

# TRANSFORMING VACCINATION SERVICE DELIVERY

## PROTECTING HEALTH

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## Key points

# ● A big public health issue

- A complex issue
- VTP is an opportunity for service improvement but must guarantee safety and uptake

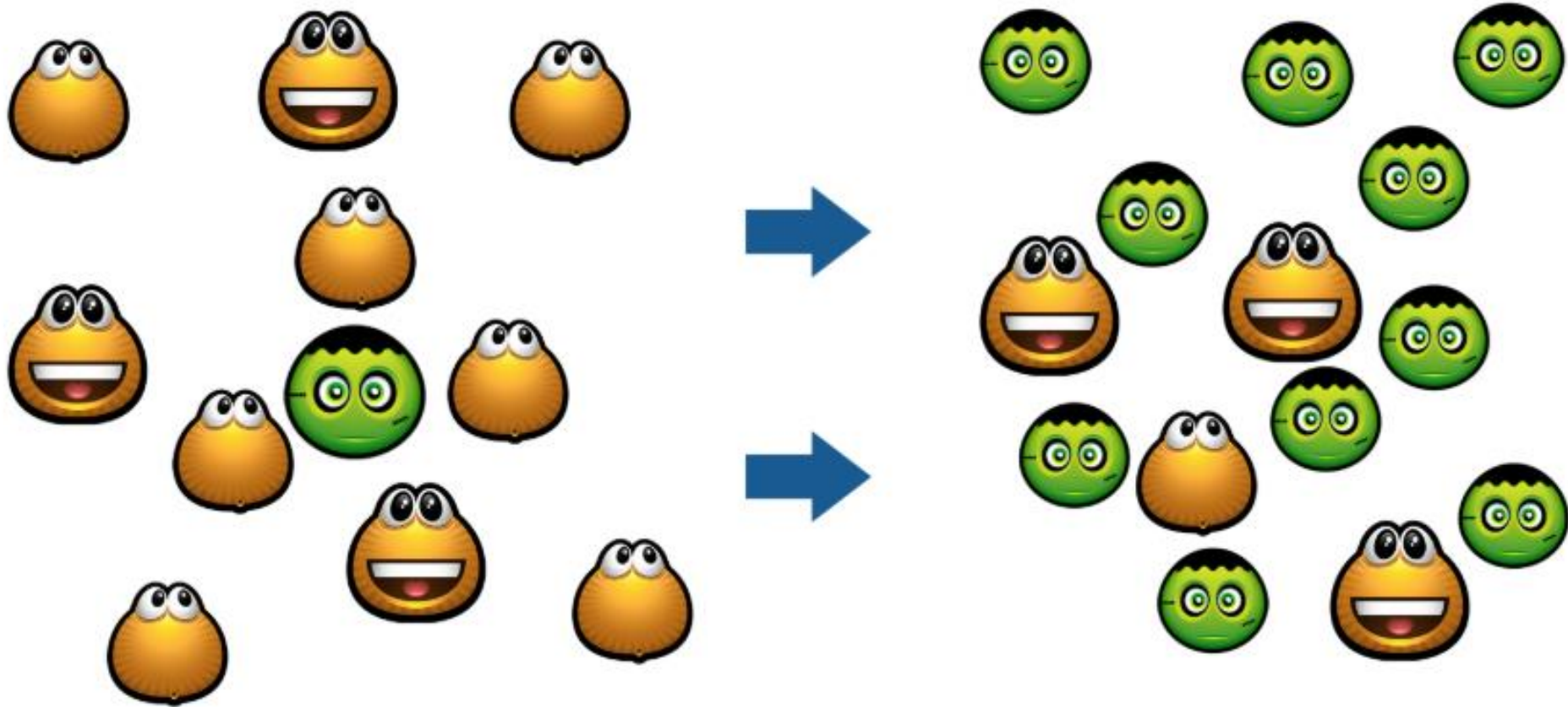
# A Big Public Health Issue

- ⊙ Impact +++ – Water...Vaccines ...Antibiotics
- ⊙ Eradicated and radically reduced disease
- ⊙ Measles, whooping cough, polio
- ⊙ Consider diphtheria in UK
  - 1940 - 60,000 cases/year. 3,500 childhood deaths
  - 1942 - vaccine introduced
  - 1957 - 37 cases and four deaths
  - Today - all but disappeared

