

Western Isles Health Board

Meeting: **BOARD MEETING**
 Date: 27.06.18
 Agenda Item: 9.1
 Paper Number:
 Location of Full Report:

Author: Ms. Christina Morrison, Health Protection Nurse
 Executive Sponsor: Dr. Maggie Watts, Director of Public Health / Caldicott Guardian

TITLE: VACCINATION TRANSFORMATION PROGRAMME

Purpose:	To set out the preliminary actions required for the vaccine transformation programme.
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Recommendation:	<i>The Board / Committee is invited to:</i>	
	Note for Information / Assurance	x
	Approve	
	Discuss	

	<p>Situation</p> <p>1.1 The Scottish Government (SG) is undertaking a review of the delivery of vaccinations in Scotland. The review was established due to a number of changes in service provision, such as the transformation of Primary Care and the GMS review (SGPC memorandum) and extension of the vaccination schedule. SG has identified that Boards must work towards the development, testing and implementation of vaccination delivery models that are suitable for their area.</p> <p>1.2 It is of the utmost importance that the model of delivery adopted does not negatively impact on the current delivery or uptake of vaccinations within NHS Western Isles, with the final delivery model being safe, effective and sustainable.</p> <p>Therefore, it is important to establish baseline knowledge for this project</p>

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from a NHS Western Isles perspective to include the current position and decide on the most suitable proposed model to be adopted.

Background

- 2.1 Work has been carried out to establish current vaccination practice within NHS Western Isles. The current model of vaccination delivery sees GPs and practice staff under their guidance providing the majority of vaccination programmes within primary care. Practice Nurses are the predominant group administering vaccines throughout NHS WI. However, programmes such as HPV (girls aged 12 to 13 years) and primary school childhood flu (aged 5 years to 11 years) are currently delivered in school by the School Nursing team.
- 2.2 Changes to roles and responsibilities nationally have seen vaccinations being withdrawn from the role of the Health Visitor and, potentially, the GP. In NHS WI, childhood vaccination programmes were supported in GP practices by the Health Visiting team in the Southern Isles. This support is being withdrawn at the end of January 2018.
- 2.3 Mantoux testing and BCG vaccination for TB has also been provided in the Southern Isles by Health Visitors. Mantoux testing and BCG is a complex service in NHS Western Isles:
 - Midwives provide BCG vaccination from birth to 28 days, however, they do not carry out Mantoux testing as this is very rarely required in neonates
 - Age 5 years to 16 years is provided in Lewis and Harris by a member of the School Nursing team
 - Aged from birth upwards is provided by Paediatrics as required, and the Health Visiting team in the Southern Isles.
- 2.4 Travel vaccinations are carried out in GP practices on a private prescription basis. There are two designated Yellow Fever centres in NHS Western Isles – Stornoway Group Practice and North Uist Medical Practice.
- 2.5 Vaccinations are also carried out within secondary care and tertiary care, or prescribed/recommended in secondary/tertiary care for administration in primary care. This is commonly in the case of children or adults 'at risk'.
- 2.6 Patients in beds in the acute setting have vaccinations prescribed by their specific Consultant (or FY1/2) and administered by Staff Nurses.

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Assessment

3.1 The Scottish Government has identified that the VTP will work in parallel with Primary care reform, this includes the Community Health Index transformation programme (CHI-TP) as well as changes to the GP contract. There are many unknowns at this point due to the multiple programmes and the GP contract changes.

3.2 Timescale to completion has been set at 3 years by SG and funding is available on an annual basis to assist with necessary changes leading to the successful implementation of the VTP.

3.3 There are potential risks associated with changes in vaccination models including:

- Lack of familiarity with service provider or location resulting in lower uptake
- Sustainability of newly identified delivery models, such as requirement for additional staff and/or additional skills
- Data sharing and data safety
- Patient confusion with new systems.

