

Report to Health and Well-Being Board on Section 7a Immunisation Programmes in Harrow 2016/17



Report on Section 7a Immunisation Programmes in London Borough of Harrow

Prepared by: Miss Lucy Rumbellow, Immunisation Commissioning Manager for North West London and Dr Catherine Heffernan, Principal Advisor for Commissioning Immunisations and Vaccination Services
Presented to: Health and Wellbeing Board.

Classification: OFFICIAL

The NHS Commissioning Board (NHS CB) was established on 1 October 2012 as an executive non-departmental public body. Since 1 April 2013, the NHS Commissioning Board has used the name NHS England for operational purposes.

Contents

Contents	3
1 Aim	4
2 Headlines for London	4
3 Antenatal and New-born Vaccinations	4
3.1 Pertussis (Whooping Cough) vaccination for Pregnant Women	4
3.2 Universal BCG vaccination	6
3.3 Neonatal Hep B vaccination	7
4 Routine Childhood Immunisation Programme (0-5 years)	8
4.1 'COVER'	8
4.2 Rotavirus	12
4.3 Meningococcal B vaccination	12
5 School Age Vaccinations	13
5.1 HPV vaccination	13
5.2 Men ACWY	15
6 Adult Vaccinations.....	15
6.1 Shingles.....	15
6.2 PPV	16
6.3 Seasonal 'Flu.....	17
7 Next Steps.....	18

1 Aim

- The purpose of this paper is to provide an overview of Section 7a immunisation programmes in the London Borough of Harrow for 2016/17. The paper covers the vaccine coverage and uptake for each programme along with an account of what NHS England (NHSE) London Region are doing to improve uptake and coverage.
- Section 7a immunisation programmes are universally provided immunisation programmes that cover the life-course and the 17 programmes include:
 - Antenatal and targeted new-born vaccinations
 - Routine Childhood Immunisation Programme for 0-5 years
 - School age vaccinations
 - Adult vaccinations such as the annual seasonal 'flu vaccination
- Members of the Health and Well-Being Board are asked to note and support the work NHSE (London) and its partners such as Public Health England (PHE) and the local authority are doing to increase vaccination coverage and immunisation uptake in Harrow.

2 Headlines for London

- London performs lower than national (England) averages across all the immunisation programmes.
- London faces challenges in attaining high coverage and uptake of vaccinations due to high population mobility, increasing population, increasing fiscal pressures and demands on health services and a decreasing workforce.
- Under the London Immunisation Board, NHSE and PHE seek to ensure that the London population are protected from vaccine preventable diseases and are working in partnership with local authorities, CCGs and other partners to increase equity in access to vaccination services and to reduce health inequalities in relation to immunisations.
- The London Borough of Harrow (Harrow) on average performs well across the vaccination programmes.

3 Antenatal and New-born Vaccinations

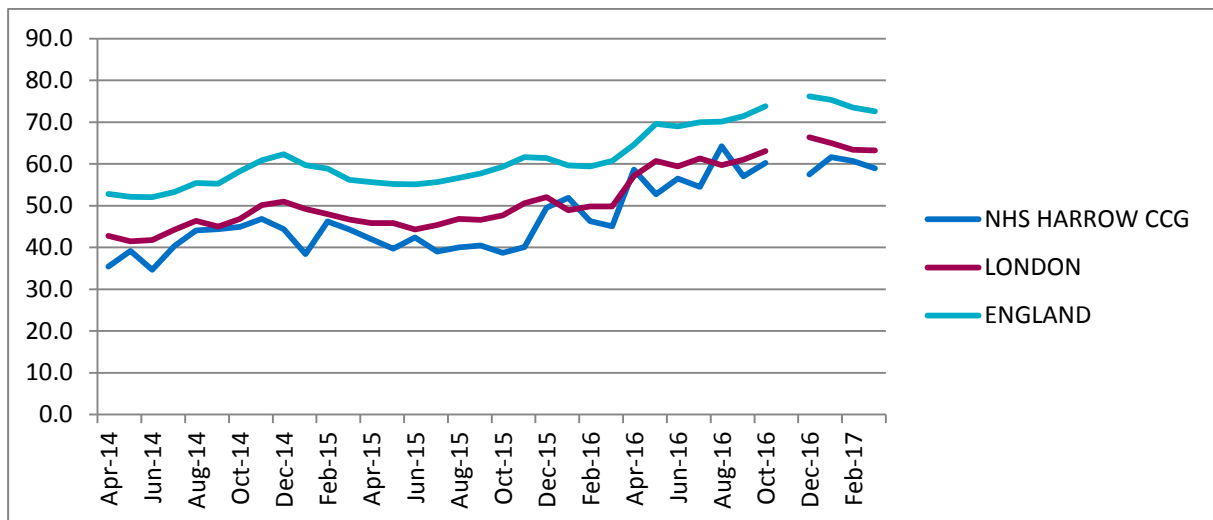
3.1 Pertussis (Whooping Cough) vaccination for Pregnant Women

- In 2012, a national outbreak of pertussis (whooping cough) was declared by the Health Protection Agency. In 2012, pertussis activity increased beyond levels reported in the previous 20 years and extended into all age groups, including infants less than three months of age. This young infant group is disproportionately affected and the primary aim of the pertussis vaccination programme is to minimise disease, hospitalisation and death in young infants. In September 2012 The Chief Medical Officer (CMO) announced the establishment of the *Temporary programme of pertussis (whooping cough) vaccination of pregnant women* to halt in the increase of confirmed pertussis (whooping cough) cases. This programme was extended for another 5 years

by the Department of Health (DH) in 2014. Since its introduction, Pertussis disease incidence in infants has dropped to pre2012 levels.

