



South West Collaborative  
Commissioning Hub

# Maximising Immunisation Uptake in the South West

Implementing NICE (NG218) guidance into practice

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# Introduction

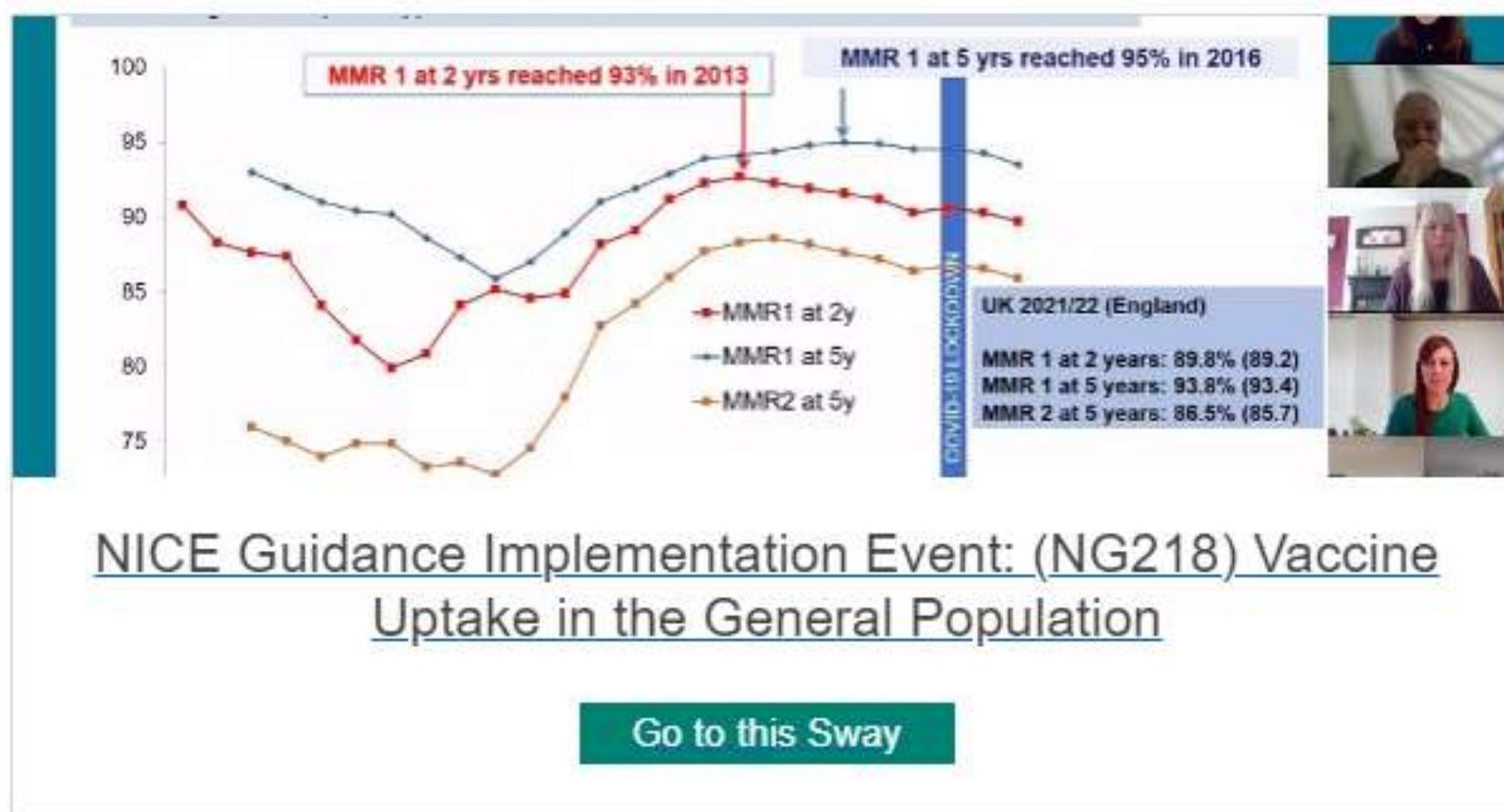
## NHSE South West Vaccination & Screening Team

