



Department  
of Health

**NHS**  
*England*

# Public health functions to be exercised by NHS England

Service specification No.9

DTaP/IPV and dTaP/IPV immunisation programme

November 2013

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# Public health functions to be exercised by NHS England

Service specification No.09

DTap/IPV and dTaP/IPV immunisation programme

Prepared by Public Health England

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## Service specification No.09

This is a service specification within Part C of the agreement ‘Public health functions to be exercised by NHS England’ dated November 2013 (the ‘2014-15 agreement’).

The 2014-15 agreement is made between the Secretary of State for Health and NHS England under section 7A of the National Health Service Act 2006 (‘the 2006 Act’) as amended by the Health and Social Care Act 2012.

This service specification is to be applied by NHS England in accordance with the 2014-15 agreement. An update to this service specification may take effect as a variation made under section 7A of the 2006 Act. Guidance agreed under paragraph A38 of the 2014-15 agreement may inform the application of the provisions of this service specification.

This service specification is not intended to replicate, duplicate or supersede any other legislative provisions that may apply.

The 2014-15 agreement including all service specifications within Part C is available at [www.gov.uk](http://www.gov.uk) (search for ‘commissioning public health’).

# 1. Purpose of DTaP/IPV immunisation programme

- 1.1. This document relates to the DTaP/IPV and dTaP/IPV vaccines which boost a child's protection against the following four preventable childhood diseases: diphtheria, tetanus, poliomyelitis and pertussis (whooping cough). These vaccines (often referred to as the 'pre- school booster') form part of the national childhood immunisation programme, which aims to stop children from developing preventable childhood diseases that are associated with significant mortality and morbidity.
- 1.2. The purpose of the service specification is to enable the NHS Commissioning Board ('NHS England') to commission DTaP/IPV and dTaP/IPV immunisation services of sufficient quantity and quality to prevent the infections and outbreaks caused by these organisms. This means achieving high levels of coverage across England as well as within upper tier local government areas and within the context of populations with protected characteristics as defined by the Equality Act 2010.
- 1.3. This specification forms two distinct parts. Part 1 (sections 1 and 2) provides a brief overview of the vaccines including the diseases they protect against, the context, evidence base, and wider health outcomes.
- 1.4. Part 2 (sections 3, 4 and 5) sets out the arrangements for:
  - front-line delivery
  - the expected service and quality indicators, and
  - the standards associated with the programme.These underpin national and local commissioning practices and service delivery.
- 1.5. The existing, highly successful programme provides a firm platform on which local services can develop and innovate to better meet the needs of their local population and work towards improving outcomes. This specification is intended to inform a consistent and equitable approach to the commissioning and delivery of the DTaP/IPV and dTaP/IPV vaccines across England. However, it is important to note that this programme can change and evolve in the light of emerging best practice and scientific evidence. NHS England and providers will be required to reflect these changes accordingly in a timely way as directed by the national schedule.
- 1.6. *Immunisation against infectious disease* (known as 'the Green Book') a UK document, issued by Public Health England (PHE) provides guidance and the main evidence base for all immunisation programmes. This service specification must be read in conjunction with the electronic version of the Green Book, and all official public health letters and reflected in the commissioning of immunisation programmes. This specification must also be read in conjunction with additional evidence, advice and recommendations issued by the Joint Committee on Vaccination and Immunisation (JCVI).

<https://www.gov.uk/government/organisations/public-health-england/series/immunisation-against-infectious-disease-the-green-book>

<https://www.gov.uk/government/policy-advisory-groups/joint-committee-on-vaccination-and-immunisation>

- 1.7. This service specification is not designed to replicate, duplicate or supersede any relevant legislative provisions that may apply, e.g. the Health and Social Care Act 2012. The specification will be reviewed annually and amended in line with any new recommendations or guidance, and in line with reviews of the Section 7A agreement.



## 2. Population needs

### Background

- 2.1. Immunisation is one of the most successful and cost effective public health interventions and a cornerstone of public health. High immunisation rates are key to preventing the spread of infectious disease, complications and possible early death among individuals and protecting the population's health. The DTaP/IPV and dTaP/IPV vaccines are routinely used as a booster to provide additional long-term protection against diphtheria, tetanus, pertussis and poliomyelitis. Immunisation rates at the end of March 2012 indicate coverage of 88% (HPA COVER Data: Q11-4 - Jan- Mar 2012) - a figure that needs to improve.

