



Childhood Immunisation Task Group Report

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Membership:

**Councillor Ann John OBE
Councillor Eddie Baker
Councillor Sami Hashmi**

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Glossary

Diseases protected against by the implementation of the childhood vaccination programme:

Diphtheria
Tetanus
Polio
Pertussis (whooping cough)
Haemophilus influenza type b (Hib)
Pneumococcal infection
Meningitis C
Measles
Mumps
Rubella (this used to be more commonly known as German measles)

Vaccines performance information

NHS Brent records vaccine take up rates for the following vaccinations:

Vaccine	Protecting against
DTaP/IPV/Hib	Diphtheria, tetanus, polio, pertussis, Haemophilus influenza type b
Pneumococcal vaccine (PCV) booster	Pneumococcal infection
Hib / Men C booster	Haemophilus influenza type b and Meningitis C
MMR	Measles, mumps and rubella
DTaP/IPV booster	Diphtheria, tetanus, polio, pertussis
MMR booster	Measles, mumps and rubella

Chair's Foreword

The Childhood Immunisation Task Group was set up because councillors in Brent had concerns over the low level of immunisations being reported by NHS Brent against virtually all of the vaccinations in the national childhood immunisation programme. As someone who spent their professional life testing vaccinations, it was of great concern to me personally that young people in Brent were not being vaccinated against diseases that are completely preventable. In the 21st century Brent should not be dealing with outbreaks of diseases such as measles, but we are because of low vaccine up take in the borough.



Whilst the delivery of the childhood immunisation programme is the responsibility of NHS Brent, it is clear to the task group that successful implementation of the programme requires a concerted effort from the PCT, GPs, health visitors and of course, the local authority. This report suggests a number of ways that we can make better use of resources and facilities that exist in Brent, such as children's centres, to ensure young people get the vaccinations they need.

This report echoes the views of the task group members, that the importance of vaccination against preventable disease cannot be overstated. In the UK we are in a fortunate position that many of us don't remember the shocking impact that diseases such as polio had on the people that caught it. Similarly, diseases such as diphtheria have become all but eradicated in the UK – I'd be surprised if most people could easily explain how diphtheria affected people. This is a good thing and shows that the vaccination programme has been a success. It is crucial that immunisation rates are maintained at a level where these diseases remain a distant memory.

The impact of immunisation rates falling below a level that ensures herd immunity can be seen in measles. In 2001 there were 70 cases of measles in England and Wales. By 2009 this had risen to 1,143 cases¹. There have been measles outbreaks in Brent in recent years that wouldn't have occurred if young children had received the MMR vaccine and booster. There is little doubt that the controversy caused by the now discredited research carried out by Andrew Wakefield has meant that the number of children receiving the MMR vaccine has reduced. Health organisations now have the challenge of ensuring the number of children receiving the vaccine reaches the level needed to ensure herd immunity.

There is much work to be done on this, but the task group is reassured that NHS Brent is putting in the necessary resources and effort. This needs to be maintained in the coming years despite the financial pressures facing the health service. The task group hopes that this report contributes to this vital area of health policy and service delivery and makes a positive contribution to the immunisation programme in Brent.

I would like to thank all those who took part in this review, from the health professionals working on the frontline to improve services to the parents we were fortunate enough to

¹ Source – NHS Choices

meet at the children's centres in Brent. All of the people we met were a valuable source of information and helped us reach our conclusions and recommendations. I would also like to thank my fellow task group members for their contributions, Councillors Eddie Baker and Sami Hashmi.

Councillor Ann John OBE

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“The two public health interventions that have had the greatest impact on the world’s health are clean water and vaccinations”.

World Health Organisation

Executive Summary

Introduction

It was clear when the task group started its work that immunisation rates in Brent were poor and that there needed to be a significant change in approach to improve immunisation levels in the borough. This was acknowledged in the first version of NHS Brent’s Commissioning Strategy Plan 2008-13, which contained a target to achieve 95% coverage on the MMR and DTaP / IPV / Hib vaccines by the end of 2010/11 and to continue that through until 2013 and beyond. Although the target isn’t included in the latest version of the commissioning strategy plan, it is still NHS Brent’s intention to achieve these immunisation rates.

In order to do this there needs to be a significant push from all those involved in the immunisation process. The task group has found that there is a great deal of willingness from within the PCT and the local authority to work together to improve immunisation levels, but the systems and process are not yet in place to make this happen consistently across the borough.

Data Management

Of crucial importance to the whole immunisation programme is complete and accurate data, so that GPs and the PCT are aware of how many children there are registered in the borough and how many have received their vaccinations at the correct time. NHS Brent is responsible for immunising all children registered with a GP in Brent and all children resident in Brent who aren’t registered with a GP. NHS Brent does not have to record the vaccination status of children who are resident in Brent but registered with an out of borough GP.

Data quality was a continuing theme during the course of the review and the task group was encouraged to learn that NHS Brent has deployed extra resources to bring its databases up to date. This project has had an impact on the immunisation figures already – following an initial data clean up and change in the way immunisations were recorded in early 2009, 6,000 additional names were added to the database held by NHS Brent (an increase from 23,000 to 29,000). Because the denominator increased by 6,000 without a corresponding increase in the numerator, immunisation performance for 2008/09 is worse than in previous years. Better data management would have avoided the need for such a comprehensive data clean up.

Although NHS Brent is improving immunisation data collection and this is reflected in the current immunisation rates reported by NHS Brent, the task group is frustrated that the issues such as poor data management and lack of call and recall processes have been identified in previous reports, and yet they have only recently been addressed (or are being addressed). Whilst the work that is taking place now should lead to an

improvement in immunisation rates, it is disappointing that NHS Brent did not act sooner on the recommendations from previous reports.

Following a measles outbreak focussed on Central Middlesex Hospital in March/April 2006, a report was prepared for NHS Brent by Julie Billett, Specialist Trainee in Public Health. Her report contained an action plan for increasing MMR vaccine uptake in Brent. Her suggestions included:

- Health visitors to identify any unimmunised children and take appropriate action.
- All Health visitors will be responsible for ensuring the data is entered on to CIS (NHS Brent database).
- Health visitors to make a note of reason for refusal.
- Weekly review of gaps by Cluster service managers & Health visitor lead and feedback to Immunisation Coordinator.
- Opportunistic MMR vaccination in A&E and day care centre.
- Cluster service managers to be responsible for ensuring effective liaison with GP practices.
- Practice nurses, health visitors and immunisation nurses to opportunistically check MMR status of children and vaccinate.
- Practice nurses to ensure data fed back promptly to PCT.