- Commissioning of population screening and immunisations programmes, Child Health Immunisation Service (Section 7A)
- Addressing health inequalities
- Improving coverage and uptake
- Quality Improvement
- Management of incidents
- Immunisation Clinical Advice and Response Service
- Training
- Contribution to management of vaccine preventable disease outbreaks





# Training: NICE webinar for stakeholders



"A better understanding of how NICE guidance applies to MRES and how it can be applied to MMR uptake".

"A better ability to navigate the NICE website. The flowcharts and audit tools looked helpful, and we will certainly use these in the future".





# Integration into our MMR Action Plan

"Increase uptake and reduce variation by prioritising improvement and taking action that moves us towards achieving 95% coverage of 2 doses of MMR vaccine by 5 years, and regaining WHO measles elimination status"

NHS England South West MR Elimination Strategy Group Action Plan 2023/24 - Draft								Status Key
<small>Version 1</small> <small>Author: Alison Mackenzie/Lucy Bond</small> <small>Date: 29/06/2023</small> <small>Review date:</small>								
This action plan includes recommendations from the following documents: national MRES strategy, PHE Immunisation Inequalities Strategy, original SW MRES action plan 2019/20, <b>NICE NG218</b> , national quality standard 145, and national NHS England MMR improvement plan								
NHS England South West Vaccination and Screening team (previously know as Integrated Public Health Commissioning Team = NHSE VAST)								
Ref.	Link Guidance	Workstream	Responsible (IPHCT Workplan or system/MIUG)	Priority	Action/Task	Lead/Owner	Date Due	STATUS
1.3	(NG218) Nice increasing uptake in the general population	Data & Performance	NHSE VAST CHIS workplan	High priority for operational, performance and inequalities purposes.	Working with SWCSU CHIS to develop bespoke interactive BI MMR (and eventually other routine child imms) dashboards showing granular data to inform MIUG action planning and system level targeted interventions. Will require different processes for Dorset CHIS.	AlMac	30/06/2023	In Progress
1.4	(NG218) Nice increasing uptake in the general population	Data & Performance	Systems-MIUG	High priority for operational and inequalities purposes.	LA PH intelligence teams (PHIT) and ICB business intelligence teams to supply to MIUG/VAST relevant JSNA/ local demographics and other data to better understand local issues and needs in order to support the development of MIUG imms uptake strategic aims, priorities and action plans.	MIUG	Ongoing	In Progress

# Maximising Immunisation Uptake Groups

## Aims



To develop a community of practice where we share learning, build trust and are able to create safe and innovative opportunities which are impactful

To develop an intelligence-led approach to create a compelling narrative to narrowing the gap in all immunisations across BNSSG recognising the inequalities in coverage

To take an engagement and asset-based approach, reaching deeper into communities where coverage is low, strengthening trust, understanding and confidence so that we learn what our population wants and needs and are able to remove the barriers to access

Using our relationships and understanding of our communities to ensure that is timely and acceptable

## Workstreams

Task and finish	Project	When
Development of an action plan	Development and implementation of a joint action plan, building on Maximising Immunisation Uptake Group plan	May 2023
Mapping of existing project work	Collate existing work to increase vaccination uptake across BNSSG	July 2023
Immunisation data	Review of population level vaccination dataset to identify priority areas	June 2023
PCN engagement	Work with PCNs to optimise existing models of delivery, with enhanced focus on PCNs with lowest uptake of MMR	March 2024
Maximising uptake – closing the gap	Working with communities to identify opportunities to improve access and uptake including <ul style="list-style-type: none"> <li>MMR community leaders training</li> <li>Somali MMR video</li> <li>Holistic wellbeing offer: Sirona community hubs</li> </ul>	March 2024
Comms and engagement	To agree joint comms plan to support agreed initiatives	September 2023

