

Report to Brent Community Wellbeing Scrutiny Committee

Report on Immunisation Programmes in the London Borough of Brent

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contributions from the local NWL ICB NHS team

Presented to: Brent Community and Wellbeing Scrutiny

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1. Aim

- The purpose of this paper is to provide an overview of seasonal and childhood immunisation programmes in the London Borough of Brent. The paper covers the vaccine coverage and uptake for each programme along with an account of what NHS England and Improvement (NHSE&I) London Region are doing to improve uptake and coverage.
- Members of the Brent Community Wellbeing Scrutiny Committee are also asked to note and support the work that system partners across London, including NHSE (London) the local authority and the ICB are doing to increase vaccination coverage and immunisation uptake in Brent.

2. Roles and Responsibilities

- *The Immunisation & Screening National Delivery Framework & Local Operating Model* (2013) sets out the roles and responsibilities of different partners and organisations in the delivery of immunisations.
- Under this guidance, NHS England through its 7A Regional Team is responsible for the routine commissioning of all National Immunisation Programmes under the terms of the section 7A agreement. In this capacity, NHS England is accountable for ensuring that local providers of services deliver against the national service specifications and meet agreed population uptake & coverage levels. NHS England is also responsible for monitoring providers' performance and for supporting providers in delivering improvements in quality and changes in the programmes when required.
- The UK Health Security Agency (UKHSA) Health Protection Teams lead the response to outbreaks of vaccine preventable disease and provide expert advice to NHSE screening and immunisation teams in cases of immunisation incidents. They also provide access to national expertise on vaccination and immunisation queries. In Brent this function is provided by the UKHSA North West London Health Protection Team.
- Integrated Care Boards (ICBs) have a duty of quality improvement, and this extends to primary medical care services delivered by GP practices, including delivery of childhood immunisation services. ICBs provide opportunities for improved partnership working across NHSE (London), local authorities, voluntary and community sector partners to improve immunisation uptake and reach underserved areas and populations. NHSE (London), alongside ICBs, local authorities and others, will work to progress supporting ICS in their new functions and responsibilities for direct commissioning of vaccination and screening services. The national aim would be for the first wave of delegation

of the commissioning of immunisation services to take place after quarter 2 of 2024. More information on the process can be found [here](#).

- Across the UK, the main providers of adult and childhood immunisation are GP practices. In Brent, all general practices are contracted to deliver childhood immunisations for children aged 0-5 through their primary care contract.
- Central North West London NHS Foundation Trust (CNWL) are contracted by NHSE (London) to provide the school age immunisations and neonatal BCG in Brent.
- Immunisation data is captured on Child Health Information System (CHIS) for Brent as part of the NWL CHIS Hub (provided by InHealth Intelligence). Data is uploaded into CHIS from GP practice records via a data linkage system provided by In-Health Intelligence. The CHIS provides quarterly and annual submissions to UKHSA for their publication of statistics on 0-5s childhood immunisation programmes. This is known as Cohort of Vaccination Evaluated Rapidly (COVER) and these are the official statistics.
- Local Authority Public Health Teams (LAs) are responsible for providing independent scrutiny and challenge of the arrangements of NHS England and Improvement, UKHSA and providers.
- Directors of Public Health across London also receive quarterly reports from the Association of Directors of Public Health (ADPHs)

3. Headlines for London

- Historically and currently, London performs lower than national (England) averages across all the immunisation programmes.
- The COVID-19 pandemic in 2020 onwards impacted upon the delivery of section 7A immunisation programmes, pausing some programmes and reducing delivery on others due to non-pharmaceutical interventions, re-deployment of workforce onto COVID-19 pandemic and the introduction of the COVID-19 vaccination programmes.
- Recent changes to health service policy have resulted in the formation of ICBs. Governance processes are still evolving, and system partnerships working across ICBs is key moving forward. NHSE will work closely with local authority and ICB partners to support the new delegated commissioning process for immunisations which is likely to take effect from April 2024.
- The London Immunisation Board paused in 2020 but has recently re-launched. In 2023, the governance arrangements and terms of reference for the Board will be updated to reflect the new structures and partnerships across health and immunisation.
- London faces challenges in attaining high uptake and coverage of vaccinations due to high population mobility, increasing population, increasing fiscal pressures and demands on health services and a decreasing vaccinating workforce.
- From 1 April 2021, the GP contract agreement has been updated to include new standards for vaccination and immunisation services.
- Five core GP contractual standards have been introduced to underpin the delivery of immunisation services. These are:
 - A named lead for vaccination service.
 - Provision of sufficient convenient appointments.
 - Standards for call/recall programmes and opportunistic vaccination offers
 - Participation in national agreed catch-up campaigns.
 - Standards for record keeping and reporting.
- A single item of service fee has been fully implemented for all doses delivered in vaccination programmes funded through the GMS contract

- The Childhood Immunisation Target DES was retired on 31 March 2021 and a new vaccination and immunisation domain in the Quality and Outcomes Framework (QOF) introduced for 2021/22. The objective of the Quality and Outcomes Framework (QOF) is to improve the quality-of-care patients are given by rewarding practices for the quality of care they provide to their patients, based on several indicators across a range of key areas of clinical care and public health. QOF indicators are currently in place for primary childhood immunisations, for MMR and for the pre-school booster.