The majority of these actions were identified as issues during the task group's interviews, nearly four years after the original report was written. The task group hopes that the good work being done currently to update information, initiate call / recall contracts with GPs and improve data collection will be maintained and not allowed to drift. If this was to happen, immunisation levels would inevitably reduce.

Reasons for non-immunisation

Data quality is not the only reason why immunisation rates in the borough were lower than they should be. The task group considered other factors that influence immunisation take up such as economic, social and cultural issues. There is much anecdotal evidence to suggest that Brent's high BME population is not the most significant factor in influencing vaccine take up. Indeed, research suggests take up is higher amongst BME population groups. However, data quality has also limited the amount of research that can be done on this and it is something the task group hopes can be addressed so the relevant groups can be targeted to improve vaccine rates.

Local authority involvement in childhood immunisation

As well as looking at what NHS Brent is doing to improve immunisation levels, the task group explored how Brent Council can contribute to this important work area. The council, via children's centres and schools, will have contact with the vast majority of children and their parents in the borough. Therefore, it follows that the local authority is well placed to assist NHS Brent in delivering the immunisation programme.

The task group was encouraged by the response received from children's services and managers of children's centres about the possibility of assisting the immunisation programme. As one children's centre manager put it, "if children's centres are to be at the centre of communities then they should be offering a holistic service, including a

range of health services such as childhood immunisation". This attitude toward partnership working is to be commended. However, it will still be for health visitors, nurses or GPs to provide the actual vaccination, not the children's centre staff. Health clinics are already an established part of children's centre timetables. The task group believes that introducing immunisation clinics at children's centres would be an extremely useful addition to existing services. The children's centres that the task group visited would be happy to host and promote such a service.

The task group met with approximately 20 parents to talk about their views on immunisation. The parents expressed a range of views which have helped inform recommendations. They were concerned about inconsistent information available on vaccines, both in the media and, at times, from health professionals. They would appreciate clearer information on the purpose of vaccines, the illnesses they prevent and the potential side effects of the vaccine. Some parents felt that advice from health visitors was sometimes hard to obtain, especially at the children's centres where they are extremely busy. The perceived link between MMR and autism was also an issue for some parents, but not the majority of parents the task group met. The overriding view from parents was that they are willing to listen to immunisation advice from health professionals but advice needs to be clear and understandable.

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Recommendations

Recommendation 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.

Recommendation 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.

Recommendation 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.

Recommendation 4 – The task group 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.

Recommendation 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 flu vaccination for both vulnerable adults and children. Training should be given to medical and non-medical staff working in frontline positions, and should be extended to GP receptionists.

Recommendation 6 – The task group 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.

Recommendation 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).

Recommendation 8 – The task group 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).

Recommendation 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 parents if the child has not received the vaccinations in the childhood immunisation programme.

Recommendation 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.

Recommendation 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.

Recommendation 12 – The task group 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.

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Introduction

Childhood immunisation against illnesses such as measles, mumps, polio and diphtheria are crucial to protect the long term health of young people in our borough. Immunisation has the most robust evidence in terms of safety, efficacy and cost effectiveness of all healthcare activities, but there have been long standing problems in achieving good levels of coverage in London². Brent has been no exception to the London-wide trend of low immunisation rates.

Brent Council's Health Select Committee established the Childhood Immunisation Task Group because councillors were concerned about the low immunisation rates in the borough. Childhood immunisation rates in Brent for 2008/09 were reported to be below target for all of the immunisations in the national immunisation programme except human papilloma virus vaccine and tetanus, diphtheria and polio booster as the table below demonstrates.

Table 1 - Childhood Immunisation Rates for Brent in 2008/09

Immunisation	Target	Actual
Children aged 1 – Diphtheria, tetanus, polio, pertussis, Hib (DTaP/IPV/Hib)	75%	65.5%
Children aged 2 – Pneumococcal vaccine (PCV) booster	50%	41.8%
Children aged 2 – Hib / Men C booster	75%	45.6%
Children aged 2 – Measles, mumps and rubella (MMR)	75%	56.3%
Children aged 5 - Diphtheria, tetanus, polio, pertussis booster (DTaP/IPV)	85%	24.8%
Children aged 5 - Measles, mumps and rubella booster	80%	32%
Girls aged 12-13 – Human Papilloma virus vaccine (HPV)	90%	92.1%
Children aged 13-18 – Tetanus, diphtheria and polio booster	50%	61.3%

The task group was keen to investigate how NHS Brent and partners, including the council, were addressing immunisation performance to ensure young people received the correct vaccinations to prevent the unnecessary spread of disease.

As well as looking at childhood immunisation, the task group felt it could not ignore the swine flu vaccination programme even though this would be aimed at a much wider population group than children. Swine flu was a significant issue at the time that the task group was agreeing terms of reference and so it was added to the remit of the work.

² NHS Brent Commissioning Strategy Plan 2008-2013

The importance of immunisations

The importance of achieving “herd immunity” against disease cannot be overstated. Herd immunity is achieved when enough people are vaccinated against a particular illness to prevent its spread, even to people who have not been vaccinated. For example, herd immunity against measles requires 95% immunisation coverage. Measles immunisation in Brent has been well below this level for many years which means a measles outbreak could happen at any time, and has happened in the recent past. Between January and September 2008 there were 87 cases of measles in north-west London, 45 of which were in Brent. There were outbreaks in three Brent schools. About 1 in 15 children with measles will develop more serious complications such as diarrhoea, pneumonia, fits and encephalitis and in some cases measles can kill. In sub-Saharan Africa the death rate for people with measles is around 25%, while in the UK it is estimated to be closer to 1 death per 10,000 cases. It is a serious illness easily prevented through vaccination. But many children in Brent are not vaccinated against measles and other preventable diseases.

Terms of Reference

The task group agreed the following terms of reference:

The Immunisation Task Group will -

- Assess NHS Brent’s approach to childhood immunisation, looking at current immunisation levels and the plans in place to improve childhood immunisation levels.
- Assess the progress that NHS Brent has made against the five work streams in its 2008-2013 Commissioning Strategy Plan –
 - MMR catch up programme
 - HPV (Human Papilloma Virus) immunisation programme (immunisation against cervical cancer)
 - Improving public awareness
 - Immunisation system management
 - Capacity and capability in the workforce
- Consider how NHS Brent is taking steps to improve data management. This is to ensure that there is accurate information on the number of young people who need to be immunised and on the numbers of people who’ve received the correct vaccinations.
- Consider best practice in immunisation work from around the UK and see how this could be applied in Brent.
- Consult with key stakeholders (such as GPs, nurses, parents etc) to find out how they think services can be improved.
- Consider if information (since discredited) on the safety of the MMR vaccine is still acting as a barrier to parents seeking immunisation for their children.
- Consider whether the promotional work undertaken to encourage parents to get their children immunised is adequate in a borough such as Brent with its diverse populations. This will include a review of the measles campaign that took place in autumn 2008 to see whether vaccination levels increased at that time.