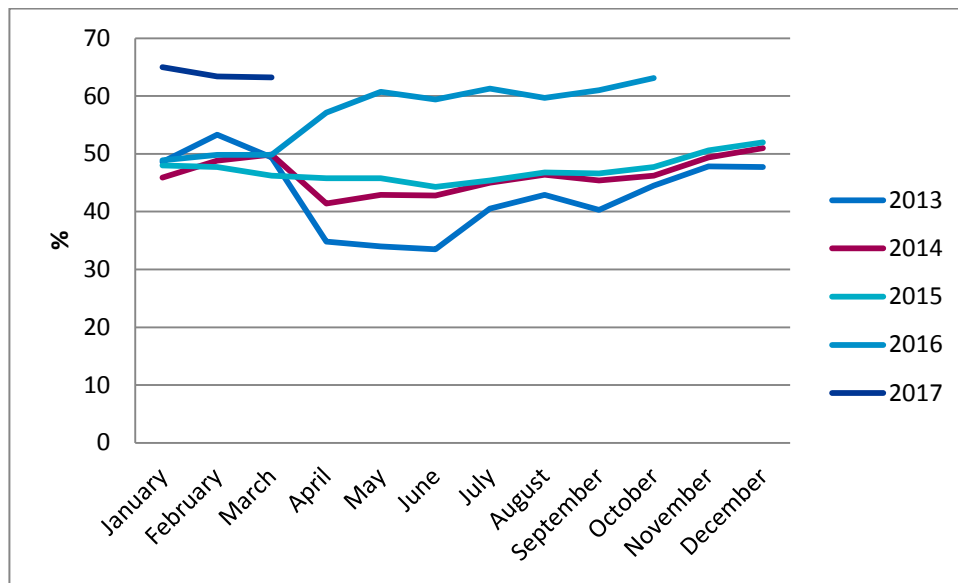
- There are seasonal patterns with the winter months of November and December each year reporting the highest proportion vaccinated whilst there's a drop between April and July
 - Difference attributed to pertussis given with seasonal 'flu vaccination during November and December
- Whooping cough vaccine uptake is reported monthly by PHE. The latest available data for Harrow is March 2017. It can be seen Harrow performs below London and England averages – 58.9% in March 2017 compared to London's 61%. The gap in the graph is due to data not being calculated nationally for November 2016.
- However, the first three months of 2017 demonstrate higher percentage uptake than any other year (see figure 2). This has been replicated in Harrow.

*Figure 1
Monthly uptake rates of pertussis vaccine during pregnancy for Harrow CCG compared to London and England for April 2014 – March 2017*



Source: PHE (2017)

Figure 2
Comparison of annual update rates of pertussis vaccination for London



Source: PHE (2017)

What are we doing to improve uptake?

- NHSE (London) has been implementing a service level agreement with maternity units across London which will enable women to be vaccinated by maternity staff. This will increase patient choice and access to the vaccine.
- NHSE (London) has recently undertaken a study of women's experiences of being offered the whooping cough vaccine, including participants from Ealing. The results of this study, along with work being done by research partners in London School of Hygiene and Tropical Medicine, is being used to help plan the future commissioning of maternity vaccination services and to improve the information and advice received by pregnant women about the vaccine.

3.2 Universal BCG vaccination

- The BCG vaccine is offered to neonates (up to one year) to protect them against progression to severe disease if exposed to TB.
- Since April 2015, NHSE (London) has been rolling out a 100% offer of BCG vaccine to all babies up to the age of one year across London. This action had been recommended by the London TB Board and the London Immunisation Board in 2014. This offer is commissioned to be given in all maternity units in London with a community offer for those parents who missed out on the vaccine in maternity hospitals or who have recently moved into London.
- However, in April 2015, a global shortage of the BCG vaccine resulted in vaccine supply issues within Europe. As a result, the roll-out of the universal offer of BCG was temporarily stalled in London. Once stock was made available again in October 2015, NHSE (London) continued to work with

providers across London to deliver the universal offer. A catch up programme was also implemented for those infants who missed out on a vaccine due to the shortage. As per PHE guidance, infants most at risk were prioritised.

- The global shortage has continued into 2016 and in June 2016, PHE national team procured InterVax, a BCG vaccine from Canada. This vaccine is unlicensed in the UK and as a result has to be offered under a Patient Specific Directive (PSD), i.e. to named patients. Stock supplies are also restricted. Within London about 20 maternity and community providers are able to order one box of vaccine per fortnight (each box contains about 200 doses). Throughout July and August, NHSE (London) team have held fortnightly teleconference calls with these providers to support them to deliver BCG vaccine to those babies up to the age of 3 months who are most at risk of TB meningitis, i.e. those babies living with parents or grandparents from high risk countries.
- At the end of August 2016, NHSE (London) team audited the stock situation and delivery process and developed an interim London Intervax BCG protocol that has been in operation in London since November 2016. This sets out the referral process and eligibility criteria for BCG, mainly a universal offer in maternity units with a targeted follow up by community providers covering the named priority groups in the Section 7a BCG service specification.
- Harrow babies who are birthed at London North West, Barnet and Imperial hospitals should all be offered BCG vaccination at birth. For those babies who fit the criteria as set out in the London Intervax BCG protocol and not immunised at birth, Central London Community Healthcare NHS Trust (CLCH) are providing a community clinic.
- The shortage of BCG vaccine is likely to continue for some time and NHSE (London) would like to thank the HWBB for their continued support of providers.

