# Primary Care Needs Assessment tool: indicator review

Google Chrome is advised to ensure this page displays/ functions as intended.

ⓘ You are now reviewing the PCNA indicator(s) for: **Uptake of childhood vaccination**

ⓘ **Caution**: The information on this page is provided for testing purposes and may be subject to amendment. It may contain errors or not be fully reflective of consensus public health advice or relevant services, therefore should only be used with care.

## STEP A Strategic context

ⓘ Consider the national strategic context for prioritising improvement action in this area (in conjunction with your health board's IMTP and Regional Partnership Board's Area Plan):

- It is important that all children and babies are fully immunised to protect them from potentially serious diseases; once common illnesses, such as diphtheria and tetanus, are now rare in the UK because of immunisation.
- The *Green book* (link) notes that whilst the primary aim of immunisation is to protect the individual receiving a vaccine, vaccinated individuals are less likely to be a source of infection for others reducing the risk of infection for unvaccinated individuals. When vaccine coverage is sufficient to induce a high level of population immunity (herd immunity) infections can be eliminated. However, diseases could return if high coverage is not maintained.
- Indicators for this topic are reported via Primary Care Measures and the NHS Wales Delivery Framework.

▼ PCM national variation

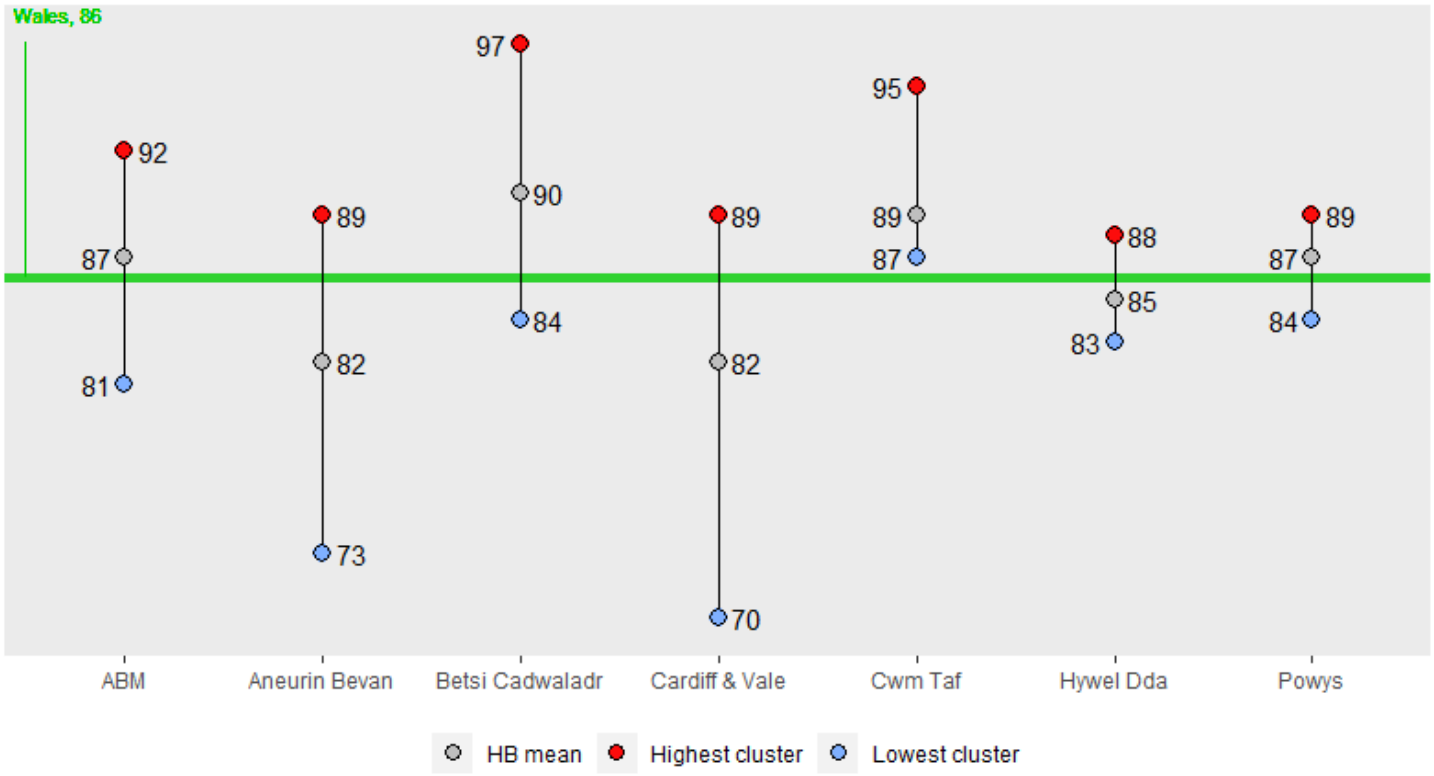
ⓘ Primary Care Measures (PCM) are a set of care quality indicators for primary care in Wales. The charts below emphasise variation between and within health boards; for further information see here. Beneath the charts are improvement action options that may inform cluster IMTPs. Variation is a natural phenomenon and can be healthy e.g. it can be a deliberate result of innovation in primary care settings that seeks to test improvements in processes or deliver better care outcomes. Variation that is observed in a healthcare context may be referred to as *inequality*; inequality that is judged to be both avoidable and socially unjust is termed *inequity* (sometimes alternatively described as *unwarranted variation*).