4. Routine Childhood Immunisation Programme (0-5 years)

- The routine childhood immunisation programme protects against:
 - Diphtheria, Tetanus, Pertussis (whooping cough), Polio, Haemophilus influenza type b (given as the '6 in 1' DTap/IPV/Hib/HepB vaccine)
 - Pneumococcal disease, (PCV)
 - Meningococcal group C disease (Men C)
 - Meningococcal group B disease
 - Measles, mumps and rubella (MMR)
- Children aged 1 year should have received 3 doses of 6 in 1 (called the primaries) and 2 doses of Men B. If eligible, they may also be offered the targeted BCG and Hep B.
- At 12 months, they are offered first dose of MMR and the boosters of PCV, Hib/Men C and Men B.
- At 2 years and again at 3 years, children are offered annual child influenza vaccine.
- From 3 years 4 months to 5 years, children are offered 2nd dose of MMR and preschool booster (which is the fourth dose of the diphtheria/tetanus/pertussis/polio course).

5. Seasonal Immunisations

5.1 Influenza vaccination

- The [national influenza \(flu\) immunisation programme](#) offers prevention and protection for those who are most vulnerable from increased risk of illness. Not only is it seen as essential that the associated morbidity and mortality is reduced to protect those most vulnerable, but it is also a critical part of reducing pressures on inpatient hospital stays during a time when the NHS and social care is under increased demand.
- The London Flu Plan reflects the ambitions of the national programme, in relation to the targeted patient cohorts and the desired high vaccine uptake levels. It also refers to the key learning from previous flu immunisation and learning afforded from the successful delivery of the COVID-19 vaccination programme. Vaccinations are provided free to those who are at increased risk from the effects of flu. The eligible “cohorts” are determined based on evidence and published in guidance from the Joint Committee on Vaccination and Immunisation (JCVI)
- The latest available UKHSA published data is for December 2022 – it must be noted that the current ‘flu season is still underway with the data collection being completed by end of March 2023. There is data latency with some of the information flows, and therefore over the forthcoming weeks, there will be work underway to ensure GP records are updated with the aim of providing a near accurate picture by the end of the season.
- This season’s winter flu vaccination campaign began in September 2022. Flu Vaccine uptake is currently 39% in London, which is below the England average of 54% uptake. Uptake ranges across ICSs from between 36% and 45%. London care home residents (up from 71% to 75%) had the highest uptake of the cohorts.

Table 1
Seasonal Influenza vaccination rates for England and London 2020-2023

| | England | | | London | | |
|--|---------|---------|---------|---------|---------|---------|
| | 2020-21 | 2021-22 | 2022-23 | 2020-21 | 2021-22 | 2022-23 |
| 65 and over | 80.6 | 81.6 | 78.4 | 71.1 | 68.9 | 66.3 |
| Under 65 (at-risk only) | 51.7 | 51.6 | 60.3 | 44.0 | 40.6 | 38.6 |
| Pregnant | 43.4 | 41.9 | 33.2 | 37.0 | 32.9 | 28.6 |
| All year groups (age 4-11 yrs.) | 55.5 | 39.5 | 55.5 | 44.8 | 47.1 | 43.6 |

Source: UKHSA published data, up to end of December 2022

- For London, the overall percentage of uptake rates to date are lower than the national average, lower than the previous year (2021/22) and lower across the eligible cohorts of: over 65s, the clinical at risk, pregnant women and in children aged 4-11 years.
- At the NWL level (which includes Brent), published figures for the same period were: 65 and over: 68.9%; Under 65 (at risk): 38.8%; Pregnant: 26.6%. The Northwest ICS level is in slightly higher than the London average except for pregnant women which is lower than the London average.
- It should be noted that the under 65 cohort was delayed until mid-October for the 2022-23 season which would have initially impacted activity volumes.
- Further analysis and data can be found [here](#).

5.2 Covid-19 autumn booster

The Covid 19-autumn booster regional uptake as of 26 January 2023 includes:

- Uptake of the Autumn Booster remains low in London at 48.9% compared to other regions and National at 64.1%.
- The number of people aged 50 and over vaccinated with any dose between 0 and 6 months ago in England was 15,157,409 or 65%. At the Northwest ICB level, the total number of people aged 50 and over vaccinated with any dose was 335,454 or 44.1%
- For London uptake remains highest in the 75-59 (75.8%) and 80+ (75.0%) age group cohorts, in line with other regions.
- Regular regional reporting and updates can be found on [NHS website](#). Disaggregated data at Borough and NWL are not available.

