NICE National Institute for Health and Care Excellence

Quality Standards Advisory Committee 4

Vaccine uptake in under 19s – prioritisation meeting

Minutes of the meeting held on Wednesday 29th June 2016 at the NICE offices in Manchester

Attendees	**Standing Quality Standards Advisory Committee (QSAC) members** Damien Longson (DL) [chair], Alison Allam, Jane Bradshaw, Derek Cruickshank, Allison Duggal, Nadim Fazlani, Zoe Goodacre , Annette Marshall, Jane Putsey, David Weaver **Specialist committee members** Leony Davies, David Elliman, Anthony Harnden, Catherine Heffernan, Mary Ramsay, Maggie Wearmouth, Krisha Wilson **NICE staff** Mark Minchin (MM), Karyo Angeloudis (KA), Alison Tariq (AT), Adam Storrow (AS), Lisa Nicholls (LN) **NICE Observers** Stacy Wilkinson
Apologies	**Standing Quality Standards Advisory Committee (QSAC) members** Tim Fielding, Alaster Rutherford, John Jolly, Michael Varrow, Moyra Amess, Asma Khalil, Jane Ingham, Nicola Hobbs-Brake

Agenda item	Discussions and decisions	Actions
1. Welcome, introductions and plan for the day (private session)	The Chair welcomed the attendees and the Quality Standards Advisory committee (QSAC) members introduced themselves. The Chair informed the committee of the apologies and reviewed the agenda for the day.	

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2. Welcome and code of conduct for members of the public attending the meeting (public session)	The Chair welcomed the public observers and reminded them of the code of conduct that they were required to follow. It was stressed that they were not able to contribute to the meeting but were there to observe only. They were also reminded that the committee is independent and advisory therefore the discussions and decisions made today may change following final validation by NICE's guidance executive.	
3. Committee business (public session)	**Declarations of interest** The Chair asked standing QSAC members to declare any interests that were either in addition to their previously submitted declaration or specific to the topic(s) under consideration at the meeting today. The Chair asked the specialist committee members to declare all interests. The following interests were declared: <u>Specialist committee members</u> • Anthony Harnden – Deputy Chairman Joint committee of Vaccination and Immunisation • Mary Ramsay - the Immunisation, Hepatitis and Blood Safety Department has provided vaccine manufacturers with post-marketing surveillance reports which the companies are required to submit to the UK Licensing authority in compliance with their Risk Management Strategy. A cost recovery charge is made for these reports. • Maggie Wearmouth - member of Joint committee of Vaccination and Immunisation **Minutes from the last meeting** The committee reviewed the minutes of the last meeting held on 25th May 2016 and confirmed them as an accurate record.	
4. QSAC updates	No updates	
5 and 5.1 Topic overview and summary of engagement responses	KA and AT presented the topic overview and a summary of responses received during the engagement stage of this topic.	
5.2 Prioritisation of quality improvement areas	The Chair and KA led a discussion in which areas for quality improvement were prioritised. The QSAC considered the draft areas as outlined in the briefing paper prepared by the NICE team.	

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	• Vaccinations with low uptake • Immunisation appointments • Information systems • Contribution of educational settings • Targeting groups at risk of low uptake The committee was asked whether the quality standard should focus on general actions on increasing vaccine uptake for under 19s or vaccines for specific conditions. The committee agreed to focus on general actions and to take into consideration the population and targeting specific groups.	
5.3 Prioritised area – immunisation appointments	The committee discussed immunisation appointments, in particular access to immunisations and vaccine information as suggested by stakeholders. Resource implications were discussed in terms of people and availability. Call-recall systems were discussed including text message reminders for appointments. The committee highlighted that call-recall systems will have an additional cost for practices that don't currently have those systems. They highlighted that having enough available appointments to cover the needs of the local population was an issue in primary care. The committee felt that although there were resource implications in implementing call-recall systems in the long run savings would be made. With call-recall the committee noted that identification of populations was an important factor in its success. Literacy levels and language barriers within the population were noted as having an effect on uptake and needed to be considered when considering the format for call-recall systems. The committee then discussed information systems for tracking vaccinations in populations. The committee highlighted that information systems must be utilised to ensure the appropriate level of information on a child's vaccination status is held as this aids scheduling and increasing uptake. The committee highlighted that child health information system (CHIS) should hold the immunisation data of the child, in addition to the personal child health record/Redbook and the GP practice system. The committee acknowledged that there is currently confusion as to the responsibility for updating information systems as commissioning arrangements are fragmented. Discrepancies between GP systems and the child health system was also discussed, specialist committee members commented that there was often a delay in CHIS being updated centrally. Data sharing between professionals was also highlighted as an issue.	**NICE team to draft a statement on call-recall systems from recommendation 1.** **NICE team to draft a statement on updating information systems when a child or young person receives a vaccination.** **NICE team to draft a statement on opportunistic identification of relevant population groups at risk of low uptake.**