3.3 Neonatal Hep B vaccination

- The aim of the immunisation is to prevent babies born to mothers with hepatitis B, from contracting the disease at delivery or in the first year of life.
- Babies born to mother who are Hepatitis B positive should receive a course of 4 doses of Hepatitis B vaccine and a serology/dried blood test by 12 months of age. Mothers are identified through the antenatal screening programme and babies are followed up through primary care in Harrow. At risk babies are monitored by the London Immunisation Team with monthly reports to the NHSE Quality, Safety and Performance Group.
- Since April 2017, delivery of neonatal Hep B immunisation programme is provided through GP practices. Work has been ongoing with the Harrow CCG to have Harrow practices enabled to deliver the 2nd, 3rd and 4th doses with dried blood spot (DBS) testing or serology. From August 2017, GP practices will only need to focus on the 2nd dose and 4th as the new 6-in-1 programme that is replacing the 5-in-1 vaccine in routine childhood immunisation programme will mean all children will receive Hep B vaccine.
- There is no available data for Harrow as the numbers are too small and so the data has been suppressed (usually when numbers are less than 5).

What are we doing to ensure protection?

- Prior to 2017, London had five models of Hepatitis B vaccine delivery - GP, hospital based, community based or combination models and following the inclusion of payment for delivery in GMS contract of neonatal Hep B immunisations, NHSE has been working to mobilise the 11 boroughs who do not have a primary care model onto GP practice delivery. Failsafes have been commissioned from the CHIS hubs to track infants, including the unregistered, and to ensure completion of the course are being commissioned to support this model of delivery. The new pathway and model is in line with national guidance and directives and its development being monitored by the internal Quality, Safety and Performance Committee in NHS England (London) and by the London Immunisation Board. Following the agreement of a pharmacy with a wholesale licence ordering and stocking the DBS kits for GP practices, the protocol will be released on July 1st 2017 for consultation.

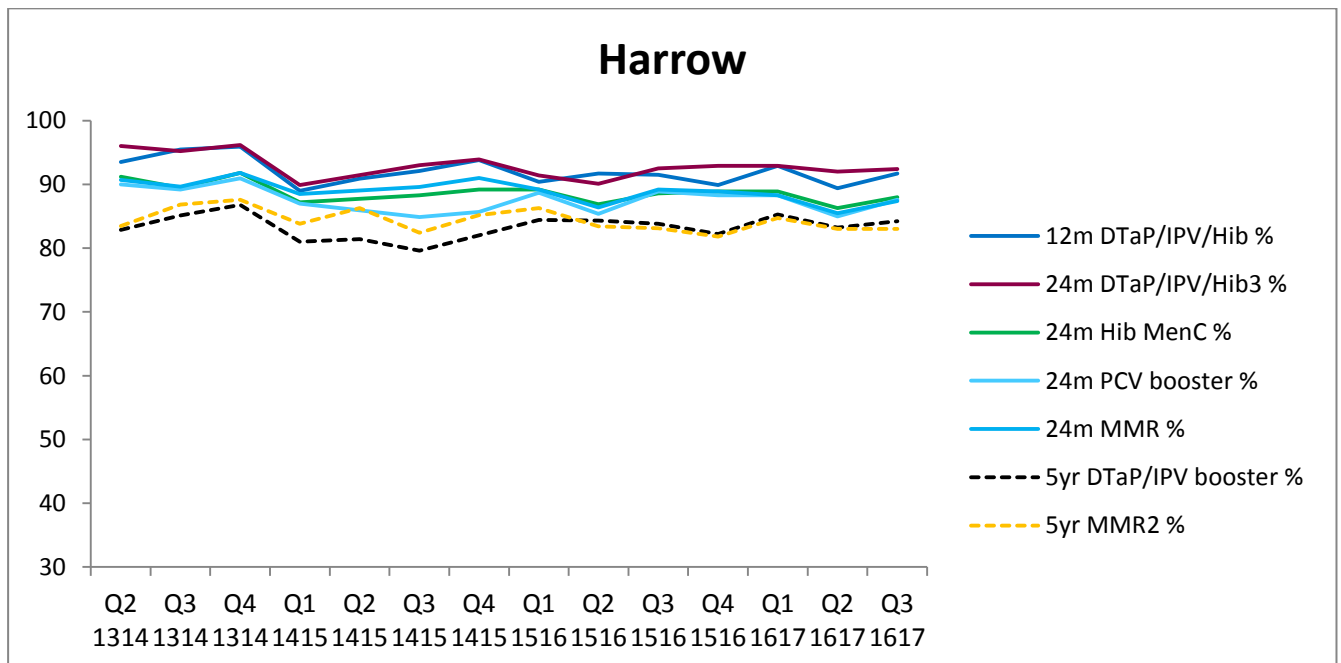
4 Routine Childhood Immunisation Programme (0-5 years)**4.1 'COVER'**