6. Brent and the challenges

- Brent is affected by the same challenges that face the London region. London has in recent years delivered significantly poorer uptake than the remainder of the country. Reasons for the low coverage include a range of behavioural, social, and structural drivers of vaccination at multiple levels such as trust, complacency, and convenience of access. Some examples include

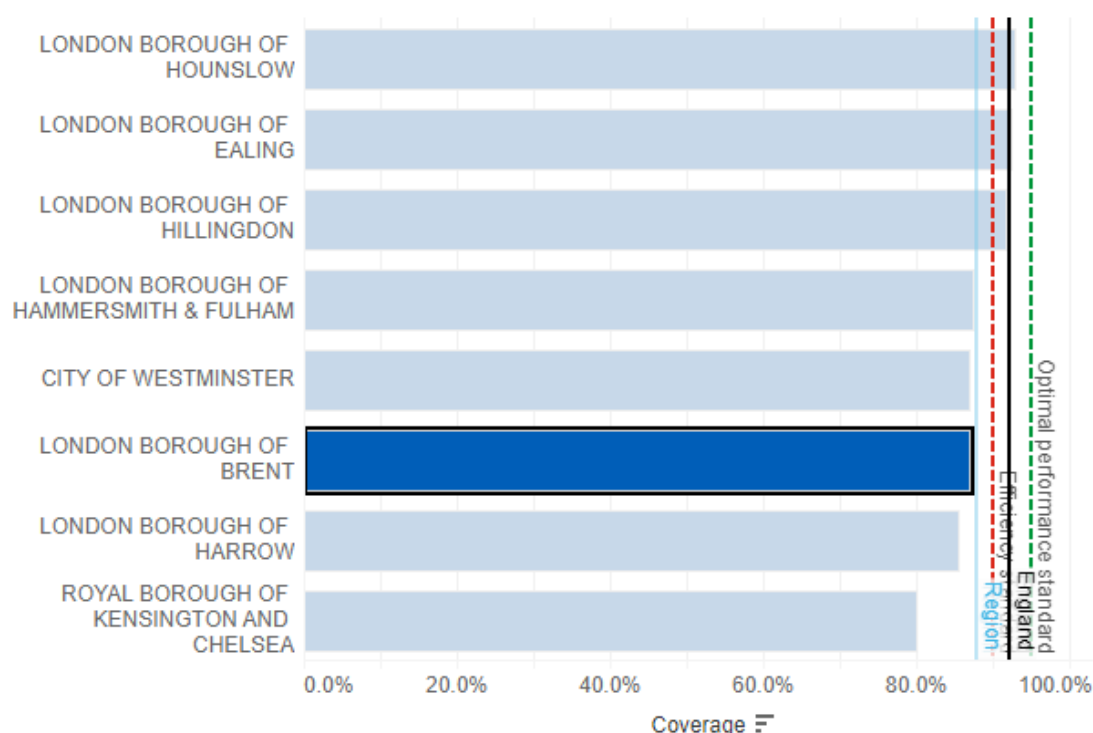
- Complexities in data collection for COVER statistics. For example, incomplete recording of ethnicity or need for data cleansing.
 - London's high population mobility which affects data collection and accuracy.
 - Coding errors in general practice (including missing data for patients vaccinated abroad or elsewhere).
 - Inconsistent patient invite/reminder (call-recall) systems across London.
 - Declining vaccinating workforce.
 - Decreasing and ageing GP workforce dealing with increasing work priorities and patient lists, resulting in shortages of vaccinators and appointments.
 - Difficulties accessing appointments.
 - Large numbers of underserved populations who are associated with lower uptake of vaccinations than the wider population (i.e. delayed vaccinations).
 - Growing vaccine hesitancy and apathy (i.e. confidence in vaccine, lack of convenience, complacency and saturation of vaccine offer post the COVID-19 pandemic and vaccination programme).
- London's high population turnover is a big factor. There is a 20-40% annual turnover on GP patient lists which affects the accuracy of the denominator for COVER submissions, which in Brent's case inflates the denominator (i.e. number of children requiring immunisation) resulting in a lower uptake percentage. A 2017 audit by London's CHIS providers showed that by the age of 12 months, 33% of infants moved address at least once.

6.1 Brent's childhood immunisation uptake

- Like many other London boroughs, Brent has not achieved the World Health Organisation recommended 95% coverage for the primaries and MMR to provide herd immunity (i.e., the proportion of people that need to be vaccinated to stop a disease spreading in the population).
- The full childhood immunisation schedule can be found in the [Green Book](#) and any relevant changes to that schedule are reviewed and recommendations made at the UK Joint Committee on Vaccination and Immunisation (JCVI).
- Quarterly rates vary considerably more than annual rates. For the purposes of the Brent Scrutiny Committee the most recent quarterly data available is used in the below figures.

