

Master ID

Version

Document Name

Type

Date adopted

Review Date

Responsibility for Review

Equality Impact Assessment Performed

Approved by

# Immunisation Policy

## Contents

1. Introduction and Purpose
2. Definitions
3. Accountability and Responsibility
4. Background / policy context
5. Process for monitoring compliance with and effectiveness of the policy/guidelines/procedure
6. References
7. Process for review of the document

## Appendix A: Routine childhood immunisations from Spring 2010

### 1. Introduction

This policy has been developed to guide NHS Oxfordshire (the Primary Care Trust or PCT) staff and other authorised health care professionals commissioned to provide an immunisation on behalf of the PCT. This includes staff employed by GP practices and Community Health Oxfordshire (CHO). The policy is to guide good practice in relation to the administration of vaccines. Healthcare professionals involved in any aspect of immunisation are accountable for their practice and as such have a responsibility to acquire and maintain the necessary skills. In addition, they must be able to demonstrate their capability to offer safe and effective care.

All staff involved in immunisation will ensure that no individual is disadvantaged because of race, culture, language, age, disability, sexuality, economic, or refugee and political status. NHS Oxfordshire, in partnership with other contracted providers, for example general practitioners (e.g. primary care providers) should facilitate access to immunisation for:

1. All individuals (child or adult) registered with a GP whose practice forms part of the PCT.
2. Children attending Oxfordshire state, independent and special schools.
3. All school aged children resident in Oxfordshire who are not attending schools elsewhere. This will include children excluded from school, the Gypsy & Traveller community, the home tutored and children with special needs who are not in education.

4. Any other designated 'at risk' group as determined by the Health Protection Agency (HPA), DH and in line with locally determined Public Health measures (e.g. prisoners)
5. All patients and individuals not registered with a GP, who are resident within Oxfordshire PCT boundaries.

## **2. Definitions**

Immunisation & vaccination are terms which are used interchangeably throughout this document.

## **3. Accountability and Responsibility**

### **Trust Board**

The Trust Board has the overall responsibility to ensure compliance with legislation and national guidance for immunisation. This is done through the Commissioning Quality Sub-Committee (CQSC). This includes:-

- Approval of the annual immunisation programme
- Policy approval
- Outcome appraisal of action plans, risk registers and service and performance plans in relation to immunisation.

### **Community Health Oxfordshire (CHO)**

CHO has the responsibility of ensuring all relevant clinical staff undertake regular immunisation training in accordance with the Training Policy. The Oxfordshire Immunisation Working Group recommends a formal training programme to cover the core curriculum and training standards set out by the HPA, DH and RCN for all staff who are new to immunisation or who have never had such training in the past [4,5]. This should usually involve attendance at a course, personal study and assessment of competence by a competent immuniser. In future on-line courses may replace some of this process. The current requirement is for any member of staff involved in delivering immunisations or providing immunisation advice to have attended a full day of recognised immunisation training once, and undertaken some form of update annually.

### **GP Practice staff**

The recommended routine & selective childhood immunisation schedule (see Appendix 1) is delivered in Oxfordshire primarily through GP practices, who are commissioned by NHS Oxfordshire under the GMS / PMS contract, governed by The Primary Medical Services (Directed Enhanced Services)(England) Directions 2010.

GP practices also provide seasonal influenza and other targeted vaccines (e.g. pneumococcal) under a Locally Enhanced Service as commissioned by NHS Oxfordshire.

Practice staff should be trained to the same requirements as CHO staff (detailed above).

## **Director of Public Health (DPH)**

As set out in the Chief Medical Officer's documents and the Operational Plan the DPH has responsibility (which may be delegated) for:

- The oversight of the local control of immunisation policies and their implementation.
- The assessment of the impact of all existing and new policies on immunisation and the implementation of changes at a local level.
- Being an integral member of the organisation's Clinical Governance and patient safety teams and structures.
- The production of an annual report on the COVER data which describes the level of immunisation in the organisation

The DPH also has the responsibility to ensure appropriate commissioning of immunisation services as well as monitoring the operational requirements delivered by Community Health Oxfordshire.

