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Improving Immunisation Coverage

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Purpose

To share an excellent model of practice for improving immunisation coverage

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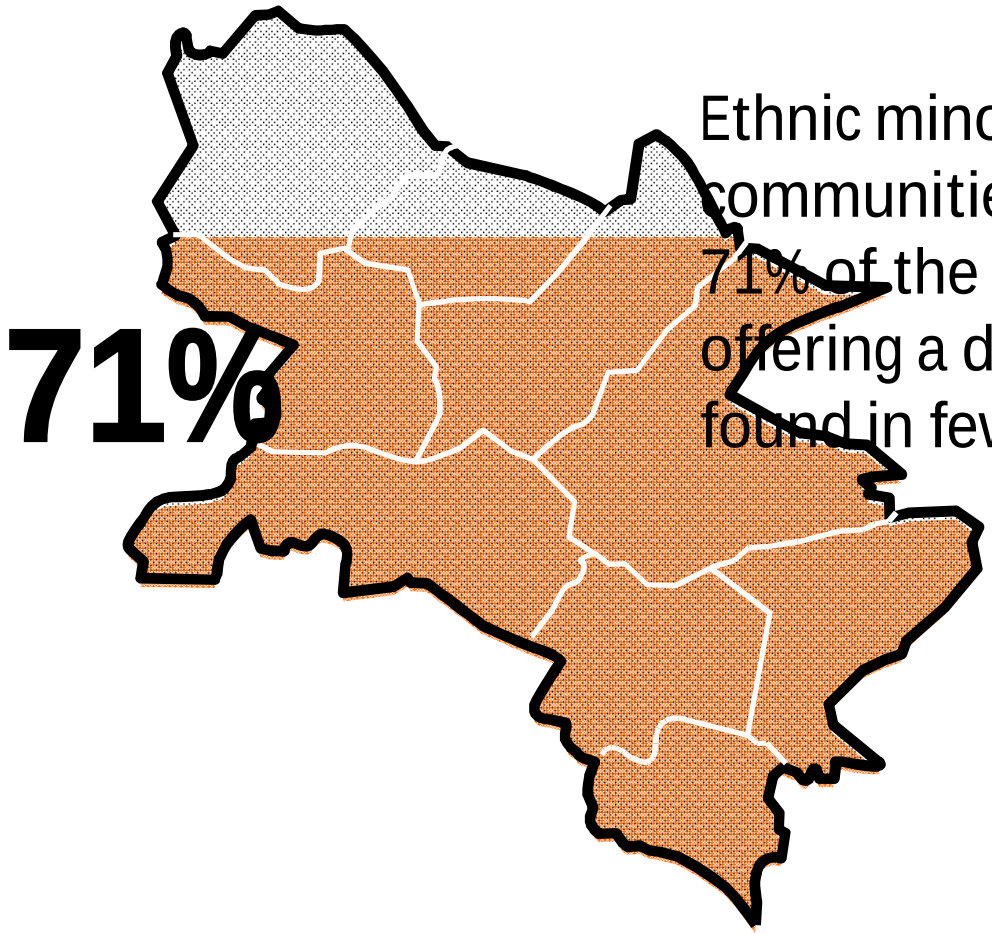
Background
to
Heart of Birmingham
Failsafe Programme

The Heart of Birmingham Area



Ethnic minority communities make up 71% of the population, offering a diversity found in few other cities

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Christmas 2004:

>65 year
flu coverage <50%

Jan 2004:

MMR (COVER 24 month)
coverage <80%

It needn't be that way!!

Christmas 2007:

>65 year
flu coverage = 80%

Jan 2008:

MMR (COVER 24 month)
coverage = 94%

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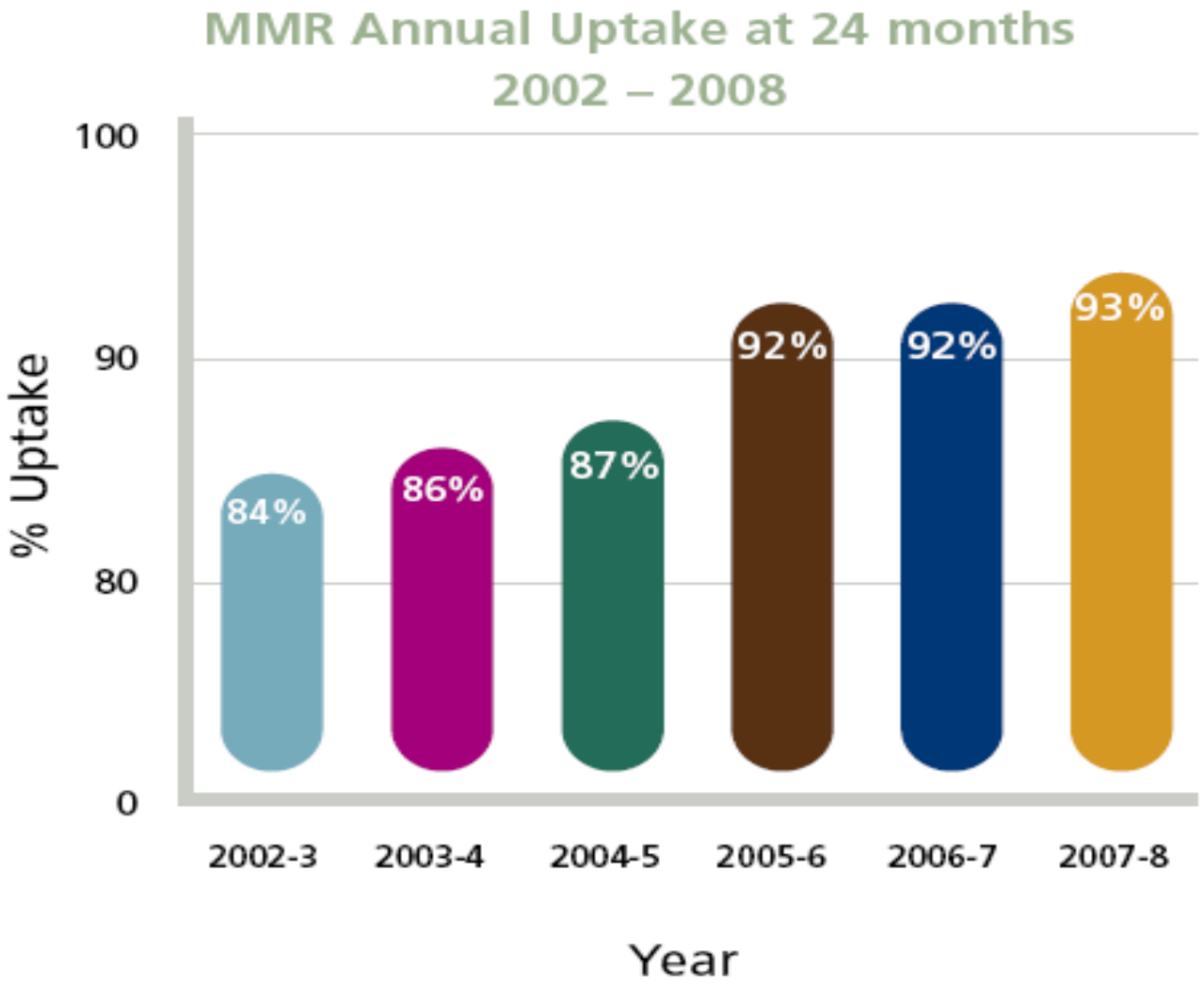

