UK Health Security Agency

Legacy and Health Equity Partnership

London Jewish Health Partnership

Hackney

City of London

Haringey London

Springfield Park Primary Care Network
Cranwich Road Surgery | Spring Hill Practice
Stamford Hill Group Practice

NHS

An NHS London partnership together with LJHP, CWHA, UKHSA, NHSE, NHS NCL ICB & NEL ICB, City and Hackney, Haringey, Barnet and SpringHill Park PCN

Immunisation insights to support PCNs: London Jewish communities

Part of the communications and engagement campaign for increasing childhood immunisations uptake in London Jewish communities:
A community and health system partnership

Winter 2023

Content

1. Communications and engagement campaign - Background

The Campaign

To keep children safe and protected from serious diseases, Jewish community organisations are coming together with London health partners to create a campaign to increase childhood immunisation rates in the London Jewish community to ensure that they are not left vulnerable to vaccine preventable diseases, and to encourage adults, especially those aged 18–25-year-olds, who missed out on childhood vaccinations to catch up.

The aims

- To increase childhood immunisations uptake by parents in the Charedi community and wider London Jewish communities
- To encourage adults, especially those aged 18–25-year-olds, to catch up on any primary and booster childhood vaccinations they may have missed
- To build trust between Jewish communities and the London health system

The timeline

Over the end of November-January period, we will launch in partnership with health and community partners a focused **holistic childhood immunisation campaign** for London for the Jewish community looking at three work streams:

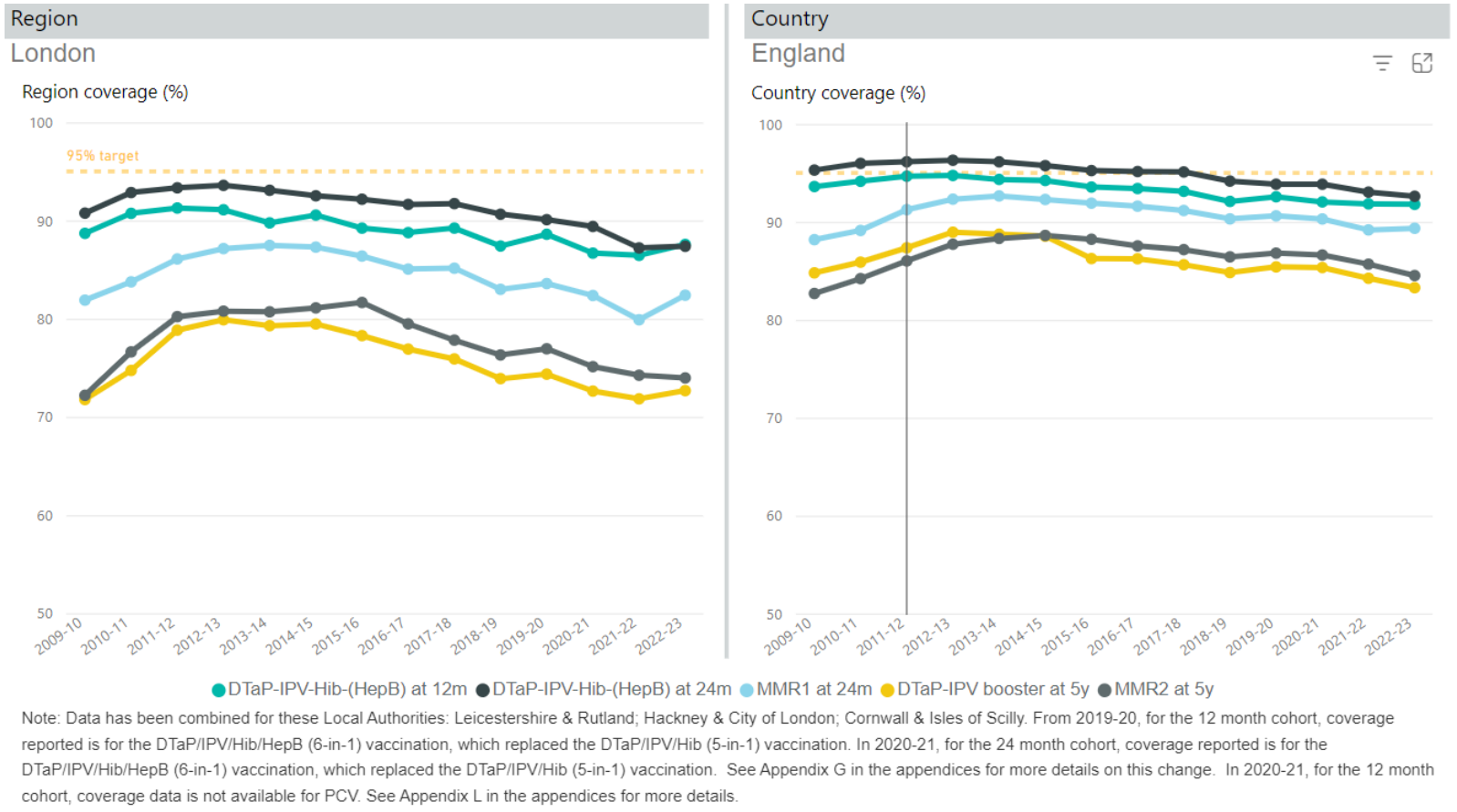
- Primary Care – informing primary care colleagues and sharing tailored and culturally sensitive resources and information
- Schools – engaging with schools to enable vaccine access in the school setting and to disseminate key information
- Community – engaging with community members to develop adequate communication resources

