

# Vaccination Transformation Programme (VTP)

Modernising the delivery of vaccinations



## Transforming Vaccination Service Delivery - Protecting Scotland's health

### Regional updates & discussion

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For more information visit [www.healthscotland.scot/vtp](http://www.healthscotland.scot/vtp)

Any questions? Email [vtp@gov.scot](mailto:vtp@gov.scot)



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## Regional Updates – Borders, Fife, Forth Valley & Lothian

### Progress in Year 1

- Childhood routine programmes (0-5 years)
- Childhood flu (2-5 years)
- Vaccinations for pregnant women

### Plans for Years 2 and 3

- Adult programmes
- Travel vaccinations

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## Forth Valley:

- Population of 295,000
- The Vaccination service within NHS Forth Valley is currently delivered in several different ways characterized by setting and the age of the individual. From Primary Care to Schools to Neonatal wards
- The size of each of these services also varies dramatically. From the 80,000 Adult Seasonal Flu to the 40 Newborn Hepatitis B programme.
- Delivered successfully and safely

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## **Forth Valley: Delivering Improvements through change**

### Prior to VTP

Immunisation Team created in 2015:

❖ Health Board managed school programmes

➤ Seasonal Flu

➤ HPV

➤ Revaxis

❖ Pregnant women Flu 2016

Drivers for Change:

➤ Extensions to and increasing complexity of Immunisation schedule

➤ Changing role of the School Nurse

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## Forth Valley: Delivering Improvements through change

### VTP Mantra

In delivering the VTP uptake levels must at the very least be maintained and equity of access must be ensured across Forth Valley.

### The Early months

	Risk Assessment Matrix			
	Target Population	Assessment	Infrastructure	Logistics of Deliver
	Easily Defined	Vaccination History	Venue (NHS / NON-NHS)	Nature of Campaign (e.g. mass, adhoc)
Mild	Held on several databases. Well defined.	Easily accessible. Patient Health.	Can be delivered in any setting.	Established repeat campaign.
Moderate	Single database. Information not well maintained.	May be held on a isolated database.	Frequently used setting e.g. Church/Community hall	Established one off.
Major	Dispersed. Not well defined.	No vaccination history or records.	In a traditional clinical setting.	Adhoc or one off vaccination
	Size of population	Medical record accessibility	Accessibility	Time frame for delivery
Mild	Small	Readily available	Does not have any specific requirements in terms of locations and clinic times	Time frame for mild would be a routine on-going daily programme
Moderate	Medium	Medical record can be sourced	Specific requirements for either location and or timing of clinic to maximise uptake	Seasonal programme
Major	Large	Inaccessible or incomplete medical records	Both location and timing may have significant impact on uptake	Time dependent programme e.g. Travel
	Readily contactable	Contraindications		Size
Mild	Able to make appointments	No significant contra-indications	Minimal space requirements	Established accessible and dedicated IT system in place.
Moderate	Able to make own appointments, but detials not readily available e.g. School leavers	Mild/few contraindications	Defined clinical space and seperate waiting area.	Established dedicated IT system in place, but limited accessibility
Major	Reliant on proxy to make appointments	Significant contraindications e.g. Live vaccine	Significantly large clinical space and waiting area (more than 20 patients at a time)	No IT System Available
	Risk profile	Complexity of assessment (interpretation of signs = verbal or written information)	Vaccine viability	Administration (i.e. Time and ease of giving vaccine)
Mild	Unlikely to have significant proportion wiht underlying disease	Easily assessed. Minimum time requirement.	Vaccine remains viable after prolonged periods at room temperated	Non-invasive
Moderate	Small proportion may have underlying conditions. Robust immune system.	Requires careful local interpretation. High level of local expertise required.	Vaccine viability unaffected after short periods at room temperature	Invasive, but no specialist technical skill required
Major	Large proportion with underlying conditions Immunosenescence	Occasionally requires external expert interpretation. May take significant amount of time	Vaccine unable to survive at room temperatures for short periods	Invasive, technical skill required.



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## Forth Valley: Challenge in Year 1 - Childhood routine programmes (0-5 yrs)



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## Forth Valley: Finding the sites...