### Diphtheria

- 2.2. Diphtheria is a serious disease that usually starts with infection of the upper respiratory tract or the skin. The organism releases diphtheria toxin, which can quickly cause cardiac, respiratory and neurological complications. In severe cases, it can be fatal and the case-fatality ratio remains high despite modern treatments. Prior to the 1940s, diphtheria was a common disease in the UK, with more than 61,000 cases notified in 1940. The introduction of routine immunisation in the 1940s resulted in a dramatic fall in incidence and fewer than 30 cases have been reported in the last ten years (HPA). Most recently reported cases, have been imported from the Indian subcontinent or Africa, where diphtheria remains endemic, emphasising the importance of the vaccination.

### Tetanus

- 2.3. Tetanus is a painful disease that causes muscle spasm and respiratory paralysis. It is caused when tetanus spores that are found in soil and manure get into the body through open cuts or burns. Tetanus affects the nervous system and can be fatal. The vaccine was introduced nationally in 1961 and by the 1970s the disease had almost disappeared in children under the age of 15. Between 1984 and 2004, there were around 200 reported cases of tetanus, largely in the over 45 population, with the highest incidence in adults over 65. There have also been reported cases of tetanus in injecting drug users. Tetanus cannot be eradicated because the spores are commonly present in the environment, including soil. Tetanus is not spread from person to person.

### Pertussis (whooping cough)

- 2.4. Whooping cough is a respiratory disease that causes paroxysms of coughing which may be followed by the characteristic whoop. It is not usually serious in older children, but leads to a prolonged and irritating cough. In babies under one year old the infection can be very serious and sometimes fatal. Before the introduction of immunisation in the 1950s, the average annual number of notifications exceeded 120,000 in the UK. Since the mid-1990s, coverage has been consistently over 90% by the second birthday, with fewer than 6000 notifications per year. In 2011, there were just over 1100 reported cases.

## Poliomyelitis (polio)

- 2.5. Polio is a virus that attacks the nervous system and can lead to permanent paralysis, usually of the lower limbs. If the respiratory muscles are affected then it can be fatal. Before the polio vaccine was introduced, as many as 8000 cases of polio occurred in the UK in epidemic years (the early 1950s). The last case of natural polio acquired in the UK was in 1984. By 2004, polio remained endemic in only a small number of developing countries. Although the risk of importation to the UK is low, maintaining high vaccine coverage continues to be important.

## DTaP/IPV and dTaP/IPV – key details

- 2.6. The key details are that:
- DTaP/IPV and dTaP/IPV vaccines protect against four different diseases – diphtheria, tetanus, pertussis (or whooping cough) and polio
  - either vaccine may be used for the pre-school booster
  - they have a strong evidence base, an excellent safety profile and are highly effective
  - reported vaccinations for the DTaP/IPV and dTaP/IPV vaccines indicate that by the end of March 2012 in England, 88% of children had received their booster at five years of age (HPA COVER Data Q11-4 Jan- Mar 2012)
  - this booster vaccine is needed to ensure long-term protection against these diseases.

## 3. Scope

### Aims

- 3.1. The aim of the DTaP/IPV and dTaP/IPV vaccinations programme is to protect all children from preventable childhood infections that are associated with significant mortality and morbidity.

### Objectives

- 3.2. The aim will be achieved by delivering an evidence-based population-wide immunisation programme that:
- identifies the eligible population and ensures effective timely delivery with optimal coverage based on the target population set out in paragraph 4.7
  - is safe, effective, of a high quality and is independently monitored
  - is delivered and supported by suitably trained, competent healthcare professionals who participate in recognised ongoing training and development
  - delivers, manages and stores vaccine in accordance with national guidance
  - is supported by regular and accurate data collection using the appropriate returns.

### Direct health outcomes

- 3.3. In the context of health outcomes, the DTaP/IPV and dTaP/IPV vaccinations programme aims to:
- protect the health of individuals and the wider population
  - reduce the number of preventable infections and their onward transmission
  - achieve high coverage across all groups identified
  - minimise adverse physical/psychological/clinical aspects of immunisation (e.g. anxiety, adverse reactions).

### Baseline vaccine coverage

- 3.4. Local services must ensure they maintain and improve current immunisation coverage (with reference to vaccine coverage public health outcomes framework indicators) with the aspiration of 100% of relevant individuals being offered immunisation in accordance with the Green Book and other official DH/PHE guidance.