2. Context of Childhood imms in London

- The charts on this page use annual uptake data to show current levels of uptake for childhood immunisations across London and how that compares with uptake across the rest of the country.

- Over the past decade, London has historically had a lower uptake of childhood immunisations compared to the rest of the country, so this is not a new challenge.

- Uptake for the five vaccines selected, is lower in London than the rest of the country. Uptake in London has also fallen over the past five years and has fallen further than elsewhere in the country.



Note: Data has been combined for these Local Authorities: Leicestershire & Rutland; Hackney & City of London; Cornwall & Isles of Scilly. From 2019-20, for the 12 month cohort, coverage reported is for the DTaP/IPV/Hib/HepB (6-in-1) vaccination, which replaced the DTaP/IPV/Hib (5-in-1) vaccination. In 2020-21, for the 24 month cohort, coverage reported is for the DTaP/IPV/Hib/HepB (6-in-1) vaccination, which replaced the DTaP/IPV/Hib (5-in-1) vaccination. See Appendix G in the appendices for more details on this change. In 2020-21, for the 12 month cohort, coverage data is not available for PCV. See Appendix L in the appendices for more details.

Source: https://digital.nhs.uk/data-and-information/publications/statistical/nhs-immunisation-statistics/2021-22

3. Call to action - why now

- The UK Health Security Agency has recently published a new Risk assessment for measles resurgence in the UK predicting potential measles outbreak with cases across the capital.
- In the UK, MMR vaccine coverage in the routine childhood programme is the lowest it has been in a decade with about 10% of children not protected from measles by the time they are ready to start school.
- This report highlights that with current levels of coverage, **a measles outbreak of between 40,000 and 160,000 cases** could occur in London. Hospitalisation rates vary by age but range from 20 to 40%.
- The risk in London is primarily due to low vaccination rates over several years, further impacted by the COVID-19 pandemic, particularly in some areas and groups where coverage of the first MMR dose at 2 years of age is as low as 69.5%. Susceptibility is particularly high among 19 to 25 year olds, affected by unfounded stories in the early 2000s ('Wakefield cohorts') and some may still not be fully vaccinated.
- Measles is highly infectious – the **most infectious of all diseases** transmitted through the respiratory route. In a population with no immunity to measles (a totally susceptible population) a single case of measles will infect between 10 and 20 others – this is known as the basic reproduction number (R0). Previous measles infection and vaccination with a measles containing vaccine, however, induces long-term immunity and thereby provides protection to that individual and reduces transmission to others. This 'herd immunity' is particularly important for diseases of high infectivity, like measles, and for this reason, measles is a regional target for elimination and ultimately for eradication.

Source: Risk assessment for measles resurgence in the UK/ Press release: London at risk of measles outbreaks

3. Call to action for the Jewish community - why now?

- **Specific threat to the community around vaccine preventable disease-** evidence of low uptake and threat of potential outbreaks across a number of diseases including Measles, polio, pertussis
- **Feedback of need from community partners and health professionals with guidance for the approach** – *"The community can't keep up with all the new campaign focus on different vaccines every other week, it looks very disconnected"*
- **Potential to try a new multipronged approach**
- **Potential for measurement**
- **Co-production and partnership** with health system partners and community members – UKHSA, NHSE London, NHS ICBS, Hackney, Haringey and Barnet, London Jewish Health Partnership, LHEP.