# It is about Protecting the Population!

- Protect individuals
- Reduce transmission
- Prevent disease
- Wider population impact
  - Children too young to have been vaccinated
  - Immunocompromised individuals
  - Persons with contraindications
  - Poor immune response
  - Waning immunity
  - Unvaccinated – by choice or poor access

# Heard about Herd?



If only **SOME** get vaccinated .... **THE VIRUS SPREADS**



Healthy (non-vaccinated)



Healthy (vaccinated)



Sick (non-vaccinated)

<b>Disease/vaccine</b>	<b>% coverage required for pop immunity</b>
Diphtheria	80-85
Polio	80-85
Pertussis	92-95
Measles	92-95
Mumps	90-92
Rubella	85-87
Hib	U/k
MenC	U/k

# The Vaccination Programme is BIG and is getting BIGGER!

## ● Children

- 11 different routine vaccines in childhood (16 infections)
- Four optional targeted vaccines (At-risk)

## ● Adults

- At least 7 depending on age, pregnancy, underlying health

## ● All

- At least 12 travel vaccines (four on NHS)

## ● Scottish Borders

- 50% population eligible annually
- 80,000 vaccines provided (not including travel)
- Protection against 19 infections (15 vaccines)

# It's simply *complex*!

- ◎ **The visible “short sharp prick”**
- ◎ **Hidden programme issues**
  - Multiple Stakeholders
  - Schedules
  - Consent
  - Contraindications and risk management
  - Legal frameworks for delivery
  - Access – time, place (fixed, mobile)
  - NHS vs Private
  - Routine vs Targeted programmes
  - Campaigns
  - Pharmacy and Cold Chain
  - Monitoring and Evaluation
  - Workforce funding, recruitment, training, retention
  - Procurement
- ◎ **Building Public Trust**
  - anti vaccine lobby, religious objections



# Immunisation & health inequalities

- Uptake of vaccines in Scotland is generally high, however it is **lower in deprived areas**, and among certain ethnic minority groups
- For example
  - 2016/17 uptake of the teenage booster immunisations was lower for pupils living in the most deprived areas
  - Td/IPV vaccine was 79% in the most deprived areas of Scotland compared to 92% in the least deprived areas.

# VTP – Opportunity Knocks

## ⦿ Benefits Realisation

- Workshop March 2018 identified 33 benefits inc.
  - Enhanced patient access
  - Increase workforce skills and confidence, specialist skilled teams
  - Better flexibility to introduce new vaccine programmes
  - patient access to their immunisation record
  - Allow GP's to modernise their services
  - Better access to travel Health, consistency thus reducing ill health caused by travel
  - Strengthen the role of community pharmacy
  - Reduce vaccine inequalities

# VTP – Careful Planning with adequate resources

- ⦿ Access barriers should be reduced to a bare minimum e.g. location of services. Fear of disease may not be enough for the public to put in extra effort to attend
- ⦿ Timescales must be realistic as a new workforce with adequate knowledge and skills cannot be produced quickly.

# The Challenge going forward

- Scotland has one of the best vaccination programmes in the world and the VTP is an opportunity to make it even better.
- It will require however careful planning and adequate resources
- Above all, it will require all stakeholders e.g. Scottish Government, Public Health Scotland, NHS Boards, GP Practices, health and social care staff and the public to work together in true partnership to deliver a safe and effective programme with high uptake rates for the benefit of the Scottish population as a whole.



TIME FOR

QUESTIONS