### Wider health outcomes

- 3.5. The national immunisation programme supports the right made in the *NHS Constitution* that everyone in England has ‘the right to receive the vaccinations that the Joint Committee on Vaccination and Immunisation (JCVI) recommends

- that you should receive under an NHS provided national immunisation programme’.
- 3.6. This right is set out in the *NHS Constitution* that was originally published in 2009, and renewed in 2012. The right is underpinned by law (regulations and directions), the regulations require the Secretary of State for Health to fund and implement any cost-effective recommendation made by JCVI where the Secretary of State has asked JCVI to look at a vaccine. Where JCVI makes a recommendation that the vaccine should be offered as part of a national immunisation programme, the Department of Health (DH) will fund and implement the programme.
  - 3.7. The programme can be universal like MenC or a targeted programme like hep B, and those who fit the JCVI criteria (for example, HPV criteria include age and gender) will have a right to receive the vaccine. To balance this right, the *NHS Constitution* introduced a new patient responsibility that states ‘You should participate in important public health programmes such as vaccination’. This does not mean that vaccination is compulsory. It simply reminds people that being vaccinated is a responsible way to protect your own health, as well as that of your family and community.
  - 3.8. The NHS Health and Social Care Act 2012, is wholly consistent with the principles of the *NHS Constitution* and places new legal duties which require NHS England and clinical commissioning groups (CCGs) to actively promote it.
  - 3.9. The DTaP/IPV and dTaP/IPV vaccinations also form part of the childhood immunisation programme – a key part of the Healthy Child Programme (HCP). The HCP is an early intervention and prevention public health programme that lies at the heart of universal services for children and families. The HCP offers all families a programme of screening tests, immunisations, developmental reviews, information and guidance to support parenting and healthy choices – all services that families need to receive if they are able to achieve their optimal health and wellbeing. NHS England should therefore cross-reference to the provisions of the HCP.
  - 3.10. The programme also works towards achieving the World Health Organization’s (WHO) *Global immunisation vision and strategy* (2006), which is a ten-year framework aimed at controlling morbidity and mortality from vaccine preventable diseases.
  - 3.11. The WHO has a strategy to eradicate poliomyelitis globally.

## 4. Service description / care pathway

### Roles

- 4.1. NHS England is responsible for commissioning the local provision of immunisation services and the implementation of new programmes through general practice and all other providers. It is accountable to the Secretary of State for Health for delivery of those services. Other bodies in the new comprehensive health system also have key roles to play and are vital in ensuring strong working relationships.
- 4.2. Public Health England (PHE) undertakes the purchase, storage and distribution of vaccines at a national level. It holds the coverage and surveillance data and has the public health expertise for analysing the coverage of, and other aspects of, immunisation services. It is also responsible for the implementation of the national immunisation schedule, including the national communication strategy, setting standards and following recommendations as advised by JCVI and other relevant organisations.
- 4.3. Directors of public health (DsPH) based in local authorities play a key role in providing independent scrutiny and challenge and will publish reports on the health of the population in their areas, which could include information on local immunisation services and views on how immunisation services might be improved. NHS England should expect to support DsPH in their role by sharing information as appropriate and according to need, for example vaccine coverage within communities (such as, among populations with protected characteristics as defined by the Equalities Act).

### Local service delivery

- 4.4. The delivery of immunisation services at the local level is based on evolving best practice that has been built since vaccinations were first introduced more than a hundred years ago. This section of the document specifies the high-level operational elements of the DTaP/IPV and dTaP/IPV vaccine programme, based on that best practice that NHS England must use to inform local commissioning, contracts and service delivery. There is also scope to enable NHS England and providers to enhance and build on specifications to incorporate national or local service aspirations that may include increasing local innovation in service delivery. However, it is essential, in order to promote a nationally aligned high-quality programme focusing on improved outcomes, increasing coverage and local take-up, that all the following core elements are included in contracts and specifications.
- 4.5. The following elements must be covered:
  - target population
  - vaccine schedule
  - consent
  - assessment prior to immunisation

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- vaccine administration
- vaccine storage and wastage
- vaccine ordering
- documentation
- reporting requirements (including adverse events and vaccine preventable diseases)
- staffing and training
- premises and equipment
- patient involvement
- governance
- service improvement
- interdependencies
- local communication strategies.