## **PCT Immunisation Manager**

The PCT Immunisation manager, as a member of the Public Health team, is responsible for immunisation issues including:

- Increasing the uptake of all immunisations across Oxfordshire
- Maintaining an oversight of the programme, including the updating of this policy
- Overseeing immunisation activities at a local level. This includes participating in the regular training and updating that is provided, in partnership with CHO and the HPA
- Working in partnership with the Health Informatics & Intelligence team, who manage the Child Health Information System, to ensure the provision of timely and high quality data, both to Public Health team, Strategic Health Authority and DH
- Working in partnership with practice staff to improve immunisation uptake, recording and reporting

The PCT Immunisation Manager reports to the Consultant in Public Health Medicine with responsibility for immunisation.

## **Commissioning Quality Sub-Committee (CQSC)**

The Consultant in Public Health Medicine 'exception reports' to this committee as necessary.

## **4. Background / Policy Context**

The Joint Committee Vaccination and Immunisation (JCVI) advise the UK's Health Departments, providing independent scientific advice for the whole immunisation programme. The JCVI meets three times a year and comprises experts from many areas of medicine and clinical practice especially related to immunisation. The members are independent of government, work to the highest international standards as recognised by the World Health Organization and publish their

recommendations and advice, together with those of the various sub-committees, on the Department of Health website.

The principle aims of the national immunisation programmes are:

- to reduce suffering & death from vaccine preventable disease
- to protect the individual, their family and community from preventable infectious diseases
- to prevent substantial outbreaks of disease
- to eradicate certain infectious diseases worldwide
- to eliminate certain diseases in areas of the world

and also:

- to provide clear, evidence-based communications that meet the needs of parents and health professionals
- to ensure that those working in community and primary care are provided with the support required to implement vaccination programmes effectively.

Immunisation is the single most cost-effective medical intervention for maintaining the Public Health of the population.

NHS Oxfordshire is required by the South Central Strategic Health Authority to achieve targets of at least 95% uptake for almost all vaccines used within the routine UK national childhood immunisation programme, in order to ensure that the aims of the national programme are achieved. These targets are known as 'vital signs'. One exception is Human Papilloma Virus vaccine (HPV) with a vital signs target of 90% uptake. In addition is the provision of routine adult vaccination programmes (pneumococcal and annual influenza) and offering selective immunisation to protect individuals of all age groups in identified clinical risk groups.

In order to achieve the aims and objectives, health professionals employed by Oxfordshire PCT involved with immunisation have a responsibility to ensure that all individuals are offered immunisation against vaccine preventable disease. All recommended vaccination programmes are described in the Department of Health (DH) publication 'Immunisation against infectious disease (2006)', also known as 'The Green Book'<sup>1</sup>. All vaccinations undertaken in Oxfordshire, by NHS Oxfordshire staff and commissioned providers, must be in line with the Green Book (2006) available and up dated electronically at:

[http://www.dh.gov.uk/en/Policyandguidance/Healthandsocialcaretopics/Greenbook/DH\\_4097254?CONTENT\\_ID=4097254&chk=isTfGX](http://www.dh.gov.uk/en/Policyandguidance/Healthandsocialcaretopics/Greenbook/DH_4097254?CONTENT_ID=4097254&chk=isTfGX)) and any subsequent recommendations from the Chief Medical Officer (CMO), JCVI or other relevant bodies, e.g. National Institute for Health & Clinical Excellence (NICE.)

High levels of vaccine uptake must be achieved and maintained to ensure that the aims of the national programme are accomplished. Failure to manage this will risk outbreaks of infectious disease and their potentially serious complications occurring.

