Immunisation has been identified as a key priority area for NHS NCL. The effectiveness of our national immunisation programme is carefully monitored by the Department of Health (DH), by scrutiny of information on the percentage of children in a particular population who have received their vaccinations. Although significant improvements have been made to our reported coverage over the last few years, the uptake is still below the required levels to achieve herd immunity.

**Burden of infectious diseases** 2012

Reporting notifiable illness on suspicion rather than confirmation is necessary to ensure timely public health investigations.

GPs should be alert to continued high levels of whooping cough in London. A HPA press release, dated December 21st, highlights the need for continued protection against whooping cough through the timely vaccination of babies and pregnant mothers. A copy is available from the HPA website: [http://www.hpa.org.uk/NewsCentre/NationalPressReleases/2012PressReleases/](http://www.hpa.org.uk/NewsCentre/NationalPressReleases/2012PressReleases/)

<table>
<thead>
<tr>
<th>Disease</th>
<th>Barnet</th>
<th>Camden</th>
<th>Enfield</th>
<th>Haringey</th>
<th>Islington</th>
<th>NCL total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mumps</td>
<td>31</td>
<td>21</td>
<td>23</td>
<td>13</td>
<td>48</td>
<td>136</td>
</tr>
<tr>
<td>Measles</td>
<td>27</td>
<td>11</td>
<td>22</td>
<td>20</td>
<td>15</td>
<td>95</td>
</tr>
<tr>
<td>Pertussis (Whooping Cough)</td>
<td>69</td>
<td>84</td>
<td>52</td>
<td>62</td>
<td>61</td>
<td>328</td>
</tr>
<tr>
<td>Other**</td>
<td>9</td>
<td>12</td>
<td>5</td>
<td>12</td>
<td>12</td>
<td>50</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>136</strong></td>
<td><strong>128</strong></td>
<td><strong>102</strong></td>
<td><strong>107</strong></td>
<td><strong>136</strong></td>
<td><strong>609</strong></td>
</tr>
</tbody>
</table>

*Counts include possible, probable and confirmed cases

**Includes Meningococcal infection, Rubella, Tetanus and Diphtheria

**46** notified cases of vaccine-preventable infectious disease among Haringey’s under 15s

**15** notified cases of measles among Haringey’s under 15s

**61** notified cases of vaccine-preventable infectious disease among Haringey’s adult population (over 15)

**5** notified cases of measles among Haringey’s adult population (over 15)
Achievement

Age 1

DTaP/IPV/Hib: uptake at age 1 (3 doses)

1.7% from target

18 vaccinations to make target to date 2012/13

Age 2

PCV: Uptake, including booster, at age 2

0.4% from target

5 vaccinations to make target to date 2012/13

Age 2 (cont)

Hib/MenC: uptake, including booster at age 2

MMR: uptake at age 2 (2 doses)

At target

Age 5

DTaP/IPV: uptake at age 5 (4 doses)

MMR: uptake at age 5 (2 doses)

At target

Source: PCT Child Health System, 2013
Commentary from NCL immunisations lead

The NCL Immunisation Recovery Board (IRB) was set up last year to provide a high level steer to coordinate initiatives and improve coverage across NCL. Dr Shahed Ahmad, Director of PH for Enfield is the senior officer. Due to the pressures of transition and the present uncertainty about where staff will be placed the IRB meetings have been scaled down although the IRB has maintained a focus on performance monitoring and uptake with support from the NCL performance team. There has been some continued improvement from all boroughs.

The IRB previously identified three key areas to focus initiatives and improve coverage, based on the existing immunisation action plans in the individual boroughs and developed a cluster wide action plan. For each of the action plans a workgroup was established to drive through agreed actions.

Key actions:
1. To improve the data accuracy and data flow processes.
   • All Immunisation providers to use standard codes for recording immunisation and ensure accurate data recording to facilitate easier and more accurate reporting.
   • To automate the IT process for transferring data on immunisations given between clinical systems for easier and more accurate reporting.
   • To establish clearer payment processes so the payment is clearly linked to the reported coverage.
   • To establish processes to ensure the denominator accurately reflects all eligible children.
2. To strengthen Primary Care contracting, as most immunisations are delivered in primary care.
   • To set up regular reporting mechanisms on practice based data including having monthly defaulter lists on children missing some or all immunisations.
   • Ensure all providers are aware of the ‘Best Practice Guidance’ for safe and effective immunisation delivery. This includes the need for staff to be up to date and know where to access reputable advice and how to direct patients, parents and carers.
   • Work with local CCG to target poor performance and service delivery in order to improve it.
3. To establish a robust Failsafe process.
   • This still relies on accurate data and capacity.
   • Establish a robust call and recall system for NCL.

The best practice Guidance for each borough and where to access further information and training is available on NCL’s intranet immunisation pages: [http://www.ncl.nhs.uk/DEPTS/PUBLICHEALTH/IMMUNISATION](http://www.ncl.nhs.uk/DEPTS/PUBLICHEALTH/IMMUNISATION)

There is still a wide variance across the cluster and different areas need to be prioritised. Therefore, the individual boroughs continue to work on their local action plans whilst supporting the wider IRB plan. Uncertainty remains as to how immunisation coordination will work moving into 2013/14 particularly in Enfield, Haringey and Barnet.

Haringey’s Action plan for 2013/2014

Haringey has continued to show improvement against all the targets. There was a slight dip in performance for Q2 and preliminary data for Q3 suggest further improvements. The implementation of the immunisation action plan is currently led by the public health team until 31st March 2013. A summary of the main points include:

• Intensive work with each practice to strengthen recording and reporting systems.
• Working with the child health team to improve the quality and accuracy of immunisation reports so that unimmunised children can be actively followed up.
• Working with the practices to establish the best practice guidance across the borough and a robust call and recall failsafe process.

The majority of the immunisation coordination function will transfer to the NHS Commissioning Board from (NHS CB)1st April 2013 and transition arrangements are being developed. The following roles and responsibilities have been confirmed:

• The Child Health Records Department (CHRD) will continue and be responsible for submitting the data for Haringey at practice level and cumulatively
• The CHRD will send practice lists of children missing immunisation in a timely way following the ‘best practice guidance’; The information available on the NCL web site is being transferred to the CCG web site.
• Local public health team will maintain an assurance role for the uptake for their population and continue to explore closer links with the Local Authority in promoting the immunisation. NHS CB will commission immunisation services, Child Health record departments and provide immunisation co-ordination function.

The following areas of responsibilities areas are currently being discussed:

• A role to scrutinise the practice level data and provide support where there are data and coding errors and other issues resulting in a low uptake (e.g. limited access to practice nursing time);
• Providing expert clinical advice and guidance for staff who are faced with cases with complex immunisation histories;
• Providing access to immunisation updates and training for the staff.

For more information on Haringey’s action plan for childhood immunisation, contact Helen Donovan (Senior Health Protection Nurse and Immunisation Lead) at helen.donovan@haringey.gov.uk, or 020 8489 4594.