4.6. Most of these elements are covered in the Green Book, which must be read in conjunction with this service specification <https://www.gov.uk/government/organisations/public-health-england/series/immunisation-against-infectious-disease-the-green-book>

## Target population

- 4.7. Providers will be required to make the DTaP/IPV and dTaP/IPV vaccines available to:
- all children, both registered and unregistered with a GP, as part of the childhood immunisation programme's pre-school booster course
  - children up to the age of ten years, who have no immunisation, or incomplete immunisation status as indicated in the Green Book
  - there is no upper age limit for vaccination, and those at particular risk may require vaccination with a different product, even if above the age of the current national programme. Protection against diphtheria, tetanus and polio should be offered at any age. Protection against pertussis should be offered routinely to unvaccinated or partially vaccinated individuals up to the age of ten years, or for those at particular risk as outlined in the Green book
  - every appropriate opportunity must be taken to offer immunisation to individuals who have missed the routine schedule
  - children from hard to reach groups, for example gypsy traveller children or looked after children who may require special and specific arrangements.

4.8. In addition:

- arrangements must be in place to ensure that vaccines can be administered promptly for susceptible contacts of cases or for outbreak control, on the advice of PHE
- local 'catch-up' arrangements must be available to prevent outbreaks in areas with poor uptake
- health professionals must take all opportunities, particularly those contacts during the early years to check vaccination status and remind parents and carers of the importance of immunisations and the need to have them at the appropriate times
- the vaccination status of every child or young person must be checked at any opportunity (such as the pre-school and teenage booster visits) and missing doses offered as appropriate to ensure that everyone has completed an age-appropriate course [http://www.hpa.org.uk/webc/HPAwebFile/HPAweb\\_C/1194947406156](http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1194947406156)

## Vaccine schedule

4.9. A locally commissioned service should immunise the target population at the age of three years four months, or soon after:

- in order to provide early protection, providers must aim to complete the schedule at near as possible to the recommended ages
- the vaccination status of every child or young person must be checked and missing doses offered as appropriate to ensure that everyone has completed an age-appropriate course
- in order to provide early protection, providers must aim to complete the schedule at near as possible to the recommended ages. Sufficient immunisation appointments must be available so that individuals can receive vaccinations on time – waiting lists are not acceptable
- further information on scheduling is available in the relevant chapters or *Immunisation against infectious disease* 2006 <https://www.gov.uk/government/organisations/public-health-england/series/immunisation-against-infectious-disease-the-green-book>

## Consent

4.10. Chapter 2 in the Green Book provides up-to-date and comprehensive guidance on consent, which relates to both adults and the immunisation of younger children. There is no legal requirement for consent to be in writing but sufficient information must be available to make an informed decision.

4.11. Therefore, providers will be required to ensure that:

- consent is obtained prior to giving any immunisation
- consent is given voluntarily and freely
- individuals giving consent on behalf of infants and young children must be capable of consenting to the immunisation in question
- relevant resources (leaflets / factsheets, etc.) are used as part of the consent process to ensure that all parties (both parents/and where appropriate individuals) have all the available information about the vaccine and the protection it offers. In some cases this may involve the use of trained interpreters
- professionals must be sufficiently knowledgeable about the disease and vaccine and to be able to answer any questions with confidence
- the patient has access to the patient information leaflet (PIL)
- for infants and young children not competent to give or withhold consent, such consent can be given by a person with parental responsibility, provided that person is capable of consenting to the immunisation in question and is able to communicate their decision. Although a person may not abdicate\_or\_transfer parental responsibility, they may arrange for some or all of it to be met\_by one or more persons acting on their behalf.

## Requirements prior to immunisation

- 4.12. As part of the commissioning arrangements, NHS England is required to ensure that providers adhere to the following. That providers have:
- systems in place to assess eligible individuals for suitability by a competent individual prior to each immunisation
  - assessed each child to ensure they are suitable for immunisation
  - assessed the immunisation record of each child to ensure that all vaccinations are up to date
  - systems in place to identify, follow-up and offer immunisation to eligible individuals. In some areas, contracts may be in place for Child Health Information Systems (CHIS) to invite young people for vaccination
  - arrangements in place that enable them to identify and recall under or unimmunised individuals and to ensure that such individuals are immunised in a timely manner
  - systems in place to optimise access for those in hard to reach groups (e.g. gypsy travellers, looked after children)
  - arrangements in place to access specialist clinical advice so that immunisation is only withheld or deferred where a valid contraindication exists.