Oxfordshire PCT has identified the following key priorities to achieve the aims of the national programme:

- to reach and maintain vaccination rates across Oxfordshire PCT to reach DH Vital Signs targets
- to implement new immunisation programmes as recommended by the Department of Health
- to identify and establish an immunisation workforce within Oxfordshire that is training to the national standards and is sufficient to provide opportunistic immunisation when required
- to ensure clinical governance of immunisation practice is robust and safe and covers all aspects as described in the “Green Book” and its electronic updates
- to build professional and public confidence in immunisation

See also: Care Control of Medicines Policy (amended October 08)  
Outbreak Policy (February 2009)

This policy has been developed in consultation with colleagues from:

- The Health Protection Agency
- The Immunisation Working Group, including Practice Managers and clinicians
- Provider colleagues in Community Health Oxfordshire
- Consultant in Public Health Medicine
- Health Informatics & intelligence team

## **5. Process for monitoring compliance and effectiveness of the policy/guidelines/procedure**

The Health Informatics and Intelligence team supply regular reports on immunisation coverage, data on children missing immunisations, and practice queue data to the Immunisation Manager, which is then analysed within the Public Health team monthly.

The Learning and Development department team provides quarterly training reports on all mandatory training, including Immunisation Training. These are reviewed by the CHO Clinical Quality & Governance and the Health & Safety Committees. These include details of uptake of training. The Learning & Development team also maintain a ‘register’ of those individuals who have attended the training and also completed a competency assessment.

Immunisation incidents are reported via the online Datix Incident Reporting system, which can be accessed from the front page of the NHS Oxfordshire Intranet (<http://nwww.oxfordshirepct.nhs.uk>). An immunisation incident includes errors in the giving of a vaccination such as an incorrect dose, giving the incorrect vaccine, fridge failures and other failures of the cold chain. This generates an automatic alert to relevant managers in the reporter’s area of work who ensure that the necessary investigation and actions are undertaken. Incident notifications are also sent to managers in the PCT’s Public Health directorate for information.

Trends in Immunisation Incidents will be picked up in the Incident reports provided to committees. These include quarterly reports to the Health & Safety committee by the Clinical Quality & Standards Facilitator, Quarterly Reports to the Health & Safety Committee by Occupational Health and monthly reports by the Clinical Quality & Standards Facilitator. Immunisation incidents which are Patient Safety Incidents are

reported to the National Patient Safety Association (NPSA) via the National Reporting and Learning System (NRLS).

Monitoring is also part of the function of the following 3 groups:

### **Oxfordshire Immunisation Working Group**

The Immunisation Working Group (IWG) meeting is the key partner / stakeholder meeting to agree and action a programme of work to meet required targets and deliver work according to Department of Health guidance, maximising coverage and quality of immunisation across the Oxfordshire population, and supporting policy development.

The group will cover the following key areas:

- Coordinate a work programme to improve and maintain immunisation coverage across Oxfordshire
- Ensure quality immunisation services are available
  - Ensuring appropriate, high quality training for staff is provided
  - Ensuring a robust system of mentoring & assessment for staff
  - Acting as an 'interface' ensuring the establishment and management of effective contractual structures and protocols
  - Ensuring governance processes at all levels including regular audit of key risks
- Respond to identified clinical incidents and identified risks, agreeing recommendations and monitoring their implementation
- Review quarterly COVER data and update action plan as necessary
- Establish relevant working groups as necessary to take forward existing and new pieces of work
- Coordinate media responses and campaigns on behalf of the PCT where appropriate

### **The Thames Valley Immunisation Group**

The main task of the Immunisation Group is to provide a consistent approach across the Thames Valley to the following aspects of immunisation:

- The identification of training needs in relation to the immunisation programmes
- The provision of a focus for and feedback to the Strategic Health Authority
- The support of healthcare professionals in the implementation of ad hoc national campaigns or catch up programmes initiated by the Department of Health
- The provision of a forum for sharing good practice looking at examples from both within the Thames Valley area and from elsewhere in England

### **The Strategic Health Authority Immunisation Leads Meeting**

The purpose of this group is to provide challenge, support and direction for the regional immunisation programme and to ensure DH directives are effectively implemented.

