

'The Elusive 10%'

General Practice approaches to routine childhood immunisation – increasing uptake and protecting children

March 2024



In partnership with Southampton Place ICB

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What this session will cover.....

- Vaccination in Southampton – **what does the data** tell us about **achievements in uptake** to date?

- What do **Southampton parents have to say** about their experiences of childhood immunisation?

- What **practice factors** are associated with **higher uptake**?

- What did we **learn from the COVID-19 vaccination approaches** that could help us?

- Where are the **opportunities to strengthen** existing approaches?

- What **changes in the routine** childhood immunisation **schedule** are on the horizon?

We'd also love to hear from you about any ideas you have or initiatives your practice is involved in.....

Why a Needs Assessment?



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Why a needs assessment?

“ Statistics released by NHS digital in 2022 illustrated that ”
vaccination coverage had **decreased in 13 out of the 14 routine
childhood vaccination measures in 2021-22**, with **no
vaccinations meeting the 95% target** set by the WHO.

[Statistics published for all routine childhood vaccinations in England in 2021-22: statistical press release - NDRS \(digital.nhs.uk\)](#)

“ **1 in 10** children starting school at **risk of** ”
measles.

[UKHSA February 1st 2022](#)



- **Who** are the children that aren't having vaccines?
- **Why** aren't they having vaccines?
- **How** can we support higher uptake?

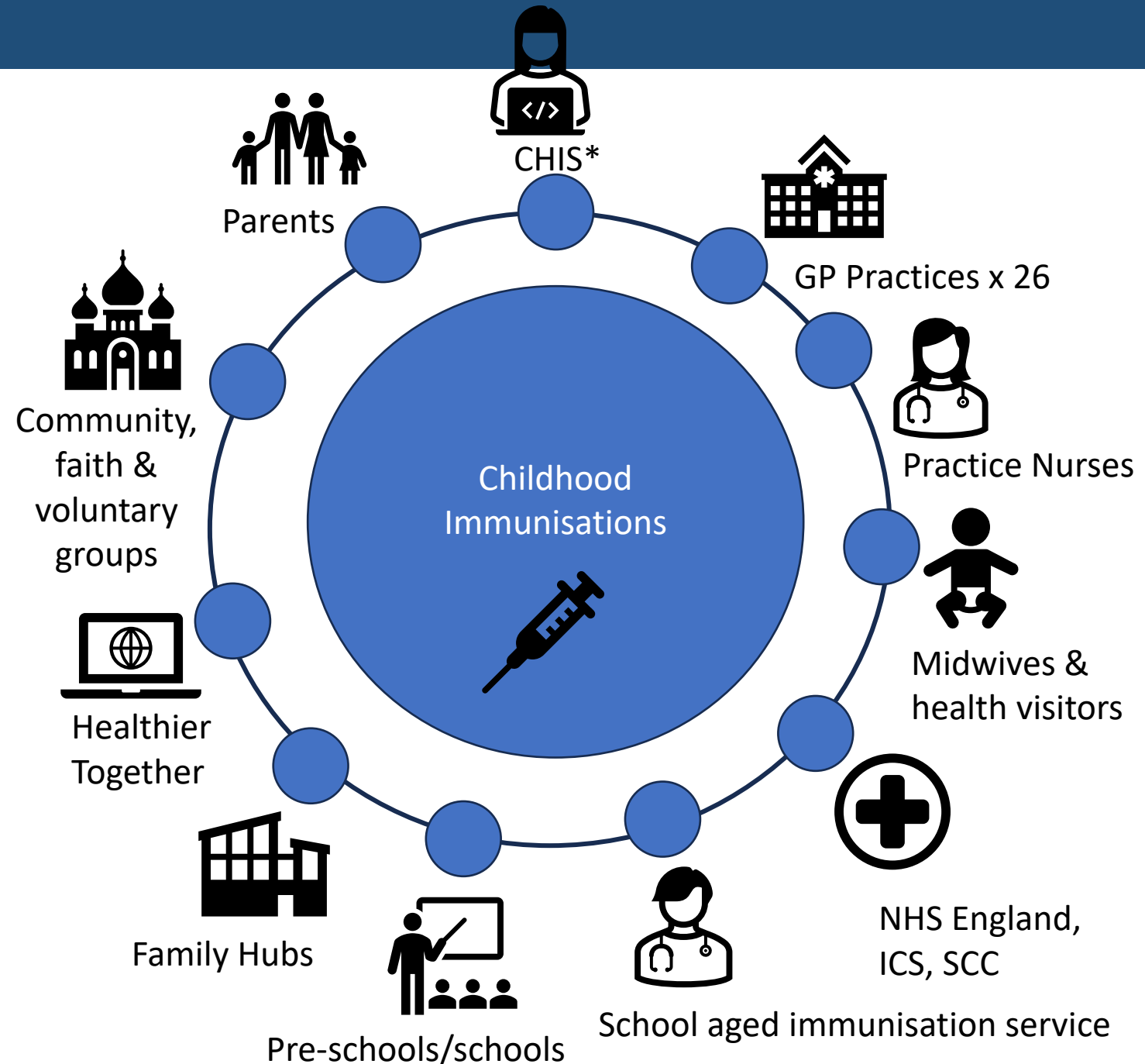
Aim

To **understand** and **assess** the **strengths** and **needs** in relation to routine childhood immunisation uptake (0-5 age group) in Southampton and what is being done to address them, **identify priorities** and **gaps** and **make recommendations for further action.**

Approach

Scope: CHISANA focused on **routine immunisations 0-5 years age group.**

- ✓ **Data** analysis (practice level)
- ✓ City profile and **demographics**
- ✓ **Insights** – parent and workforce/practice
- ✓ Digital **information availability**
- ✓ **Learning** (previous reports and from COVID)



1

The **Childhood immunisation programme** is a **huge success**. **Trust remains high** and **90% of parents** we spoke to were happy with the service they have received. Whilst rates are declining, we **did not find** evidence of any significant **anti-vaccine sentiment** and Southampton uptake is consistently higher than the national average.

These are **strong foundations on which to build**.

What does the data tell us?