- 4.13. Practices that do their own scheduling must ensure their systems allow them to fulfil the actions outlined above.

## Vaccine administration

- 4.14. As part of the commissioning arrangements, NHS England are required to ensure the provider adheres to the following:
- professionals involved in administering the vaccine, have the necessary skills, competencies and annually updated training with regard to vaccine administration and the recognition and initial treatment of anaphylaxis
  - regular training and development (taking account of national standards – see section 5) is routinely available. Training is likely to include diseases, vaccines, delivery issues, consent, cold chain, vaccine management and anaphylaxis
  - the professional lead must ensure that all staff are legally able to supply and/or administer the vaccine by:
    - working under an appropriate patient group direction (PGD)
    - working from a patient specific direction (PSD)/prescriptions, or
    - working as a nurse prescriber (if appropriate).

## Vaccine storage and wastage

- 4.15. Effective management of vaccines is essential to ensure patient safety and reduce vaccine wastage. NHS England must ensure that providers will:
- have effective cold chain and administrative protocols that reduce vaccine wastage to a minimum which reflect DH national protocols (Ch 3 of the Green Book and the 'Guidelines for maintaining the vaccine cold chain') and includes:
    - how to maintain accurate records of vaccine stock
    - how to record vaccine fridge temperatures
    - what to do if the temperature falls outside the recommended range [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_130276.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_130276.pdf)
    - and the ImmForm helpsheet <https://www.gov.uk/government/organisations/public-health-england/series/immform>
  - ensure all vaccines are delivered to an appointed place
  - ensure that at least two named individuals are responsible for the receipt and safe storage of vaccines in each general practice or other appropriate location
  - ensure that an approved vaccine fridge is available for the storage of all vaccines
  - ensure that approved pharmaceutical grade cold boxes are used for transporting vaccines

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- ensure that only minimum stock levels (two to four weeks maximum) of vaccine will be held in local fridges, to reduce the risk of wastage caused by power cuts or inadvertent disconnection of fridges from power supplies
- report any cold chain failures to the local coordinator and PHE and NHS England.

4.16. Vaccine supply will be controlled by the PHE vaccine supply department.

## Vaccine ordering

4.17. All centrally procured vaccines must be ordered via the online ordering system – ImmForm service.

4.18. Vaccines can be ordered by:

- GP practices/hospital pharmacies for delivery to their location
- appropriate providers (with a wholesale dealers licence) for delivery to their location.

4.19. Further information:

- providers can register to order vaccine via ImmForm:
  - online: <https://www.immform.dh.gov.uk/SignIn.aspx?ReturnUrl=%2f>
  - via email: Send your request to [helpdesk@immform.org.uk](mailto:helpdesk@immform.org.uk)

4.20. Further help is available at:

- <https://www.gov.uk/government/organisations/public-health-england/series/immform>
- ImmForm Helpdesk 0844 376 0040.

## Documentation

4.21. Accurate recording of all vaccines given and good management of all associated documentation is essential. Providers must ensure that:

- the patient's medical records are updated with key information that includes:
  - any contra- indications to the vaccine and any alternative offered
  - any refusal of an offer of vaccination
  - details of consent and the person who gave the consent. The batch number, expiry date and the title of the vaccination
  - the date of administration of the vaccine
  - the site and route of administration
  - any adverse reactions to the vaccine
  - name of immuniser.
- the parent held record must be updated or the parent/carer must be given a personal record which must include:
  - the batch number, expiry date and the title of the vaccination
  - the date of administration of the vaccine

- the site and route of administration
- any adverse reactions to the vaccine
- name of immuniser.