- Consider how NHS Brent is preparing for the availability of the swine flu vaccination and whether systems are in place to ensure that those people who need it most are able to receive it.
- Make recommendations to NHS Brent and partners, based on the findings of this work.

Task Group Membership

The task group members were Councillor Ann John, OBE (chair), Councillor Eddie Baker and Councillor Sami Hashmi. The members were supported by Andrew Davies, Policy and Performance Officer.

Methodology

The task group collected much of its evidence from interviews with people working in the immunisation programme in Brent, or working in services that contribute to the delivery of the programme. The task group met with:

- Jo Ohlson, Director of Primary Care Commissioning, NHS Brent
- Dr Philip Minor, Head of Virology, National Institute for Biological Standards and Control
- Tony Menzies, Interim Immunisation Project Manager, NHS Brent
- Dr Reeta Gupta, Consultant and Immunisation Lead Paediatrician, NHS Brent
- Dr Penelope Toff, Consultant in Public Health Medicine, NHS Brent
- Kostakis Christodoulou, Head of Health Promotion, NHS Brent
- Brigitte Dingle, Health Inequalities Manager, NHS Brent
- Krutika Pau, Assistant Director, Strategy and Partnership, Brent Council Children's Services
- Peter Firkin, Manager of the Harmony Children's Centre
- Nicky Case, Manager of the Three Trees Children's Centre

Members of the task group also carried out visits to two children's centres, Harmony Children's Centre in Neasden and Three Trees Children's Centre in Queens Park. There the members had the opportunity to speak directly to parents, carers and child minders about immunisation, their views on immunisation services in Brent and the benefits of immunisation in general. The group also attended a public meeting on swine flu to see how NHS Brent is communicating with community groups and members of the public on swine flu and to see how people were responding to information on the swine flu vaccine.

Desk-based research was carried out to look at examples of best practice in other parts of the UK. In addition, a number of reports have been written in recent years on measles outbreaks in Brent (in 2006 and 2008). These were used by the task group to see where lessons from those outbreaks have been used to inform immunisation policy. NHS Brent also produces an annual childhood immunisation report which has been a useful reference document for the task group.

Main Findings

a). Data collection and maintenance

Data quality

NHS Brent has previously researched why immunisation levels are below target in the borough. The main reasons identified were:

- GPs and PCT staff do not follow the same procedures when handling immunisation data leading to inconsistent reporting.
- There was no clear definition for the PCT cohort of children to be immunised, therefore the denominator (i.e. the number of children who should be immunised) continued to be inaccurate.
- The reconciliation of data held by GPs and the CIS (NHS Brent information system) was incomplete.
- Data on unscheduled immunisations was not fully captured on CIS.
- Staff found inconsistencies with data collection and duplicated tasks frustrating.
- GPs in Kilburn reported a higher number of patient refusals for MMR.
- GPs reported that safety concerns relating to MMR remained strong.

Although the research showed a range of factors influencing immunisation rates, the task group was repeatedly told that data management issues were leading to low recording of immunisation rates. This was the single most important issue that needed to be addressed in Brent to improve immunisation rates.

The task group was told of a number of issues relating to poor data management that were affecting the accurate recording and reporting of immunisation rates in the borough:

- There are discrepancies between the number of children registered with a Brent GP and the number of children on the PCT's own database.
- Health visitors may not collect pink slips (that record vaccinations) from GPs once a child has been vaccinated and so this data is not recorded centrally. Effective data capture from GPs is crucial for accurate recording.
- A well defined data capture process does not exist leading to data not being captured at all, or being reported late.
- The denominator used to calculate immunisation rates is inaccurate and contains duplicate records, patients who have left Brent and patients for which the NHS Brent database does not contain immunisation data.
- A well defined patient call and recall process has only recently been established.

The data management problems facing NHS Brent were compounded by the complicated information collection method used to record immunisations and the disparity between the NHS Brent database and the patient lists held by GPs. The system for recording immunisations has been very complex and there are a number of areas where it can fail. Among the issues picked up by the task group were:

- Health visitors need to obtain consent from parents to include their child in the vaccination programme. This should be done shortly after the birth of the child, but sometimes this does not happen because of the work load faced by health visitors (there is a shortage of health visitors in the borough).
- Not all parents have their red book so they may not be aware of vaccination requirements for their children.
- Population churn is an issue in Brent. This has implications for GP registrations leading to missed vaccinations.

Although Brent was reporting the lowest immunisation levels in England, the reality is that because of poor data collection and breakdowns in the immunisation system it cannot be sure what the actual immunisation rate is for any of the vaccines provided for children aged five and under. The task group was told by a number of people, particularly NHS Brent staff, but others as well, that the real immunisation rate was likely to be higher than reported. If this is the case, it should be seen in immunisation rates for 2009/10, which will be reported against a background of improved data collection.

Poor immunisation data has been picked up as an issue across the borough. The Children's Trust Board is concerned about this as it monitors immunisation data for the Every Child Matters programme aim to keep children healthy. Without accurate information its monitoring role is compromised. There has been pressure from a number of different sources to resolve this issue so that a concerted effort can be made to improve vaccination rates – clean, accurate data is crucial to this.

The NHS Brent Annual Childhood Immunisation report for 2008/09 contains an example of how poor quality data is affecting immunisation programmes. In February 2009 Brent Community Services were commissioned to carry out an MMR catch up programme to patients not registered with a Brent GP, or those registered with a GP that did not provide immunisations. Patients were invited to attend a clinic by letter. Of the 2,049 patients invited to attend, only 246 turned up (12%) and of those 246, only 61 (3%) were recorded as being fully immunised. Of the 246 people that turned up, 185 had completed the MMR course already. Poor data had a detrimental effect on the catch up programme.

How NHS Brent is addressing data quality problems

NHS Brent has recognised these problems and has committed resources to the immunisation service to rectify data management problems. A data clean-up project has been taking place throughout 2009 to establish an accurate baseline for all immunisations in the childhood vaccination programme. The project is focusing on matching NHS Brent's Community Information System database with patient lists held by GPs. An accurate baseline is needed from which immunisation levels can be reported and steps taken to target the right groups of people to improve immunisation rates.