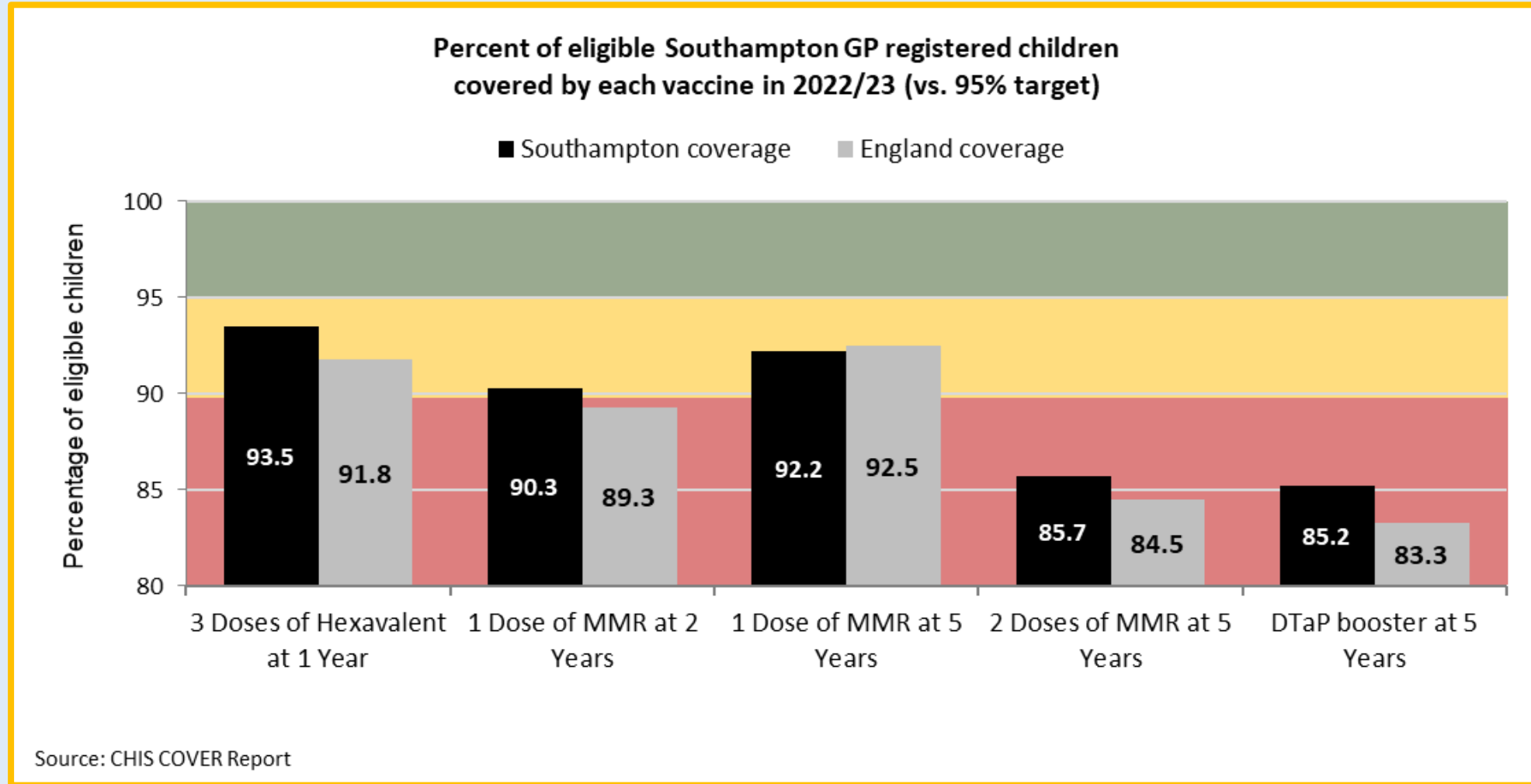
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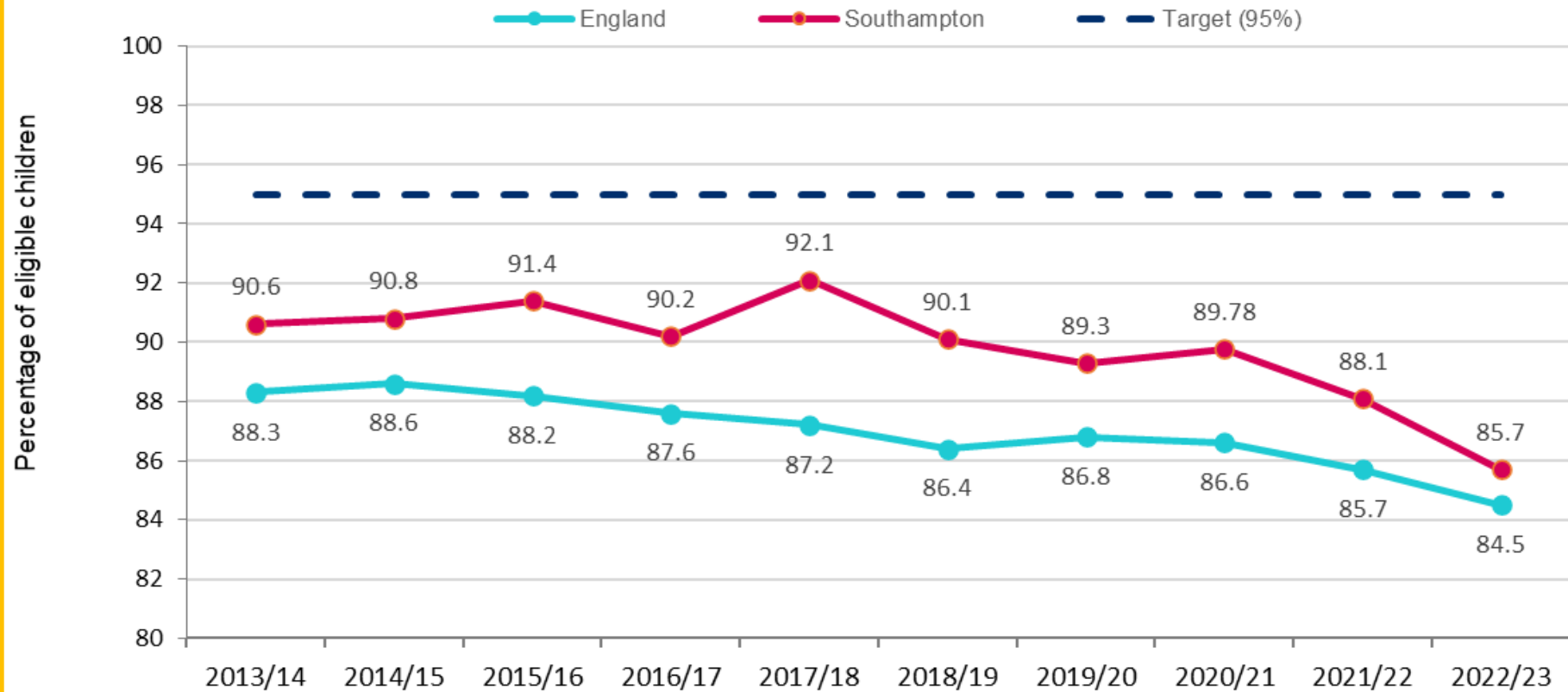
Vaccine Uptake – all 5 indicators



Although above the National average, uptake in England and Southampton has been decreasing

MMR (2 doses of MMR at 5 years of age)

Percent of eligible Southampton GP registered children with 2 doses of MMR vaccine at 5 years of age (vs. 95% target and England)



Source: CHIS COVER Report

Vaccine uptake by GP practice (all 5 indicators)

Anonymised GP Practice	% Uptake (2022/23)				
	3 Doses of Hexavalent at 1 Year	1 Dose of MMR at 2 Years	1 Dose of MMR at 5 Years	DTaP booster at 5 Years	2 Doses of MMR at 5 Years
GP-1	88.8	88.1	89	79	79.7
GP-2	93.8	94.5	86.8	76.7	79.9
GP-3	90.6	91.9	93.5	83.5	82.5
GP-4	93.6	96.3	93.6	91.3	91.3
GP-5	88.4	88	90.3	74.8	77.7
GP-6	93.9	94.4	95.9	88.9	88.5
GP-7	91.9	90.7	86.4	79.5	81.8
GP-8	93.1	93.8	92.4	83.5	83.5
GP-9	87.1	90.1	86.1	83.5	83.5
GP-10	96.6	95.8	87.5	73.6	75
GP-11	95.5	96.1	93.5	84.9	85.5
GP-12	88.5	91.2	89.7	82.1	82.8
GP-13	81.3	86.7	91.2	85.3	85.3
GP-14	97.6	96.5	96.6	90.7	92.2
GP-15	96.2	92.6	98.1	92.5	90.6
GP-16	95.7	97.6	91.5	89.4	89.4
GP-17	93.1	100	86.5	76.9	78.8
GP-18	98.6	98.6	92.4	81.8	80.3
GP-19	100	91.1	88.9	77.8	84.4
GP-20	97.2	98.4	93.1	86.1	84.7
GP-21	97.4	100	100	97.3	94.6
GP-22	99.2	95.6	97.4	91	89.7
GP-23	97.3	97.4	94.4	93.3	93.3
GP-24	97.5	98.1	96.1	91.4	91.4
GP-25	96.8	94.7	94.7	94.7	94.7

ASK THE AUDIENCE

On average gap to 95% (number of additional children needing vaccinating) for 2 doses of MMR age 5 in 2022/23 was.....

