
Report To: Inverclyde Integration Joint Board **Date:** 14 May 2019

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Subject: Pre Five Immunisation Clinics

1.0 PURPOSE

- 1.1 This report provides details of the very successful transition from a service delivered by children and families' staff and general practitioners' surgeries to a corporate model delivered by a nurse led children and families' immunisation team within Inverclyde. The final stage in this transition will be the move to a board wide immunisation team in April 2019.

2.0 SUMMARY

- 2.1 From December 2016 the childhood immunisation programme for preschool children in Inverclyde has been delivered on a corporate basis. This move resulted in a more coordinated and streamlined service, with far better use of staffing resources. It also provides a service that has evaluated well from service users' perspective, providing a more flexible and accommodating service for service users. Immunisation uptake rates in Inverclyde, historically high, have surpassed previous uptake rates and are amongst the highest in Scotland (Childhood Immunisation Statistics Scotland ISD).

There are 34 datasets broken down into health board and local authority area for each scheduled immunisation quarterly period.

From data extract 1 July 2018 - 30 September 2018.

Examples are:

Completed Primary courses 1-12 months.
6 in 1 vaccination GGC 96.1% Inverclyde 98.8%
Rotavirus GGC 91.8% Inverclyde 98.3%

Completed primary and booster by 6 years.
MMR GGC 96.5% Inverclyde 98.3%

3.0 RECOMMENDATIONS

- 3.1 It is recommended that the Pre 5 Immunisation programme be delivered in accordance with the agreed NHS GGC redesigned proposal paper and that there be a move

towards the NHS GGC central wide delivery in 4 locality quadrants. The current Inverclyde corporate community model will transition in Spring/Summer of 2019 to the upscaled Greater Glasgow and Clyde model as planned.

Louise Long
(Corporate Director) Chief Officer

4.0 BACKGROUND

- 4.1 As a public health measure, immunisations have been and continue to be evidenced as extremely effective in reducing the burden of disease and are a critical aspect of preventative medicine. As part of the UK routine childhood immunisation schedule, pre-school immunisations provide babies and young children (aged 0-5 years) protection from 12 vaccine preventable diseases.
- 4.2 In Inverclyde, throughout 2015 some planned changes were made to the delivery of pre-school immunisations clinics. The changes supported staff with the delivery of the service across Inverclyde in a more co-ordinated way, with less time spent travelling between clinics. The clinics continued to be located within various GP practices and Health Centres which meant that there were still approximately 50 clinics to cover each month, immunising around 260 babies and children.

This was always seen as the first stage in modernising and rationalising the immunisation service. Continued difficulties in safely staffing the clinics resulted in a move in December 2016 to two corporate clinics. All GP practices were given the option to opt into this new process including 5 practices who had previously undertaken the immunisation programme on their own or with some support from the health visiting team. One remaining GP practice opted in to the corporate model in June 2018. This has run successfully and has been used as a model for similar developments across NHSGGC.

- 4.3 Developments around the 2018 General Medical Services Contract in Scotland require that wherever possible some of the service delivery in Practices should be delivered elsewhere in the NHS to relieve pressure on GP practices, including all vaccinations, has provided an opportunity to review and improve the delivery of vaccinations through the Vaccination Transformation Programme (VTP). The move to a corporate model has now been adopted across NHSGGC and the final phase of transition will be to establish a board wide immunisation team effectively removing the management of this service from Inverclyde's health visiting team in April 2019.

5.0 IMPLICATIONS

FINANCE

- 5.1 No additional cost implications. Current HSCP budget and VTP primary care agreed budget will support service delivery model described above.

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
C&F budget	<i>Pre 5 Imms staff nurses band 5</i>	2019 onwards	£76,800.00		Inverclyde's contribution.

Annually Recurring Costs / (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From	Other Comments
Primary care improvement programme	Pre 5 immunisations	1 April 2019	£95,900.00		Proportionate % Agreed and in local Primary care plan.

LEGAL

5.2 NIL

HUMAN RESOURCES

5.3 There is ongoing NHS greater Glasgow and Clyde workforce and organisational change and redesign underway as per the policy and agreed HR plan.

EQUALITIES

5.4 Has an Equality Impact Assessment been carried out?

X	YES
	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

5.4.2 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	None
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	None
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

5.5 There are no clinical or care governance implications arising from this report.

5.6 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes?

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	None
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	None

People who use health and social care services have positive experiences of those services, and have their dignity respected.	None
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	None
Health and social care services contribute to reducing health inequalities.	None
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	None
People using health and social care services are safe from harm.	None
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	None
Resources are used effectively in the provision of health and social care services.	None

6.0 DIRECTIONS

6.1

Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	X
	2. Inverclyde Council	
	3. NHS Greater Glasgow & Clyde (GG&C)	
	4. Inverclyde Council and NHS GG&C	

7.0 CONSULTATION

7.1 The report has been prepared by the Chief Officer of Inverclyde Health and Social Care Partnership (HSCP) after due consideration with relevant senior officers in the HSCP.

8.0 BACKGROUND PAPERS

8.1 None.