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Miss N Persaud
Senior Coroner
Walthamstow Coroners Court
Queens Road
Walthamstow
E17 8QP

1st October 2018

Dear Miss Persaud,

Regulation 28 Report to Prevent Future Deaths - Lauren Amelia Rose Sandell

Further to the letter dated 24 August 2018, and your conversation with my colleague in the central Public Health Commissioning team. I write to clarify how the Child Health Information Services (CHIS) work with GP practice to support the call and recall processes, and to highlight what improvements have been made since 2016 to reduce the risks and prevent harm.

Public Health England (PHE) and NHS England Public Health Commissioning teams have the responsibility to monitor the uptake of Men ACWY, as part of NHS England's accountabilities as the commissioner of immunisation services. In turn the local commissioning team alert practices to any poor uptake of immunisation programmes. As outlined in our previous correspondence the CHIS service is a key organisation locally that records whether or not a child/young person has received a vaccine or other public health interventions. In London the specific activities to improve services include sharing the guidance algorithm "Pathway for Administration of HPV, Men ACWY and Teenage 3-in-1 Booster (Td/IPV)". The document outlines when and where adolescent vaccinations are offered and when general practice is to offer the vaccination. The NHS England London Immunisations webpage has been amended to include reference to the specific guidance. In addition, the London team, as part of their general drive to improve the quality of services, undertook a region wide audit of call/recall systems for vaccinations in 2016, and a research study looking at factors affecting uptake of Men ACWY in general practice. The outcome of the audit and research project has informed the local action plan to improve services and has informed commissioning. NHS England immunisation commissioners are working with NHS Clinical Commissioning Groups (CCG) to ensure call recall systems are embedded in practice systems. In 2017, the London CHIS services launched a new service providing electronic record of a

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child's public health interventions, replacing 18 different child health records departments using 18 separate IT solutions in line with the new child health digital strategy.

All regions across England are working to improve their CHIS services, to take advantage of the emerging new technologies, and the output from the NHS strategy for IT, reducing the risk of children who are eligible being missed from call/ recall activity led by GP practice.

The sad death of Lauren has highlighted the importance of ensuring all aspects of the vaccination service are improved for young people and their families, and NHS England on a national basis is working to implement change to reduce risks.

If you have any other areas of clarification, please do not hesitate to contact me.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'S. Powis', written in a cursive style.

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24th August 2018

Dear Miss Persaud

Regulation 28 Report to Prevent Future Deaths - Lauren Amelia Rose Sandell

Thank you for your regulation 28 report dated 25 June 2018 concerning the death of Lauren Sandell on 2 October 2016. I would like to reiterate our condolences to Lauren's family.

I accept the narrative conclusion of the inquest being that Lauren's death was avoidable, as a result of the GP practice not implementing the Men ACWY immunisation programme to all of the requirements of the enhanced service specification.

We are very sorry about this and our primary care team in London is working directly with the practice to ensure the same situation does not occur again.

In your regulation 28 report you have also highlighted matters of concern for NHS England which I will address in turn.

1. There would appear to be on-going confusion about who is responsible for ensuring that those children who are not (for whatever reason), vaccinated at school, should be vaccinated before attending university. The evidence indicated that 70% to 80% of children receive the vaccination at school. This would leave 20% to 30% of children unvaccinated. The evidence indicated that GPs should primarily provide the safety net for unvaccinated children.

The service specifications for Men ACWY and Child Health Information services make clear the responsibility for delivery of each aspect of the vaccination programme through school based and GP practice services.

The Men ACWY vaccine was offered routinely to adolescents in school years 9 or 10 from 2015, this replaced the existing Men C vaccine which was routinely administered to adolescents. In addition, there were a number of phased catch up programmes throughout 2015 and 2016 which were designed to ensure those up to the age of 18 were caught up and offered the vaccine in school. Those older adolescents who were not in school, such as those aged 18 years and over, and those attending university for the first time were eligible for immunisation as part of the GP enhanced service.

The programme was introduced rapidly as part of an outbreak control measure. It was designed to reduce carriage of the meningococcus bacteria in adolescents and to be given before the age at which the highest rates of carriage were observed. If enough

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people in the adolescent community are vaccinated, it's harder for a disease to pass between people who have not been vaccinated. This is called herd immunity. In order to achieve herd immunity for the Men ACWY programme Public Health England have advised that a 70% uptake rate is sufficient; nationally the coverage for children in Year 9 was 82% for the school based programme.

School based providers (eg community trusts, social enterprise, community partnership etc) are commissioned to offer the vaccine in every school including private and faith schools which includes the initial offer and opportunities for those that may have missed this being vaccinated at another time. A key principal of the Men ACWY and all public health programmes is to offer the intervention to 100% of the eligible population; the uptake of the vaccination remains the choice of the individual or families. The 20-30% of children/ young adults not vaccinated in schools therefore fall into two groups:

- offered and declined,
- not offered for a variety of reasons, eg a programme error or incident as in this case, not attending school, home schooled, etc

GP practices continue to be commissioned as part of a service to opportunistically offer the vaccine to anyone up to the age of 25. This includes those who may have missed the opportunity to be immunised as part of the schools based programme:

- those attending university for the first time
- those aged 10 to 25 years who have not previously received a dose of Meningococcal C containing vaccine.

All GP practices have the responsibility to ensure administrative processes are in place for service delivery. The process by which a GP practice offers the vaccine to all eligible children, involves working with the Child Health Information Services (CHIS). CHIS have a role to transfer information about public health interventions, transferring this to and from school based services and GP practice, for those providers to act on and deliver their services to patients. CHIS services and the 'failsafe' they provide are being improved as part of the NHS strategy for IT, improving the paperless flow of information across organisations by 2021.

2. The provision of the vaccination against Men ACWY appears to fall under an enhanced service for GPs. As this is an optional addition to the GMS contract, it is unclear whether all GP surgeries have a responsibility to capture unvaccinated children.

You are correct that the provision of the Men ACWY vaccine for those who no longer fall within the schools based programme is the responsibility of the GP under an enhanced service. Whilst the enhanced service is optional, GPs have the responsibility of providing the Men ACWY vaccine for their registered eligible population and must inform NHS England commissioners as soon as possible if they are not taking up the enhanced service. NHS England will then ensure that those eligible patients are offered the service by an alternative primary care provider. Those eligible for immunisation remain eligible whether or not the practice accepts the service.

3. It does not appear that there is any form of audit to ensure that GP practices have in place systems to identify those children who are not captured by the school programme and to put in place measures to protect children, particularly before commencing university.

The Child Health Information Service (CHIS) service is the key organisation locally that records whether or not a child/ young person has received a vaccine or other public health interventions, and acts to support the process of capturing information, including transferring information it receives from school based services to a GP practice, who then have the responsibility to act on the information received. Each region has an established system in place to ensure that GP providers are made aware of vaccinations administered by school aged vaccination providers, with regular reports on the processed within CHIS coming to a national NHS England oversight group on a quarterly basis.

NHS England is working to ensure that all those eligible for vaccinations should be offered the vaccine either in school or by a GP practice. Those who may have missed the opportunity to be vaccinated, remain eligible until they are 25 years of age.

Although the case of Lauren, is an unfortunate and avoidable death, Public Health England have advised that there has been a decline in Meningococcal group W cases overall in England during 2017/18, and this decline is expected to continue to reduce across all ages including in unvaccinated adolescents and children.

Thank you for bringing your concerns to the attention of NHS England. I hope our response provides you with reassurance that NHS England are taking proactive steps to address your concerns.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'S. Powis', written in a cursive style.

Professor Stephen Powis
National Medical Director
NHS England