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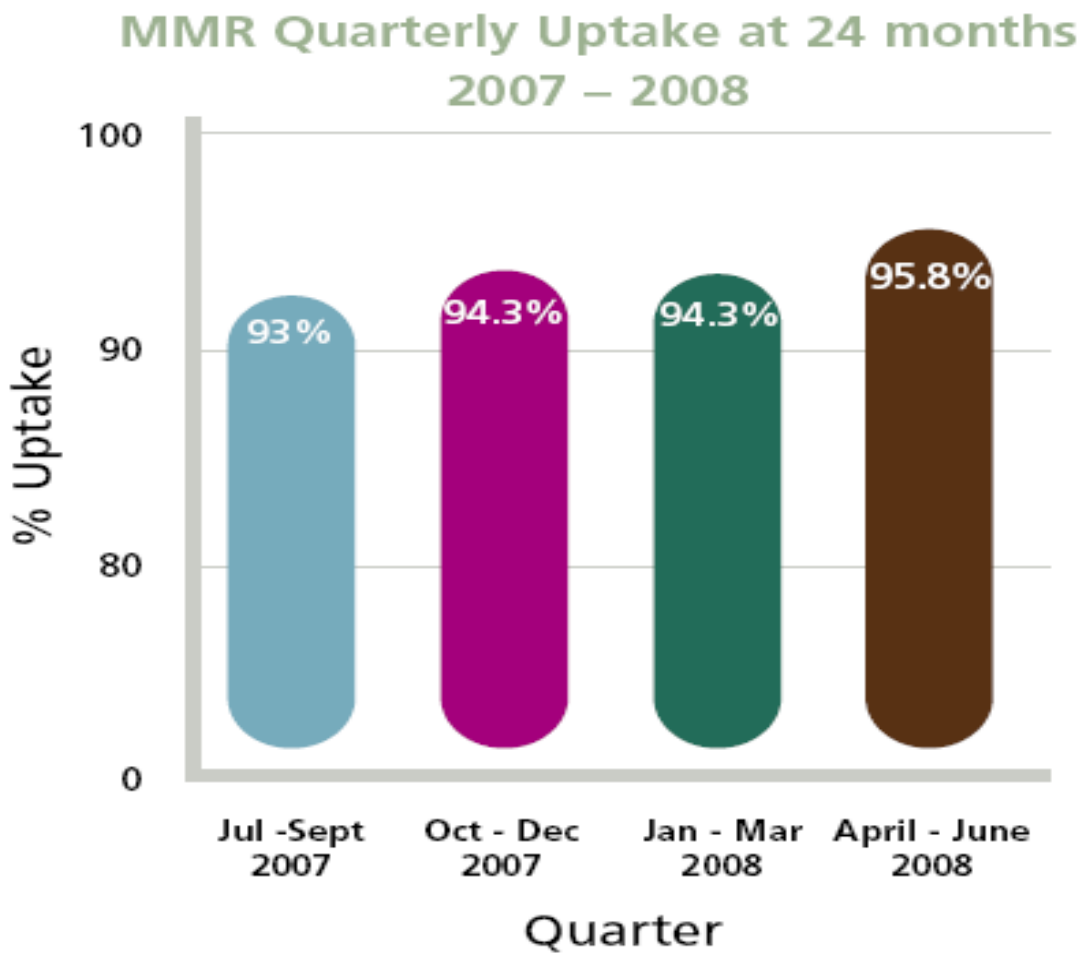

Key elements of good organisation

Good Leadership

Accurate patient contact details

Good Contact strategy

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Failsafe Programme

Improving performance in vaccinations (Numerator) in:

- General Practice
- Community clinics

Improving Data Management (Denominator):

- Correct and up to date Denominator Data – list of children
- Scheduling children
- Correct numerator data on GP clinical systems and on Child Health System
- Home visiting

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Excellent Communication Strategy

Internal Primary Care

External organisations

Service users

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We are all in this together!

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Immunisation is everybody's business...

- GPs
- Practice Nurses
- Practice Managers
- Health Visiting Teams
- School Nursing Teams
- Looked After Children's Team
- Safeguarding Teams
- Children's centre
- Social Workers

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Innovation in Immunisation Programmes

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Innovation in Immunisation Programmes

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Influenza

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Influenza – The failsafe Programme

- Identify under performing practices - Traffic light system
- Ordering sufficient vaccines: > 65 + CHD
- Training practice staff to interrogate systems (DOH)
- Removal of ‘ghost’ patients
- Correct patient telephone numbers
- Nursing support