A: 22

B: 12

C: 35

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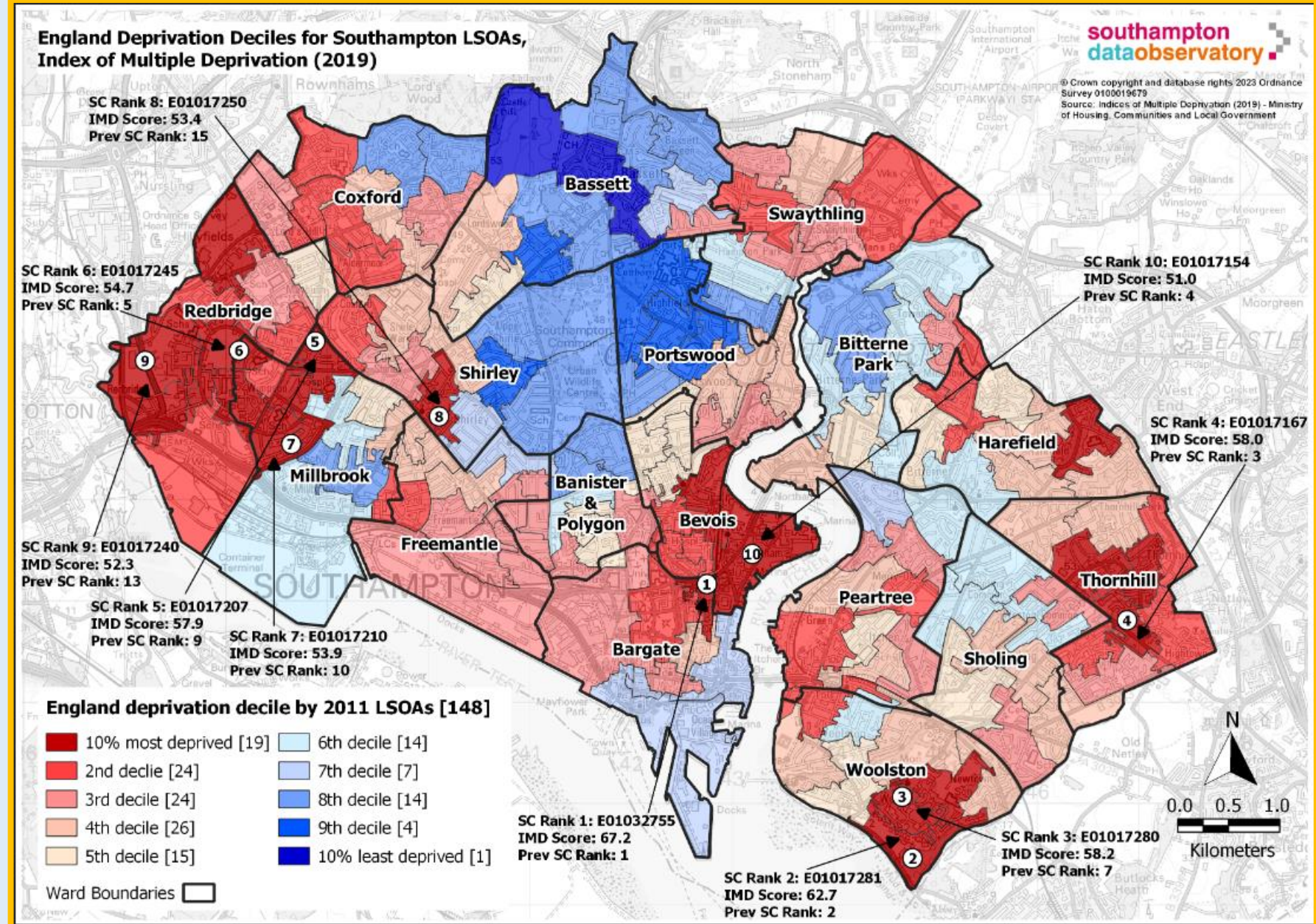
B: 12

C: 35

Further analysis identified that the average gap to 95% for 2022/23 for 2 doses of MMR at age 5 was the equivalent to an average of 12 additional children at each GP practice having the vaccine per year (ranging from 0-43).

Inequality and deprivation

When we look at the Index of multiple deprivation map (2019) we can see there are **pockets of high-levels of deprivation** across the city including the wards of **Redbridge, Beovis, Bargate, Woolston, Shirley, Thornhill and Harefield.**



2

It has **not been possible to get any meaningful ethnicity-based data** or establish trends as to who isn't getting vaccinated. This makes it **difficult to tailor services** to need and to address any health inequalities in uptake that might exist.

What do Southampton parents have to say?

▶ Are you a parent, carer or guardian living in Southampton?

▶ Or are you planning to have children?

WIN a family swimming pass

Southampton City Council would like to hear your views and experiences of vaccinations offered to children under the age of five to help inform and improve the delivery of services in the future.

By taking part in the survey, you can enter a prize draw* to be in with a chance of winning a family swimming pass for an Active Nation leisure centre near you!

The survey will run from Tuesday 13 June until Sunday 2 July 2023. The survey should take less than ten minutes to complete.

To find out more and have your say, visit: southampton.gov.uk/childvaccinesurvey



ASK THE AUDIENCE

How do parents feel about childhood immunisation since the COVID-19 pandemic?