- The routine vaccinations in COVER protect against:
 - Diphtheria, Tetanus, Pertussis (whooping cough), Polio, Haemophilus influenza type b (give as the '5 in 1' DTaP/IPV/Hib vaccine)
 - Pneumococcal disease, (PCV)
 - Meningococcal group C disease (Men C) and
 - Measles, mumps and rubella (MMR)
- Cohort of Vaccination Evaluated Rapidly (COVER) monitors immunisation coverage data for children in UK who reach their first, second or fifth birthday during each evaluation quarter – e.g. 1st January 2012 to 31st March 2012, 1st April 2012 – 30th June 2012. Children having their first birthday in the quarter should have been vaccinated at 2, 3 and 4 months, those turning 2 should have been vaccinated at 12/13 months and those who are having their 5th birthday should have been vaccinated before 5 years, ideally 3 years 3 months to 4 years.
- London has in recent years delivered significantly poorer uptake than the remainder of the country. Reasons provided for the low coverage include the increasing birth rate in London which results in a growing 0-5 population and puts pressure on existing resources such as GP practices, London's high population mobility, difficulties in data collection particularly as there is no real incentive for GPs to submit data for COVER statistics and large numbers of deprived or vulnerable groups. In addition, there is a 20-40% annual turnover on GP patient lists which affects the accuracy of the denominator for COVER submissions, which in Harrow's case inflates the denominator (i.e. number of children requiring immunisation) resulting in a lower uptake percentage. Like many other London boroughs, Harrow has not achieved the required 95%

herd immunity (i.e. the proportion of people that need to be vaccinated in order to stop a disease spreading in the population).

- Figure 3 illustrates the comparison of Harrow to other North West London boroughs using quarterly COVER statistics for the uptake of the six COVER indicators for uptake. The primaries (i.e. completed three doses of DTaP/IPV/Hib) are used to indicate age one immunisations, PCV and Hib/MenC boosters and first dose of MMR for immunisations by age 2 and preschool booster and second dose of MMR for age 5. Quarterly rates vary considerably more than annual rates but are used here so that Quarter 3 data from 2016/17 (the latest available data) could be included.
- Unfortunately due to changes to the business analytics system within NHSE, the usual time trend graphs for Harrow versus London and England averages could not be computed for this report but will be available again in the future. However, throughout 2011/12 to 2015/16, London has consistently performed below national on all COVER indicators by ~4% for the age 1 vaccinations, ~6% for age 2 vaccinations and ~10% for the age 5 vaccinations. Like for Harrow, the rates dipped at the start of 2013/14 but have since increased to the pre-dip levels.
- When looking at ‘COVER’ rates, it is important to look at coverage and drop out rates. Vaccine coverage is the proportion of eligible children receiving all doses of the recommended schedule – e.g. both doses of MMR. Drop-out rate measures the perceived quality of services. For Harrow, 83% of 5 year children had both doses of MMR with a drop out rate of 10.8%