## Reporting requirements

- 4.22. The collection of data is essential. It has several key purposes including the local delivery of the programme and the monitoring of coverage at national and local level, outbreak investigation and response as well as providing information for ministers and the public. In-depth analysis underpins any necessary changes to the programme, which might include the development of targeted programmes or campaigns to improve general coverage of the vaccination.
- The provider must ensure that information on vaccines administered is documented and that this information is transferred to the general practice record. In most areas, the Child Health Information System (CHIS) will inform GPs that a patient on their list has been immunised via the current vaccination history printout. The CHIS is a patient administration system that provides a clinical record for individual children, it records the vaccination details of each individual child resident in the local area from birth.
  - The provider must ensure that information on vaccines administered is submitted directly to any relevant population immunisation register, in most areas the CHIS.
  - Following an immunisation session/clinic or individual immunisation, local arrangements must be made for the transfer of data onto the relevant CHIS. Where possible this should aim to be within two working days.
  - Arrangements will also be required to inform neighbouring areas when children resident in their area are immunised outside their local area through the CHIS system.
  - Any reported adverse incidents, errors or events during or post vaccination must follow determined procedures in addition teams must keep a local log of reports and discuss such events with the local immunisation co-ordinator.
  - Suspected adverse reactions must be reported to the MHRA via the Yellow Card Scheme card, including the brand number and batch number in addition to following local and nationally determined procedures. <http://www.mhra.gov.uk/Safetyinformation/Howwemonitorthesafetvofproducts/Medicines/TheYellowCardScheme>
  - Providers are required to report cases of suspected vaccine preventable diseases to the local PHE centre.
  - Any cold chain failures must be documented and reported to the local immunisation co-ordinators, PHE Screening and Immunisation Area Team, NHS England and ImmForm as appropriate.

## Staffing including training

- 4.23. To deliver a national immunisation programme it is essential that all staff are appropriately trained. NHS England must ensure that providers:
- have an adequate number of trained, qualified and competent staff to deliver a high quality immunisation programme in line with best practice and national policy
  - are covered by appropriate occupational health policies to ensure adequate protection against vaccine preventable diseases (e.g. measles, flu and hepatitis B)
  - meet the HPA *National minimum standards in immunisation training 2005* either through training or professional competence ensuring that annual training is offered to all staff
  - have had training (and annual updates) with regard to the recognition and initial treatment of anaphylaxis
  - ensure that all staff are familiar with and have online access to the latest edition of the Green Book
  - ensure that all staff are registered to receive *Vaccine Update* <https://www.gov.uk/government/organisations/public-health-england/series/vaccine-update>
  - ensure that all staff are aware of the importance of and can access all official public health) letters that announce changes to or new programmes, the Director of Immunisation letters, and additional guidance on the (PHE) website.

## Premises and equipment

- 4.24. Appropriate equipment and suitable premises are needed to deliver a successful immunisation programme. NHS England must ensure that providers have:
- suitable premises and equipment provided for the immunisation programme
  - disposable equipment meeting approved quality standards
  - appropriate disposal arrangements in place (e.g. approved sharps bins, etc.)
  - appropriate policies and contracts in place for equipment calibration, maintenance and replacement
  - anaphylaxis equipment accessible at all times during an immunisation session and all staff must have appropriate training in resuscitation
  - premises that are suitable and welcoming for young children, and their carers and all individuals coming for immunisation including those for whom access may be difficult.

## Governance

4.25. It will be essential to ensure that there are clear lines of accountability and reporting to assure the ongoing quality and success of the national programme. Commissioning arrangements will ensure that:

- there is a clear line of accountability from local providers to NHS England
- at the provider level there is appropriate internal clinical oversight of the programme's management and a nominated lead for immunisation
- provider governance is overseen by a clinical lead (for example the local immunisation co-ordinator) and immunisation system leader
- there is regular monitoring and audit of the immunisation programme, including the establishment and review of a risk register as a routine part of clinical governance arrangements, in order to assure NHS England of the quality and integrity of the service
- for providers to supply evidence of clinical governance and effectiveness arrangements on request for NHS England or its local offices
- PHE will alert NHS England to any issues that need further investigations
- the provision of high quality, accurate and timely data to relevant parties including PHE, NHS England and local authorities (LAs) is a requirement for payment
- data will be analysed and interpreted by PHE and any issues that arise will be shared quickly with NHS England and others
- local co-ordinators will document, manage and report on programmatic or vaccine administration errors, including serious untoward incidents (SUIs), and escalate as needed. This may include involving NHS England and relevant partners and where appropriate for NHS England to inform DH
- that NHS England press office will liaise closely with DH, PHE, and MHRA press offices regarding the management of all press enquiries
- have a sound governance framework in place covering the following:
  - information governance/records management
  - equality and diversity
  - user involvement, experience and complaints
  - failsafe procedures
  - communications
  - ongoing risk management
  - health and safety
  - insurance and liability.