A: More positive

B: Less positive

C: About the same

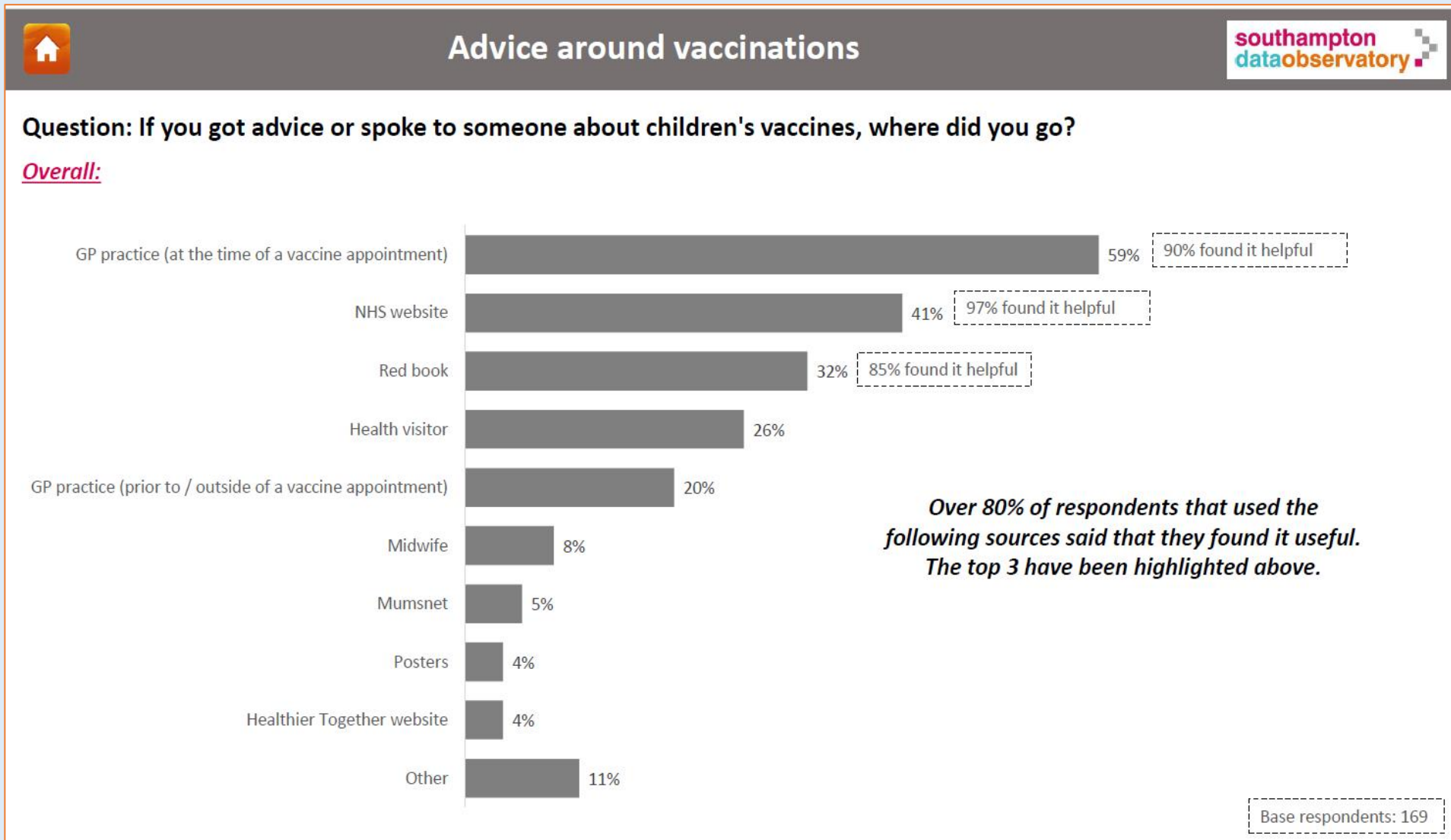
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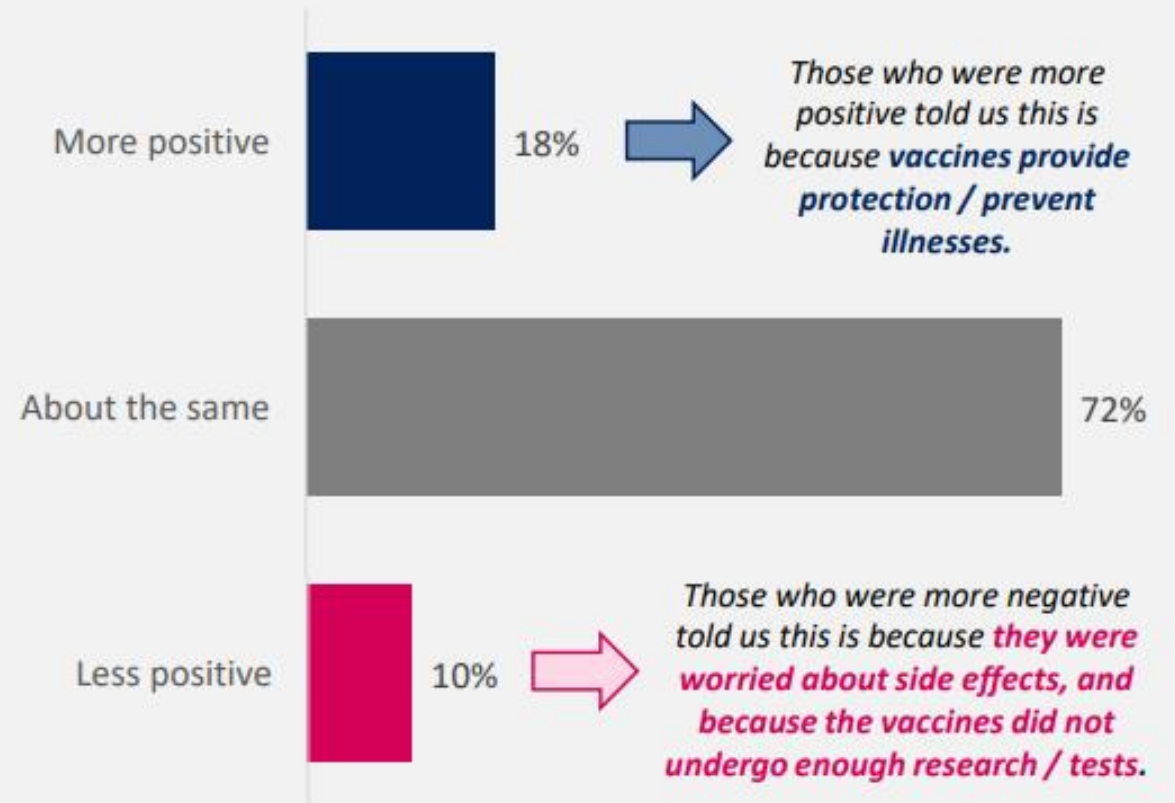


- Around half of respondents, **49%**, got advice about their children's vaccines.
- **90% of respondents** who had their children vaccinated said that they were **satisfied with the vaccine visit.**

Feelings about vaccination

Where respondents indicated their feelings about childhood immunisations are less positive since the COVID-19 pandemic, **concerns about side effects was the reason most given.**

Whilst the majority feel the same about childhood vaccinations following the COVID-19 pandemic, around **1 in 5** respondents told us that their feelings are now **more positive**.



3

Practical issues, such as **ease of booking and availability of appointments**, remain a **significant barrier** for parents. There **needs** to be a **greater range of appointment times** and a more **personalised approach** to following up missed appointments.

Parent survey - anecdotes

“ Some parents told us about.....

Additional needs

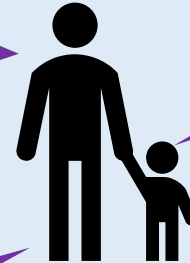
It is stressful attending an appointment with an autistic child and having to restrain them. I need to know there will be support with this.

Language

My wife is unable to read letters and information that arrive in English

Vaccine hesitancy

Parents I know are anti-immunisation because of conspiracy theories or because they favour alternative medicine and 'organic' food.



MMR

I believe that this may have been a 'cover up'. My child reacted after the first one, so I won't have the second

Side Effects

My child felt unwell after their vaccine, so they haven't had their boosters.