## How does this fit with national priorities?



Focus on areas of deprivation



# Case studies

## Targeted work with GP practices:

- **A behavioural insights approach**  
Non-responders written to with BI reminder letter
- Nursing staff given motivational interviewing training before phoning patients
- 27% appts booked, 19% vaccinated

## Holistic approaches

- COVID vaccines offered alongside a community clinic led by Caafi Health offering health checks, advice and support
- Also offering food, chat and liver scans '*Alright me Liver*' project

## MMR engagement event with Somali community

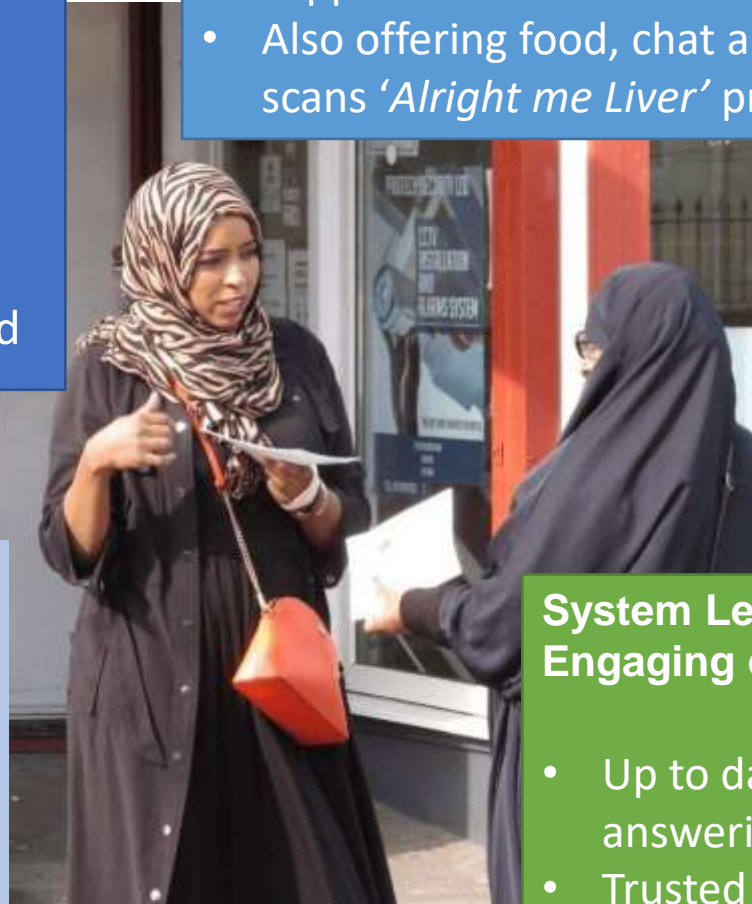
- Open conversation forum with multi-disciplinary experts for community

## Commissioning: 2-3 Year Flu vaccination pilots

- PCN delivery
- Community centre setting
- School Age Immunisations team to enable sibling vaccination