## 6. Useful References

1. Department of Health (2006) Immunisation against Infectious Disease (2006), also known as 'The Green Book'. [www.dh.gov.uk](http://www.dh.gov.uk) . and its electronic updates
2. Department of Health guidance on immunisation schedules  
<http://www.dh.gov.uk/en/Publichealth/Immunisation/index.htm>
3. Department of Health guidance on reporting adverse incidents  
<http://www.yellowcard.gov.uk/>
- 4a. Health Protection Agency (2005) Core Curriculum for Immunisation Training  
[http://www.hpa.org.uk/infections/topics\\_az/vaccination/Core\\_Curr1.pdf](http://www.hpa.org.uk/infections/topics_az/vaccination/Core_Curr1.pdf)
- 4b. Health Protection Agency (2005) National minimum Standards for Immunisation Training  
[http://www.hpa.org.uk/infections/topics\\_az/vaccination/National\\_Immun\\_Train\\_Stand1.pdf](http://www.hpa.org.uk/infections/topics_az/vaccination/National_Immun_Train_Stand1.pdf)
5. Department of Health guidance on Patient Group Directions  
<http://www.dh.gov.uk/assetRoot/04/01/22/60/04012260.pdf>
6. The NMC code; Standards of conduct, performance and ethics for nurses and midwives (April 2008)
7. Policies available at: <http://www.oxfordshirepct.nhs.uk/Pages/Policies.aspx>

## 7. Process for review of the document

This policy will be reviewed every two years by the Immunisation Manager.

# Appendix 1:



## Routine childhood immunisations from Spring 2010

When to immunise	Diseases protected against	Vaccine given	Immunisation site
Two months old	Diphtheria, tetanus, pertussis, polio and <i>Haemophilus influenzae</i> type b (Hib)	DTaP/IPV/Hib (PediaceL)	Thigh
	Pneumococcal infection	PCV (Prevenar 13)	Thigh
Three months old	Diphtheria, tetanus, pertussis, polio and <i>Haemophilus influenzae</i> type b (Hib)	DTaP/IPV/Hib (PediaceL)	Thigh
	Meningitis C	MenC (Menjugate or Neisvac C)	Thigh
Four months old	Diphtheria, tetanus, pertussis, polio and <i>Haemophilus influenzae</i> type b (Hib)	DTaP/IPV/Hib (PediaceL)	Thigh
	Meningitis C	MenC (Menjugate or Neisvac C)	Thigh (2.5cm from PediaceL injection)
	Pneumococcal infection	PCV (Prevenar 13)	Opposite thigh
Around 12 months old	Hib/MenC	Hib/MenC (Menitorix)	Thigh
Around 13 months old	Measles, mumps and rubella	MMR (Priorix or MMR VaxPRO)	Thigh
	Pneumococcal infection	PCV (Prevenar 13)	Thigh
Three years four months to five years old	Diphtheria, tetanus, pertussis and polio	dTaP/IPV (Repevax) or DTaP/IPV (Infanrix-IPV)	Upper arm
	Measles, mumps and rubella	MMR (Priorix or MMR VaxPRO) (check first dose has been given)	Upper arm
Girls aged 12 to 13 years	Cervical cancer caused by human papillomavirus types 16 and 18	Cervarix	Upper arm
Thirteen to 18 years old	Tetanus, diphtheria and polio	Td/IPV (Revaxis), and check MMR status	Upper arm



All vaccines for use in the routine childhood programme can be ordered free of charge at [www.immform.dh.gov.uk](http://www.immform.dh.gov.uk)

\*NB Where a vaccine is manufactured by more than one supplier it may, on occasion, be necessary to substitute an alternative brand.