*Figure 3
COVER rates for Age 1, Age 2 and Age 5 cohorts in Harrow (2011-2016)*

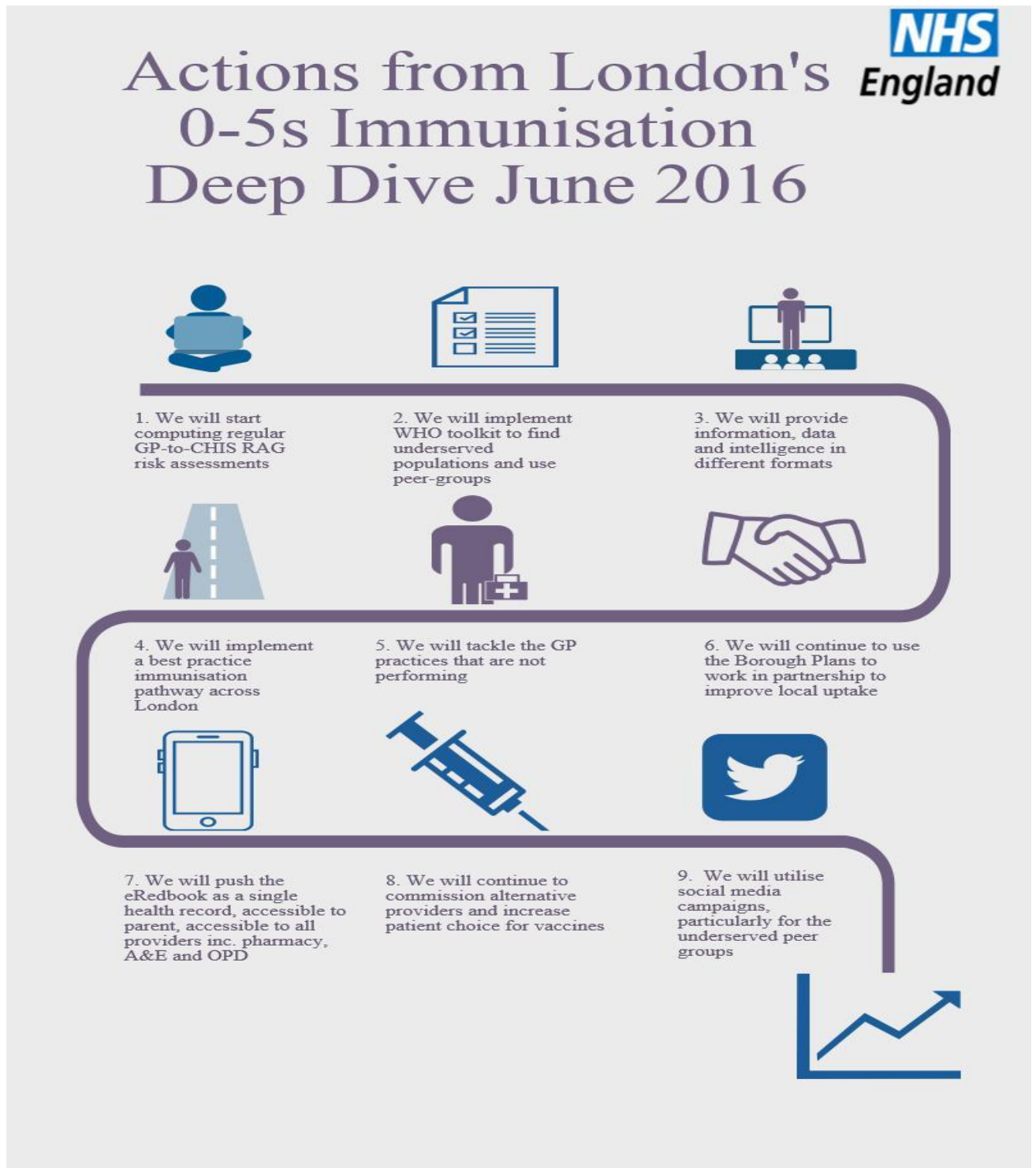


Source: PHE (2017)

What are we doing to increase uptake of COVER?

- Harrow like other London boroughs performs below England averages for completed routine childhood immunisations as indicated by MMR 2nd dose and preschool booster. This is also below the recommended WHO 95% recommended uptake levels. Improving uptake rates in Harrow is being undertaken by pan London endeavours as well as local borough partnership work between CCG, local authority, PHE and NHSE London.
- Increasing coverage and uptake of the COVER reported vaccinations to the recommended 95% levels is a complex task. Under the London Immunisation Board, PHE and NHSE (London) have been working together to improve quality of vaccination services, increasing access, managing vaccine incidents and improving information management, such as better data linkages between Child Health Information Systems (CHIS) and GP systems. As well as these pan London approaches, NHSE (London) have been working locally with PHE health protection teams, CCGs and local public health teams in local authorities to identify local barriers and vulnerable or underserved groups (e.g. travelling community) and to work together to improve public acceptability and access and thereby increase vaccine uptake. These actions take the form of local immunisation steering groups with local annual action plans and are accountable to local governance structures.
- In June 2016, NHSE (London) and PHE (London) hosted a 'deep dive' into 0-5s immunisations and agreed a nine point action plan to be imbedded over the next year (see Figure 3 for the infographic).
- The London wide Immunisation Plan for 2016/17 included sub-sets of plans such as improving parental reminders across London, which the evidence repeatedly states as the main contributor to improving uptake of 0-5s vaccinations. This resulted in the production of 0-5s best practice pathway (currently out for consultation) and a call/recall best practice pathway, which is just about to be released. The London Immunisation Board will be monitoring the impact of these pathways over the next year.
- An evaluation of the 300 practices in London last year in relation to improving uptake of COVER reported vaccinations, also concluded that practices need support around information materials to discuss with parents which the NHSE (London) immunisation team are addressing in conjunction with our PHE colleagues.
- Since April 2017, London's child health information systems (CHIS) are being provided by four hubs which feed a single data platform. This has simplified the barriers previously experienced by London have a large number of different data systems 'talking to each other'. Now all CHIS information is on one system fed by three data linkage systems from GP practices, which in turn are now on one of three systems. This change should remove many of the data errors in the past that had led to an overestimation of unvaccinated children. However, London continues to have a large proportion of children vaccinated overseas which often means that children are reported as unvaccinated when they have been vaccinated but on a different schedule. Work is underway to help GPs code the vaccinations of these new patients.

Figure 4
Infographic of action plan for improving 0-5s immunisation uptake in London