Figure 1: Brent – 12 Month Primary Course (12m DTaP/IPV/Hib3),

12m DTaP/IPV/Hib3 coverage rank for latest period (2022-23 Q2)

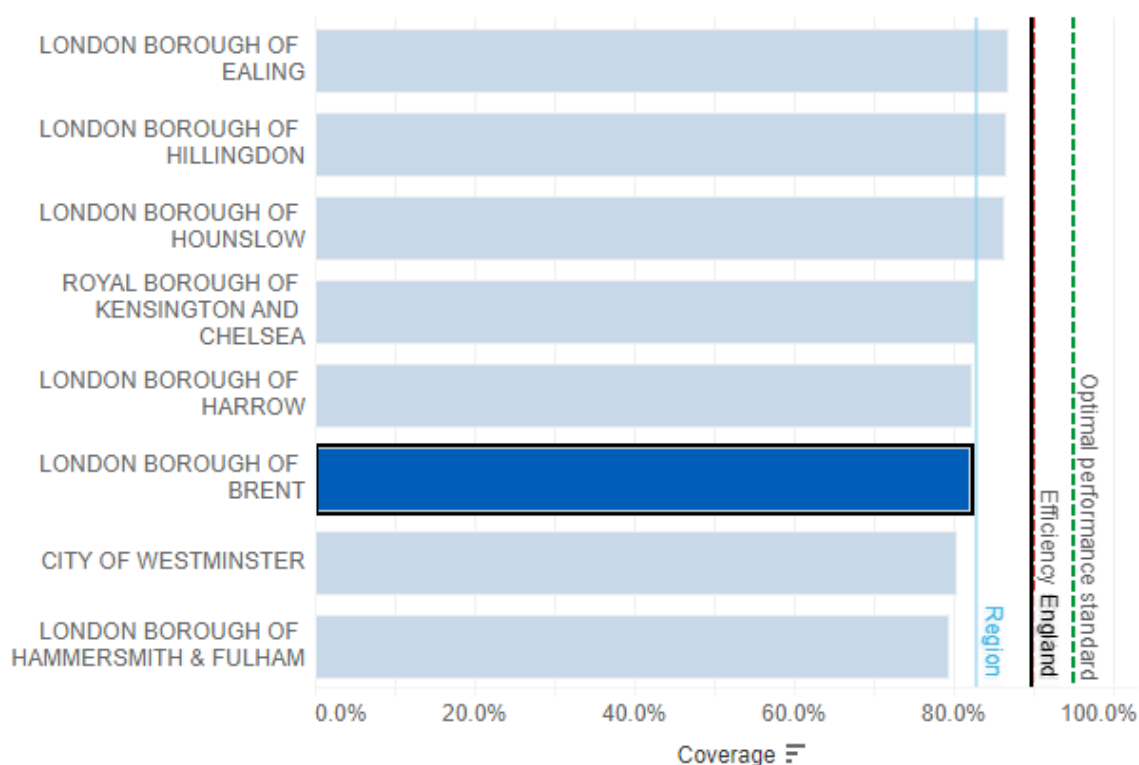


Source: UKHSA(2022)

Alongside other London Boroughs, immunisation rates for the childhood primary course in Brent falls below the 90% WHO coverage standard (to control or eliminate the spread of preventable diseases). Brent coverage for the primary childhood vaccination course is 85.2% This is slightly lower than the London average (87.9%) and below the average of the NWL ICS average (88.7).

Figure 2: Brent – 24m (Post 1 year) MMR 1, 2022-23 Q2)

24m MMR1 coverage rank for latest period (2022-23 Q2)