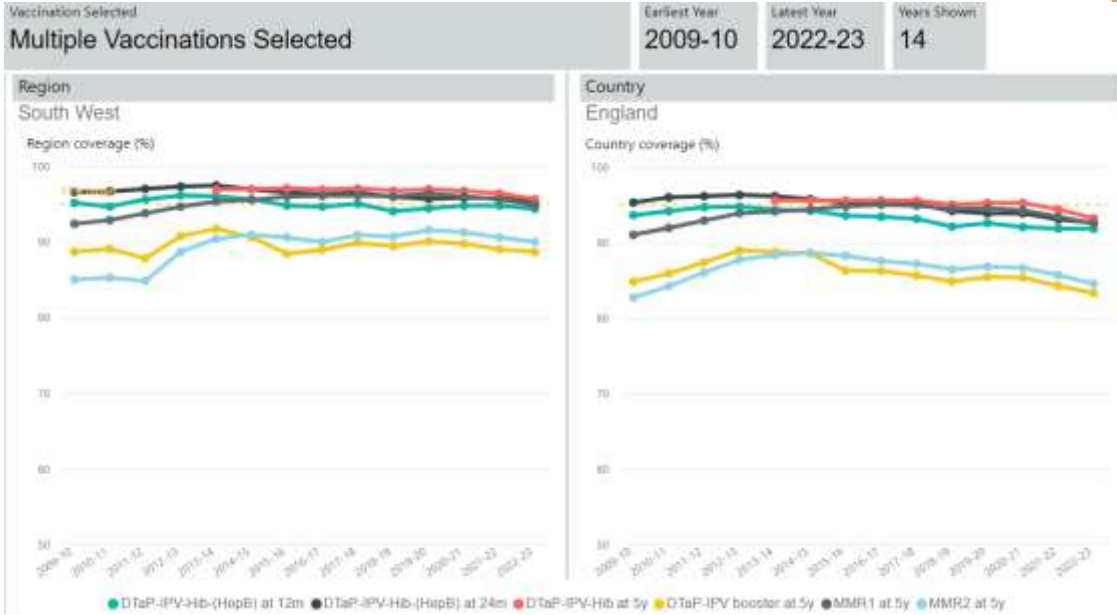
## System Leadership: Engaging community champions (MMR)

- Up to date information on MMR, answering FAQs
- Trusted voices fully informed to support conversations in the community





# Regional projects



## Conversations to Build Trust in Vaccines

**Have confident vaccine conversations**  
 A guide for health, social care and public health professionals



Improving Immunisation Uptake Team



...there is greater trust, vaccine uptake is higher, in part because of the support by healthcare professionals. It is important to have a representative of the community that they are talking to. If you are self worried about the vaccine, speak to your GP or colleagues for information and reassurance.

### Preparation is key

It may feel like a big responsibility to support people but reading all the trusted resources available to you will help you feel more confident about the topic.

**Have information to hand:** Create your own resource pack, with FAQs, model Q&As and key messages, so you feel prepared. The resources [here](#) can support your conversations.

**Use trusted community or cultural spaces,** if you can, such as schools, community centres, ethnic food stores, food banks, Saturday schools, places of worship or take an opportunistic moment with your patients and allot enough time to have the conversation. Choose somewhere where you are both comfortable.

**Work closely with local influencers** such as community and faith leaders, utilising them as facilitators to bridge the gap and build trust by...

### Active listening and open questions are key

**Making Every Contact Count** – it takes people at least three instances of communications before they begin to process information.

**Start the conversation with open questions** such as "How do you feel about the vaccination?" or "Are you happy to have a chat about the vaccine?" and remember that people have the right to refuse your advice.

**Make time to listen, understand real concerns** and focus on providing evidence-based information and answers to questions for people to make an informed decision, rather than 'pushing' the vaccine.

**Help find solutions to barriers:** Ask if there is a practical reason stopping them from attending an appointment to have the vaccine and support them to find solutions.

**Planting the seed:** If people continue to be hesitant, provide information and resources to help them make their own decision.

**Don't know:** Never be afraid to say, "I don't know." Tell...





# Reflections on undertaking this work

- ✓ Evidence to support planning, interventions, investments
- ✓ Systematic approach
- ✓ Self-assessment
- ✓ Challenge what we are doing
- ✓ Audit tool helpful
  
- ❑ Large piece of work
- ❑ Guidance difficult to distil – useful to separate actions by organisation
- ❑ Data not always available to provide assurance
- ❑ Challenging asking external stakeholders to complete a baseline audit



## Next steps

- Action plan for recommendations only partially met – review with re-audit
- Action at place level to increase vaccine uptake
- Evaluation of interventions to further build evidence base
- Better assurance processes for quality standards
- Sharing progress with stakeholders
- Ensuring Increasing Immunisation Uptake Team are using evidence based approaches in line with NICE guidance



# Thank you

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