Advice

I had a premature baby and the nurses seemed unsure as to what was best for a low weight (for age) baby, including dosing with Calpol.

”

Practice insights



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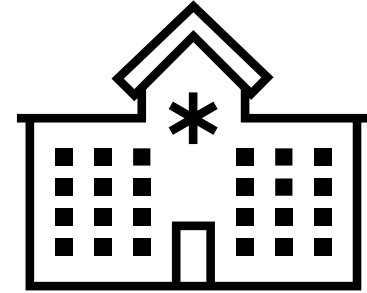


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Key Findings – Strengths

- ✓ **95%** of practices have a **dedicated immunisation lead**.
- ✓ **83%** are **using translation resources**.
- ✓ **91%** of GP Practices said their process is to **book appointments themselves**.
- ✓ **52%** say the **wait** for an appointment is **less than a week**.
- ✓ **83%** say they hold ***catch up clinics**
- ✓ **100%** say they **will vaccinate without red book**.
- ✓ **100%** say they have **completed accredited training**.



4

There are opportunities to **strengthen promotion of vaccination across the system** by training and empowering a wide range of professionals and people from within the community (community centred approaches) to have conversations about the importance of vaccination with parents, and confidently address concerns and myths.

Desk based information and practice websites

Key findings:

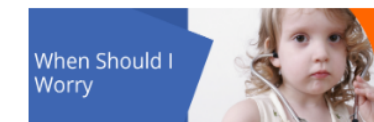
- There is **significant variation** in the **quality, scope and accessibility of information** available via practice websites relating to childhood immunisations.
- Whilst our review **did NOT find a correlation** between the **quality of practice websites and uptake**, the **inconsistency between practices across the city may be adding to inequities** in accessibility.
- Some GP practices located within **wards with high numbers of residents for who English is not a first language did not** have a **translation function available**.
- There is **scope for all Practice websites to improve** the **quality and accessibility of information available** in relation to childhood immunisations.

Healthier Together

Improving the health of children and young people
in Dorset, Hampshire and the Isle of Wight

When to Worry

Guide to Coughs, Colds and Sore Throats



Start 4 Life

Baby & toddler development

start 4 life

Council Families Website

Education, childcare, events, play centres, money & more



Immunisations

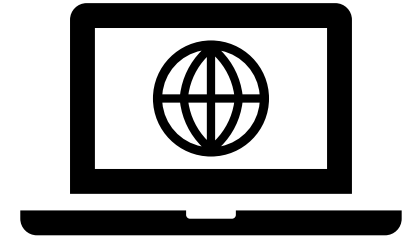
Information and schedule for childhood immunisations



Desk based information and practice websites

Examples of good practise

- ✓ **Information available** as to recommended routine vaccinations and when to have them
- ✓ **Signposting other resources**: NHS vaccinations page, healthier together website, start for life
- ✓ Option **to translate the page**, with options of over 100 languages.
- ✓ **Speaker translation option** for the whole page (Healthier together website)
- ✓ An **accessibility menu** to change the page (e.g. dyslexia friendly)
- ✓ 1 practice included the **statement from the Muslim Council of Britain** on the importance of vaccinations
- ✓ **Myths about immunisation** section (National Childbirth Trust)
- ✓ **Information on the importance** of vaccinations and that it's **safe**
- ✓ Availability of an **electronic consent** form (Hampshire healthy families)



What practices attributes are associated with higher uptake?



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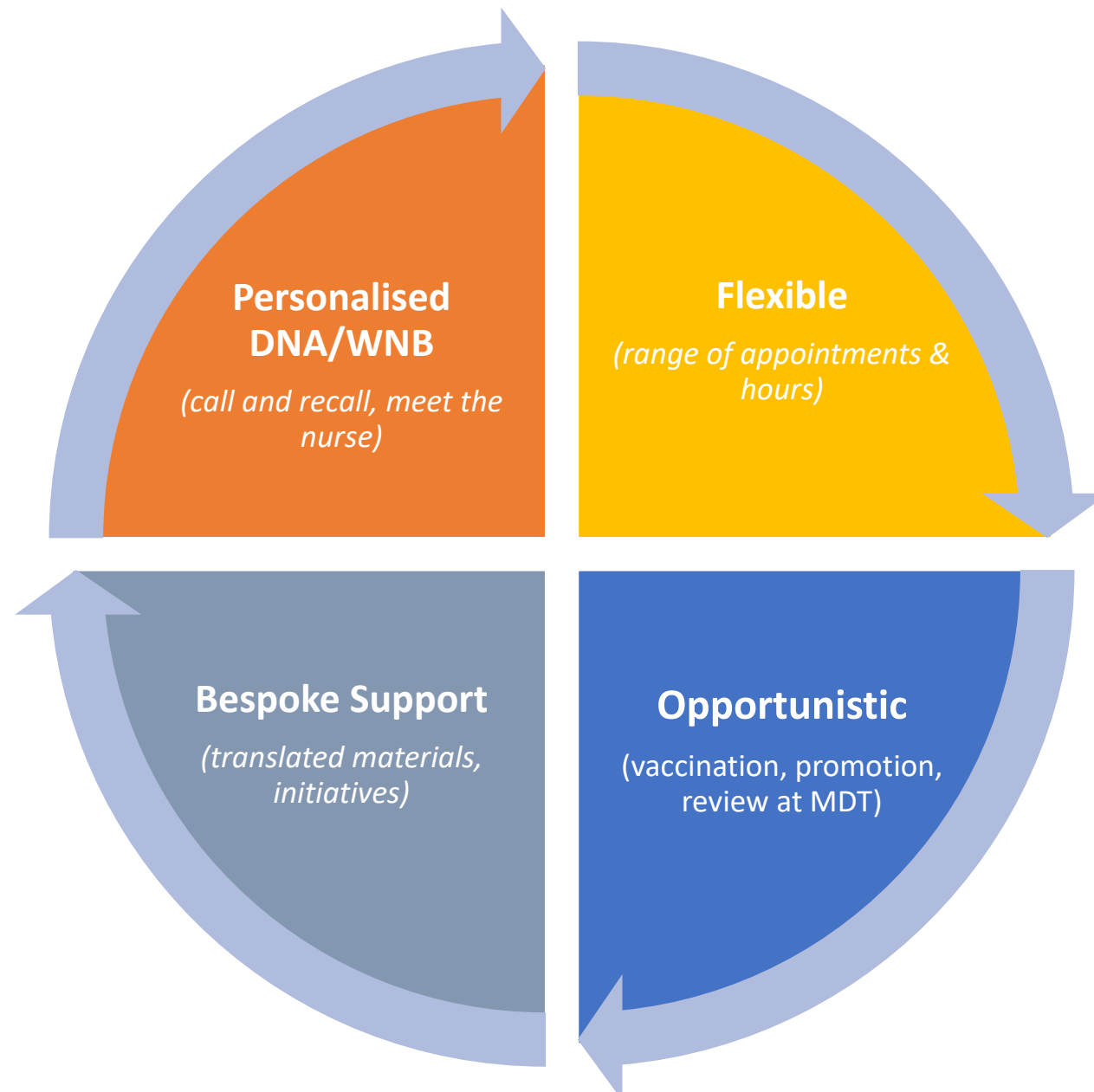
Practice attributes/enablers (checklist)

There are a range of practice **attributes** or **enablers** that are associated with **higher uptake**.