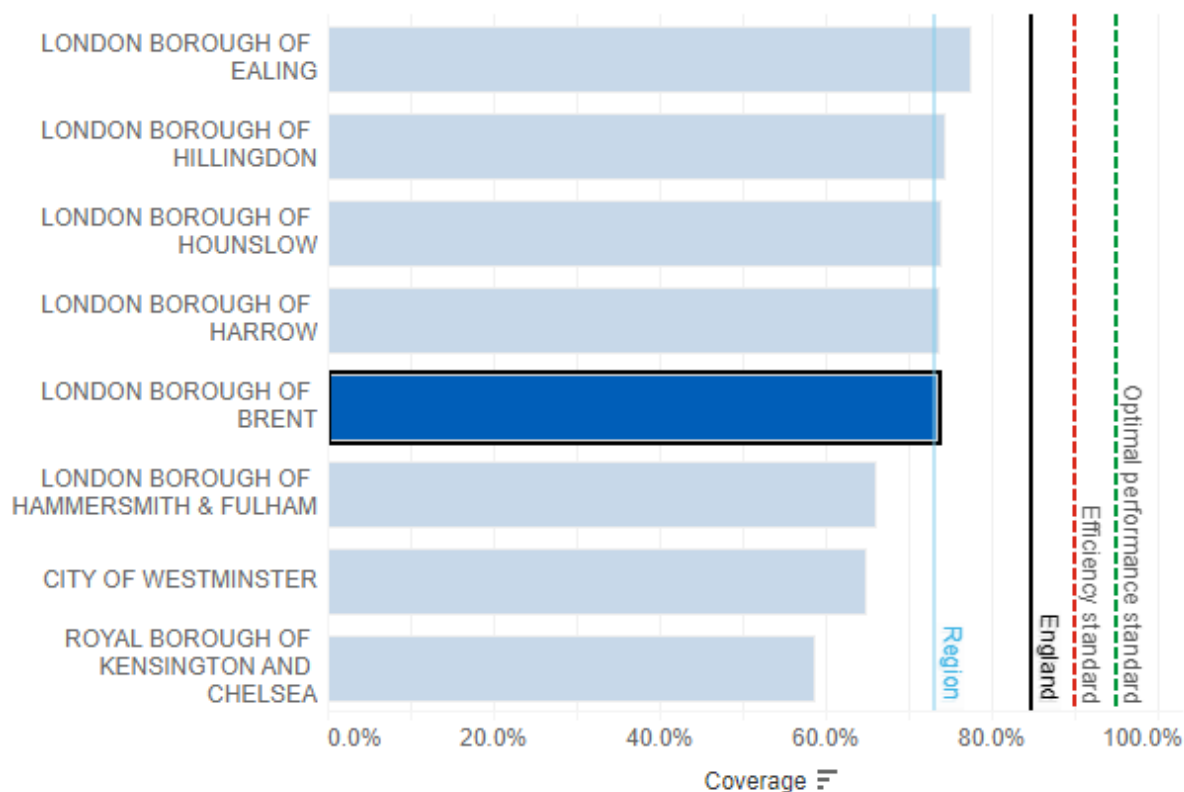


Source: UKHSA (2022)

MMR1 rates for Brent (81.8%) are below the England average (92.9%) and Northwest London average (87.2%).

Figure 3: Brent – 5yr (between 3yr4m and 5yr) MMR 2, Quarter 2 2022-23

5yr MMR2 coverage rank for latest period (2022-23 Q2)



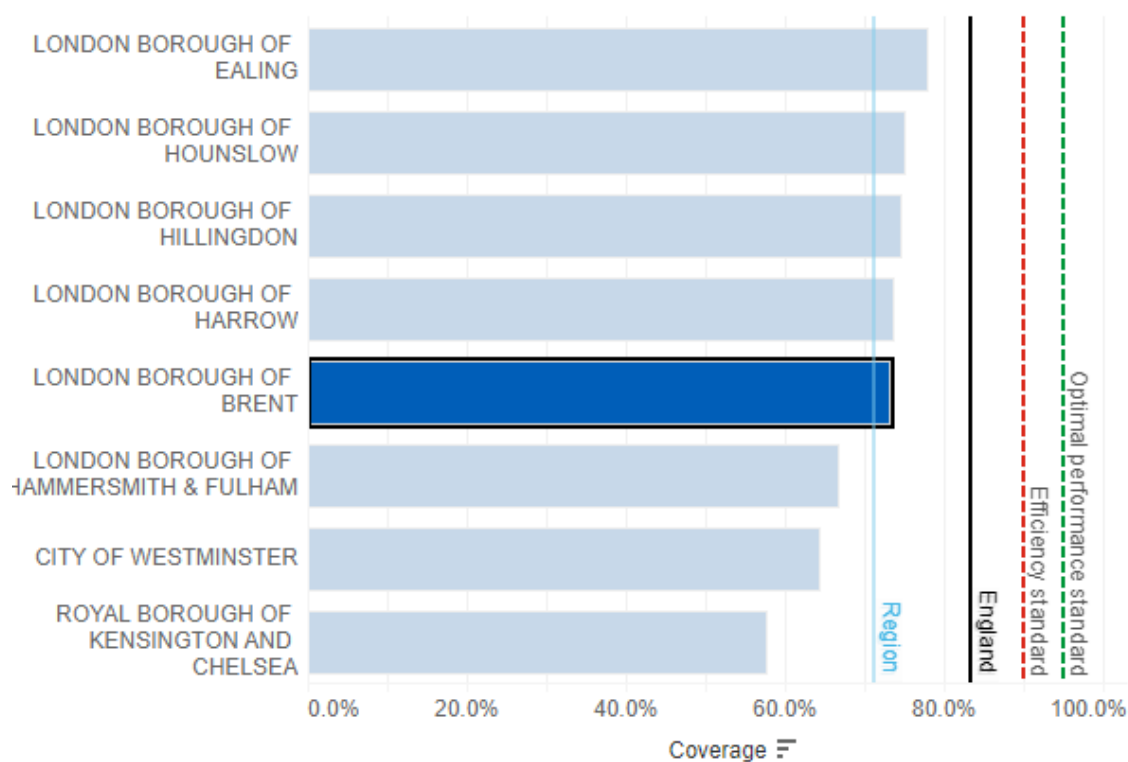
Source: UKHSA (2022)

MMR2 rates in Brent (73.4%) are lower overall than MMR1. They are slightly higher than the London regional average (73.0%) and on average with the North West London regional average.