Since the task group started its work, NHS Brent has made the following changes to the immunisation service:

- Immunisation data quality has improved, with the match between the Community Information Service and Exeter data increasing from 65% to 92%.
- All 70 GP practices that deliver childhood immunisations in Brent are now sending immunisation data electronically every month to the PCT.
- Reported immunisation performance data has increased significantly, with some of the vital sign indicators improving over 30% between quarters 1 and 3.
- The majority of practices have developed a childhood immunisation scheme plan, which explains how each practice informs and advises patients regarding immunisation and how they ensure patients are informed of an immunisation which is due and what the follow up actions are if patients do not attend for vaccination.
- RAG (red, amber, green) rated GP performance data has been published for the 12 and 24 month cohorts for quarters 3 and 4.

Since NHS Brent started working on the quality of the data held on CIS information system nearly 8,000 problem records for children aged 0 to five have been reviewed and resolved.

Table 2 – Data clean-up progress

Date	Brent's responsible population*	Exact match between Exeter and CIS	Records to clean	% exact match
04/08/09	30,078	19,702	10,376	65.5%
22/01/10	29,675	27,065	2,418	91.2%

* Brent's responsible population is all children aged zero to five who are registered with a GP in Brent, or who live in Brent but aren't registered with a GP at all. Children resident in Brent, but registered with a GP in another borough are not included.

NHS Brent will work to maintain the match between the CIS database and the Exeter database (which contains the list of patients registered with a GP in Brent) at between 95% and 98%. It is planned to achieve the target by the end of March 2010. At this point responsibility for the database will move from the team brought into to run the data clean-up project to a "business as usual" team. Responsibility for maintaining the quality of this data will be held by Brent Community Services (NHS Brent's provider service). Mechanisms are in place to measure quality performance each month.

NHS Brent has been working with GPs during the data clean-up project. Discussions have taken place regarding the objectives, progress to date and quarterly improvement targets with over 40 practices in the borough. GPs are using a number of different techniques to deliver immunisation. Some methods which have proven successful include:

- Carrying out a monthly search on the practice clinical system to identify immunisations which are due or overdue.
- Telephoning parents/guardians to make appointments for due/overdue immunisation.
- Making the next appointment for immunisation during the visit for the last vaccination.

- Flagging due or overdue immunisations on the practice clinical system and follow up when the patient presents.
- Telephone or text reminder to parents/guardians 24 hours before a planned appointment.
- If a patient does not attend, follow up with a telephone call or a letter.
- Generally most practices find it easier to deliver primary immunisation at 2, 3 and 4 months as the child and parent present more frequently. For immunisation at 12 months, 13 months and over 3 years a more structured approach has proven to be most effective.

During 2009 the efforts have been focused on improving the quality of data to report childhood immunisation. The second phase of the programme will focus on individual practice performance which will be monitored and published monthly, with those practices whose performance is not improving, or whose rate of improvement is slow being supported by the PCT to develop improvement actions designed to achieve the 95% target. Any practice which requires an improvement plan will have regular meetings with the PCT to ensure that agreed actions are completed to plan.

How has immunisation performance improved during the data clean-up project?

The task group was interested to see how the data clean-up would affect immunisation rates in 2009/10. As mentioned above, the perception was that the true immunisation rates in Brent for all vaccinations would be higher than had been reported. This has turned out to be the case, as shown by the results in the table below.

Table 3 - Childhood Immunisation Rates for Brent in 2008/09

	Quarter 4 2008/09	Quarter 1 2009/10	Quarter 2 2009/10	Quarter 3 2009/10
Improvement Target		61%	65%	80%
Children aged 1 – Diphtheria, tetanus, polio, pertussis, Hib	66%	58%	83.9%	86.9%
Children aged 2 – Pneumococcal vaccine (PCV) booster	45%	43%	73.2%	76.3%
Children aged 2 – Hib / Men C booster	46%	43%	77.5%	80.3%
Children aged 2 – Measles, mumps and rubella	55%	53%	76.2%	77.9%
Children aged 5 - Diphtheria, tetanus, polio, pertussis booster	21%	21%	53.8%	62.1%
Children aged 5 - Measles, mumps and rubella booster	28%	28%	58%	58.9%

There are still issues that need to be addressed and performance is not where the PCT would want it to be on all vaccines. The MMR booster rate is below 60%. Herd immunity is achieved at 95% immunisation coverage so an outbreak is quite possible at any time. However, these improvements do show that the actual immunisation rates in Brent were higher than reported for 2008/09, and most encouragingly, there is an accurate baseline from which to proceed.

Maintaining an accurate database

NHS Brent has made great strides to improve the accuracy of its CIS database to ensure that there is an accurate match with the Exeter database. The task group believes that it is crucial that the CIS database is kept up to date so that the immunisation service is able to maintain performance standards and target groups or individuals to help improve vaccination rates (and more importantly, prevent illness in the future). The task group would be very concerned if funding was withdrawn from the service and data management became a reason for poor performance in the future.

Recommendation 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.

Recommendation 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.

Previous data clean ups have happened in Brent, but the ongoing maintenance needed has not happened, resulting in poor quality data within in a couple of years. Heart of Birmingham, seen as an exemplar PCT in this field, have continued to maintain their database following a data cleanup exercise and maintained high immunisation rates as a result. The Heart of Birmingham model is clear and straightforward. They send two letters to each parent, reminding them to get their child immunised at the correct times. If they don't make an appointment to do this, a professional will follow this up and if necessary will arrange a home visit. They can even provide vaccinations in the house if necessary, reducing the likelihood of the child not being vaccinated, and vaccinated at the correct time. The task group is pleased that NHS Brent is adopting a similar approach and hopes that efforts to work with GPs with poor immunisation rates leads to better communication with parents of children due for immunisations.

There is a 30% difference between the number of people living in Brent and the number of people registered with a GP in the borough. For immunisation purposes, NHS Brent is responsible for immunising all children registered with a GP in the borough. If GP lists are inaccurate (and a 30% discrepancy suggests they are) then this will affect published immunisation figures. Ensuring GPs keep up to date lists is crucial. NHS Brent is working with GPs to demonstrate the benefits of having an accurate list. The task group is concerned that there is a financial incentive to keep an inaccurate list and to receive £55 per year for each patient registered. The task group hopes an arrangement can be worked out that gives GPs a greater incentive to keep up to date patient lists in order to provide accurate immunisation performance data.