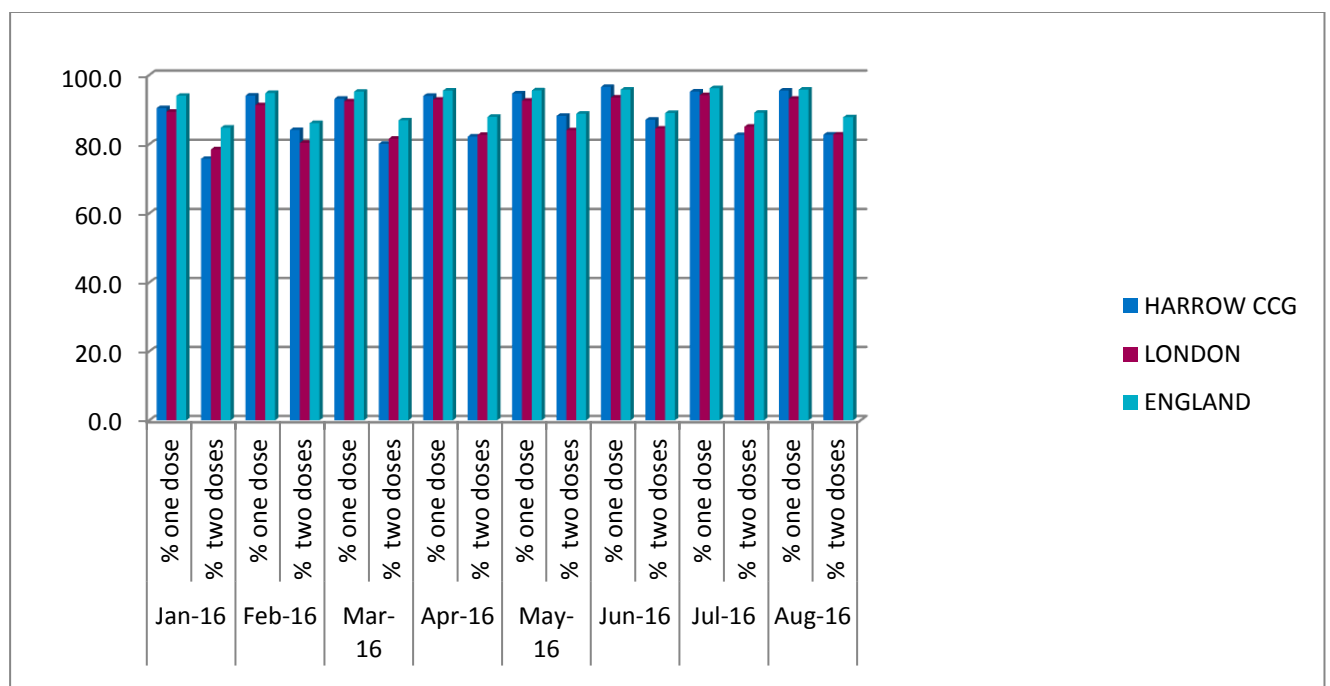
4.2 Rotavirus

- Rotavirus is a contagious virus that causes gastroenteritis.
- Rotavirus vaccine was introduced into the Routine Childhood Immunisation Schedule in 2013/14 and is measured monthly. Since June 2014 both London and England averages for 1st dose have been 90% or over. There is a slight drop of ~1% for 2nd dose (completed course) for England, whilst London drops to the mid 80s.
- The programme has been very successful in reducing incidences of rotavirus with laboratory reports of rotavirus for July 2013 – June 2014 being 67% lower than the ten season average for the same period in the seasons 2003/04 to 2012/13.
- In Harrow uptake of Rotavirus has consistently been 90% or higher.

4.3 Meningococcal B vaccination

- Since September 2015, all infants are offered a course of meningococcal B (men B) vaccine as part of the Routine Childhood Schedule. Eligible infants were those babies born on or after 1st July 2015 with a small catch up programme for babies born on or after 1st May 2015.
- There are preliminary data for babies aged 26 weeks for the months of January - August 2016 (Figure 5). It can be seen that Harrow performs similarly to London averages. Rates do drop at second dose from 92.7% of Harrow 12 month olds having had one dose of Men B compared to 87.7% with two doses.

Figure 5
Uptake of 1st and 2nd dose for Harrow CCG for babies aged 52 weeks compared to London and England 2016



Source: PHE (2016)

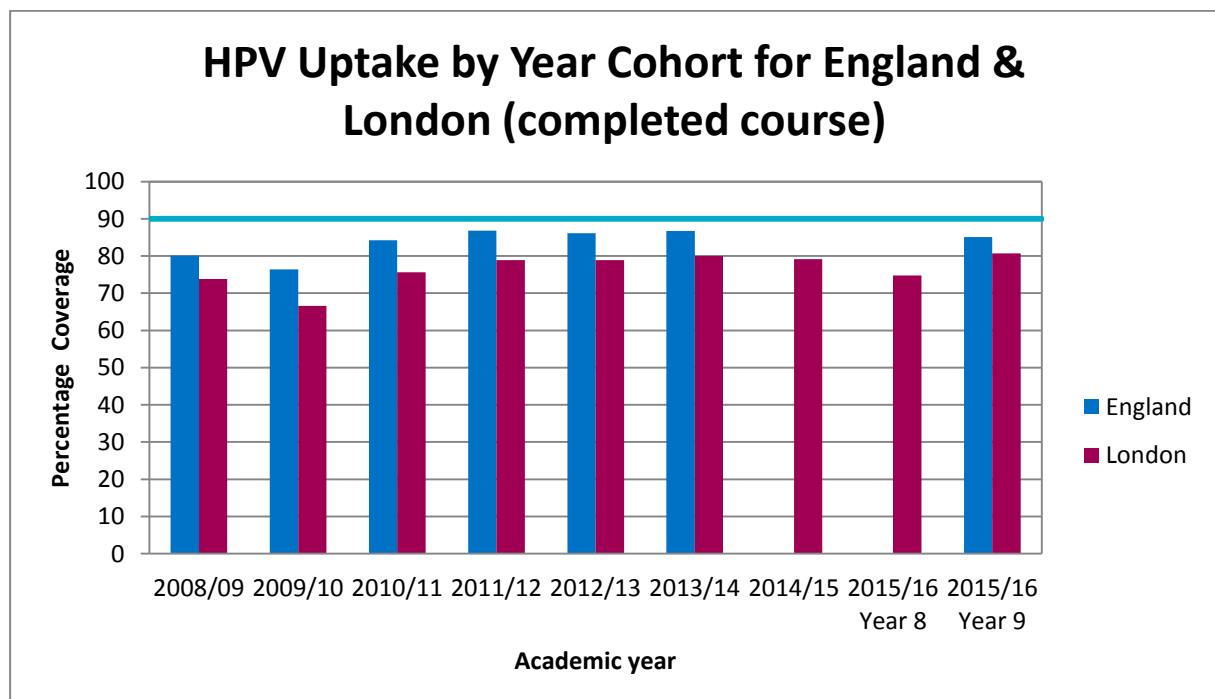
5 School Age Vaccinations

School age vaccinations are 1) HPV vaccine for 12-13 year old girls and 2) tetanus, diphtheria, polio booster at age 14 for boys and girls and 3) Meningitis ACWY