***See handout for a checklist.*



<p>✓ Dedicated Immunisation Lead/Champion Dedicated and trained immunisation lead who can answer questions, provide reassurance and sign-post additional help and support. Will be aware of the specific needs of the local community and understand issues related to inequality.</p>	<p>✓ Personalised DNA &WNB Processes Did Not Attend (DNA) and Was Not Bought (WNB) processes are personalised. Practice attempts to make contact via telephone using staff members trained in immunisations, to understand any needs, answer questions and provide support. If appropriate, will link up with other professionals such as health visitors and social/family support workers.</p>	<p>✓ Accessible Website Practice website includes and/or signposts parents to key information about childhood immunisations in a readily accessible format appropriate to the needs of the local community. Translation facility is available and working and contact number for further advice and support advertised</p>	<p>✓ Multiple Trained Immunisers Sufficient numbers of trained immunisers to ensure workforce continuity, knowledge retention and offer the level of support and flexibility required. Staff will have undertaken enhanced training, so that they are able to answer questions and understand the potential barriers and facilitators.</p>
<p>✓ Vaccinate Opportunistically Take every opportunity to check immunisation status of children and where eligible offer to vaccinate/arrange appointment to vaccinate/discuss vaccination.</p>	<p>✓ Catch up Clinics Offered Catch up clinics/programme of work offered where there are more children needing to be vaccinated than there are appointments available. Practices have flexibility and know how many children require vaccinating and are proactive in this approach.</p>	<p>✓ Family Friendly Environment Family friendly facilities and environment that welcomes families and makes them feel safe and supported e.g. space for buggies, changing area, play space and support for multiple children e.g. 'Well Child clinic' so parents can avoid general illness</p>	<p>✓ Data Cleansing Practice undertakes regular (monthly) data cleansing to ensure that records are up to date and ensure prompt action is taken.</p>
<p>✓ Ethnicity Data Recorded Robust recording of ethnicity-based data to help inform any targeted initiatives that may be needed.</p>	<p>✓ Will Vaccinate Without Red Book Will vaccinate even if parent has forgotten to bring child's personal health record (red book).</p>	<p>✓ Meet the Nurse Option to meet the nurse prior to immunisation appointment so that they can ask any questions and discuss any specific needs or concerns.</p>	<p>✓ Hours of Operation Offer a range of appointments including a mixture of mornings and afternoon, before 8am, at weekends and opportunistically.</p>
<p>✓ Promotion & Education Every opportunity it taken to promote and educate parents and staff as to the importance of childhood immunisation ensuring that information and knowledge remains up to date, and the health literacy of patients/caregivers is strengthened.</p>	<p>✓ Translated Materials Materials are proactively offered in a range of languages prior to immunisation appointments and additional information and resources signposted.</p>	<p>✓ Bespoke Support Positive and supportive environment. Flexible in unforeseen circumstances which occur. Actively listens to the needs of parents, with a particular focus on underrepresented groups. Longer appointment slots available to accommodate additional needs.</p>	<p>✓ Multi-Disciplinary Approach Stakeholders across the system are linked in and understand their role in promoting childhood immunisations through their interactions and relationship with parents.</p>



ASK THE AUDIENCE

In Southampton, in 2022, the percentage of births to mothers born outside the UK was.....

A: 17%

B: 5%

C: 41%

D: 75%

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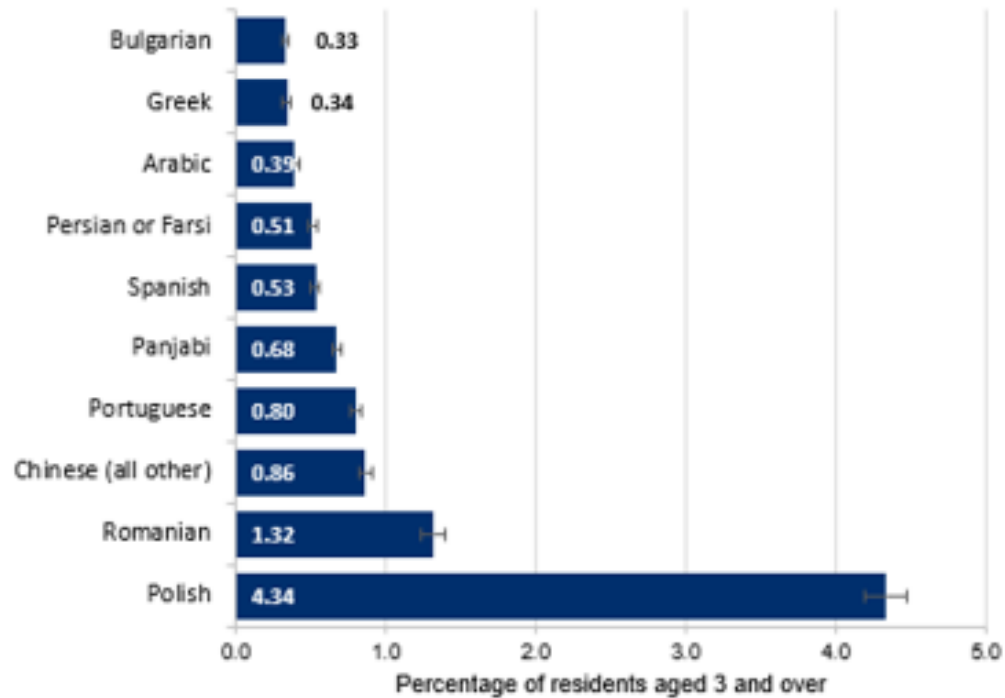
B: 5%