4. Challenges to increase vaccine uptake

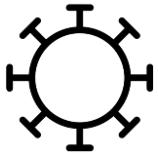
Capacity-related factors impacting vaccination uptake in some practices

- Lack of protected administration time for call-recall related tasks.
- Some appointments feel rushed - more time may be useful for some vaccination sets (12 months, for example).
- Non-clinical staff are too busy to opportunistically invite children for vaccinations based on EMIS notifications.
- Vaccination clinics may not always run, based on nursing availability.
- Non-clinical staff in some practices have too high a turnover to realistically be trained in conversations about vaccinations.

*This slide is part of the document “Hackney Improving Uptake of Childhood Vaccinations: GP Practice Visits 2023 written by Freya Smith, Robert Moore, Bryn White and Carolyn Sharpe

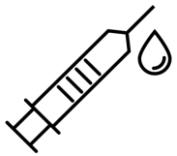
4. Challenges to increase vaccine uptake

Anecdotal reasons for vaccine hesitancy



COVID-related reasons

- **Doubt** about effectiveness: 'I had my COVID vaccine and still got COVID'.
- **Suspicion** due to u-turns and misinformation on COVID vaccine now spreading to other vaccines.
- **Vaccine fatigue** - people have had a lot of vaccines recently.



MMR fall-out

- Parents **want to wait** for their child to start talking before they give them the MMR vaccine.
- Parents feel that MMR is a '**strong vaccine** with bad side effects'.
- Concerns about **autism** have spread to other vaccinations.
- Particularly educated parents have often spent time **researching** and talking to friends about vaccines, particularly MMR, and decide to decline.

Concerns about harming the child

- Parents fear that their child's **immune system will be overwhelmed,** particularly by the 12-month vaccinations.
- Parents want to wait until their child is stronger, or **split up their vaccines.**
- Parents may have seen a '**bad reaction**' in other children.
- Parents don't want to see their baby **cry.**
- Parents are concerned that their child will have side effects and need to **miss school or other events.**

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4. Challenges to increase vaccine uptake

Anecdotal reasons for vaccine hesitancy

Lack of understanding

- Parents may not be educated on the **pros and cons** of vaccinations.
- They may not understand that **vaccinations do different things**: 'I don't need a flu vaccine, I had a COVID vaccine'.
- They may believe that their **child's immune system will be enough to protect them.**

Cultural reasons

- Some people are unwilling to give their child the MMR vaccine as it contains **pork**, although there is an alternative.
- Some communities have a history of vaccine hesitancy, which leads to '**family history**'.
- Some communities with traditionally **larger families** may find it more difficult to come to the surgery, or may be more likely to forget appointments (parents may forget the 3y 4m vaccinations in particular, as these are so much later than other vaccinations and it is no longer at the forefront of their minds).
- Some communities believe that 'vaccines are **not safe for black/mixed-race children**'.

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5. Recommendations to improve vaccination uptake

Identifying children due for vaccinations

- Promote APL-Imms to practices throughout City and Hackney, as some are not aware of its benefits.
- On a wider scale, it would be very useful to consider how APL-Imms could be made more proactive and efficient, for example not requiring manual transfer of information from EMIS.
- It should be made clear to practices that QOF searches should not be used for call-recall, as these are not proactive enough.
- Ensure that there is a consistent system for coding completed vaccinations on EMIS, throughout all practices in City and Hackney, to ensure that children are not inappropriately re-invited.
- On a wider scale, it may be useful for Vaccination UK to send a regular email update to practices, so that they are able to plan in protected time to transfer the information to EMIS.

Effectively reaching patients

- If patients are suspected of no longer living within the practice catchment area, they should go through the de-listing process, as this will greatly reduce unnecessary work for administration staff, by reducing the number of failed invitations made. It is also advisable for GDPR purposes.