5.1 HPV vaccination

- Human papillomavirus (HPV) vaccination protects against viruses that are linked to the development of cervical cancer
- HPV vaccination has been offered to 12-13 year old girls (Year 8) since the academic year 2008/09. Originally the course was 3 doses but following the recommendation of the Joint Committee of Vaccinations and Immunisations (JCVI) in 2014 is that two doses are adequate.
- Since 2008/09, there has been a steady increase of uptake both nationally and in London. However the introduction of a two course programme instead of a three course programme meant that many providers didn't offer the second dose until the next academic year. As a result a national average could not be computed for 2014/15. For 2015/16, London was the only region to commission both doses to be given within one academic year (hence why there are two year groups displayed in Figure 6). It can be seen that London's completed dose schedule has remained stable at 80% since 2013/14, despite the re-procurement of school age vaccination services across London.
- For Harrow, rates have remained stable around 85% uptake for completed schedule of HPV for the last two years until end 2015/16. Since then the provision of these immunisations has been moved from London North West Healthcare NHS Trust to CLCH.

Figure 6



Source: PHE (2016)

Figure 7

Table of completed HPV courses for 2013/14 – 2015/16 for London boroughs

Name of Organisation	% 2015/16	% 2014/15	%2013/14
BARKING AND DAGENHAM	49.8	83.5	79.2
BARNET	74.3	72.6	69.5
BEXLEY	81.3	80.5	76.6
BRENT	68.4	81.0	81.1
BROMLEY	80.8	84.5	86.8
CAMDEN	65.2	73.5	77.0
CITY OF LONDON	77.4	85.1	85.4
CROYDON	73.1	79.2	76.4
EALING	67.3	81.3	77.0
ENFIELD	65.7	72.7	68.3
GREENWICH TEACHING	72	79.7	77.6
HACKNEY	78.1	64.1	68.2
HAMMERSMITH AND FULHAM	48.8	75.1	73.3
HARINGEY	77	80.5	76.4
HARROW	76.5	77.6	83.2
HAVERING	75	86.3	86.2
HILLINGDON	87.6	86.7	86.5
HOUNSLOW	77.5	83.5	86.2
ISLINGTON	71.3	84.1	87.1
KENSINGTON AND CHELSEA	47.4	62.6	78.9
KINGSTON	85.1	85.3	81.6
LAMBETH	79.2	78.9	80.9
LEWISHAM	66.7	73.4	82.9
MERTON	84.5	85.4	87.6
NEWHAM	83.5	90.9	92.3
REDBRIDGE	75.9	79.2	69.2
RICHMOND	76	76.0	81.8
SOUTHWARK	84.2	77.3	85.7
SUTTON	88.3	87.7	90.4
TOWER HAMLETS	76.8	74.1	75.6
WALTHAM FOREST	65.6	73.3	86.8
WANDSWORTH	91.9	82.7	79.1
WESTMINSTER	63.1	74.7	77.9

Source: PHE (2017)

5.2 Men ACWY

- This vaccination protects against four types of Meningitis
- This is the first year that statistics have been gathered on Men ACWY uptake in schools. In London, 63.1% of the routine cohort Year 10 were vaccinated (compared to England's 77.2%), 76% of routine cohort Year 9 (England had 84.1%) and 55.9% of the catch up Year 11 (compared to England's 71.8%).
- In Harrow the uptake rate was 75.6% for Year 10 and 74.7% for Year 11.

What are we doing to improve uptake?

- During 2016/17, NHSE immunisation team are monitoring performance monthly and there is a deep dive into performance scheduled for June 2017.
- The team are also undertaking a study into the service factors impacting upon school vaccinations uptake in London as well as organising a 'Hackathon' for school age vaccinations to take place in the summer.
- In Harrow the school age vaccination service was re-procured in 2016, when the contract moved from LNW to CLCH.

6 Adult Vaccinations

6.1 Shingles

- The Shingles vaccination programme commenced in September 2013. Shingles vaccine is offered to people who are 70 years or 78 years old on 1st September in the given year (or who were 70 years in 2013/14, 2014/15 and 2015/16). Data on vaccine coverage is collected between 1st September and 31st August. London has excellent reporting rates with 95.8% of GP practices submitting data returns for 2014/15 (Harrow CCG had returns of 93.1%).
- Figure 8 illustrates the percentage uptake by CCG in London for three years of the programme for the routine age 70 cohort. It can be seen that Harrow CCG reports uptake rates that are slightly higher than London averages but lower than England averages.
- Nationally and within London, there is no difference between ethnic groups in terms of uptake.