Figure 4: Brent – Pre-School Booster (5yr DTaP/IPV), Quarter 2 2022-23

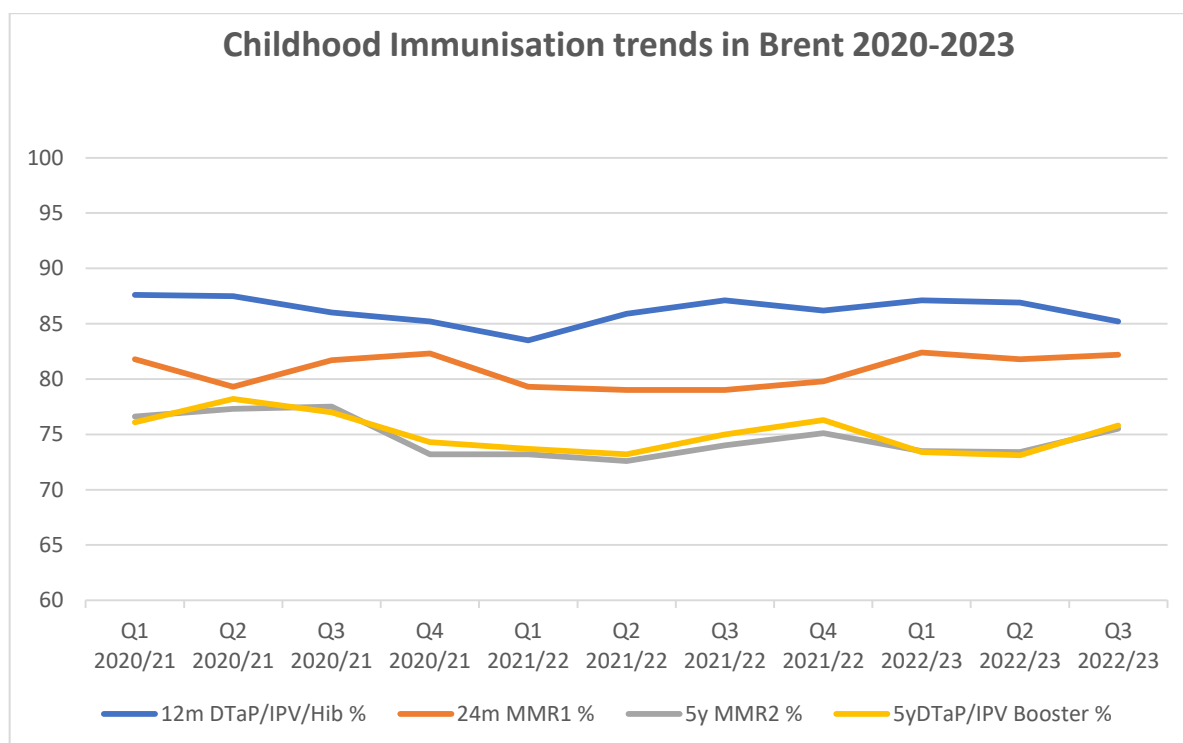
Source: UKHSA 2022

5yr DTaP/IPV-booster coverage rank for latest period (2022-23 Q2)



With a similar pattern to MMR2, Brent coverage of the preschool booster (73.1%) is slightly higher than the London average (71.3%) but remains well below the England average (83.4%)

Figure 5: Time trend across immunisation coverage Q1 2020 to Q3 2023



Source: UKHSA 2022

Time trend data from Brent shows a relatively stable pattern of coverage trends with the primary course having the highest coverage (ranging from 83.5% to 87.6%) but with a slight downward trend. MMR1 coverage remains stable with a slight upward trend (82.2%) in early quarters of 2022-23. However this remains below England average and efficiency standard which increases the risk of vaccine preventable outbreaks in unvaccinated populations. MMR2 and the primary booster show a similar trend but have the lowest overall coverage of the childhood immunisation course. In recognition that many children were missed as a result of service disruptions from the pandemic, NHSE-L and partners are working to catch up missed groups through call and recall approaches, outreach and integrating into future campaigns.

6.2 Poliovirus update

- In 2022, as part of routine environmental surveillance, the virus that causes polio was detected in sewage samples in north-east London. In addition to the inactivated polio vaccine (IPV) which is used as part of the childhood routine schedule, all children aged 1 to 9+364 days, in London were offered a campaign polio vaccine dose or booster.
- Most people have been vaccinated against polio, so the risk to the public is low. However, the Joint Committee on Vaccination and Immunisation (JCVI)

has advised that, to be safe, an inactivated polio vaccine (IPV) booster dose should be offered to all children aged one to nine in London.

