

Health Protection Webinar Programme

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Session Objectives:

Understand:

How immunisation programmes are designed/developed/agreed

How the national immunisation programme is commissioned and implemented

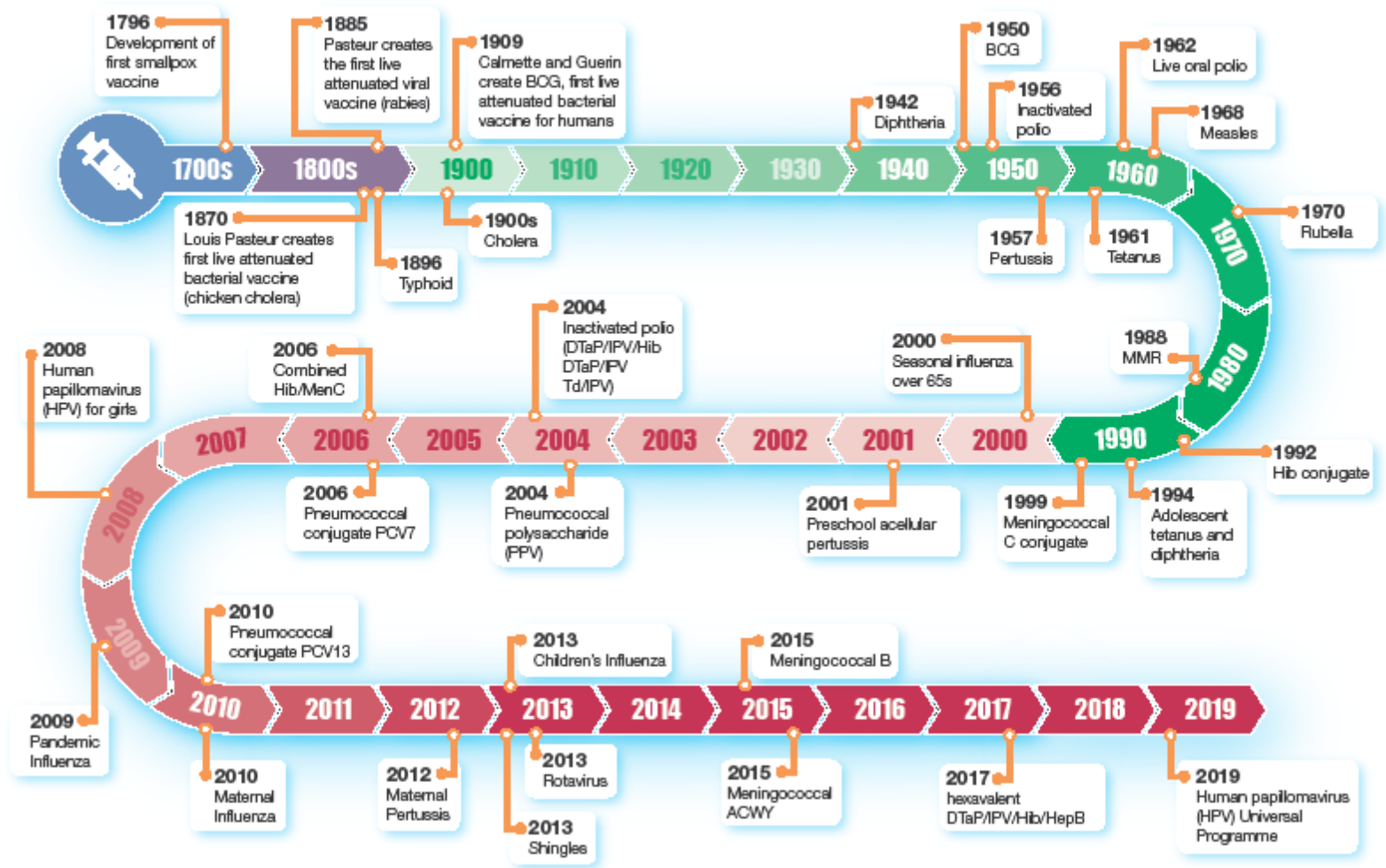
How the national immunisation programmes are managed/monitored and evaluated