Variation in uptake proportion of the 5-in-1 vaccination at one year, by cluster within each health board, 2017/18 (*Source*: PCIP, Nov 2019):


Variation in uptake proportion of the 5-in-1 vaccination at one year, by cluster within each health board, 2016/17 (*Source*: PCIP, Nov 2019):

Baseline 2016/17 data overwritten on PCIP; unable to chart

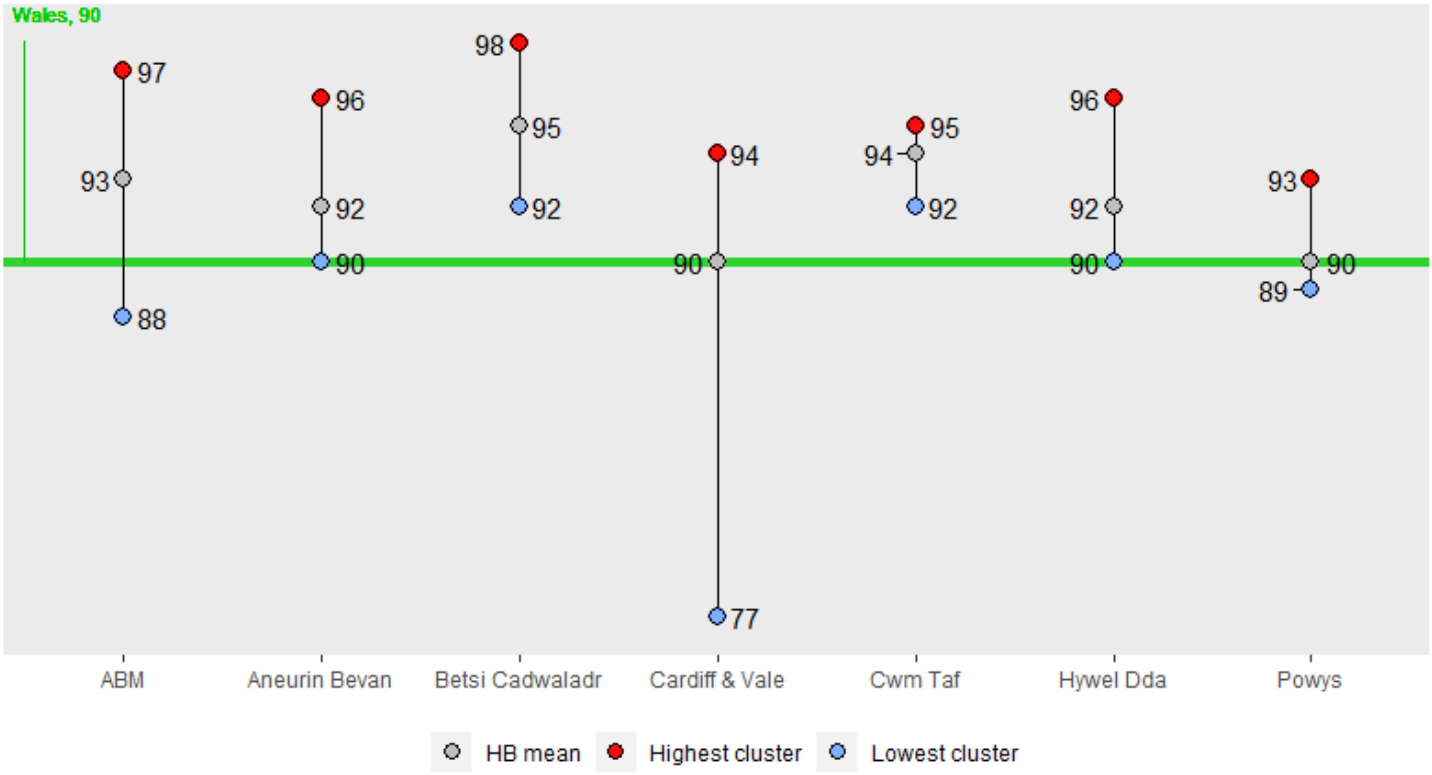
Variation in uptake proportion of the scheduled childhood vaccinations at age 4, by cluster within each health board, 2017/18 (*Source*: PCIP, Nov 2019):




Variation in uptake proportion of the scheduled childhood vaccinations at age 4, by cluster within each health board, 2016/17 (*Source*: PCIP, Nov 2019):

