

SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board

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PART I

FOR INFORMATION

MEASLES, MUMPS AND RUBELLA (MMR) VACCINATION CATCH UP PROGRAMME – AUDIT OF GP RECORDS

1. **Purpose of Report**

The purpose of this paper is to update the Board on the Measles Mumps and Rubella (MMR) vaccination audit and the progress that the Thames Valley area team are making in delivering the national target. This report focuses on a recent local audit that was undertaken to provide information on the extent of and reasons for mis-coding of non-immunised 10-16 year olds in the clinical audit system.

2. **Recommendation(s)/Proposed Action**

The Committee is requested to note the report.

3. **The Slough Wellbeing Strategy, the JSNA and the Corporate Plan**

The report addresses the MMR catch up programme of activities which aims to improve health and wellbeing outcomes for people in Slough and addresses key priorities within the JSNA through addressing cross cutting themes such as prevention and early intervention.

4. **Other Implications**

(a) **Financial**

There are no financial implications of proposed action.

(b) **Risk Management**

There are no risk management issues arising from this report.

(c) **Human Rights Act and Other Legal Implications**

There are no human rights or other legal implications arising from this report.

(d) Equalities Impact

There are no equalities issues arising from this report.

5. **Supporting Information**

(a) Immunisations are a highly effective way of maintaining the health of the population by reducing the occurrence of infectious disease.

Immunisations are commissioned by NHS England Thames Valley Area team from a range of providers, with a focus on General practice. The role of local Public Health is to monitor the delivery of the vaccination programmes and give assurance to the HWB board on the effectiveness of these programmes on delivery to the local communities.

We have been meeting with the Thames Valley area team to support the local delivery of the national work. However the impact of the programmes has been limited both nationally and locally and so a second set of actions is now being planned, and it is anticipated that Slough will be a priority for these further actions given the low uptake of vaccine in our local population. However at this point I cannot assure the board that the national 95% MMR target will be delivered. Further up to date information on all childhood vaccination including MMR and further actions to improve the uptake will be presented later as this becomes clearer.

(b) **Measles, mumps and rubella (MMR) Immunisation - Berkshire**

In April 2013 The Department of Health, Public Health England and NHS England jointly launched a campaign aiming to drive up demand for MMR vaccination. This was in response to an increase in the number of measles cases in England over the last two years with an annual total of 1,920 confirmed cases in 2012, the highest annual figure since 1994. There is a high rate of measles cases among teenagers, which has not been experienced in previous years. The 10 to 16 year old age group are mostly affected by the adverse publicity relating to MMR vaccine between 1998 and 2003 and therefore there are larger numbers of children of this age unimmunised or partially immunised against measles. This creates the potential for school based outbreaks as seen in Swansea and the north east of England

Although there has not been an increase in confirmed cases in Thames Valley there is still the potential for outbreaks particularly in those areas where coverage of MMR immunisation has been low in the past.

One dose on MMR vaccine is 90-95% effective at protecting against measles infection. Two doses will protect 99% of those immunised. There is a national target to immunise 95% of children with one dose of vaccine by the age of 2 years and 2 doses of vaccine by the age of 5 years.

(c) Immunisation among 10-16 year olds

Nationally it is estimated that as a result of the campaign the number of 10-16 year olds immunised against measles has increased by 1%. This data is not available at local level.

Since the beginning of July, coverage information on children up to the age of 18 years has been collected by Public Health England through the Immform weekly and monthly sentinel surveys. This system extracts information directly from a number of GP clinical systems.

It has been recognised nationally that obtaining accurate information on the coverage of MMR immunisation in 10-16 year olds is very difficult. Data on both General Practice clinical systems and Child Health Information systems becomes less accurate as children get older. As families move around the country or move in from abroad immunisation histories are less likely to be entered onto computer systems once a child is beyond the age of the routine immunisation programme.

Previous audits of records, including some work carried out locally by the public health team have estimated that 30 - 50% of 10-16 year olds whose electronic records identify them as *unimmunised* have actually had MMR immunisation. A national audit is about to start sampling records of 24 upper local authorities across England to estimate the magnitude of under recording. The results of this audit will be available in the autumn.

The proportion of children unprotected against measles was estimated to be over 14% in Slough and South Reading (data taken from Immform sentinel survey week ending 27th July 2013). These figures have not been adjusted to reflect the under-recording of immunisation discussed above.

Even allowing for under-recording, most areas would still be below the target of 95% children having at least one dose of MMR. The coverage in Slough and South Reading is of particular concern.