- This will help ensure that there is a high level of protection against polio and it will reduce the risk of it spreading through the community.
- The polio booster response for children aged 1 to 9+364 completed in December 2022. An evaluation is currently being conducted which will draw out the key lessons and be shared in the coming months.
- Polio booster data is not included in COVER data analysis, as it is an outbreak campaign. As of 8 December 2022, NHS England data shows that 328,302 vaccinations were provided across [London](#). The data at local authority level is currently being monitored and reviewed but it is not yet published and therefore subject to change.
- Primary care in Brent set up a polio booster vaccination programme, where all eligible children between the ages of 1-9 years were offered the polio vaccine. To support individual practices, additional Health Inequalities Clinics were stood up a maximum of 3 Saturday or Sunday clinics.
- A task and finish group was established with GP network leads and public health colleagues to collaborate to help maximise vaccination rates – this has now merged into the Brent Immunisations Working Group.
- Brent Civic Centre vaccination centre also stepped up to provide the polio vaccine at their current COVID vaccination clinic, thus expanding the offer.
- NHSE-London, UKHSA, local authorities and ICBs are working together to plan a Phase 2 polio booster campaign with a key emphasis on reaching under-vaccinated children and increasing uptake in communities with the lowest coverage.

6.3 School Age Vaccinations

- School Age vaccinations consist of:
 - HPV vaccine for 12-13 year olds (since September 2019 boys receive the vaccine as well as girls).
 - Tetanus, diphtheria, polio booster (Teenage Booster) at age 14/15
 - Meningitis ACWY at age 14/15.
 - Annual child 'flu vaccination programme which in 2019/20 covers Reception to Year 6 in primary schools.

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, From September 2019 12–13-year-old males became eligible for HPV immunisation alongside females based on JCVI advice.
- By August 31st 2021, Brent's uptake for the number vaccinated with at least one dose for females (Year 8) is 44.9% which is above the London average of 33.7% and lower than the England average of 60.6%.
- By August 31st 2021 Brent's uptake for the number vaccinated with at least one dose for males (Year 8) was 39.1% which is above the London average of 32.2% and below the England average of 54.7%. From September 2023, JCVI guidance has advised that all eligible children will require only one dose of HPV, including those who started the programme before September 2023. Future work will focus on improving uptake and catch up in children who have not had any doses.

Source: UKHSA (2022)

Men ACWY

- This vaccination protects against four main meningococcal strains (A, C, W and Y) that cause invasive meningococcal disease, meningitis and septicaemia.
- The MenACWY programme in 2020 to 2021 was disrupted due to school closures in response to COVID-19.
- The uptake rate for Brent for year 9 was 37.7% which is below London (71.1%) and England (76.5%) average.
- The uptake rate in Brent for year 10 was 74.6% which is below the London (78.6%) and England (80.9%) average.

Source: UKHSA (2022)

Td/IPV

- The school leaver booster is the fifth dose of tetanus, diphtheria and polio (Td/IPV) vaccine in the routine immunisation schedule and completes the course, providing long-term protection against all three diseases.
- The uptake rate for Brent for year 9 was 37.7% which is below the London (71.7%) and England (76.4%) averages.
- The uptake rate for Brent for year 10 was 74.5% which is below the London (78.5%) and England (80.3%) averages.

Source: UKHSA (2022)

7. What are we doing to improve uptake in Brent?

- Locally in Brent, ICB, local authority and NHSE London partners and the community and voluntary sector are striving to improve uptake across all areas and there are many routes we use to support our local GP practices, communities and patients with the improvement in uptake, particularly in vaccinations and immunisations.
- Effective partnerships are the cornerstone of improved vaccination uptake. NHSE London is working to improve partnerships, develop new and strengthened relationships at the hyperlocal, borough, and subregional level (North West London Integrated Care Board) to identify missed communities, improve uptake and reduce inequalities. Brent's community and voluntary sector plays a critical role through programmes like Family Wellbeing Centres and Brent Health Matters and more.

Child Imms & Polio

- Improving access to vaccinations is a key priority going forward. Building on the lessons of COVID-19 and the emerging findings from Mpox and polio campaigns NHSE London will work closely with partners to expand access through more targeted outreach and locally available and accessible services through a range of providers and collaborations with community and voluntary groups, pharmacies and other non-traditional sites.
- NHSE London funds Immunisation Coordinators across the region (approximately one for every 2 London boroughs). The North West Immunisation Coordinator works closely with NW ICB leads, Local Authorities and across primary care teams and in partnership with key immunisation programme providers such as GP practices, Primary Care Networks, School Age Vaccinations Services, Health Visitors and Pharmacy) to share best practice, improve data flows and to establish and embed call and recall services.
- Brent's dedicated Immunisation Co-ordinator works across the borough with multiple stakeholders to increase immunisation uptake. A summary of the current work includes:
 - Working with practices to support their adherence to the GP Core Contractual Standards, ensuring effective call/recall standards using different methods and how to optimise it and addressing barriers to uptake with patients and supporting their overall delivery.
 - Encouraging all practice staff to feel confident discussing childhood immunisations with their patient population and understand the benefit of increasing uptake (clinically appropriate to the role). This can include safe clinical practice and safeguarding (as appropriate).

