

Childhood Immunisation Task Group Recommendation Follow Up – February 2011

Recommendation	Original Response	Update	Officer Responsible
1. The task group recommends that NHS Brent ensures resources are available so that an accurate CIS database can be maintained beyond the life of the current data clean-up project.	It is recognised by NHS Brent that maintaining the improvements in data quality is a vital part of the improvement process. Consequently, Brent Community Services will ensure that the resources are available to maintain a minimum of 95% match between CIS and Exeter is maintained. The match between the two systems is a key performance indicator which is reported monthly.	The data quality has improved because we are now using data directly from Exeter and DBS. Cleansing of data is ongoing and is reviewed regularly.	Director of Public Health
2. The task group recommends that NHS Brent reports back to the Health Select Committee in December 2010 on the information held on the CIS database and the Exeter database to ensure that there is at least a 95% match between the two.	The match between the two systems currently exceeds 95%. The performance in December 2010 will be reported to the Health Select Committee.	Data quality is being maintained by CIS is now not a source of data that we take a feed from. The data cleansing is focused on ensuring that the children who are not a match with Exeter are resident within the Borough to ensure efforts are focused on the NHS Brent responsible population.	Director of Public Health
3 - The task group recommends that immunisation results for each GP practice in Brent are published quarterly on the NHS Brent website to help improve accountability	A RAG (Red, Amber, Green) rated report covering all practice's and BCS performance is published to all GP practices and BCS monthly. Publishing the report on the NHS Brent website will be discussed by the programme board.	The General Practices Brent Reporting Portal (GP-BRP) has been available to all practices and BCS since September 2010. Monthly and/or quarterly reports are available and rated (Red, Amber, Green) covering all practices and BCS performance.	Director of Public Health
4. The task group	At this stage of the improvement programme,	The HPV team have started looking at	BCS.

<p>recommends that NHS Brent starts to use the accurate CIS database to consider where there is underperformance in the immunisation service. For example, are there geographical or ethnicity trends that can be used as the basis for an effective immunisation promotional campaign.</p>	<p>underperformance is being targeted on a practice basis. Analysis by ethnicity, for instance, would require a further piece of work to extract this data from GP records, as it does not exist in CIS.</p>	<p>ethnicity trends relating to non-compliance especially for Faith schools.</p> <p>NHS Brent has incentivised practices to meet the immunisation targets set out in its CSP through a performance bond. Clusters are using pump priming funding to look at how they can target children/families that continually do not attend and find ways of achieving the child's immunisation.</p>	<p>Director of Public Health GP Immunisation Clinical Leads</p>
<p>5. The task group recommends that all staff employed by NHS Brent are given an overview of the benefits of vaccination as part of their induction programme. This should include information on childhood vaccinations and the adult flu vaccination. Training should be given to medical and non-medical staff working in frontline positions, and should be extended to GP receptionists.</p>	<p>Nurses and GPs already have access to vaccination update training which is offered twice a year. Responsibility for training non-medical staff is that of the individual GP practice.</p>	<p>The original response remains as it is. BCS has completed a half day vaccination update training for nurses and admin staff in Brent in January 2011.</p>	
<p>6. The task group</p>	<p>This message is reinforced at every</p>	<p>This message is reinforced at every</p>	

<p>recommends that as part of the induction training on immunisations, it is made clear to NHS Brent staff and employees at GP surgeries that there is no link between the MMR vaccine and autism so that they are able to communicate this message to members of the public, should they be asked about this subject.</p>	<p>opportunity and NHS Brent will continue to do so.</p>	<p>opportunity and NHS Brent will continue to do so</p>	
<p>7. The task group recommends that NHS Brent carries out a childhood immunisation promotion campaign once an analysis of the CIS database has been completed and more is known about the children who have not had the vaccines they need. A campaign could be tied into vaccination clinics at children's centres (see recommendation 8 below).</p>	<p>The programme board is starting to look at what will be required to implement an effective promotion campaign. We are currently planning meetings with Health Trainers to begin working with focus groups to understand some of the issues that prevents parents vaccinating children.</p>	<p>As part of the performance bond clusters have been incentivised to look at improving immunisation data rates as well as continuing to report data. Two clusters have started to look at, and test, clinics being run outside of the GP Practice setting. This will be followed up with the two clusters to see how successful this has been.</p>	<p>Director of Public Health</p>
<p>8. The task group</p>	<p>Operating an immunisation catch up</p>	<p>As part of the performance bond clusters have</p>	<p>Director of Public</p>

<p>recommends that vaccination clinics are trialled at five children's centres in Brent (one in each locality) to assess demand and popularity. One of the trials should be carried out at the weekend to see if there is demand for services outside core hours. As well as providing immunisations, health visitors should be available at the clinics to speak to parents about vaccinations and answer any questions that they have. The clinics could be timed to take place during a vaccination campaign (see recommendation 7 above).</p>	<p>programme is part of the current 2010/11 improvement plan, however, given the failure of these clinics during the MMR catch up campaign means that we will have to design and test the delivery of any clinic carefully before rolling them out.</p>	<p>been incentivised to look at improving immunisation data rates as well as continuing to report data.</p> <p>Clusters provided plans showing that they would be providing additional clinics outside of "normal" afternoon sessions. This will be followed up to see how successful this has been.</p>	<p>Health</p>
<p>9. The task group recommends that children's centres collect information on the immunisation status of each child that it registers. This information should be passed to a health visitor for follow up with the</p>	<p>Information presented at these types of contacts is not always available or accurate and currently we are expecting GPs to collect this data at registration and BCS to collect the data for children that are not registered with a GP. It is already within the BCS contract for them to check immunisation status at every opportunity and vaccinate when required.</p>	<p>We will explore the role of children's centres in opportunistic immunisation as part of the joint work we doing with Brent Council, GP Commissioners and the ICO. We will be able to provide a further update in later in 2011.</p>	<p>Borough Director.</p>

parents if the child has not received the vaccinations in the childhood immunisation programme.			
10. The task group recommends that each school in Brent has a member of staff (such as a school nurse) who is able to advise parents and teachers on the benefits of immunisation. This member of staff should be invited to attend NHS Brent immunisation training to ensure their knowledge is kept up to date.	School Nurses are available at each school and are there to advise and support parents to get their child immunised. The HPV programme has introduced a further team that operates specific sessions promoting HPV vaccination to female pupils, parents and teachers.	Completed. No further update.	
11. The task group recommends that teachers in Brent are given an opportunity to attend immunisation training by NHS Brent so that they are better placed to advise parents on immunisation and the diseases that vaccines work to prevent.	NHS Brent will review what training is currently given to teachers and whether any further training is necessary.	This activity has not happened.	
12. The task group	NHS Brent will investigate this	There is a form given by school nurses to	

<p>recommends that parents are asked to provide information on their children's immunisation status when they fill out their school admission form. This information would be disclosed on a voluntary basis and passed to the school nurse for follow up with the parent if necessary.</p>	<p>recommendation further with school nurses and teachers.</p>	<p>parents of children about to begin school to provide information on their children's immunisation status. There is currently no capacity within the school nursing team to follow up on forms that are not returned.</p>	
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