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	The committee discussed groups of people for whom the vaccination status was unknown as they were least likely to health related data recorded. The committee highlighted at risk groups as pregnant women from some minority groups, asylum seekers, migrants, people in prisons and the gypsy traveller community. The committee discussed the need to prioritise increasing the uptake within these groups and using other opportunities to identify vaccination status in these groups. The committee concluded there were 3 areas to prioritise for quality improvement: • Call-recall systems. • Updating information systems post vaccination • Opportunistic identification of vaccine status of at risk groups	
5.3 Prioritised area – information systems	The committee discussed information systems as a suggested area from stakeholders. This area was discussed in the previous prioritised area on immunisation appointments.	**No further action needed.**
5.3 Prioritised area – contribution of educational settings	The committee discussed the contribution of educational settings. The resource impact was thought not to be significant at the time the guidance was issued but the committee questioned whether this is still the case. The committee commented that a number of programmes were already delivered through education settings. The committee discussed that some areas of the country commissioned programmes based school age, to capture children and young people being educated in non-school based settings rather than purely school based, they highlighted this as an example of ensuring the whole population was captured. The committee discussed checking immunisations status at key stages in education, such as entry nurseries and schools and moving between schools. The committee discussed who would check the vaccination status at these key stages and commented that many schools no longer have school nurses. The committee agreed that it was important not just to check if children have had vaccinations but also to ensure they get vaccinated if they are not up to date, they discussed whether this could be done there and then and the implications of needing to gain consent for additional immunisations. The committee highlighted that the consent form is on a specific vaccine so the nurse may not be allowed to give an extra vaccine that is identified as not been done.	**NICE team to draft a developmental statement on key stages for checking vaccination status with a link to the child health policy** **NICE team to draft a statement on checking immunisation at every opportunity.**

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	The committee discussed that checking a child's vaccination status was a responsibility of health visitors as part of the health child programme for 0-5 year olds but commented there was a lack of equivalent directives for older children. The committee discussed whether this would be a developmental statement which is aspirational to work towards. The committee agreed to progress 2 statements. • NICE team to draft a developmental statement on key stages for checking vaccination status and link to child health policy and health visitors for children aged 0-5 and consider how to capture those aged 5-19. • NICE to draft a statement on checking immunisation status at every possible opportunity. Team to consider having a consultation question on the feasibility of doing this in practice.	
5.3 Non-prioritised area – targeting groups at risk of low uptake	The committee discussed targeting specific vaccines with low uptake. In particular stakeholders commented on the MMR vaccine, meningococcal A, C, W-135 and Y conjugate vaccine, flu and immunisation before and after pregnancy. For MMR and Men ACWY there are no recommendations to support this suggestion so no action taken. The committee noted for flu and immunisation before and after pregnancy that although a recommendation is available from another source guidance, this area is likely to be included in the progressed area about identifying groups at risk of not being immunised.	**This area will be covered by an earlier statement. No further action needed.**
5.3. Additional areas	Stakeholders suggested additional areas at topic engagement on <u>Presence of midwife or nurse at birth</u> No recommendations to support this suggestion. <u>Parental responsibility in looked after children</u> No recommendations to support this suggestion. <u>Staff training</u> Quality statements on staff training aren't included as staff training is required as per professional	

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	competencies and it is an implicit element of every quality standard. Research questions Quality statements are drafted from evidence based guideline recommendations rather than research recommendation.	
5.4 Overarching outcomes	The NICE team explained that the quality standard would describe overarching outcomes that could be improved by implementing a quality standard on vaccine uptake in under 19s. It was agreed that the committee would contribute suggestions as the quality standard was developed. Access to immunisation services. Uptake of vaccines. Mortality: any change in mortality is likely to be small but it is relevant to pertussis-related deaths. Incidence of vaccine preventable disease. Incidence of HPV and cervical cancer. Health-related quality of life.	
5.5 Equality and diversity	The NICE team explained that equality and diversity considerations should inform the development of the quality standard, and asked the committee to consider any relevant issues. It was agreed that the committee would contribute suggestions as the quality standard was developed. The committee mentioned ethnicity was important and not minority ethnic groups as this varies by vaccine. The committee also added migration and when it occurred.	
6.. Next steps and timescales (part 1 – open session)	The NICE team outlined what will happen following the meeting and key dates for the vaccine uptake in under 19s quality standard.	
7. Any other business (part 1 – open session)	The following items of AOB were raised: • None **Date of next meeting for vaccine uptake in under 19s: Wednesday 26th October 2016** **Date of next QSAC 4 meeting: Wednesday 27th July 2016, care of dying adults in the last days of life**	