- Supporting practices to support national and local agreed catch up campaigns, such as the London polio response and national MMR campaigns.
 - Ensuring practices have knowledge of available resources to support immunisation delivery and how to access them, including those in multiple languages.
 - Ensuring GP patient lists are updated periodically including data clearing and clearing any moved, non-existent or “ghost” patients.
 - Encouraging attendance for all at UKHSA/NHSE webinars around Childhood Vaccinations as well as any local webinars delivered by NWL ICB.
 - Ensuring practices are using the correct and most up to date IT templates to record vaccinations.
 - Re-establishing working relationships with 0-19 Team to support vaccination promotion within families.
 - Using targeted, local approach based on demographics and vaccine update to link with Community Champions to support outreach to the local population to disseminate appropriate vaccine information.
 - Advocating to establish strong working relationships across ICB, NHSE and G.P Practice/Primary Care to support opportunities as well as communicate the challenges with increasing vaccination uptake in Brent.
- Primary care and GP practices are ideally placed to help improving overall vaccination uptake. Some examples of local initiatives in Brent GP practices include:
 - All practices offer and encourage children and parents to have their routine childhood vaccinations, which is essential to ensure protection against harmful diseases circulating in the environment.
 - Outreach work has been taking place at local sites such as Brentfield Medical Centre for all of the children covered by the Harness network, and awareness sessions by the NWL Immunisations lead and the Family Wellbeing Centres.
 - A number of GP practices are offering additional access through evening or Saturday morning surgeries to enable parents, particularly those working, to bring their children in for their immunisations.
 - The SPIN (Salaried Portfolio Innovation) GP at Brentfield Medical Centre has undertaken sessions to improve child immunisation uptake rates. She has presented on Beat Radio on the merits of child vaccinations and has also held two open clinics for parents to come in and speak to her about vaccinations and any concerns they may have. Child immunisation vaccination was offered in the clinics if parents were willing. Uptake was good with 15 families attending the first session.
- Outreach and communications with the local communities is another important strand. Some examples include:

- Local Radio: residents discuss their views and ideas on vaccination alongside providers (GPs, Nurses, Community Leaders).
 - Parent Workshops: held at a local GP practice where vaccine uptake is lower than other areas across Brent, parents were able to share concerns, ask questions and get their child vaccinated on site if they were able to do so. Further workshops are being explored.
 - Family Wellbeing Centres: These centres support families from pregnancy through to 18 years old. With 8 centres across Brent, information sessions are being explored to offer sessions for parents around childhood immunisations.
- In order to improve MMR1 and MMR2 uptake amongst under-vaccinated populations, a national NHS England initiative has been implemented, that sends letters and text messages to parents of children aged 1-6 who are eligible but have not yet taken up the offer of vaccination for their MMR dose 1 and or dose 2. The letter recommends parents to make an appointment with their GP to discuss vaccinations and take up the offer of vaccination.

Influenza

- The Brent Immunisation Working Group with stakeholders (including Public Health, Community Pharmacy Lead, Federation Leads etc) meets more regularly (every 2-4 weeks) during the annual flu programme.
- This season we piloted a community pharmacy stall at the multi-disciplinary outreach clinics offering both the covid and flu vaccine. We are keen to embed this service within the outreach clinics particularly during the flu season
- A number of GP practices were also offering additional evening and weekend immunisation appointments as part of their improved access
- Catch-up flu clinics at the Brent Civic Centre for school aged children during the holidays – this offered an additional opportunity for those children missed at the school or the parent has subsequently changed their mind.

COVID

- Utilising a number of different delivery models, the local borough teams have been able to support COVID Vaccine delivery, in the following different ways:
 - **Primary Care Network (PCN) sites** – Since the beginning and throughout the height of the pandemic, PCNs within Brent have supported the implementation, delivery and ongoing support of a number of sites borough wide, offering the vaccination. Delivery has continued through all campaigns and is still being offered for the entire

population, from 2 sites. Step up of other sites previously used, is available at pace, if and when required.

- **Brent Civic Centre** – Brent Civic centre was stepped up as COVID response and has run as a COVID vaccination centre since. With staff provided from the North West London vaccination team, the service has been open and running daily, all doses and involved in all campaigns, as well as stepping up support for reactive work such as Polio vaccinations, when required.
The centre continues to run a vaccination model.
- **Outreach** – Utilising the NWL Roving team, the opportunity arose to offer different avenues of vaccination, for the population who may be harder to reach. This may be a local supermarket car park, a religious building within the borough, local libraries, or even attending local events. Using staffing from the NWL Vaccination team, administrators as well as trained vaccinators went out to the public to offer the vaccination closer to home and in areas where the population may feel more comfortable.
- **Pharmacies** – Similarly to the PCNs and Brent Civic Centre, local pharmacies have also stepped up to the COVID response. Supporting both walk in, and pre-booked patients, offering a more local service for patients.

8. Contacts

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