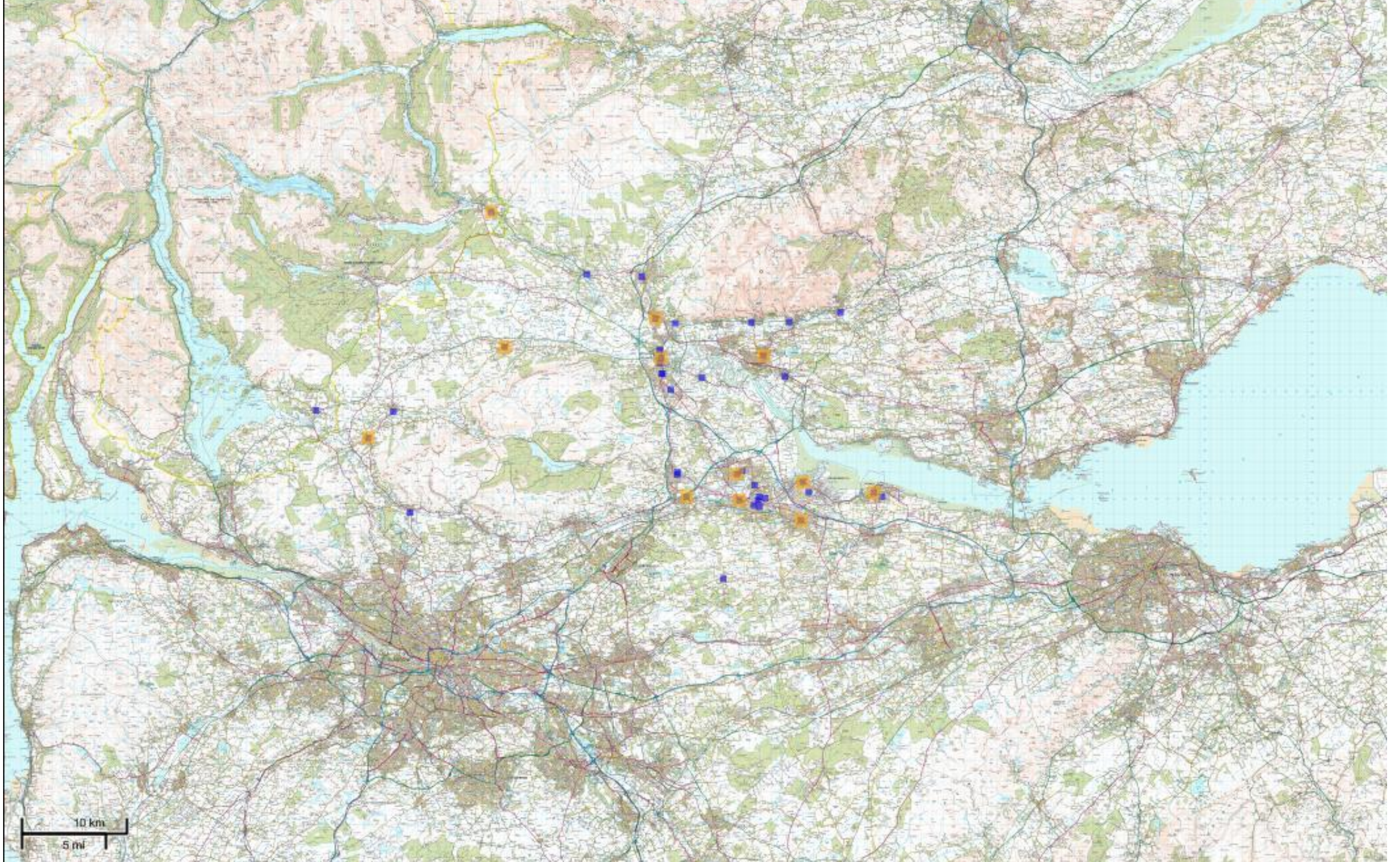
Using 'One Scotland mapping' software based on the ordinance survey the most accessible locations across Forth Valley have been identified based on:

- Walking distance,
- Public Transport,
- Vehicular access.

Then cross referenced with:

- Service specification
- Available NHS Board resources,
- GP practices,
- Local authority facilities,
- Uptake determinants







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## Forth Valley: Progress in Year 1 - Childhood routine programmes (0-5 yrs)

A blue circular graphic on the left side of the slide, consisting of a large outer circle and a smaller inner circle, both with a white outline.

Test of Change using the Hub model: All 8 Clackmannan Practices delivered via 2 community clinics in first Pilot commenced January 21<sup>st</sup> 2019

Evaluation in April 2019

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## Fife: Progress in Year 1 - Childhood routine programmes





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## Progress in Year 1 - Childhood routine programmes

### Challenges

- Funding
- Workforce
- Accommodation
- Cold-Chain
- IT/Data
- SIRS
- Uptake
- Increased Telephone Activity

### Benefits

- Partnership Working
- Improved Access
- Inequalities Focus
- Improved Monitoring (locally)
- Training Standards
- Delivery Standards
- Safety

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## **Lothian: Progress in Year 1 - Childhood routine programmes (0-5 years)**

- Pilots commenced for GP practices where there was GP staff delivery of 0-5yr routine childhood vaccinations (30% of practices)
- Timed clinics via SIRS staffed by Community Vaccination Team
- Central Child Health appointment line for parents
- Parental and Nurse evaluation from clinics
- 84.3% of parents stating very satisfied (of 121 responses)
- Options appraisal for future model taking learning from pilots

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## Lothian: Progress in Year 1 - Childhood routine programmes (0-5 years)

### Challenges:

- Monitoring uptake important – not straightforward
- DNA management important – collaboration with Health Visiting colleagues
- Workforce challenges – availability of staff who wish to have an immuniser role
- IT / data recording challenges



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## **Borders: Progress in Year 1: Childhood routine programmes (0-5 yrs)**

In NHS Borders our planning for the 0-5 Pre-school programme vaccination commenced in June 2018 with data gathering:

- ❖ how do our 23 GP Teams currently provide vaccination services?
- ❖ what are the numbers in our pre-school population?