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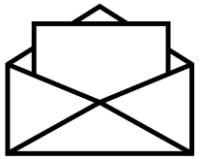
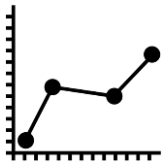
5. Recommendations to improve vaccination uptake

Invitations



- The possibility of providing more administrative capacity for invitations should be explored, including the scope for providing more staff or protected time to achieve this.
- On a wider scale, it would be useful to assess possible areas in which the efficiency of the IT systems involved could be improved, in order to ensure that children are not incorrectly included on ‘overdue’ lists, or whether transfer of information could be automated, for example.
- If administrative capacity can be increased, non-clinical staff should be encouraged to make opportunistic invitations, and be given appropriate basic training to achieve this.
- Invitation formats should promote ease of taking up the invitation of a vaccination, for example by providing a booking link. This should not be more time-consuming or complex than the process of declining vaccinations.
- Invitations should routinely be provided in an appropriate language for the recipient. If possible, this should be automated by linking to the preferred language listed on EMIS, although this may require intervention at a higher level.
- A formal process should be instigated to ensure that all children who do not receive vaccinations at schools are comprehensively followed up, rather than putting the onus on parents. This may be achieved by more thorough coding and coordination of vaccination records.

Monitoring vaccination uptake



- In-house audits should take place throughout the financial year, to ensure that practices are always aware of their vaccination uptake.

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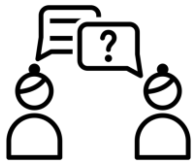
5. Recommendations to improve vaccination uptake

Offering further information

- Provision of straightforward, easily understandable information about vaccinations may help to reduce some of the mistrust and confusion about the role of vaccinations, which has particularly grown since the COVID pandemic. This should include a clear presentation of the pros and cons of vaccination and an explanation of why vaccinations should be given at a certain time. It should also include answers to common questions and concerns about childhood vaccinations. All information should be available in a central online hub, with written information available routinely, in a variety of languages.
- Relationships should be forged with local schools, religious and cultural groups, in order to provide further education about vaccinations through routes which may feel more acceptable or comfortable to parents. It may be the case that some parents feel more confident about allowing their children to be vaccinated if they feel that this is supported by their local community. Patient groups could be used as a resource to create closer links with local communities.
- Practice websites should contain clearly accessible, up-to-date information about childhood vaccinations.

Offering further discussion



- Further discussion with a clinician should offered routinely to all parents who decline or are hesitant about childhood vaccinations, rather than on request.
- If their administrative capacity is increased, non-clinical staff could be trained to answer basic questions about vaccinations, which may free up some time for clinical staff to hold more complex discussions with parents.
- All discussions with vaccine-hesitant parents should follow a formal semi-structure, to ensure that parents are being given consistent information by staff members, particularly within the same practice.
- Some extra training for discussions with vaccine-hesitant parents, or those who simply have questions, may be welcomed, with the caveat that this must be realistic and non-patronising. This training could be for clinical and non-clinical staff.

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5. Recommendations to improve vaccination uptake

If parents decline vaccinations

- Reasons for refusal should be coded, so that common themes can be identified and targeted locally.
- Inform Health Visitors when parents decline, to coordinate awareness between professionals.

Vaccination appointments

- It may be useful to consider the availability of longer appointments when more vaccinations are required, for example at 12 months, to ensure that there is sufficient time within the appointment for meaningful discussion with parents. Timetables could be co-produced with nursing staff, to ensure that they meet clinical need.
- Consider the possibility of providing childhood vaccinations in outreach settings, for example in nurseries and children's centres, to increase convenience for parents. Some practices are able to provide childhood vaccinations at home for families who are unable to attend the practice in person - this should be extended to all practices if possible, although would likely require more nursing capacity. On a wider scale, consider the possibility of reintroducing vaccinations by Health Visitors, at home.
- Consider possibility of out of hours appointments where possible.

We shouldn't give up!

- Some staff feel that there is nothing that be done to improve vaccination uptake. This is not the case!