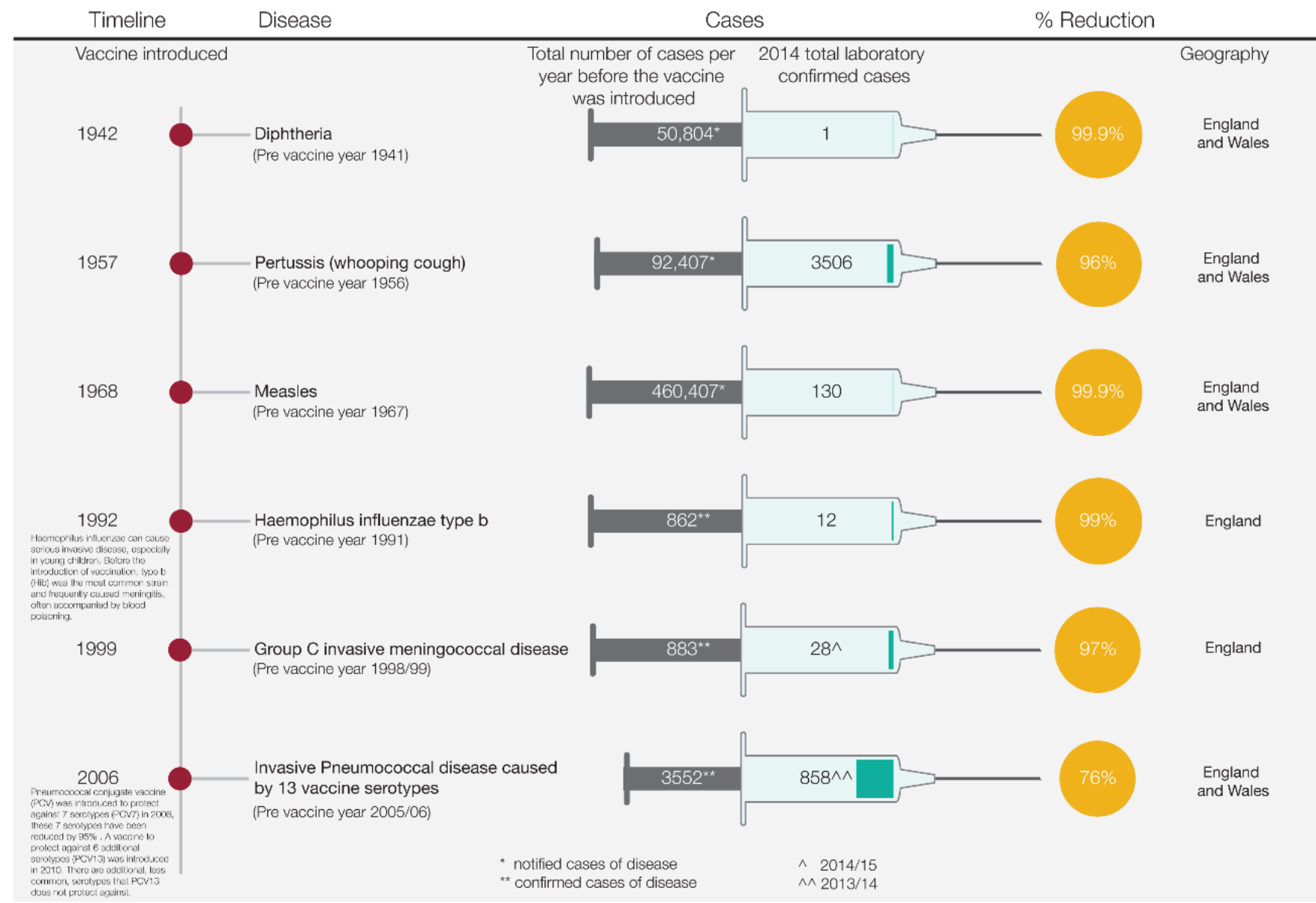
The role of NHSEI in the management of outbreaks



- When was the first immunisation programme introduced in the UK?
- How many VPDs do we now protect against (routine and selective)
- What are the latest programmes to be added to the routine schedule?
- What does JCVI stand for?
- What is vaccination?