Baseline 2016/17 data overwritten on PCIP; unable to chart

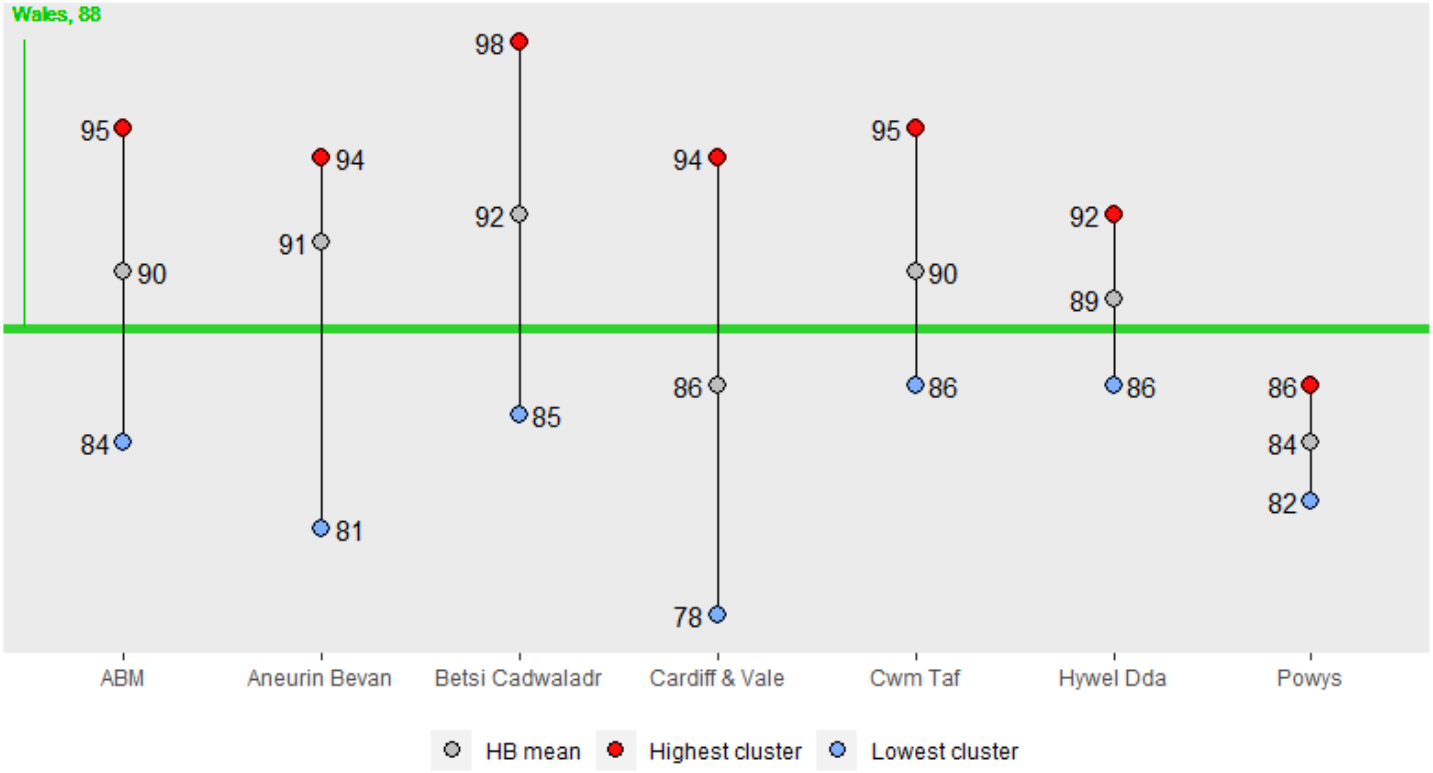
Variation in uptake proportion of children receiving two doses of MMR vaccination by age 5, by cluster within each health board, 2017/18 (*Source*: PCIP, Nov 2019):




Variation in uptake proportion of children receiving two doses of MMR vaccination by age 5, by cluster within each health board, 2016/17 (*Source*: PCIP, Nov 2019):

Baseline 2016/17 data overwritten on PCIP; unable to chart

Variation in uptake proportion of children receiving two doses of MMR vaccination by age 16, by cluster within each health board, 2017/18 (*Source*: PCIP, Nov 2019):




Variation in uptake proportion of children receiving two doses of MMR vaccination by age 16, by cluster within each health board, 2016/17 (*Source*: PCIP, Nov 2019):

Baseline 2016/17 data overwritten on PCIP; unable to chart

▼ ⓘ Tell me about: Prevention

Definitions:

- Zola's river analogy is a useful way of thinking about prevention of ill health (Zola 1970). It describes **primary** prevention (stopping everyone from falling into a river and coming to harm e.g. never smoking), **secondary** prevention (ensuring any individuals at risk who do fall in get to safety quickly; minimising the chance of complications through early identification and intervention e.g. screening) and **tertiary** prevention (search-and-rescue for those taken downstream; mitigating the worst consequences of established disease e.g. vascular surgery).
- The Welsh Government definition of prevention is broader: working in **partnership** to co-produce the best outcomes possible, utilising the strengths and **assets** people and places have to contribute.

*Building a healthier Wales* (Feb 2019) sets out six key principles for implementing prevention in Wales:

- Adhere to the **five ways** of working (as outlined in the Well-being of Future Generation Act).
- Commit to investing in **evidence-based** interventions (where available or evaluate small and scale up if appropriate).
- Ensure evidence-based interventions have sufficient **scale** and **reach** to make a measurable population impact and to reduce inequalities.
- Ensure services are provided to a sufficient **quality** to achieve the best possible **outcomes** for each intervention; continually improve by drawing upon quality improvement techniques.