Figure 8

Table displaying % of shingles uptake for age 70 cohort by CCG in London

CCG	% of 70 years age cohort		
	2013/14	2014/15	2015/16
Barking and Dagenham CCG	51.9	50.2	47.4
Barnet CCG	56.1	55.9	54.4
Bexley CCG	47	53.1	45.8
Brent	51.8	53.1	52.0
Bromley CCG	55.6	52.5	48.8

OFFICIAL

Camden CCG	50.3	47.6	46.4
Central London (Westminster) CCG	34.6	33.5	40.2
City and Hackney CCG	43	40.6	35.4
Croydon CCG	55.6	53.6	47.0
Ealing CCG	49.8	42.9	45.7
Enfield CCG	52	51.2	50.2
Greenwich CCG	51.4	46.2	38.4
Hammersmith & Fulham CCG	36.6	33	28.6
Haringey CCG	47.7	47.5	48.2
Harrow CCG	51	50.8	50.8
Havering CCG	54.6	50.8	47.5
Hillingdon CCG	62	55.8	54.9
Hounslow CCG	44.6	43.2	44.1
Islington CCG	51.2	48	45.3
Kingston CCG	52.6	57.5	50.9
Lambeth CCG	51.2	42.7	41.7
Lewisham CCG	49	48	48.0
Merton CCG	51.1	48.8	48.2
Newham CCG	60.7	56	51.6
Redbridge CCG	51.2	47.6	46.2
Richmond CCG	61.8	53.7	50.5
Southwark CCG	45.5	40.7	42.3
Sutton CCG	56.2	58	58.0
Tower Hamlets CCG	50.9	49.9	46.2
Waltham Forrest CCG	48.7	46.4	48.1
Wandsworth CCG	52	51.1	48.4
West London (K&C & QPP) CCG	42.1	25.6	28.1
London	51.3	48.8	47.1
England	61.8	59	54.9

Source: PHE (2016)

What are we doing to increase uptake?

- Shingles continues to be promoted as part of our London Immunisation Plan. For 2017/18, we are working with CCGs and GP practices to improve call/recall as the evaluation of the 2015/16 shingles promotion plan found that this activity may bring about higher uptake rates.

6.2 PPV

- Pneumococcal Polysachride Vaccine (PPV) is offered to all those aged 65 and older to protect against 23 strains of pneumococcal bacterium. It is a one off vaccine which protects for life. This vaccination tends to be given

alongside the flu vaccination during the flu season as the patient is usually present at the flu appointment.

- Reporting coverage rates are good – 98.1% of London GP practices report their rates, 96.7% for England and 100% returns in Harrow. Vaccine uptake and reporting coverage is published cumulatively. The latest published data is for 2015/16. Up to and including 31st March 2016, 66.7% of those aged 65 years and older were vaccinated with PPV in Harrow. This is higher than London’s average of 65.3% and lower than England’s average of 70.1%. There is no target for this vaccine as we are aiming for individual protection not population protection.
- It is worth noting that the over 65s population are largely protected against pneumococcal invasive disease and pneumonia from the PCV-13 programme given as part of the 0 to 5s routine childhood immunisation schedule, because young children are the main source of spread of these infections. PPV23 is an additional vaccine to help protect this population from the remaining 13 strains not covered in the PCV-13 vaccine.

6.3 Seasonal ‘Flu

- Figure 9 illustrates the uptake of seasonal ‘flu vaccine for each of the identified ‘at risk’ groups for Harrow CCG compared to London and England averages for the winter 2016/17 (September 1st 2016 to January 31st 2017). It can be seen that London performs lower than England across the groups but that Harrow CCG performs better than London averages for Over 65’s, at risk groups and school aged children.
- The child ‘flu vaccine (Fluenz) programme for 2-4 year olds is given in general practice whilst the school age programme is delivered by community providers for Years 1-3.
- Uptake of flu vaccine increased this season across the at risk groups including child ‘flu vaccine groups with London, England and Harrow exceeding the lower threshold of 40% for uptake for children in the school programmes. Uptake in preschool children remain low but after a huge audit of poor performing practices during the summer of 2016 in London with follow up action plans, London demonstrated a big increase on the previous year.

Figure 9

Uptake of the ‘at risk’ Groups of Seasonal ‘flu for Harrow CCG compared to London and England for Winter 2016/17 (September 1st 2016 – January 31st 2017)

CCG	% of uptake 65 +	% of at risk patients (6 months - 64 years)	% of pregnant women	% of 2 year olds	% of 3 year olds	% of 4 year olds	% of year 1	% of year 2	% of Year 3
Harrow	68.7	47.9	36.5	27.4	29.5	21.6	54	47.6	46.2

OFFICIAL

London	65.1	47.1	39.6	30.3	32.6	24.9	45.8	43.6	42
England	70.4	48.1	44.8	38.8	41.6	33.8	57.6	55.3	53.3

Source: PHE (2017)

What are we doing to improve uptake?

- Following the decline in 'flu uptake in London during the 2015/16 season and the continual fall in uptake amongst 2, 3 and 4 year olds, NHSE carried a large number of evaluations which fed into the London Influenza Vaccination Plan for 2016/17. This plan was signed off by the London Immunisation Board and was delivered through a weekly Immunisation business group co-chaired by PHE London and NHSE London. This group monitored progress against the plan and operated remedial plans when necessary.
- 2016/17 also saw the consolidation of the delivery of school age vaccinations by community providers and the second year of delivery of the child 'flu programme has seen increases in uptake across the city.
- NHSE London have now commenced the evaluation of this plan with the intention to improve uptake rates again next 'flu season (2017/18).

7 Next Steps

- A new regional Immunisation Plan was signed off by the London Immunisation Board in May 2017. This includes closer partnership working across London.
- A new immunisation steering group was recently set up and the first meeting held on the 6th June. It involves a number of stakeholders including the CCG, NHS England, PHE Health Protection team, the local maternity unit and school aged vaccination team.
- An evaluation of local partnership arrangements for immunisations is under way with initial findings presented to the London Immunisation Board and a final report due in July 2017. NHSE looks forward to implementing the recommendations with local partners in tackling health inequalities pertaining to immunisations and new ways of working together as STPs on the preventive agenda, which includes immunisations.