NHS Brent has a three-year rolling programme with all practices in Brent to clean up patient lists. Each patient in a practice is written to, to confirm whether they are still an active patient. Around 35% of patients won't reply, in which case the practice has to demonstrate they are still active by proving they have visited the GP in the recent past, through the use of repeat prescriptions, or through visits by other family members. If this can't be done, after 6 months they are removed from the list. Around 7% of patients are removed (some in error), but numbers usually build back up again. The PCT is looking at

ways to make this clean up more reliable so it has a better idea of actual patient numbers. The task group hopes that this work continues as it is of benefit to the immunisation service.

Increasing accountability for immunisation data and service performance

As stated above, GPs will play a crucial role, not only in delivering immunisations in their surgeries but also in accurately recording immunisation data and returning it to the PCT. In order to maintain good practice the service needs to be performance managed effectively.

In order to help GPs understand how other practices achieve higher results and to enable GPs to learn from top performing practices within the borough, immunisation performance information needs to be publically available and broken down by each vaccine in the childhood immunisation programme. This will also help to identify issues in localities. If one practice in a certain area is outperforming others, it will be possible to understand why this is.

Recommendation 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.

b). Reasons for non-immunisation

There are a number of reasons why immunisation levels are not at levels that provide herd immunity against disease. Dr Philip Minor, Head of Virology at the National Institute for Biological Standards and Control told the task group of three general issues that in his opinion, affect vaccination levels:

- The general public and some healthcare professionals may not fully understand what a vaccine is. They are not aware that vaccinations are essentially natural products rather than man-made chemicals. Vaccines are manufactured using the bacteria and viruses that cause the disease it will eventually prevent.
- People don't appreciate the effectiveness of vaccines because they prevent illness. When a person is ill, successful medical treatment has an obvious impact. It is easy to appreciate the benefit of medical intervention. This is not the case for vaccination. Explaining the benefits of preventative medicine is a challenge for health organisations, GPs and health visitors.
- There have been a number of high profile "scare stories", where vaccines have been wrongly linked to other illnesses. MMR is the most recent, but Pertussis was also been affected in the past. Public confidence in vaccines can take a long time to recover.

There are also reasons for low vaccine uptake that are specific to London. London has a highly mobile, transient population that makes it difficult to deliver an immunisation programme that requires accurate information and data in order to record patient's

immunisation status. There are also economic, social and cultural factors which have an impact on immunisation levels.³

Economic, social and cultural issues

Research has been carried out on the economic, social and cultural issues relating to immunisation take up in Brent. However, this research isn't particularly recent and so has to be considered with caution. There is also a great deal of anecdotal evidence, available from people working in the immunisation field in Brent on these issues.

The witnesses interviewed by the task group believed that ethnicity and culture did make a difference when it came to immunisation rates. The general view in Brent is that people from ethnic minorities are more likely to get their children immunised than those that are not. This is backed up by research carried out in 2005 by NHS Brent and Imperial College School of Medicine⁴, which looked at MMR take up within three ethnic groups in Brent – Indian, African Caribbean and Caucasian. The researchers found that MMR take up was as follows:

- Indian – 87.1%
- African Caribbean – 74.7%
- Caucasian – 57.5%

A further piece of work from 2006 gives further credence to the 2005 research. A health equity audit carried out by NHS Brent⁵ found that there were variations in MMR uptake across the borough in 2005/06 (the ward with highest uptake was Alperton, the ward with lowest uptake was Queen's Park). The research looked at the links between deprivation and ethnicity and MMR uptake. The main findings from the work were:

- The association between deprivation and MMR uptake was less apparent than in the previous health equity audits.
- Given that the overall MMR uptake rate for Brent as a whole had fallen in 2005/06, the apparent weakening of the association between deprivation and MMR uptake could have been due to worsening MMR uptake in Brent's less deprived wards, rather than improving uptake in the PCT's more deprived wards. This analysis matched anecdotal reports from primary care health professionals of poor levels of MMR acceptance amongst parents living in the more affluent wards in Brent.
- There was a positive association between the proportion of the population from Black and Asian backgrounds and MMR uptake. Wards that had a higher proportion of the population of Black or Asian ethnicity tend to have higher rates of MMR uptake.

³ NHS Brent Commissioning Strategy Plan 2008-2013

⁴ The Association of Ethnicity with MMR uptake in young children – presentation to The Royal College of Paediatrics and Child Health, 18th April 2005 – Ruth Mixer, David Newsom and Konrad Jamrozik

⁵ MMR Vaccination Uptake Rates within Brent PCT - Health Equity Audit - June 2006

- It was acknowledged that the analysis of inequalities in ward-level MMR uptake rates by population ethnicity was crude because the 2001 Census data from which information about the ethnic profile of each ward is drawn would have been less accurate by 2005/06.

Although the evidence collected by the task group on this issue was anecdotal, everything that the task group heard supported the findings of the research. The managers of the children's centres interviewed by the task group felt that it was mainly white British or Irish people that had doubts about the safety of vaccinations, but particularly MMR. NHS Brent representatives agreed with this view.

Without accurate data making definitive statements on the links between ethnicity and vaccine take up isn't wise. One of the things that the task group would like to see now that the data bases have been improved is ethnicity monitoring so that an assessment of take up by different groups can be made. This will assist NHS Brent as it looks to target promotional campaigns at groups where take up is lower than it should be.

Recommendation 4 – The task group 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.

It should be added that research was carried out in 2009 led by a researcher from Imperial College in relation to the MMR catch-up social marketing campaign, but it has not been published yet. This will be a useful source of information for NHS Brent when it is available.

Is the MMR controversy still an issue for parents?

The task group can only base its views on whether the discredited research linking the MMR vaccine with autism is having an effect on MMR take up in Brent on the conversations it has had with people working in the immunisation service and with parents and child minders that took part in the review. This is not a representative group of people, but provides a snap shot of views.

The witnesses that the task group spoke to thought that there was still wariness amongst some parents to get their children vaccinated with the 3 in 1 MMR vaccine, because of concerns over the link with autism. How widespread this was is open to debate.

A number of the parents that the group spoke to were concerned about the link between MMR and autism, but nearly all had had their children immunised against MMR. Only one parent told the group that she did not want her son to receive the MMR vaccine because of the perceived link to autism, whilst another was originally of this view, but had changed her mind. Some parents had researched the issue on the internet, where it is not difficult to find a wealth of information in support of the MMR vaccination, but also plenty of websites that are opposed to vaccination. For a parent, reading contradictory information must add to their confusion. Therefore it is important that health organisations provide clear and consistent messages to parents on the MMR vaccine – that it is safe and has no links to autism.