## Service improvement

- 4.26. NHS England and providers will wish to identify areas of challenge within local vaccination programmes and develop comprehensive, workable and measurable plans for improvement. These may be locally or nationally driven and are likely to be directed around increased coverage and may well be focused on particular hard to reach groups. Suggestions for improving service and uptake include:
- 4.27. NICE guidelines (NICE 2009 *Reducing differences in the uptake of vaccines*) highlights evidence to show that there are particular interventions which can increase immunisation rates and reduce inequalities. Providers must also consider the following suggestions:
- up-to-date patient reminder and recall systems
  - well-informed healthcare professionals who can provide accurate and consistent advice
  - high quality patient education and information resources in a variety of formats (leaflets, internet forums and discussion groups)
  - effective performance management of the commissioned service to ensure it meets requirements
  - local co-ordinators or experts based in PHE to provide expert advice and information for specific clinical queries
  - for NHS England and providers to have clear expectations to improve and build upon existing immunisation rates.

## Interdependencies

- 4.28. The immunisation programme is dependent upon systematic relationships between stakeholders, which include vaccine suppliers, primary care providers, NHS England, etc. The NHS England Area Screening and Immunisations Team (SIT) will be expected to take the lead in ensuring that inter-organisational systems are in place to maintain the quality and the immunisation pathway. This will include, but is not limited to:
- ensuring all those involved in pathways are sure of their roles and responsibilities
  - developing joint audit and monitoring processes
  - agreeing joint failsafe mechanisms, where required, to ensure safe and timely processes along the whole pathway
  - contributing to any initiatives led by NHS England/PHE to develop/improve the childhood immunisation programme
  - maintaining an up-to-date population based immunisation register to provide coverage data and for outbreak investigation and response

- maintaining robust electronic links with IT systems and relevant organisations along the pathway
- local feedback and review of coverage and disease surveillance data
- clear description of and access to advice on the arrangements for provision of and reimbursement for immunisation services
- communication strategies.

## Communication strategies

4.29. It will be important to develop and implement communication strategies to support both the introduction of new vaccines and the maintenance of existing programmes. Such strategies may be developed on a national basis. Local strategies may also be developed to further support national programmes or address specific issues.

## 5. Service standards and guidance

5.1. To support the delivery of an effective and high quality childhood immunisation programme, NHS England and providers must refer to and make comprehensive use of the following key resources:

- Green Book – *Immunisation against infectious disease* (DH 2006) <https://www.gov.uk/government/organisations/public-health-england/series/immunisation-against-infectious-disease-the-green-book>
- *Quality criteria for an effective immunisation programme* (HPA, 2012) <http://www.hpa.org.uk/Publications/InfectiousDiseases/Immunisation/1207Qualitycriteriaforimmprogramme>
- *National minimum standards for immunisation training* (HPA June 2005) <http://www.hpa.org.uk/Publications/InfectiousDiseases/Immunisation/1207Qualitycriteriaforimmprogramme>
- *Protocol for ordering, storing and handling vaccines* (DH Sept 2010) [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_120010](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_120010)
- National Patient Safety Agency – *Advice on vaccine cold storage* <http://www.nrls.npsa.nhs.uk/EasySiteWeb/getresource.axd?AssetID=66112&type=full&servicetype>
- Official immunisation letters (DH) <https://www.gov.uk/government/organisations/public-health-england/series/immunisation#publications>
- ImmForm information <http://immunisation.dh.gov.uk/immform-helplets/>
- British National Formulary <http://www.bnf.org/bnf/index.htm>
- JCVI (Joint Committee on Vaccinations and Immunisations) <https://www.gov.uk/government/policy-advisory-groups/joint-committee-on-vaccination-and-immunisation>
- NICE guidance 21 Sept 2009 – Reducing differences in the uptake of immunisations (including targeted vaccines) among children and young people aged under 19. <http://www.nice.org.uk/PH21>
- Resuscitation Council – *UK guidelines* <http://www.resus.org.uk/pages/guide.htm>
- WHO – World Health Organization – *Immunisations* <http://www.who.int/topics/immunization/en/>
- NICE – Shared learning resources <http://www.nice.org.uk/usingguidance/sharedlearningimplementingniguidance/examplesofimplementation/eximpresults.jsp?o=575>