(d) Audit of MMR practice data among 10-16 year olds - Slough

In order to investigate the level of and potential reasons for under-recording, an audit of a small number of practices was undertaken with the aim of to evaluating the records of 80 children (aged 10-16yrs) who are coded as unvaccinated at 4 GP practices in areas of Thames Valley with low MMR uptake.

(e) Audit Aims

- To collect accurate data on MMR vaccination to enable efficient use of resources in phase 2
- To identify truly unimmunised children and offer immunisation appointments

- To identify reasons for poor immunization rates in certain areas of Thames Valley and to help design ways to improve this

(e) **Audit Methods**

Practice selection

Slough and South Reading CCGs have the highest rates of MMR unimmunized 10-16 year olds as of 18th August 2013 i.e. 13.4% and 13.6% respectively.

Four practices were selected to take part in the audit, two of which are in Slough CCG. They are:

- Bharani Medical Centre, 450 Bath Road, Cippenham, Slough, Berkshire, SL1 6BB
- Dr Kumar Mh & Partners, 16-18 Lansdowne Avenue, Slough, Berkshire, SL1 3SJ

Verbal permission was obtained from GP practice managers to access patient records and to contact parents directly. The project was approved by local authorities and the CCGs involved.

Step 1: Record review

Twenty 10-16 year olds coded as unvaccinated on GP systems were selected randomly from each practice. The age breakdown of the selected children are:

- 8 children from the 10-12 yr age group
- 6 children from the 13-14yr age group
- 6 children from the 15-16yr age group.

The following data was extracted for each child where available:

Name, Surname, NHS Number, DOB, Sex, Patient registered at which GP, Telephone number, Evidence of immunization documented in written electronic clinical notes, Evidence of immunization in scanned records, Evidence of immunization in paper records, Reason for discrepancy in data, 1st dose MMR + date, 2nd dose MMR + date, Single (1 or 2) measles vaccine doses dates, MMR vaccine appointment offered by letter previously.

Step 2: Follow up

Steps were taken to contact the parents / guardians of those children identified in the audit in order to collect further information;

- What was the number of attempts made to contact guardian / time taken per consult?
- Would they like to book a vaccination appointment with the GP? yes/no
- Which school does the child attend?
- Where would it be most convenient to get a vaccine?
- Reason for patient to remain unvaccinated? E.G.: Personal choice / Clinical reasons / others: please specify

(f) **Audit Results - Slough**

Record review

For the two Slough practices **55% and 75% of 10-16 year olds audited (on the basis of being recorded as unimmunised on the clinical audit system) actually had a record of MMR vaccination in their electronic notes.** There were no instances of MMR being recorded in scanned notes and only one instance of MMR recording in paper notes. The proportion of parents / guardians who had been sent a previous MMR letter was 67% in one practice and over 93% in the other.

Practices were given the updated results to enable them to update their electronic databases and were given a list of patients who would like or will be making an immunization appointment to be contacted. GP practices are following up these children to get them vaccinated as soon as possible.

The main reason for the discrepancy in both Slough practices was a software issue. The clinical audit system (Clinical audit version 25) cannot currently capture electronic coding of MMR accurately from electronic clinical records. Templates are on version 26. Vision Version 4.41 (DLM) needs upgrading to version 4.5.

This issue has been discussed with the Practice Managers and concerns have been raised with relevant authorities. They are working to upgrade the system within the next few months.

Follow up

As the majority of individuals had a record of MMR, there were small numbers of parents to contact for follow up (<10 per practice). Unfortunately only a small proportion of these were successfully contacted. MMR was confirmed in one case. It has therefore not been possible to explore reasons for non-immunisation with this cohort. This list was handed over to the GP practices to follow them up and update the children's records in their system including the contact details of these children.

6. **Progress in other ongoing MMR catch-up work streams**

A school-based campaign is currently underway across Berkshire to ensure Berkshire students' immunisation status is checked and any outstanding MMR immunisations should be offered along with the school leaver's booster vaccination. School nurses will be expected to liaise with GP practices to ensure patient records are updated with any new immunisations given. This will mirror the situation in neighbouring counties i.e. Buckinghamshire and Oxfordshire. The Area Team will require assurance from providers that they are improving and sustaining 'routine opportunities' (e.g. MMR is being offered to everyone in every school alongside routine School Leavers' Booster)

7. **Comments of Other Committees / Priority Delivery Groups (PDGs)**

No other committees or PDGs have been involved in this work.

7. **Conclusion**

The Board is asked to note the report and acknowledge the progress of the MMR catch up programme and the local audit which will inform phase 2 of the programme.

8. **Appendices Attached**

None

9. **Background Papers**

None.