It should be noted that in early February 2010 the General Medical Council decided that Dr Andrew Wakefield had acted dishonestly and irresponsibly when carrying out his research which he claimed linked the MMR vaccine with autism. The Lancet, the medical journal which originally published his research has accepted that the claims made by Dr Wakefield and his colleagues were false and has issued a full retraction of the paper. The research that caused the MMR controversy has been thoroughly discredited and yet it has taken 12 years since the publication of the original paper to reach this stage. The task group hopes that this puts a line under the affair and public confidence can be restored in the MMR vaccine.

Vaccine safety

As an alternative to the 3 in 1 MMR vaccine, the task group was told of parents who had paid to have their children vaccinated with individual measles, mumps and rubella vaccinations. These are available privately in the UK but are not endorsed by the Department of Health. The World Health Organisation also advocates the use of the combined MMR vaccination rather than single vaccinations. There are concerns with the single measles, mumps and rubella vaccines as they are not licensed or controlled in the UK. As well as having question over their production, their storage and use is unregulated. Nobody that the task group spoke to recommended individual vaccines as an alternative to the combined MMR vaccination.

There are concerns that the combinations of three and five vaccines in one (namely MMR and DTaP/IPV/Hib) can overwhelm the immune system. The task group heard evidence from a number of witnesses confirming that this is not the case. The immune system of a child will not be compromised by a vaccination. People come into contact with thousands of viruses and bacteria each day without realising it. There has also been much less concern about DTaP/IPV/Hib than MMR, even though it contains a greater combination of vaccines. The task group believes that on the basis of the evidence it has heard and read that vaccines such as MMR are completely safe in any reasonable sense of the word. The challenge is for health organisations to get this message to people starting with health care professionals.

There is one final point on the MMR vaccination that the task group wishes to highlight. Ensuring children have the MMR booster aged five is important as this isn't needed just to boost herd immunity. It is needed to ensure the child is fully immunised against measles, mumps and rubella and without it a child could still be susceptible to these diseases.

Recommendation 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 flu vaccination for both vulnerable adults and children. Training should be given to medical and non-medical staff working in frontline positions, and should be extended to GP receptionists.

Recommendation 6 – The task group 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.

Raising awareness

Ensuring systems are in place to deliver an effective immunisation service is only part of the solution to improve vaccination rates. NHS Brent may have to issue different advice, via different mediums to target specific groups of people to ensure children are vaccinated. While data quality has been poor the PCT has been reluctant to commit more money to publicity campaigns because of the poor response to the previous campaign and because the reasons for low immunisation levels are not fully known.

£80,000 was spent on the MMR social marketing campaign and catch up programme in the autumn of 2008, with no obvious increase in the number of children immunised. NHS Brent is unable to evaluate the success of the campaign because they do not have accurate before and after data to compare MMR uptake. There is currently a national study being done which is assessing the most appropriate communication methods to increase vaccine take up. NHS Brent wants to see the results of this research before commissioning another campaign.

Ensuring parents have accurate and understandable information on immunisations is a considerable challenge and one that was raised in the task group's discussions with parents at children's centres. The task group was told that following a measles outbreak in Brent in 2008, only two parents attended an MMR information event. That said, while the PCT has been working with inaccurate immunisation data there have been too many gaps and inaccuracies in the information to plan an effective, targeted campaign.

The importance of raising awareness of vaccinations and their benefits cannot be overstated. As Andrew J Hall, Chairman of the Joint Committee on Vaccination and Immunisation says in the introduction to the Department of Health Immunisation of Infectious Diseases guidance⁶ "following the ill-founded MMR scare, it has become even more important for those working in the field to be able to communicate to parents the benefits of vaccination, the known side effects of vaccines and the safety and efficacy of vaccines to allay fears".

Recommendation 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).

c). Swine Flu

The task group considered NHS Brent's response to the swine flu pandemic and how it implemented the swine flu vaccination programme. Swine flu has been an ongoing issue

⁶ Immunisation against Infectious Diseases (The Green Book) – Department of Health. 2006

throughout the duration of the review and so the task group felt that it had to be considered within this work.

Flu vaccines are developed each year to respond to seasonal flu using well established manufacturing processes. The swine flu vaccine was available within months of the outbreak because the same manufacturing process used to produce seasonal flu vaccines were used to produce the swine flu vaccine, with some modifications to take into account the different strain of flu.

Ensuring a vaccine was quickly available against swine flu was helped by the considerable preparation that had been made for avian flu (H5N1). The swine flu vaccine was safety tested in the same way as seasonal influenza vaccines using comprehensive vaccine testing processes. Once any flu vaccine has been licensed (including swine flu) it is reviewed and monitored.

The task group was impressed with the work that NHS Brent did to prepare for swine flu. Members of the task group took the opportunity to attend a swine flu public event during the course of the review, one of a number of events run by NHS Brent for community groups, third sector organisations and members of the public to educate them on swine flu. Information on the swine flu vaccine was available at this event. Sixty people attended the first swine flu public meeting in September 2009, although only 12 people were at the event attended by members of the task group.

Other steps taken by NHS Brent to prepare for swine flu included:

- The Health Promotion Department putting in place a swine flu awareness programme for health staff in Brent. 600 people attended training events at an early stage in the outbreak, ahead of most other health organisations and public sector bodies.
- A swine flu vaccination programme was implemented in Brent in line with Department of Health guidelines. The vaccine was available in Brent by the end of October 2009.
- Health staff were offered the winter flu vaccine and the swine flu vaccine at the same time, but there was no obligation for staff to have either.
- The manager and members of a nursing unit where there had been a particularly good uptake of swine flu vaccine were quoted giving positive messages about the vaccine in a feature on the NHS Brent intranet.
- A nurse was employed to vaccinate vulnerable children attending special schools in the borough; this was a very successful initiative. Further to this all GPs were informed of the names of vulnerable children on their lists who should be offered swine and seasonal flu vaccination. It is planned to repeat this information each autumn to remind GPs of children who attend these schools and also those who are on the caseload of the Community Children's Nurses.
- The District Nurses carried out a successful campaign to vaccinate all housebound patients registered with Brent GPs.
- On a general issue linked to swine flu, NHS Brent recruited 38 health trainers to provide advice to people in their communities on a range of health issues, and vaccination was added to this programme. The health trainers are a good way of spreading health messages and something NHS Brent is keen to use.

It is of concern to the task group that there has been relatively low take up of the swine flu vaccine by health service staff (this doesn't just apply to NHS Brent, but is a national issue). Although the number of swine flu cases has reduced significantly since peaks in July and October 2009, the general attitude towards swine flu and flu vaccines is a worry. If NHS Brent is to convince people to have the vaccine they need (this includes all vaccines, not just flu vaccination) then the task group believes it is crucial that staff play their part in this and ensure they are vaccinated themselves. Negative stories in the press about low vaccine take up amongst healthcare staff can only contribute to a negative perception of vaccination amongst the wider population.