Section 7a Vaccines

[The complete routine immunisation schedule from June 2020
\(publishing.service.gov.uk\)](https://publishing.service.gov.uk)



Neonatal Hepatitis B (targeted)	Antenatal Pertussis (all pregnant women each pregnancy)	Neonatal BCG (targeted)	Diphtheria, Tetanus, Poliomyelitis, Pertussis and Hib /Hep B (all children 0-1 years)	Rotavirus (all children 0-5 years)
Meningitis B (MenB) (all children up to 2 years)	Meningitis ACWY (MenACWY) (all adolescents)	Hib/MenC immunisation programme (all children 0-5)	Pneumococcal (all adults >65 years, targeted at-risk groups)	DTaP/IPV and dTaP/IPV (pre-school booster) (all children 3 years/4 months)
Measles, mumps and rubella (MMR) (all children aged 1year and booster 3 years/4 months)	Human papillomavirus (HPV) (all 12 year olds - up to 25 th birthday AND MSM)	Td/IPV (teenage booster) (all adolescents around age of 14 years)	Seasonal influenza (updated annually)	Seasonal influenza for children (updated annually)
Shingles immunisation programme (adults 70-80 years of age)	COVID-19 (under constant review and change)			

Patients Rights – NHS Constitution (Section 3a)

“You have the right to receive the vaccinations that the JCVI recommends that you should receive under an NHS provided national immunisation programme.”

In practice this means that, if you fall into a group that the JCVI recommends is vaccinated against a particular disease, you have the right, after allowing for a reasonable period of time to implement the programme, to be vaccinated against that disease free of charge on the NHS if you wish to receive the vaccination.



Joint Committee on Vaccination and Immunisation

The Joint Committee on Vaccination and Immunisation (JCVI, the Committee) is an independent Departmental Expert Committee and a statutory body

Advisory

- Does not have legal force, has no regulatory function.
- Has no budget,
- Is not a policy maker in its own right and

Purpose/Function:

“To advise UK health departments on immunisations for the prevention of infections and/or disease following due consideration of the evidence on the burden of disease, on vaccine safety and efficacy and on the impact and cost effectiveness of immunisation strategies.

To consider and identify factors for the successful and effective implementation of immunisation strategies.

To identify important knowledge gaps where further research and/or surveillance should be considered.”

- Evaluation of new programmes
- Evaluation of minor changes to existing programmes
- Assessment of an emerging immunisation related issue (coverage, implementation, safety, global surveillance etc)

Does not have statutory duty to provide advice to Devolved Administrations (Scotland and N.Ireland)

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Legal Framework



- Since 1 April 2009 the Health Protection (Vaccination) Regulations 2009 place a duty on the Secretary of State for Health and Social Care in England (accountable to Parliament) to ensure, so far as is reasonably practicable, that the recommendations of JCVI are implemented, where those recommendations:
 - a) relate to new provision for vaccination under a national vaccination programme⁴ or to changes to existing provision under such a programme and
 - b) are made by JCVI (and not therefore a Sub-committee of JCVI) and
 - c) are in response to a question referred to the JCVI by the Secretary of State and
 - d) are based on an assessment which demonstrates cost-effectiveness and
 - e) do not relate to vaccination in respect of travel or occupational health.
- This duty ceases to apply in relation to a recommendation where JCVI withdraws that recommendation.
- The Secretary of State for Health delegates the responsibility for commissioning the national immunisation programmes to NHSE as part of the Section 7a public health functions.

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Worked Examples

- Seasonal Flu Vaccination Programme
- Covid-19 Vaccination Programme

Define the issue

Increased incidence of infection/disease (Pertussis, Covid-19)

National outbreak (Men W, Covid-19)

Protect those most vulnerable (seasonal flu)

Wider health impacts (HPV – cancer prevention)

Gather evidence

Surveillance (UK and International)

Data/experience globally (WHO, other countries e.g. US, Canada/Israel)

Effectiveness and cost of vaccine

Burden on wider healthcare system

Analyse evidence

Risk vs Benefit - inc vaccine side effects, long term complications of or chronic disease

Impact on health inequalities, mental health e.g. having vaccine vs long term effects of not having vaccine

Ethics - e.g. targeted, universal, selective

Formulate Advice

Meet 3 x per year (extraordinary meetings as required)

