

Tackling health inequalities when delivering school aged immunisation programmes through co-design.

Northumbria Healthcare NHS Trust – Communicating Effectively with Patients & Families

School Age Immunisation Team 2024





Immunisation team structure:

- Clinical lead x 1.2 wte
- Safe care lead x 1
- Senior immunisation nurses x 2
- B5 Nurses x 14 wte
- B4 data analyst x 1
- B3 senior admin officer x 1
- B2 admin staff x 2
- 4 areas covered Newcastle, Northumberland, North Tyneside and Gateshead (500+ schools and 150,000 children and young people).

Immunisation campaigns:



- Sept Dec Flu immunisations
 - Rec year 11 in mainstream schools, rec year 13 in SEND schools.
- Jan March (Easter) Diphtheria, Tetanus, Polio and Meningitis ACWY
 - Year 9 students and any unvaccinated students in years 10 & 11
 - 2 visits to schools initial visit and catch-up visit
 - Community clinics also offered at the end of the campaign until end Aug.
- April June Human Papilloma Vaccine (HPV)
 - Year 8 students and any unvaccinated students in years 9,10 & 11
 - 2 visits to schools initial visit and catch-up visit
 - Community clinics also offered at the end of the campaign until end Aug

MMR currently being offered in community venues; we may be asked to deliver this into high schools in the future. Some primary schools have been asked to support the team where numbers of unvaccinated children in school are greater than 20. Awaiting confirmation from UKHSA as to any future MMR campaigns.



Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society.

This means some groups and communities within the school aged immunisation portfolio are more likely to experience challenges in accessing their vaccinations.

The reasons for this are complex and may include:

- the availability of services in their local area
- service opening times
- language (spoken and written)
- literacy
- poor experiences on the past
- misinformation
- fear

Improving access to clinics



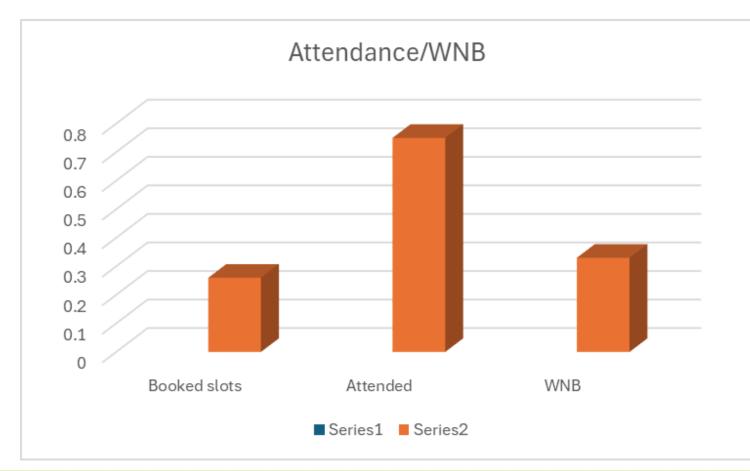
Clinic sample 15:00-17:00 180 160 140 120 100 80 60 40 20 0 INSC Shiremoot Kenton Empor Shifemoot Shitemoot Althing Audhor tentor MAS Byker Hexhall Shirehood Heshallsend 81411 N Byker HIGH Hexham FISHICH Waltsend BUNK Almick Bernick uthoe tenton oot swict spect hereaft swict slots booked attended WNB

Clinic numbers were poor and WNB rate high

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31 clinics, 15:00 – 16:30



Booked slots	26%
Attended	75%
WNB	33%

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Four key principles of co-design:

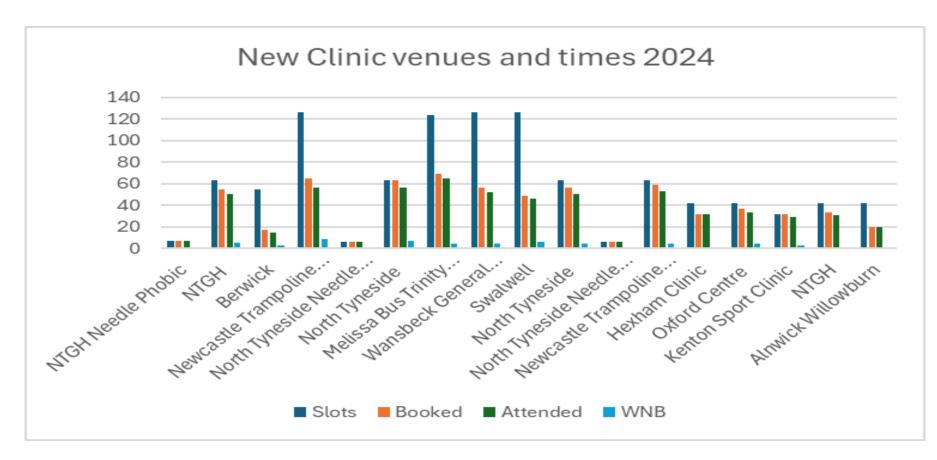
- Participation
- Development
- Ownership & power
- Outcomes & intent.



- Data from clinics.
- Feedback from families timings / choices of clinics not suitable
- Org change late night, Saturday clinics and school holidays
- New clinic times to improve experiences and outcomes
- Community engagement with local leads to share clinic venues and information
- New poster design with QR codes and website updated with school codes
- Support families with digital poverty
- Support around language barriers
- Accessibility/transport, patient choice, many leisure centres activities post vaccinations.



22 clinics

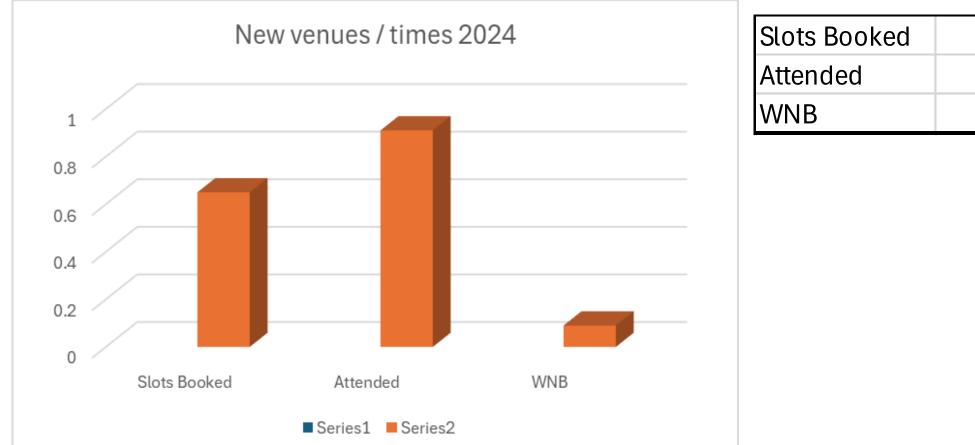


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22 clinics 15:00-19:00

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Slots Booked	65%
Attended	91%
WNB	9%

Engagement work with a new community



- New contract to deliver school aged vaccinations into Gateshead, September 2023
- Large Jewish population in Gateshead
- Senior team met with Jewish community leaders initially to introduce the team.
- Vital to understand and work together to improve outcomes and uptake
- Rabi offered Jewish cultural awareness training to the whole team.
 - Dress code
 - Use of technology / paper consents
 - Restricted days we could visit to vaccinate (religious festivals)
 - HPV reluctant to have this working with Jewish GP to share appropriate information to the families



Planning HPV Education by Co-Design

- We actively collaborated with the Jewish Rabi and GP to co-design the information leaflets, to exclude the sexual content, but still ensuring that the link to the NHS website was still available on the leaflet.
- We worked together to co-production the previously determined solution, (leaflets) with efficient use of our existing resources and assets.
- Four key principles of co-design:
- Participation: working closely with the Rabi and GP, where everyone had a voice and a shared plan.
- Development: developing the new leaflets together and actively learning from each other.
- Ownership & power: we fostered a collective ownership and ensured an equal partnership of all processes for the leaflet production to ensure we reached a shared outcome.
- Outcomes & intent. When we first met with the Rabi, we focused on the outcomes and worked backwards, looking at our clear vision and design on what direction we all wanted to go with the HPV information sharing.