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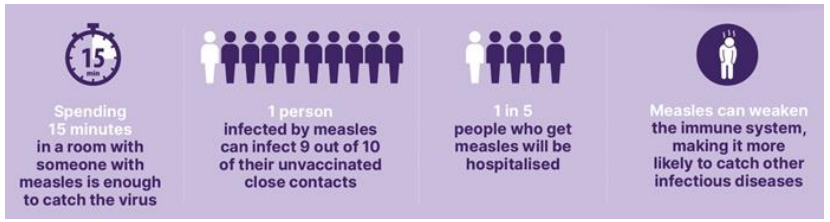
Hackney

CITY OF LONDON

6. Case studies of wellness events across London –‘GET AHEAD OF THE YOMIM TOVIM’ CAMPAIGN’

Samina Tarafder – Immunisations Co-ordinator/Engagement Lead for Orthodox Jewish community



- The **targeted campaign** took place at all 3 practices of the North East Primary Care Network (Springfield Park PCN) in addition to Lubavitch Children’s Centre.
- The **aim** of this co ordinated approach was to increase the uptake of children’s immunisations, with a specific focus on measles (MMR) to include reinforced messaging for the Charedi community.
- There was a short 2-week window period in September before the start of the religious holidays to ***‘Keep families safe whether travelling or staying local!’***
- The campaign coincided with the **Phase 2 MMR catch up campaign for 4 -11 year olds.** Standard letters were produced for schools by NEL with a key emphasis on preventing a measles outbreak due to a lower uptake rate in North East London overall. The letters were adapted for the Charedi Independent schools to include the Sunday provision of immunisations clinics.
- The **infographics** told a narrative of what the potential outcome of measles could be and the risks.
- The **advert was co produced** with the Charedi community where a young mother of 4 children, and the grandmother of the children were asked what would motivate families to immunise before the Jewish holidays?
- The mum responded said she would not want to immunise just before the High Holy days (start of the holidays and Jewish New Year) in case the child felt unwell as a side effect from the vaccines. The community will not use phones during Shabbat or religious festivals unless it is an emergency.
- We spoke about the importance of keeping safe for protection against infectious diseases before this period and the increasing risk as many families start to travel. This resulted in an **inter-generational headline** as the daughter and grandmother both inputted into the **messaging** for the advert.

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6. Case studies - LEARNING OUTCOMES - WHAT WORKED WELL AND WHY

- **Advertising** publicity campaign and **extensive promotion** of event to reach the community. Adverts were placed in the **local Jewish press.**

  "I saw the advert in the LinkIT on Sunday morning which motivated me to walk in for my children's immunisations." (Charedi mother)

- **Successful communication channels** via text messaging from GP practices to encourage walk in's and Call/Recall team to book in appointments.

- Text messages were a key feature and important to the success of the campaign. Feedback stated that Charedi families respond and prefer to receive the texts Motzei (after) Shabbos on Saturday night to act as a final prompt for walk in's for the Sunday clinics.

- Practices were encouraged to print out colour copies of the **adverts to hand out to patients** when attending services during the week to maximise publicity and to have conversations with families, to highlight the importance of vaccinating before the Jewish holidays. Lubavitch Children's Centre and practices **printed posters** for their reception areas.

- **Community and voluntary organisations** used their social platforms to circulate info and share with their service users.

- **Engagement** with community organisations working around food poverty to support their beneficiaries by distributing food vouchers for Kosher shops/supplies. Fliers advertising the clinics was put in with the food vouchers.

- **Specific outreach work** with organisations engaging with single parents to dispel some of the myths which may exist for 'anti vaxxers' and vaccine hesitant mothers.

- **Evaluation/feedback forms given out by nurses and reception staff** to parents/carers attending the clinics on the day, provided valuable insights.

- **Combined offers** of oral health alongside immunisations show better attendance and engagement than standalone events.

- **MECC approach -** Kent Community Oral health provide training for staff from practices across City and Hackney to become **oral health champions.** Trained staff delivered interactive workshops with families waiting in reception for children to be immunised, disseminating free 'BFL' packs consisting of Kosher toothpaste/ toothbrushes.

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6. Case studies - OUTCOMES AND KEY ACHIEVEMENTS

- Patients attended the clinics from **different GP practices** across the North of the Hackney borough for various childhood immunisations including MMR.
- The 2 week campaign resulted in an excellent outcome of **200 children** being immunised across all 3 practices and Lubavitch Children's Centre of which 173 children were from the Orthodox Jewish community.
- 169 children were immunised during the Sunday clinics of which 152 children were from the Orthodox Jewish community.
- The targeted campaign saw **73 children who received MMR** of which 36 were immunised with their first dose, 28 children had their second dose MMR and 9 children were a part of Vaccination UK's Catch up campaign for 4 – 11 year olds.
- The majority were late immunisers in accordance with the NHS schedule.