Make recommendation to DHSC

Advice based on clinical benefit – not wider issues e.g. economy or education

DHSC make the decision to implement or not (and at what level)



	 Policy Development	 Service Design / Pilot	 Service Delivery	 Programme Assurance and Reporting
 Expert Committees	<ul style="list-style-type: none"> Identify sources of evidence Identify research needs Consider available evidence Recommend new / changes to existing programmes Independent policy review 			
 Department of Health	<ul style="list-style-type: none"> Commission research through DH Policy Research Programme & NIHR Policy ownership Advice to Ministers Secure SR funding for new / expanded programmes Policy announcements 	<ul style="list-style-type: none"> Secure pilot funding Strategic oversight of pilot activity and implementation Development and revision of national service specification 	<ul style="list-style-type: none"> Ownership of Sec7a and national Service Specifications Negotiate & agree Sec 7a revisions 	<ul style="list-style-type: none"> Strategic oversight of programme performance Reporting to Ministers on PHOF indicators
 Public Health England	<ul style="list-style-type: none"> Secretariat for expert committees Evaluation of programmes Data management and reporting of surveillance data Service impact and advice on policy implementation approach Input to business case Advice on development of Sec 7a ambition 	<ul style="list-style-type: none"> Responsibility for pilot design and implementation Development and revision of national service specifications Pilot evaluation 	<ul style="list-style-type: none"> Development of operational guidance and national communications National standard development Vaccine procurement and supply systems Expert clinical advice Leadership, management & expert advice on SUI and Outbreak Provide expert resource to NHS CB 	<ul style="list-style-type: none"> Monitor PHOF indicators / Sec 7a key deliverables Surveillance systems and data analysis Setting and advice on quality standards Quality Assurance of providers Facilitation of national professional networks
 NHS Commissioning Board	<ul style="list-style-type: none"> Consideration of operations impact on policy development Service impact and advice on policy implementation approach 	<ul style="list-style-type: none"> Work in partnership with PHE to commission providers during pilot phase Development and revision of national service specifications Pilot evaluation 	<ul style="list-style-type: none"> Acceptance of national service specifications Commissioning of national programmes in line with service specs 	<ul style="list-style-type: none"> Accountable for programme performance Hold Providers to account QIPP

Ongoing disease surveillance (Covid-19 ONS infection survey)

Ministerial meetings (UKHSA/NHSEI) – national monitoring

Regional/ ICS/CCG level monitoring - general delivery and performance

Coverage and uptake

Contract monitoring processes

Oversight by S&I Coordinator

Attitudinal surveys (parents/young people)

NICE guidelines to support improvement strategies

Outbreaks of VPD - Principles

- Outbreaks identified by HPT
 - Various routes
 - Maybe linked to S7a programme e.g., Meningitis, Measles, Diphtheria or not e.g., Hepatitis A
 - Affect variety of cohorts/populations/locations e.g., schools/workplaces
- UK Health Security Agency (UKHSA) will:
 - Co-ordinate and chair an Incident/Outbreak Control Team meeting
 - Undertake risk assessment and provide access to local and national expertise
 - Work closely with local partners (DPH, CCG, NHSEI)
 - Provide support, advice and leadership
 - Provide support and advice for data collection and analysis where required
- NHSEI Public Health Programme Commissioning Team will:
 - Support outbreak management and response
 - Provide, as required liaison with, and briefing for, the Department of Health and with other external NHS organisations (including neighbouring NHS England/Improvement Local Teams)
 - Liaise with UKHSA vaccine supply team for any centrally supplied vaccines e.g. MMR
 - Provide advice and expertise in relation to delivering a vaccination programme, vaccine handling and storage, including use of PGDs

BUT

- NHSEI don't commission immunisation services to deliver mass vaccination programme in response to local incidents/outbreaks

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Challenges

Changing landscapes/changes within the healthcare system e.g. CCG delegation in 2015 (excluded screening and immunisation), development of ICS's (to become statutory bodies in 2022) and PCNs

Commissioning and contracting contracts – who can deliver which programme to who?
National negotiations (NHSEI, BMA, NHS Employers, PSNC)

Flexible delivery models – improve/increase access, reduce inequalities, sustainable services, business continuity and resilience

Workforce – sufficient and competent – access to training