HUMAN PAPILLOMA VIRUSES (HPV)

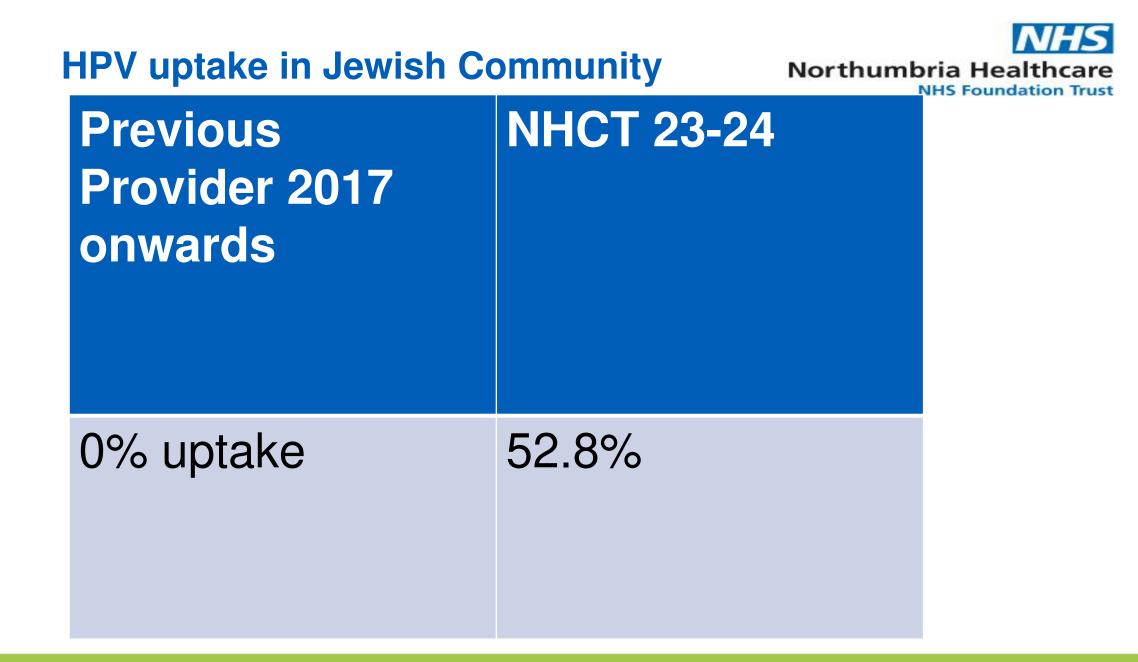
HPV causes different types of cancers; it is a common virus that lots of people get, 80% of people will get an HPV infection in their lifetime. Some types of HPV do not cause any symptoms and it can go away by itself, but sometimes it doesn't.

There is a vaccine that young people can get to help stop them getting HPV, one vaccine is required to get full protection. A lot of people that have not had the vaccine will get HPV, so it is very important to have it.

Having HPV means you are more likely to get some types of cancers, getting immunised helps to stop you getting the virus, as there is no treatment for HPV.

The HPV vaccine has been given to children all over the world to help stop this virus from spreading and causing cancers, it is given to both boys and girls in year 8 and above. The vaccine is called Gardasil 9 and protects against 9 strains of HPV.

The HPV vaccine has saved lots of lives in the UK so far, by stopping people getting some types of cancer. HPV immunisation could prevent 110,000 cancers by 2058.



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Thank you, any questions?