Previously noted:

- the advent of the Vaccination Transformation Programme
- the appointment of Christina Morrison as the Business Change Manager for the VTP, as part of her current role as HPNS
- the establishment of a fixed term VTP Project Nurse, funded from VTP monies, to support the necessary work in primary, community services, public health and related services
- the establishment of a local VTP group including GP representation, to oversee the local VTP programme
- the development of appropriate information sharing and data collection systems as part of the national and local VTP, with the potential requirement for additional health intelligence support

Progress to date:

1.1. VTP has identified the following programmes for trial of transfer in year one:

- The School flu programme for eligible group (children aged 5-11 in school, including home schooled children)
- The Teen boosters programme for eligible group (children aged in secondary schools including home schooled children)

1.2 The flu programme trial will include all children in primary school

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throughout the Western Isles.

- Those who are unable to have the vaccine in school, due to severe anaphylaxis to egg which has previously required intensive care, will be referred to the paediatric system for vaccination.
- Those children who are contraindicated to having the live flu vaccine will be given the inactivated intramuscular injection in school, by the school nursing team.
- It is estimated that the majority of children will be vaccinated in school by either live nasal vaccination or the inactivated intramuscular injection.
- The School Nursng team will provide centralised Mop-up clinics, this will also allow for second vaccination of the child should this be required.

1.3 The teen boosters programme will trial in the Nicolson Institute and Sir E. Scott schools. Due to staffing issues in Uist and Barra, the trial is unable to continue in this area.

- The School nursing team will move delivery of the HPV vaccination programme to January/February.
- The team will deliver the Teen Boosters programme in February/March.
- Mop-up clinics will be arranged for both areas and be completed by the end of March.

2.1 For the trial of transfer to go ahead, additional staffing is required for the schools team.

- The team have identified that they wish to have an extra Band 5 staff nurse for the Lewis and Harris area and a Band 6 for the Uist and Barra area. They have also identified the need for adequate administration support.
- National roles and responsibility changes may affect the delivery of VTP.

2.2 Moving the Teen boosters into the schools team will require working closely with the Primary care team. The child Health System is key in the call/recall of children scheduled for vaccination. Current and future staffing issues have been identified that may affect the VTP as well as the CHI-TP.

2.3 Timeous data sharing will be required to achieve safe vaccination of school children. Therefore access is required to GP data. This may be from the Board or from the GP practices. It is good practice for vaccines to be documented in patient's notes as soon as possible after delivery. An efficient process will reduce the potential for vaccination error. VTP is working with Health Intelligence to identify the best way forward on this.

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	<p>2.4 Training identified as required for staff:</p> <ul style="list-style-type: none"> • Promoting effective immunisation practice will be recommended to all immunising staff • PGD training • Immunisation annual updates • BLS and Anaphylaxis training • Data training (to be identified) <p>Recommendations:</p> <ul style="list-style-type: none"> • Year one of the VTP will see the schools flu programme and teenage boosters moved into the school nursing team remit • A trial of teen boosters will take place in the Nicolson Institute and Sir E. Scott schools • Extra staffing is required for the schools team to enable the trial to progress • New staff contracts should be cognisant of changes to new roles and responsibilities, therefore contracts should be generalised and not 'School Nurse' specific • Primary care call/recall services are resilient • Data sharing continues to be explored and robust systems identified for vaccination use • Training is commenced ahead of the trials.
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Risk:	<p><i>Are there any significant risks related to this topic? ✓</i></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
	<p><i>If yes, please describe below:</i></p>
	<p><i>Risk Register – If the risk on the Corporate Risk Register please detail, including the specific Risk ID</i></p>

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Competence	<i>Does the topic have any impact on the following Governance Standards: ✓</i>	
Financial Impact	<i>Yes</i> <input type="checkbox"/> <i>No</i> <input type="checkbox"/>	<i>If yes, please describe below:</i>
Clinical Impact	<i>Yes</i> <input type="checkbox"/> <i>No</i> <input type="checkbox"/>	<i>If yes, please describe below:</i>
Human Resource Impact	<i>Yes</i> <input type="checkbox"/> <i>No</i> <input type="checkbox"/>	<i>If yes, please describe below:</i>

Approval Pathways	<i>Committees presented to:</i>	<i>Date:</i>
	<i>Committees to be presented to:</i>	<i>Date:</i>