NOTTINGHAMSHIRE
ALLIANCE TRAINING HUB

Improving patient experience and uptake of childhood immunisations

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Introduction

Immunisations are widely recognised as one of the most successful and effective public health initiatives the world has seen. Vaccines are an essential tool in preventing disease for individuals and communities, and the global immunisation efforts have saved an estimated 154 million lives over the last 50 years.

Despite the well known benefits of immunisations for decreasing both mortality and morbidity from vaccine preventable illness, we have seen an overall decline in uptake across childhood and adult vaccination rates. These decreasing rates pose significant public health risk. The World Health Organization (WHO) declared that the UK had eliminated measles in 2016 but we have since lost this status due to decreasing rates of the MMR vaccine uptake and unfortunately continue to see outbreaks across the UK.

The reasons behind this are likely multifaceted and complex, and taking note of the recommendations in the NHS vaccine strategy alongside other key documents, my project explored different approaches to promoting vaccine uptake at Orchard surgery across the range of vaccinations available to children, and how we can start to tackle some of the existing barriers to immunisation.

Aim

This project aimed to explore ways of increasing childhood vaccinations on a surgery level, with a focus on children aged 11 or below, and with a particular interest in increasing uptake for our most vulnerable groups of patients.

Method

Reports where ran at the practice to establish current uptake levels for all childhood vaccinations.
Low uptake groups where established and contacted.
Invites sent out digitally with online booking options.
Clinics, drop-in sessions and home visits planned accordingly.

Project Focus Areas and Results Overview

All children who were highlighted through the reports as having outstanding immunisations were contacted via different channels (SMS, call and letter). A high priority alert was added to the home screens of these children asking for the outstanding immunisations to be discussed at the next point of contact with the child to enhance MDT input in encouraging attendance.

Child flu – fun 'party' style invites rather than standard text message. Online booking links for ease of booking. Staff in fancy dress with balloons and 'party' bags for children in attendance. Post appointment survey sent via SMS to parents to feedback about their experience. Resulted in an overall increase in our influenza vaccine uptake, and also a reported increase in patient satisfaction compared with previous experiences and more positive experience for their child also reported. 71% of parents reported being more likely to attend next year as a result of the experience.

Drop-in sessions instead of appointments – parents reported this increased ease of access around work and other life commitments and made them more likely to attend.

Development of a new process for formal declining of immunisations was implemented. Accurx message signposting parents to multiple online immunisation resources to highlight the risks of choosing not to vaccinate is now sent after a verbal discussion with families choosing to decline immunisations, and an online 'refusal questionnaire' sent and returned digitally, rather than through letter form. This is then coded and note added to home page to alert clinicians of this choice. Clinicians have reported that this is a much easier and clear process and has made them feel more confident in discussing and actioning outstanding imms with parents.

Focus on minority groups with historically lower immunisation uptake rates – vulnerable/safeguarded children, neurodiverse children and local traveller community. Targeted interventions like home visits; offer of more accessible/quiet clinics that were more accommodating of any additional or specific needs; telephone discussions for any parental concerns around vaccines prior to attendance, and implementing a more robust recall/follow up system utilising a range of communication channels such as video invites, fun poster type invites in accessible formats, and call from a nurse rather than reception staff. Resulted in an overall increase in vaccination uptake in all three groups. 40% increase in uptake in our traveller community after home visits. QOF vaccination achievements the best they have been since indicator brought in. **Next steps** – an accessibility policy and parental pack and a change in how we recall those children with extended or additional needs.

PARENTAL FEEDBACK

'Having child centred clinics helped my child feel more comfortable and at ease'

'The fun themed clinics make it more likely that I will attend again for my daughters flu vaccine next year'

'The drop-in vaccination sessions worked much better than an appointment time for me around my work and family commitments'

'Including more information about the vaccination being offered in the text invite was really helpful'

'Online booking worked much better than telephone booking and improved our ease of access for appointment booking for our children'

Conclusion

The project has been well received by parents and staff alike, and follow up surveys shows a marked improvement in parent and child experience as well as an increase in overall uptake.

Increasing accessibility for parents was a key theme and something we can do further work to improve upon.

The highlight of this project has been implementing things that centre around improving the experience of the child attending for their vaccination, and I hope to continue with this aim in mind.