7. Ways to improve vaccination uptake in your Primary Care Network / Neighbourhood Team

Additional Roles Reimbursement Scheme Professionals

It's important to use a multi-professional approach to increasing vaccination messaging. Examples of this include:

- Health & Wellbeing Coaches can discuss with patients and parents as they are skilled in Motivational Interviewing. They can help activate those parents with reduced vaccine confidence' and lead to change behaviour
- Social Prescribers - these professionals take a holistic health and wellbeing approach and can use any contact to promote vaccinations.
- Care Coordinators - some PCNs have recruited vaccination Care Coordinators to help focus on the uptake of imms. They may be utilised as recallers, help improve the patient pathway, or focus on community engagement.

Network Contract Directed Enhanced Service (DES) – tackling neighbourhood health inequalities

All PCNs are required to design and deliver co-produced priorities to help reduce neighbourhood inequalities. Focusing on prevention, and in particular childhood immunisations can help deliver this DES and your PCN Health Inequalities lead can become an important link to stakeholders such as Public Health, the Voluntary, Community and Faith sector and Secondary Care.

PCN Extended Hours Access and Enhanced Access

Since 1st Oct 2022, PCNs must provide extended hours access in the form of additional clinical appointments in accordance with this Network Contract DES Specification. One example of provision could include weekend and evening immunisation clinics delivered by health professionals to ensure parents can access appointments at a time that suits them

Impact and Investment funding

The Investment and Impact Fund (IIF) is an incentive scheme focussed on supporting PCNs to deliver high-quality care to their population, and the delivery of the priority objectives articulated in the NHS Long Term Plan and in Investment and Evolution; a five-year GP contract framework.

PCNs can use this to invest in improvement projects and recruitment of additional staff to help the clinical and operational delivery of vaccinations.

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7. Ways to improve vaccination uptake in your Primary Care Network / Neighbourhood Team

Examples of PCN innovation

Springfield Park in Hackney has one of the lowest vaccination uptake in the UK. A multi-professional working group has been set up to help improve confidence in and access to vaccinations. This involved a dedicated recall service, housed within the PCN, with recallers recruited from the local community and trained by Primary Care staff.

In addition, the PCN hosts additional vaccination clinics and large-scale health and wellness events during extended access hours at the weekend, offering health checks, vaccinations, health advice, as well as fun activities and a bike repair service.

The service is coordinated by a dedicated Immunisations Co-ordinator/Engagement Lead for the Orthodox Jewish community and the PCN use Impact and Investment funding to employ a full-time nurse to deliver vaccinations. Community engagement and education have been key enablers and feedback from residents has been very positive.

As a result of these interventions, vaccination uptake is steadily increasing in the PCN.

"It's excellent that on a Sunday open as my husband can help bring the children in or it would be a lot harder." Springfield Park user

"The walk-in service is amazing as I can leave the older children with my other children while I bring in the babies for immunising, thank you for encouraging me as I was behind with the vaccines." Springfield Park user

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8. Co-production principles

Co-production aims to foster collaboration and shared decision-making between healthcare services and the communities we serve. As a result, residents feel more involved and are more likely to accept vaccines as they've been part of the discussion in designing the intervention. The key principles include:

Community Engagement: Engaging with the community to understand their barriers and enablers is essential. Involving a broad range of community members in the decision-making process is important to get a diversity of opinions.

Cultural Competence: Being culturally sensitive and aware of the diverse beliefs, values, and practices within the community is important. This means we need to tailor vaccine messaging accordingly.

Partnerships: Collaborate with key community champions and organisations to build trust and credibility. These partnerships can help disseminate accurate information and gather useful insights.

Equity: Ensure that vaccination clinics are accessible to all, especially in underserved populations. Address barriers such as transportation, language, and low vaccine confidence.

Education and Information: Provide clear and transparent information about vaccines, their safety, and efficacy. Address common misconceptions and concerns ideally in face-to-face events.

Feedback Loop: Insights and feedback from the community are important. This helps to facilitate continuous improvements in services and communication strategies.

Accountability: Hold partners accountable for delivering equitable vaccine distribution.

Agility: Be flexible and adapt in response to changing circumstances or community needs.

Data and Evaluation: Use data to monitor vaccination uptake and messaging to evaluate the impact of co-production strategies. Use these insights to refine and improve the approach.