A Short life working group was established in December to scope out options to deliver a new Board model

## **Borders: Progress in Year 1: Childhood routine programmes (0-5 yrs)**

Options explored included:

- Option 1 - Continue to provide the service in the existing GP Practice sites within current hours of operation or Out of Hours – delivered by NHS Borders employees
- Option 2 - Develop a Cluster Model within existing NHS Borders premises
- Option 3 - Develop a Cluster Model within existing HSCP premises

Option 1 was agreed unanimously by the VTP Board as the most viable for the Board and least disruptive to the service user.

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## **Borders: Progress in Year 1 - Childhood flu (2-5 years)**

In NHS Borders we are planning to deliver the seasonal flu vaccination service from within the GP Practice premises, as per our option for the routine programme, although this may require providing an out of hours/weekend clinical sessions to meet demand.

## **Forth Valley: Progress in Year 1 - Vaccinations for pregnant women**

- Flu vaccination of Pregnant women commenced in 2016/17
- Flu vaccinations provided at 12 week booking antenatal clinic
- Nov 2018 Flu and Pertussis vaccinations provided at the 20 week screening clinics
- Cohort who are 20+ weeks at the start of the Flu season still being directed to Primary Care

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## Fife: Progress in Year 1 - Vaccinations for pregnant women





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## Progress in Year 1 - Vaccinations for pregnant women

### Challenges

- Funding
- Time to Implement
- Data
- Cross Boundary Delivery

### Benefits

- Ownership
- Vaccination at point of contact
- Standardised Processes
- Training Standards
- Cold-Chain
- Improved Monitoring (locally)



## Lothian: Progress in Year 1 - Vaccinations for pregnant women

- Small test of change with midwives giving pertussis vaccination at 16 week antenatal clinic visit – presently being evaluated
- Larger test of change planned for locality wide pertussis vaccination by midwives when patients attend for 18-20 week scan
- Pertussis vaccination levels currently above Scottish uptake, but data incomplete
- Data sharing and documentation challenges
- Flu vaccination to be included in due course

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## **Borders: Progress in Year 1 - Vaccinations for pregnant women**

Vaccination of pregnant women in NHS Borders was transitioned to a Board midwifery led service in November 2018

### **How did we do this?**

- Initial discussions took place in June 2018 with the Head of Midwifery (HoM) and the respective midwifery leads in the Borders General Hospital and Community Midwifery Service – ‘this was something they had considered before and agreed was a more person centred approach to care’

## **Borders: Progress in Year 1 - Vaccinations for pregnant women**

A small operational group was established and agreed the following:

- Vaccination workforce model – peer discussion with other HoMs, led NHS Borders to opt for a registered midwifery model
- Bespoke training for midwives to deliver a safe, sustainable, outcome focused vaccination service to pregnant women across NHS Borders
- PGDs specific to the administration of vaccinations by midwifery colleagues
- Resources to be secured before transition of service to the Board midwifery team
- Protocol written for the management of Pertussis and Seasonal Flu in pregnant women

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## Forth Valley: Plans for Years 2

Catch-up / mop-up and non-routine children's vaccinations

Hepatitis B for children

? Pre-school Flu Pilot

?Flu for 65+ and at-risk -pilots

?Pneumococcal & shingles -pilots

??Travel-pilots

## Forth Valley: Plans for Years 3

Full Flu

Pneumococcal

Shingles

Other at risk vaccinations

Travel

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## Forth Valley: Challenges

- ❖ Funding/Control of funding
- ❖ Documentation and reporting: multiple systems, lack of inter-operability
- ❖ Call and recall
- ❖ Variations in interest levels / buy-in and prioritisation
- ❖ High Expectations
- ❖ Time and resource pressures / tensions
- ❖ Workforce and accommodation
- ❖ Communications
- ❖ Loss of local knowledge –flexibility and opportunistic vaccination
- ❖ Funding/Control of funding

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## Fife: Plans for Years 2 and 3 – Programmes Remaining

### Year 2: Childhood

- Pre-school flu
- 0-18 unscheduled & selected

### Year 3: Adult

- Seasonal flu 65+ and Carer's
- Completion of at-risk flu\*
- Complete roll out of year 2

\*If commenced in year 2

### Year 2: Adult

- All or part At-Risk flu
- Shingles (mop-up & soft roll out)
- Pneumococcal 65+ and other unscheduled at-risk (soft roll out)

### Year 3: Other

- Travel Health
- Consolidate all transfers



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## Lothian Plans Year 2 Childhood flu

Scoping of the Childhood flu (2-5 years) – possible pilot options

## Lothian Plans for Years 2 and 3 Adult programmes

- Scoping for adult flu and possible pilots in year 2
- Community Pharmacy discussions around flu vaccination
- Community Treatment and Care Centres – options to include adult vaccinations including flu, zoster, pneumococcal?

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## Borders Plan for Years 2 and 3 – Adult flu programmes

