

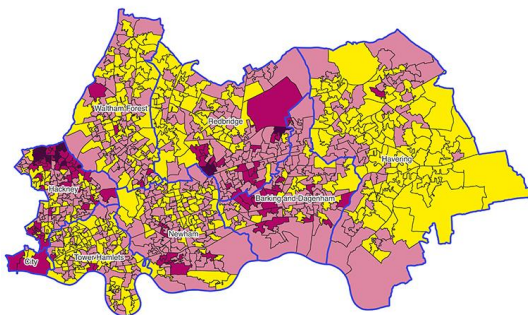
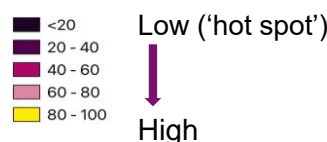
Improving Timeliness and Equity in Delivering Childhood Immunisations

The problem

Immunisation protects children from highly contagious infections, such as measles, which used to cause widespread illness and death. However:

- Immunisation rates in London are the lowest in England and have become worse during the pandemic.
- Children living in deprived areas and of Black and Mixed ethnicity are less likely to be fully protected.
- Low rates of Measles, Mumps and Rubella (MMR) vaccination are concentrated in 'hotspots', increasing the risk of a measles outbreak:

% children receiving MMR on time in North East London



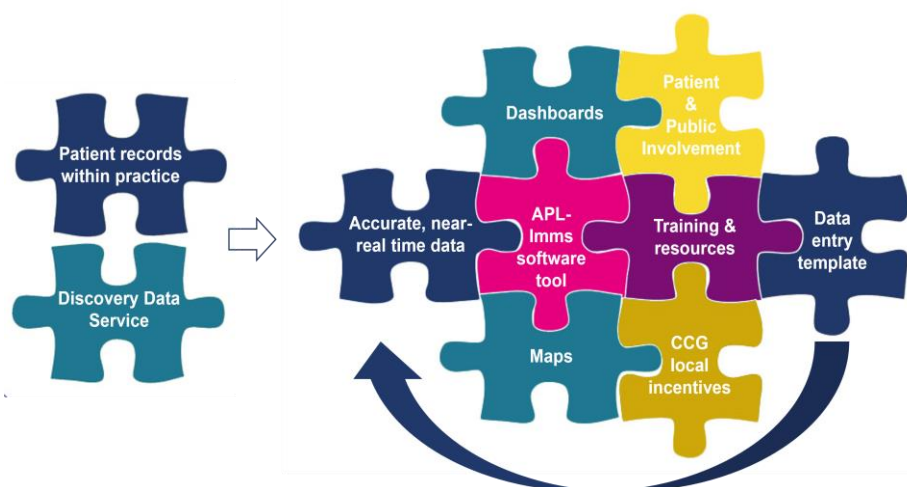
Aims

Increase timely, equitable delivery of routine preschool immunisations in London using a Quality Improvement programme in primary care by:

- Increasing % children completing primary immunisations by age 8 months;
- Increasing % children receiving first MMR by 18 months;
- Reducing inequalities in timeliness by NHS area, deprivation and ethnicity.

Intervention

A toolkit for GP practice teams to navigate the complex routine childhood vaccination schedule, centred on a purpose-built software tool 'APL-Imms'. Launched in North East London in February 2022.



APL-Imms tool

Displays information for all children at the practice, enabling teams to:

- **Prioritise** according to when immunisations are due or overdue;
- **Tailor the approach** to support conversations with families.

Facilitation

Ongoing 1:1 support for practices from Clinical Effectiveness Group (CEG) facilitators:

- **Online and in-person visits** to download the tool and use it effectively;
- **Online resources** including demonstration videos, webinar recordings and a written User Guide.

Results and learning points

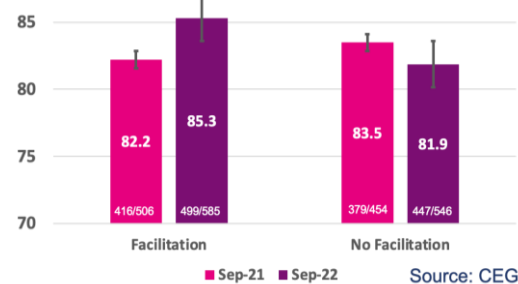
Process measures:

87% of North East London practices have downloaded the tool

42% of practices have been visited by a CEG facilitator

Preliminary results:

% with first MMR by 18 months



- Some evidence of improvement in practices with facilitator visit
- Full evaluation planned: evaluation plan published¹

What we heard from patients and the public:



Accessible: Local, easy, flexible services

Relevant: Messages, information, and diverse ethnic communities

Trusted: Credible records and data, sources of advice

What we learned on the ground:

- Data is not information: Single source of 'data truth' requires an integrated information service
- Embed quality improvement with Clinical Effectiveness approach
- Clinical informatics and immunisation expertise are key
- Keep actionable focus on local areas with low uptake ('hotspots') to improve equity and reduce risk of measles outbreaks

Limitations

- **Too early to estimate the impact of the programme.**
- **NHS reorganisation** has impacted commissioner/provider relations, and a Local Incentive Scheme is yet to be adopted.
- **Data are not analysed consistently across London**
- **The London Polio Booster Campaign** impacted delivery of the planned pilots in other areas of London. However, we adapted the APL-Imms tool to support the campaign in North East London, which required 225,000 1-9 year olds to be offered a polio dose within six weeks.

Next steps

Implement Evaluate Disseminate Sustain

- | Implement | Evaluate | Disseminate | Sustain |
|--|--|---|---|
| <ul style="list-style-type: none"> • Pilots in North West & South East London • Updates to the APL-Imms tool | <ul style="list-style-type: none"> • Evaluate in 2023 | <ul style="list-style-type: none"> • Publications • Social Media • Website • Events | <ul style="list-style-type: none"> • Local incentives • Share learning • Further investment • Leadership buy-in |

Find out more

Video with verbal description of the information in this poster:



¹Evaluation protocol in BMJ Open:



View this poster online:



Acknowledgements

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