Influenza case study

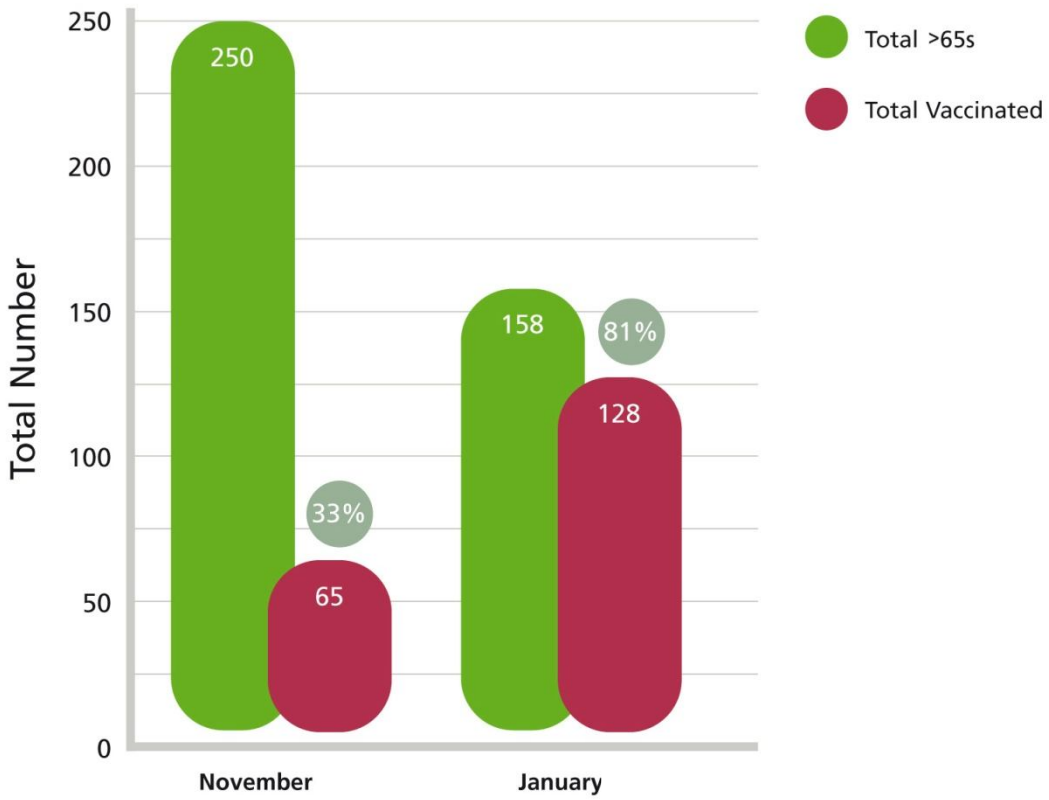

Fig 12. Flu Programme Performance

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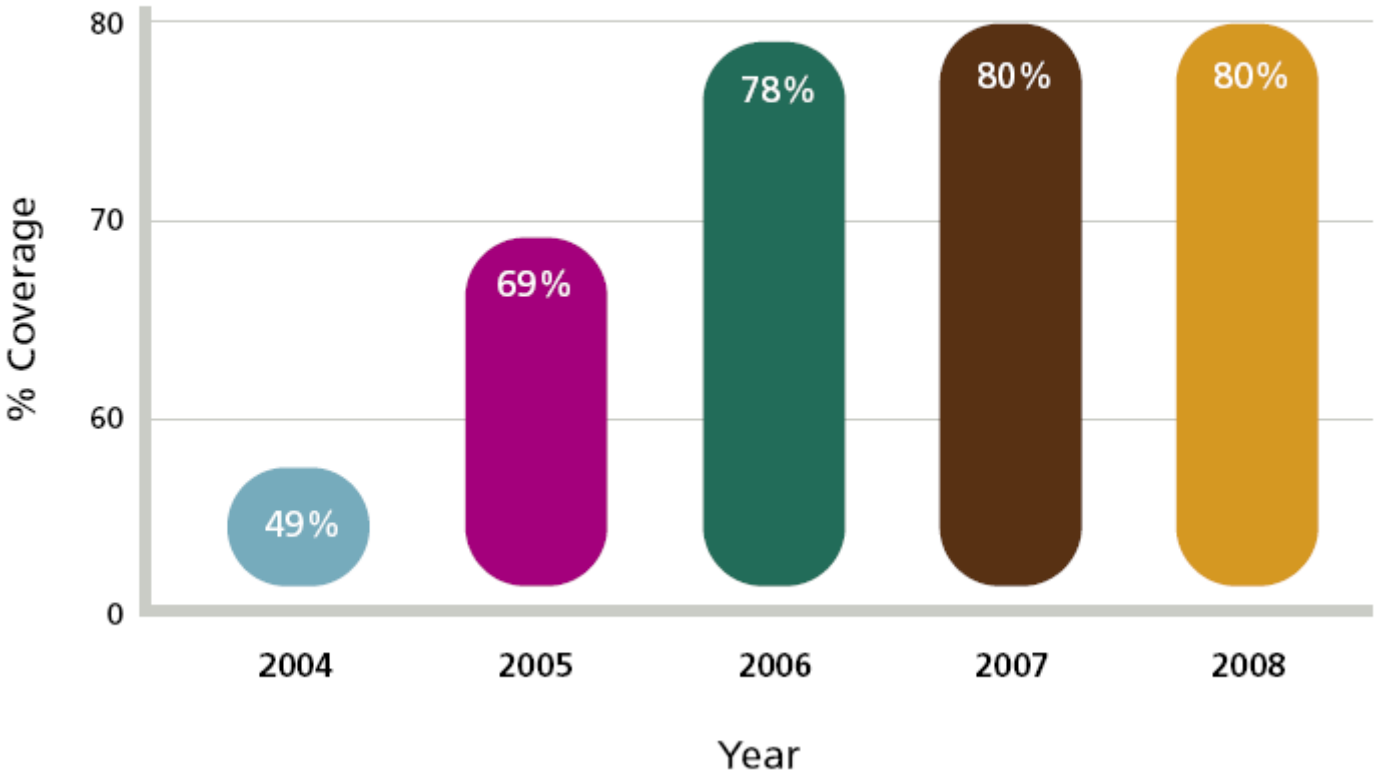
Flu Vaccination Coverage 2004 - 2008