- Balance intervention benefits for **short and long-term** outcomes (including investing in one sector to realise a return in another).
- Optimise **value** by taking an agile approach to evaluating interventions and approaches and disinvesting in those that do not yield benefit/ value.

▼ ⓘ Tell me about: Uptake

- A proportion, expressed as a percentage, where the numerator is a count of those receiving an intervention (e.g. vaccination, screening test), and the denominator is a count of those in the eligible population.


# Improvement actions for GP practice cluster members

ⓘ Consider which of the following actions could be taken forward:

▼ **Make every contact count by opportunistically asking about vaccination intent**

- Making Every Contact Count (MECC) is an all-Wales approach to behaviour change, utilising day-to-day interactions, to support people to make positive changes that improve their physical and mental health and well-being.
- MECC is focussed on behavioural risk factors, vaccination uptake and mental health and well-being.
- Consider encouraging practice staff to acquire MECC skills. For MECC e-learning (to level 1) see here [ESR or other login/ registration required]. For MECC training contacts by health board, see here [intranet].
- Brief intervention by staff in regular contact with people at risk (e.g. due to behaviours or socio-demographic characteristics) is promoted in NICE guidance (PH49); this involves discussion, negotiation or encouragement often given opportunistically, and could support an informed choice to receive vaccination (where eligible).

▼ **Learn from practices with high uptake and support practices with low uptake**

- Enhanced COVER data [link; intranet] presents childhood immunisation uptake rates, for health board and at GP cluster level for additional ages to enable health boards and clusters to estimate uptake figures that will be reported in future national quarterly COVER reports and take steps to increase uptake, or improve local data quality if necessary.

▼ **Ensure awareness and implementation of NICE guidance/ quality standards**

- *Immunisations: reducing differences in uptake in under 19s*. Public health guideline [PH21] (Published date: September 2009 Last updated: September 2017) includes recommendations suitable for adoption by healthcare professionals. This guideline covers increasing immunisation uptake among children and young people aged under 19 years in groups and settings where immunisation coverage is low. It aims to improve access to immunisation services and increase timely immunisation of children and young people. It also aims to ensure babies born to mothers infected with hepatitis B are immunised.
- *Vaccine uptake in under 19s*. Quality standard [QS145] (Published date: March 2017) sets out five quality statements, any of which could form a focus for collective local improvement action. This quality standard covers increasing vaccine uptake among children and young people aged under 19 in groups and settings that have low immunisation coverage. It describes high-quality care in priority areas for improvement.


# Improvement actions for wider cluster members

ⓘ Consider which of the following actions could be taken forward:

▼ **Make every contact count by opportunistically asking about vaccination intent**

- Making Every Contact Count (MECC) is an all-Wales approach to behaviour change, utilising day-to-day interactions, to support people to make positive changes that improve their physical and mental health and well-being.
- MECC is focussed on behavioural risk factors, vaccination uptake and mental health and well-being.
- Consider encouraging staff in the wider cluster to acquire MECC skills. For MECC e-learning (to level 1) see here [ESR or other login/ registration required]. For MECC training contacts by health board, see here [intranet].
- Very brief intervention by staff in contact with the general public is promoted in NICE guidance (PH49), in the form of "ask, advise, assist" to inform people about services or interventions that can help them improve their general health and well-being; this could support an informed choice to receive vaccination (where eligible).

▼ **Learn from clusters with high uptake**

- Enhanced COVER data [link; intranet] presents childhood immunisation uptake rates, for health board and at GP cluster level for additional ages to enable health boards and clusters to estimate uptake figures that will be reported in future national quarterly COVER reports and take steps to

increase uptake, or improve local data quality if necessary.

### ▼ Improve local data quality

- Audit against agreed national standards [link] that aim to provide consistency in the administrative and data collection procedures associated with routine childhood immunisation across Wales e.g. completion of scheduled and unscheduled immunisation computer returns to CHIS.