C: 41%

D: 75%

Ethnicity, language and religion

Top 10 languages spoken in Southampton. Excluding English (84.6%):
Census 2021

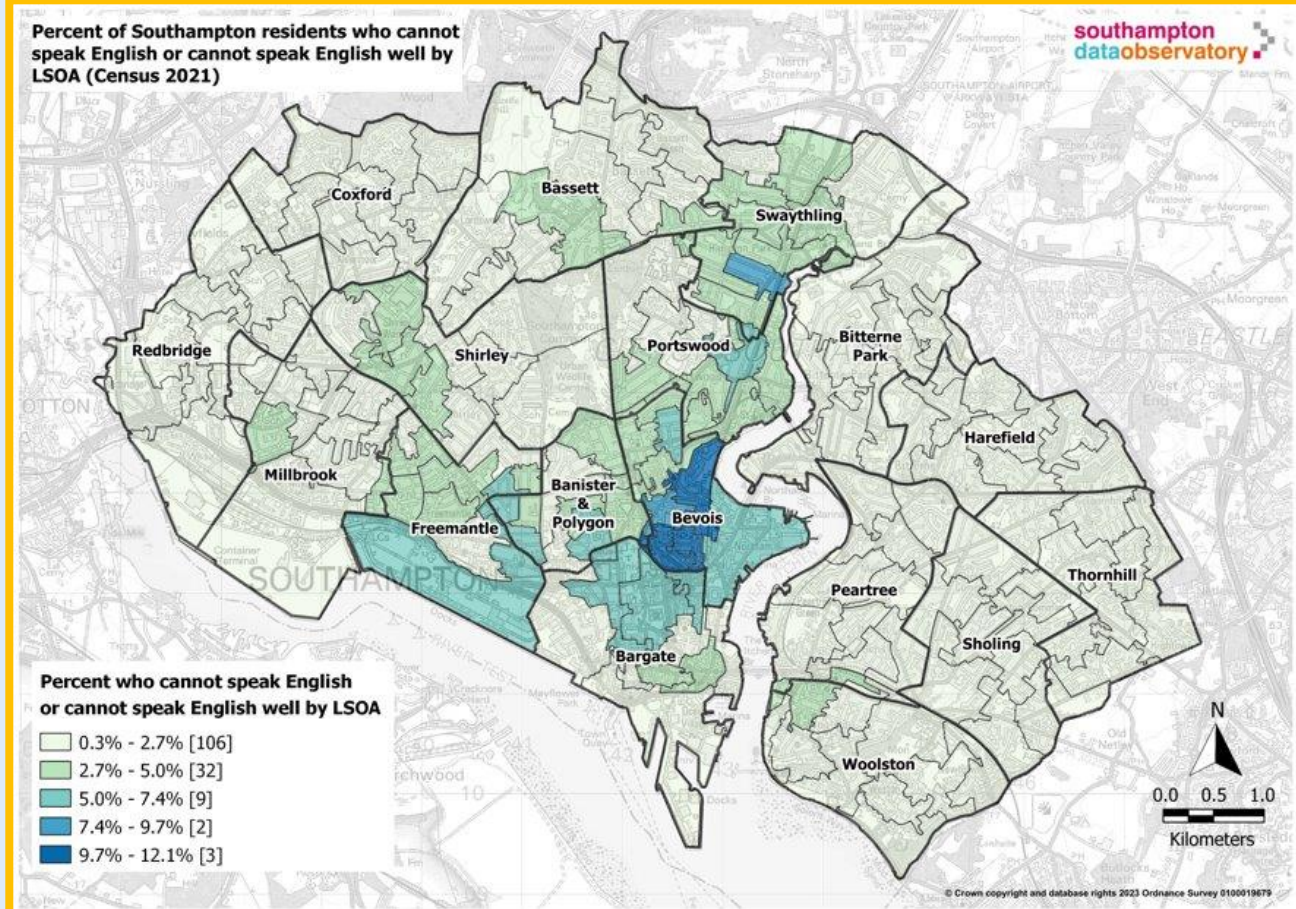


Source: Office for National Statistics

It is likely that issues such as language and culture may be affecting immunisation uptake negatively.

This underlines the importance of tailoring services to the needs of the local community.

Percent of Southampton residents who cannot speak English or cannot speak English well by LSOA (Census 2021)



Residents from over 55 different countries, speaking 165 different languages.

41% of live births in Southampton were born to mothers who were born outside the UK (2022).

What did we learn from COVID?



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Communication

Communication is key when it comes to vaccine uptake.



Local Efforts:

- One Southampton campaign - **targeted comms** using uptake data by LSOA.
- **Translated comms** for low uptake communities and ethnicities.
- **Traditional flyers** and posters delivered in low uptake postcodes.
- **Social media campaigns** through community groups on apps like NextDoor – a neighbourhood based social media platform.
- **OOH digital billboards** – In high traffic areas and areas of low uptake.
- **Local Radio and TV/social media adverts** using Unity 101 and Awaz FM.

Engagement and Trust

Engaging local communities, community leaders, and influencers helped in **building trust at the grass roots level.**



Local Efforts:

- Focus groups in areas of low uptake
- Vaccine Champions – trusted community groups or organisations
- Covid-19 champions – shared information
- Resident surveys

Partnership working

Successful delivery of the COVID-19 vaccination programmes required **community collaboration, partnerships, and targeted outreach efforts.**



Accessibility

Access to vaccines plays a significant role in vaccine uptake.

UK COVID vaccine delivery programme used large-scale vaccination sites and mobile vaccination teams to increase access to vaccines.

Consider alternative delivery models to increase accessibility and uptake.



Digital tools

Digital tools were used, such as NHS App.



Where are the opportunities?



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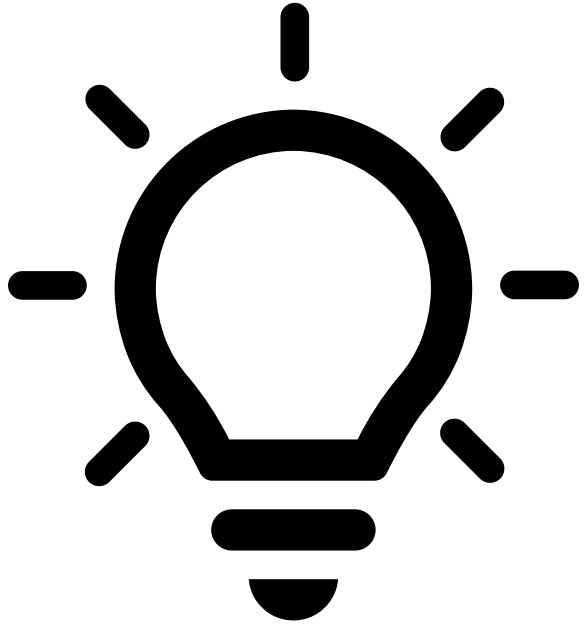


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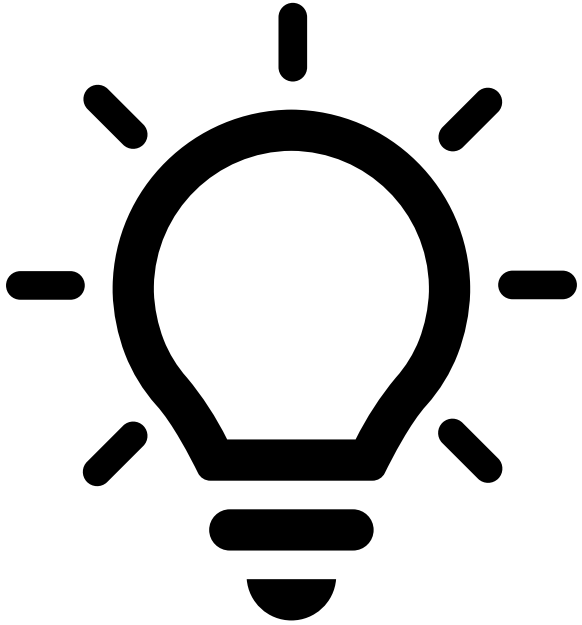
5

Ensuring **services are tailored** to meet needs **does not mean treating all people the same**. Providing more **bespoke support** for parents and families that need it, such as parents of children with disabilities, families with chaotic lives, or for whom English is not a first language, should be prioritised.

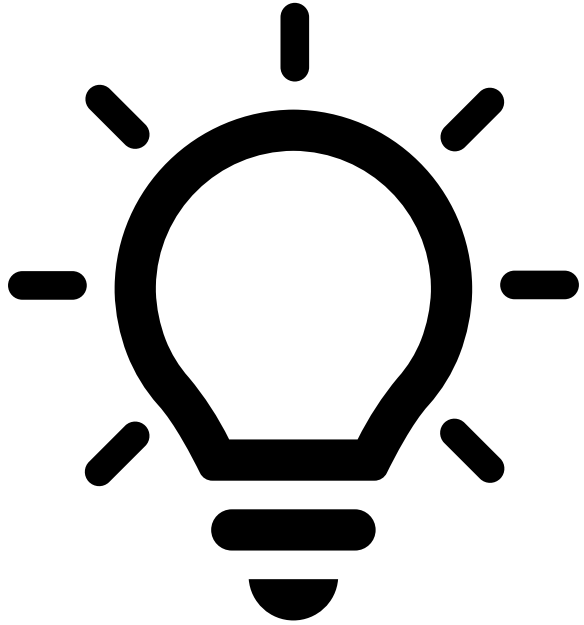


1

Closer working across system.