When the task group was looking at this issue (in October 2009) NHS Brent felt it was unlikely to achieve its original 90% swine flu vaccination target. This was based on seasonal flu vaccine uptake, which is usually much lower than this. The psychology of vaccination needs to be changed, so that people realise they are benefiting themselves and others by having vaccines such as swine flu. The task group also believes that efforts should be made to promote the benefits of vaccination to health service staff so that a greater proportion take up the vaccines themselves and can talk knowledgeably about them to members of the public (see recommendation 5 above).

d). Local authority involvement in childhood immunisation

Although NHS Brent is responsible for the delivery of the childhood vaccination programme it is acknowledged that the local authority should be assisting where possible to improve the health and well being of young people in Brent. This includes helping to facilitate the delivery of vaccinations. The most obvious way of doing this is via schools and children's centres. Already there is good work going on in children's centres, where health visitors work with parents and carers on improving their children's health. But any arrangements in place have been set up locally and there isn't a systematic process for using children's centres or schools to promote and deliver vaccinations.

Children's Centres

The task group believes that the needs of children are most important and should not be compromised by the local authority / NHS split. If children's centres are to be at the centre of communities then they should be offering a holistic service, including a range of health services such as childhood immunisation. The two children's centre managers that the task group spoke to were both supportive of this and would welcome and support vaccination services that were provided from their children's centres. Currently health visiting arrangements at the children's centres are arranged locally – there isn't a contract or service level agreement in place to provide these services across the borough.

Brent will eventually have 20 children's centres. It would be unrealistic to expect each children's centre to offer regular vaccination clinics, there isn't the staff or resources to do this. But the task group hopes that a vaccination rota can be developed, with a vaccination clinic held at every children's centre once a year. A rota between centres should be devised which takes the clinics around the borough, but alternating between localities in turn. It need to make use of locality networks, so that if a child from one centre needs a vaccination they could visit another children's centre to receive the

vaccine if the clinic is still some way off at their usual children's centre. The clinics would need to be staffed by health visitors or GPs, depending on who is to deliver the vaccinations. The children's centres should promote the vaccination clinics, providing materials and information to parents on the services available and, crucially, the benefits of the vaccination.

NHS Brent would need to make sure resources were in place to enable vaccination clinics to happen at children's centres regularly (if there are 20 children's centres in Brent and the aim was for each centre to hold one clinic a year, then there would need to be a clinic every 2 and a half weeks). This could be problematic – there is a shortage of health visitors in the borough for example, which could hamper this idea. However, the task group believes that there would be demand for vaccinations at children's centres and a chance to vaccinate children opportunistically if vaccination clinics were in place. One thing that will be of help is clean data, so that parents in the area can be contacted about the vaccination clinics, particularly if their child has missed scheduled immunisations. The task group also wishes to clarify that it would want to see immunisation clinics established in addition to current health visitor clinics at children's centres, and not as an alternative to these.

Recommendation 8 – The task group 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).

Some children's centres collect data on children's immunisation status. In order to assist NHS Brent, it would be helpful if this information could be passed to health visitors once a family registers at a children's centre so if there is an issue with immunisation the health visitor can address this. The task group would like this to become standard at children's centres in Brent, assuming sharing information in this way doesn't contravene data protection rules.

Recommendation 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 parents if the child has not received the vaccinations in the childhood immunisation programme.

Schools

In many respects, schools provide a greater opportunity to engage with young people and their parents than children's centres. Attendance at children's centres is voluntary. However, the vast majority of children attend school so there is potential to reach a greater number of young people in the immunisation programme.

Head teachers have an important role to play, as the most influential member of staff within schools. Ensuring they are properly briefed on the benefits of immunisation would be very helpful. The task group understands that head teachers would not wish to

interfere in decisions taken by parents, such as whether their child should be immunised. However, if a parent was to speak to a head teacher (or a teacher for that matter) and asked for advice on immunisation then it is important they are briefed on the facts and can talk about these issues. At the very least, the task group hopes that school staff can signpost parents to the accurate information on immunisation. Information on vaccination could be made available in schools and sent to parents of children when they start at school. Again, the NHS should be the organisation to provide this information. Schools should act as a link between the health service and parents.

Schools could help to facilitate the collection of data on immunisation status and subsequent referral to the school nursing service for follow up. The task group would like a question to be asked on a child's immunisation status when the child's parents fill out a school admission form (this is done after the child has been offered a place at school and any disclosure of the child's immunisation status would be voluntary). If this information was collected prior to the child starting school, it could be passed to the school nurse for follow up with the parent (the data should also be added to the CIS database). The onus would still be on the NHS to ensure the child received any outstanding vaccinations. The task group also believes that in administration terms, this will be relatively simple to implement and shouldn't create an additional burden on schools. The task group would like Brent to aspire to be in a position where the immunisation status of all children in the borough was known by the time the child starts school.

Of course, good intentions require people to be in post and willing to work together to make this happen. The task group has been told that there is a shortage of school nurses (and health visitors) in Brent. The recruitment of a full complement of staff is crucial in order for school nurses to be able to give immunisation the attention it deserves. At the very least the task group would like each primary school and secondary school in Brent to have a named school nurse in place who can take forward immunisation work. Ideally school nurses would be allocated a cluster of schools in the same locality to make best use of scarce resources.

Recommendation 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.

Recommendation 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.

Recommendation 12 – The task group 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.

e). Feedback from parents, carers and child minders

The task group visited two children's centres during the course of the review to speak to parents about their views on childhood immunisation. The group visited Harmony Children's Centre and Three Trees Children's Centre on the 4th December 2009. The group also went back to Harmony Children's Centre on the 3rd February 2010 to speak to more parents, as on the first visit to the centre there was a childminders session rather than a parent's session taking place.