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Improving Childhood Immunisation Coverage in London

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Immunisation support in PCTs

- Diagnostic exercise
- Part of immunisation steering group
- Formulate an action plan
- Implement action plan
- Create failsafe process
- Create failsafe team
- Workshops for professionals

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Immunisation support in practices

- Create a training manual
- Encourage practices to have a named lead for immunisation and also a named person for the organisation of the programme
- Audit scheduling and recall for children

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Audit immunisation data

- Convert to correct read codes
- Reconcile data to Child Health System
- Ensure practices are using the correct immunisation template
- Ensure practices are regularly sending immunisation data to child health
- Joint working with HV teams

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Key findings

Structure

- Nursing time
- Administration of the programme
- Working relationship with other professionals – HV Teams

Processes

- Scheduling appointment – Child Health Systems (RiO & CHIA)
- Insufficient children appointed
- Recall – DNA Policy?
- New registrations – UK and Abroad

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Outcomes – Data

- Poor Read coding
- Recording in Lloyd George records
- Using correct immunisation templates
- Patients no longer registered with practices OR resident in PCT boundary

Example of improved coverage in London

Visit 1: 04 Nov 2008

9 weeks later

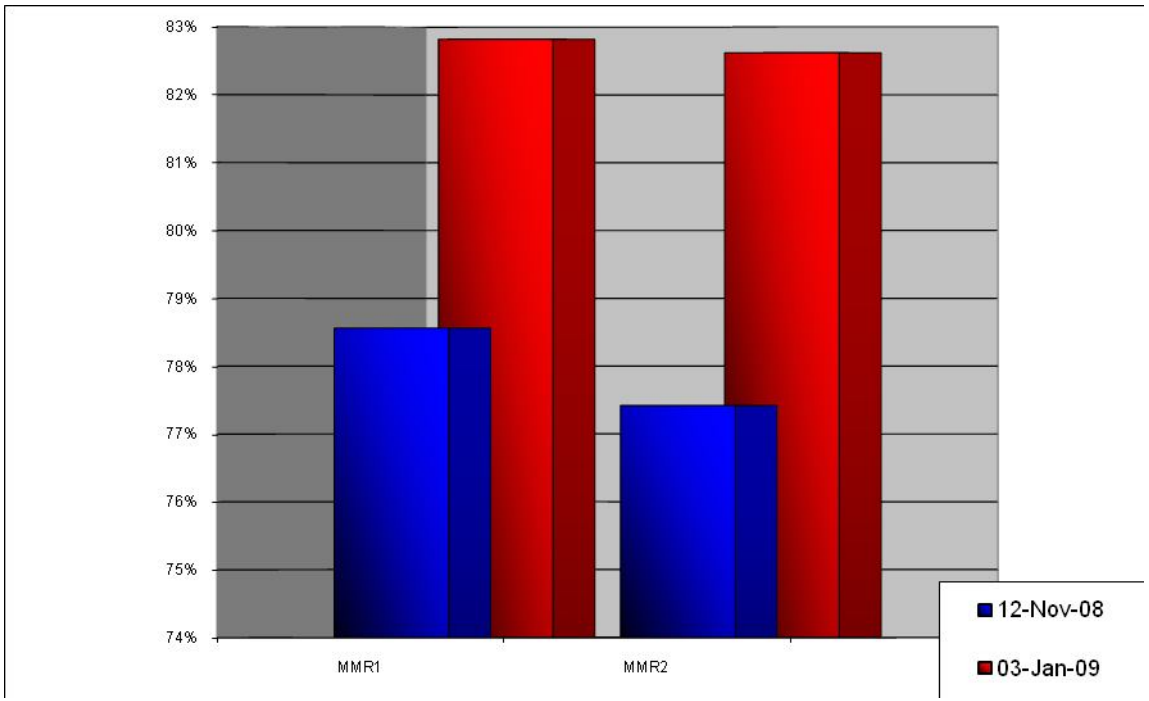
8 January 2009

MMR1

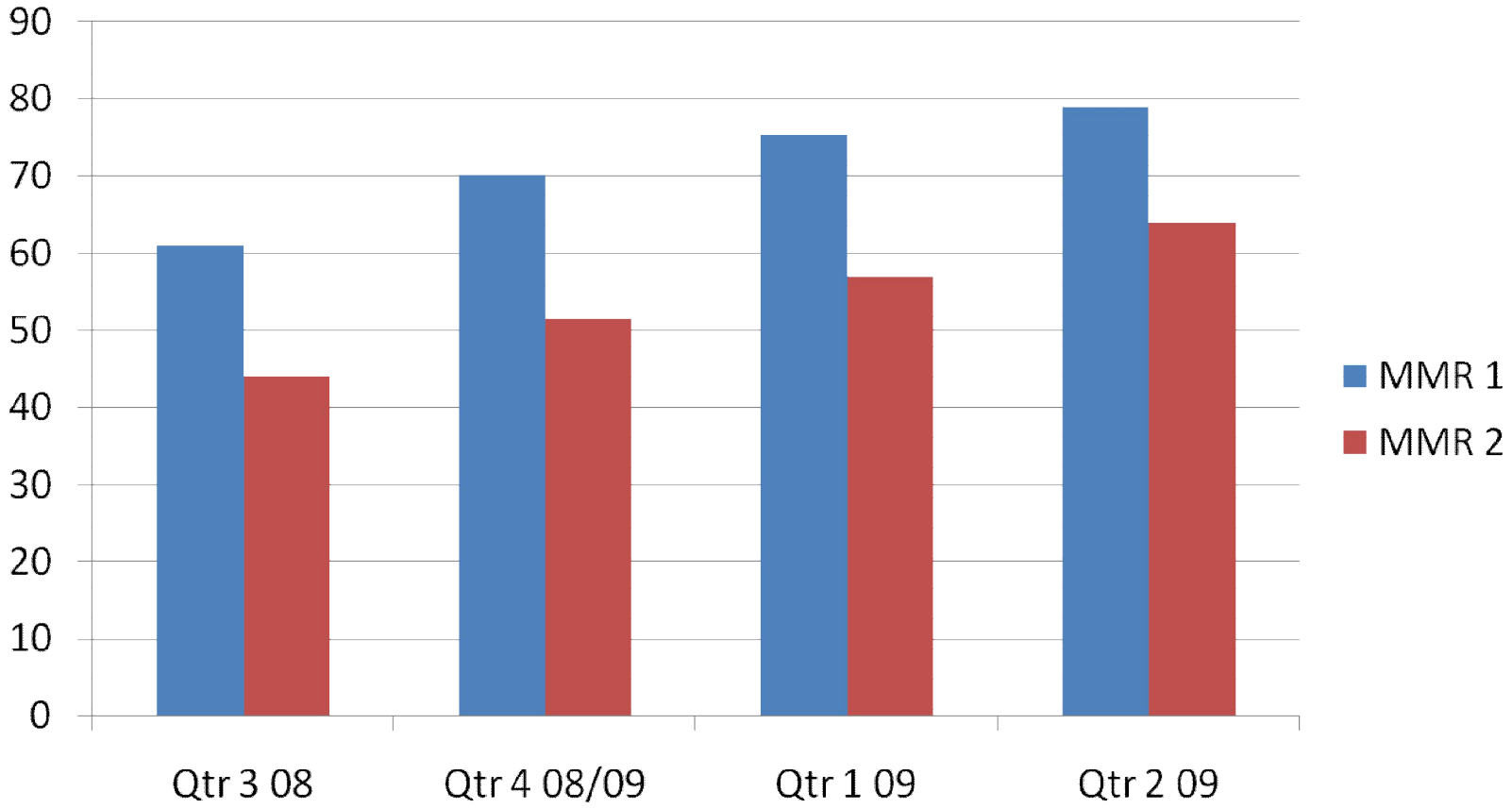
was 78.56% now 82.82%

MMR2

was 77.42% now 82.62%



Example of improved coverage in London



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Recommendations

- Executive responsibility
- Audit structure, processes and data in General Practice
- Reconcile GP data to Child Health Systems
- Actively manage General Practice and PCT staff and processes
- Communication strategy for ALL professionals
- Manual of good practice for immunisations for ALL professionals
- Training workshop for Practices
- Training workshop for Children and Family teams

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Any Questions?

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