.5	93.1
Hep B 3 doses (1yr)	100.0	100.0	100.0	66.7	100.0	100.0	100.0	100.0
Hep B 4 doses (2yrs)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

#### Oxfordshire LOCALITY COVER data 2015-2017



## MMR2 by 5 years – Q3 performance by locality and children missing vaccination

	Q3 % uptake	Number of children required to meet 95%
NE Oxon	94.2	2
N Oxon	91.9	10
Oxford City	88.9	30
SE Oxon	97	--
SW Oxon	93.4	8
W Oxon	97.2	--

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

- The MMR vaccine, given as part of the routine childhood vaccination schedule protects against measles, mumps and rubella. Two doses of MMR vaccine are required to provide satisfactory protection. The first dose should be given between 12 to 13 months of age with a second dose at 3 years 4 months of age (or soon after)
- Call and recall for MMR vaccination is by letter to the child's home address from the Child Health Information Service (CHIS)
- Parents/Carers are invited to contact their GP surgery to arrange vaccination
- A maximum of 3 reminders are sent by CHIS to the child's home address in the event of vaccination not being given and where there is no documented evidence of refusal
- Data on MMR vaccination uptake is collected by CHIS, shared with the local NHS England Area Team and reported quarterly as part of the national COVER data collection
- **A total of 50 children should receive the MMR2 vaccine to achieve 95% in Oxfordshire.**
- MMR2 at 5 years reflects an **overall incremental increase** in performance over the past two years.
- Direct comparison to Q3 2015-16 reveals a 1.2% increase this year. Additionally, this is the second best performing quarter at 0.3% under the best performance quarter (93.4%) in 2015-17 to date.

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

#### Actions

- NHS England continues to fund and evaluate the Health Inequalities pilot project for a second year during 2017/18 for Oxfordshire, Buckinghamshire and Berkshire.
- NHSE and the provider Trust hosting the Health Inequalities Nurse continue to encourage primary care to keep registered populations as accurate as possible as this directly affects denominators and uptake.

#### Commentary

- In Oxfordshire, the project is focussing on low performing practices with uptake below 90% (n=36 surgeries). It also strengthens links and raises the profile of immunisations through an educative role amongst Health Visitors and Early Years providers such as childminders, nurseries and preschools.
- Time lags exist when patients move away and do not deregister thus affecting denominator figures until confirmation to remove is achieved.

- NHS England and CHIS working together to ensure robust data checks and validation are routinely carried out.
- Monitor proportion of movers-in that do not have complete immunisation history.

## 5. What needs to be done now?

### Action

- Continue to monitor practice level data and scrutinise quarterly to identify practices with low uptake rates and offer appropriate support
- Refine Standard Operating Procedures for practices to improve uptake of age 5 indicators and achieve an overall reduction in the proportion of unimmunised children
- NHSE to continue collaborative work with local stakeholders i.e. local authority, primary care, CCG, PHE South and the community trust through reshaping the Thames Valley Immunisation Working Group to make it engaging and relevant for the broader system, such as the STP prevention strategy.

### By Whom & By When

- Screening and Immunisation team - ongoing
- OHFT Health Inequalities Nurse – ongoing
- Screening and Immunisation Team – from mid-May 2017 and ongoing on a quarterly basis