The main issues raised at the visits are set out in full in appendix 1. Although the views of parents and childminders need to be seen in context – this isn't a representative sample of parents in Brent, only the views of a small number of mothers (there were no fathers present when the task group visited the children's centres), it is useful to know how people feel about the vaccination programme for children and the swine flu vaccine. In summary, the main issues parents reported were:

- Advice provided by GPs and health visitors on vaccinations needs to be consistent and clear.
- Parents need to be more aware of the potential consequences of children not receiving vaccinations
- Health visitors are usually very busy and it can be difficult to get an appointment with them at the children's centres . Because of this using their time to discuss immunisations is very difficult.
- Clear advice from health professionals that there is no link between MMR and autism would be appreciated
- Conflicting information in the media and health services about whether children should have the vaccine or not meant that a number of the parents were confused as to what was best for their child.
- The parents felt that informal conversations around immunisation in children's centres would be really useful. If a health professional was present they would be able to ask questions about vaccines to allay any fears that they have

f). Other findings

Out of hours vaccination

The task group is keen that vaccination services are as accessible as possible. Opportunistic vaccination, delivered from sites such as children's centres or possibly schools, would help. Some of the witnesses spoken to by the task group would support the idea of vaccination clinics being open on the weekend, run from GP led health centres or polyclinics (which are open for 12 hours a day, seven days a week already). If parents are working during the week and unable to get their child to a GP for vaccination, these additional services could be very useful. Indeed, parents raised this as an issue at the children's centres. The task group would encourage the PCT to look at ways weekend vaccination services could be developed and promoted to parents so they are aware of the options available to them (see recommendation 8 above).

Health visitors

There have been issues with the health visiting service since NHS Brent went through turnaround, when the numbers of health visitors was reduced. The task group was informed that health visitors' priority has been on safeguarding children and not on immunisation simply because of the need to prioritise workloads. There are plans in place to recruit 20 more health visitors but members have been told that it is a demoralised service and commissioners haven't received good responses from Brent Community Services when problems have been raised. Data collection problems that had been attributed in part to the health visitors' service should be rectified by the move to electronic data reporting by GPs. It should be noted that despite efforts, the task group was not able to set up a meeting with the health visitors service.

Conclusions

The task group is encouraged by the efforts that NHS Brent have made to improve the immunisation service. It was clear from the interviews with staff that there is a genuine commitment from the organisation to improve immunisation rates in the borough and stop the spread of diseases that are clearly preventable. The data clean-up project has been a significant undertaking which gives Brent every chance of increasing the immunisation rate. As Heart of Birmingham have shown, clean, accurate data is crucial if targeted work is to be done to improve immunisation rates. Maintaining accurate data now becomes of paramount importance and is something the Health Select Committee should follow up in their 2010/11 work programme.

Although NHS Brent is responsible for delivering the childhood immunisation programme in Brent, the task group believes that a partnership approach with children's centres and schools will be beneficial and ensure greater coverage. Children's centres are hubs within their communities and already provide a wide range of services, including health services. Immunisation clinics would be a valuable addition to these services. Schools are possibly better placed than children's centres to contribute to the immunisation programme. Whilst delivery of vaccination services remains the responsibility of the NHS, the task group hopes that schools can help facilitate this for any children who haven't had their vaccinations by the time they reach school age.

Appendix 1 – Feedback from children’s centre visits

Subject	Feedback from Parents
<p>Information</p>	<p>There was good awareness of the vaccinations that children are supposed to have. All of the parents met by the task group said they had a red immunisation book for their child.</p> <p>Advice provided by GPs and health visitors needs to be consistent and clear. A number of parents were confused about the benefits of vaccination, the consequences of not having their child vaccinated and the potential side effects of a vaccination. This needs to be communicated more clearly with parents.</p> <p>Peer support is important. All parents go through similar experiences when it comes to vaccination and can offer advice to other parents. This could be facilitated by a health visitor at the children’s centre. Informal discussion groups would be a good development.</p> <p>Parents need to be more aware of the potential consequences of children not receiving vaccinations. People in Britain aren’t familiar with the diseases they prevent. Healthcare professionals should be able to describe the consequences of catching a disease that can be vaccinated against, such as measles or polio etc.</p>
<p>Access to services</p>	<p>Some parents do not always find it easy to access immunisation clinics or day time appointments with their GP, especially if they work full time. Parents suggested that vaccine clinics could be run in the evening or on weekends. There was enthusiasm for weekend clinics to improve access.</p> <p>It can be difficult to get an appointment at popular baby clinics (Church End Medical Centre was cited as an example). Vaccination clinics at children’s centres run by health visitors would be a good alternative. A catch up clinic would also be useful, so parents could make sure their children were up to date on their vaccinations if they had missed a vaccine.</p> <p>Health visitors are very busy and it is difficult to get an appointment with them at the children’s centres. They have so much to do, so using their time to discuss immunisations is very difficult. A separate immunisation information session at the children’s centre would be appreciated. It would give parents an opportunity to discuss their concerns, especially first time parents.</p>
<p>Views on vaccines</p>	<p>Parents had strong views on a number of vaccines, but particularly MMR and swine flu. One of the mothers that the task group met had decided that her child would not have the MMR because of fears they would develop autism as a result. Other parents had given the issue serious consideration before deciding to get the MMR for their child.</p>

	<p>Clear advice from health professionals that there is no link between MMR and autism would be appreciated. This is not always easy to obtain because of difficulties getting appointments.</p> <p>The fact that most parents had already had their child vaccinated, or would do when they were old enough was encouraging to the task group.</p>
Swine flu	<p>Parents were worried about the swine flu vaccine and whether their child needed to have it. Information given to parents had been mixed. Some parents had been written to by their GP advising them that their child should have the swine flu vaccine. However, there was no information on the benefits of the vaccine, how it works or the possible side effects, with these letters. Other parents had been told their child didn't need the vaccine. Some parents had not been contacted at all. Inconsistency in approach was an issue.</p> <p>Conflicting information in the media about whether children should have the vaccine or not meant that a number of the parents were confused as to what was best for their child.</p> <p>One mother reported that her GP had given her comprehensive information on the swine flu vaccine, but had been put off giving her child the vaccine because a friend had been ill for some time after receiving it. All reported that basic information on what the flu virus is, how it works, what the vaccine does, what the side effects are would be really useful when they are contacted by GPs, especially by letter.</p> <p>Some parents had worries about the long term impact of the swine vaccine on their child. They were unsure how their child would be affected in the future and were concerned it had been rushed through safety checks. Some mothers had declined the vaccine for their child because of their worries.</p>
What would help parents?	<p>The parents felt that informal conversations around immunisation in children's centres would be really useful. If a health professional was present they would be able to ask questions about vaccines to allay any fears that they have. First time mothers would also be able to learn from other mothers who have been through similar experiences. Discussion groups would be particularly beneficial for mothers who do not speak English as a first language and perhaps cannot read English at all.</p> <p>Parents reported that any immunisation campaign should sign post parents to websites where they can look up information on immunisations for themselves. Accurate information is crucial. Parents often want to find out more about their child's health for themselves, but sometimes don't know where to go to get information that is reliable.</p>