### ▼ Ensure follow up of preschool children who are outstanding routine immunisation

- Review All Wales Health Visitor good practice guidelines for the follow up of preschool children who are outstanding routine immunisation [link].

### ▼ Ensure immunisation of school age children is provided consistently

- *A school nursing framework for Wales* [Welsh Government 2017; link] includes a set of immunisation standards for school age children in Wales (Appendix 3) that aim to ensure consistency in the provision of immunisation services for school age children, improve immunisation uptakes and reduce inequalities.

### ▼ Ensure awareness and implementation of NICE guidance/ quality standards

- *Immunisations: reducing differences in uptake in under 19s*. Public health guideline [PH21] (Published date: September 2009 Last updated: September 2017) includes recommendations suitable for adoption by people how work in local authorities, schools, colleges, workplaces, and the private, voluntary and community sectors. This guideline covers increasing immunisation uptake among children and young people aged under 19 years in groups and settings where immunisation coverage is low. It aims to improve access to immunisation services and increase timely immunisation of children and young people. It also aims to ensure babies born to mothers infected with hepatitis B are immunised.

- *Vaccine uptake in under 19s*. Quality standard [QS145] (Published date: March 2017) sets out five quality statements, any of which could form a focus for collective local improvement action. This quality standard covers increasing vaccine uptake among children and young people aged under 19 in groups and settings that have low immunisation coverage. It describes high-quality care in priority areas for improvement.


# What is happening in Wales?

ⓘ Consider whether shared learning/ local experience might guide your own implementation of the evidence:

▼ **Ensure vaccination information is accessible**

- *What problem was being addressed?* Need to improve childhood immunisation uptake.
- *What was done to address it?* To target specific health needs in our cluster we have worked with Public Health Wales to improve our childhood immunisation uptake by providing literature for patients in a variety of languages that are spoken across the cluster. This has been well received by patients and we have tried to embed innovative forms of health promotion communication with specific patient groups taking into consideration the ethnic, social and sometimes transient nature of our cluster population.
- *Who did it or who can be contacted in the event of queries?* Cardiff City and South cluster (Dr Mohammed Naseem).
- *Source?* Primary Care Clusters 2019 (yearbook) [link].

▼ **Placeholder project description**

- *What problem was being addressed?* Placeholder.
- *What was done to address it?* Placeholder.
- *How does this evidence good practice?* Placeholder.
- *What key learning can be shared?* Placeholder.
- *Who did it or who can be contacted in the event of queries?* Placeholder.

ⓘ Have something to share? Please let us know here.

ⓘ **Caution**: Any text entered into the following sections will not be saved if you navigate away from this page, or close the browser window before selecting PRINT.


# What do you know about community views on this?

ⓘ Consider any relevant citizen/ community voice information (e.g. from surveys, complaints, engagement events, or your health board's well-being or population needs assessments). Summarise this into the following box:

Type here


# What assets or partnership opportunities can you identify?

ⓘ Consider any relevant local assets or potential partner organisations that might facilitate co-production. Summarise this into the following box:

Type here


# Do you need more data before making a decision?

ⓘ If relevant, consider any additional data (or information) requirements that might ensure a more informed decision on determining action. Summarise this into the following box:

Type here


# What is your provisional decision?

ⓘ Having reviewed indicator data on local needs and considered evidence-informed quality improvement options, please record initial thoughts on proposed actions. You may also wish to record related thoughts around potential service models, capacity requirements, workforce development or financial considerations. Ideally, discuss these with both the wider cluster and with your local public health team (LPHT). Summarise your proposals for action into the following box:

Type here

ⓘ Now PRINT this page (e.g. to PDF) so you have a record of your entries (Steps E-H). You may then close the Print view browser window and return to the PCNA workbook to review another indicator.