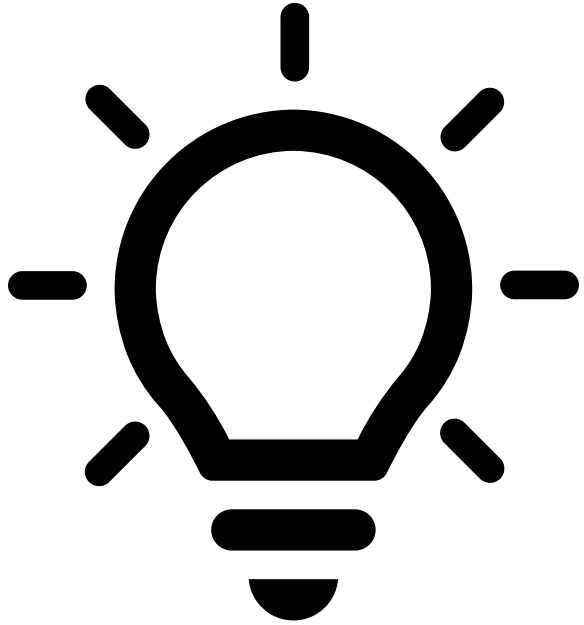


Opportunities



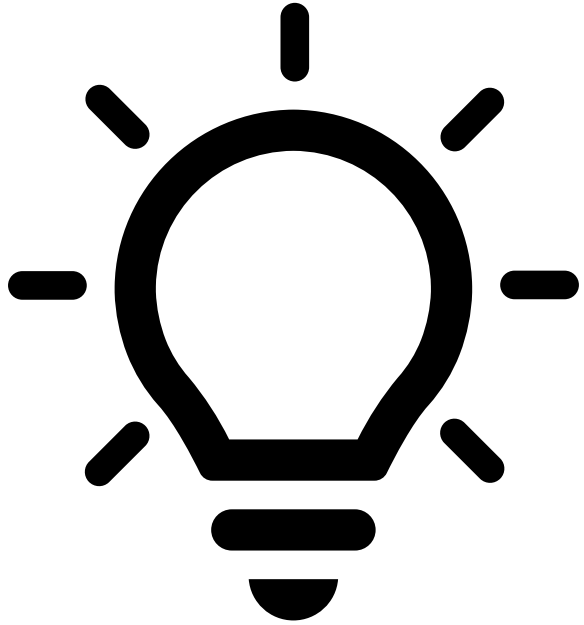
- 1 Closer working across system.
- 2 Routinely offering parents a conversation.

Opportunities



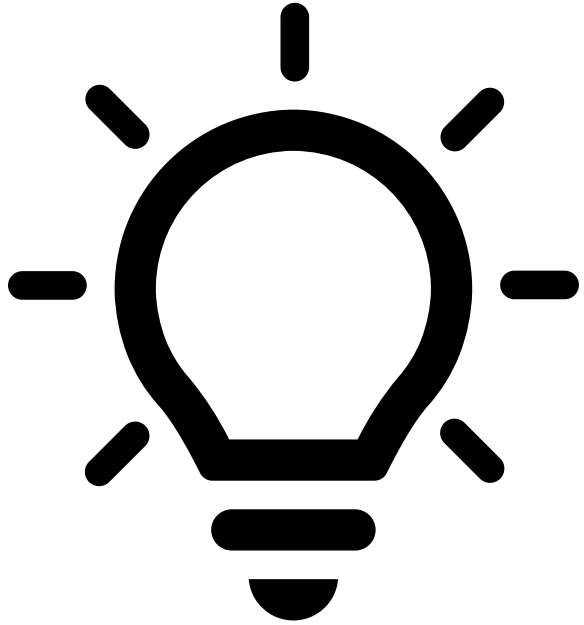
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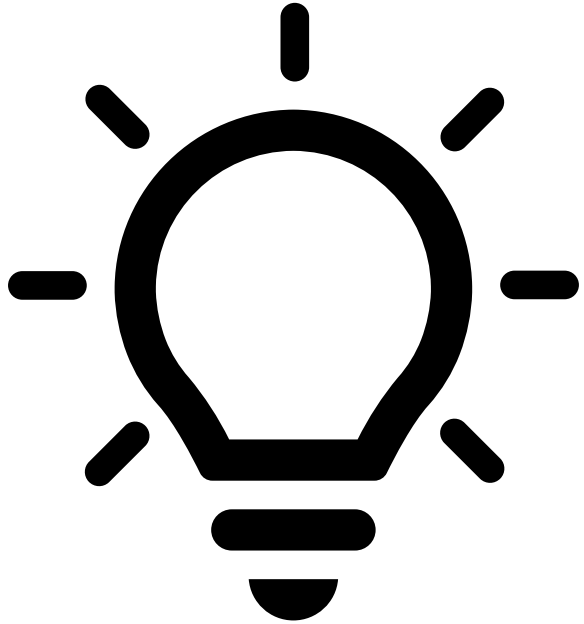
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Opportunities



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- 2 Routinely offering parents a conversation.
- 3 Personalising approaches to call/recall.
- 4 Increasing flexibility and range of appointments.
- 5 Information available in range of formats and languages (prior to appt).

Opportunities



- 1 Closer working across system.
- 2 Routinely offering parents a conversation.
- 3 Personalising approaches to call/recall.
- 4 Increasing flexibility and range of appointments.
- 5 Information available in range of formats and languages (prior to appt).
- 6 Immunisation uptake to be discussed at all practice meetings.

6

It **not possible to point to one single cause or solution** to improve immunisation uptake. It will require **action and sustained effort across a number of different elements**, and **multiple stakeholders have a role to play**.

Changes on the horizon?



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- Commercial decision by GSK to discontinue manufacture of Menitorix© (Hib/MenC)
- Current stocks will last until 2025
- Therefore, JCVI advised in Nov 2022 that:
 - an additional dose of Hib-containing multivalent vaccine (such as the DTaP/IPV/Hib/HepB which is also given earlier in infancy) should be given at 18 months
 - the second dose of MMR vaccine should be brought forwards from 3 years 4 months to 18 months of age
 - due to the success of the adolescent MenACWY programme in controlling meningococcal C disease across the population a dose of meningococcal C containing vaccine is no longer recommended at 12 months
- JCVI then advised in Nov 2023 that:
 - A universal varicella (chickenpox) vaccination programme should be introduced as part of the routine childhood schedule due to emerging evidence of cost effectiveness
 - Doses at 12 and 18 months of age using an MMRV

Thank you for
listening

Any questions?



Support

If you would like any support or more information, please contact the SW screening and immunisation team: england.swscreeningandimms@nhs.net



Public Health
England

For further information/practice focused discussion on Childhood Immunisations and other Public Health Programmes please contact Public Health Inbox: publichealth@southampton.gov.uk