

NHS England: Building a future NHS vaccination strategy

AYPH response

1. **Do you agree with our description of what services should look like? What, if anything, would you add or change?**

At the Association for Young People's Health (AYPH) we agree with the description of what vaccination services should look like. We support measures to ensure that vaccination provision is as convenient and safe as possible for people of all ages, but would like to highlight the specific importance of immunisations for young people.

Vaccinations in adolescence are crucial for preventing ill health and ensuring young people become healthy adults. There are a number of immunisations young people receive including HPV, MenACWY (meningitis and septicaemia), teenage MMR booster, and more recently the Covid-19 vaccine. Some of these vaccines are time-sensitive, such as the HPV vaccine.. It is therefore vitally important that young people are specifically targeted with accessible information on vaccinations. We would recommend that vaccination services acknowledge the specific importance and meet the needs of young people. Methods of promoting vaccination uptake and delivery will be different for young people who access and use health services in different ways to adults and children. Moreover, vaccination uptake rates among young people were disrupted during the Covid-19 pandemic and measures may be needed to catch-up young people and re-establish high vaccine uptake rates for this age group. For more information on current vaccination data pertaining to young people, see our youth health data hub:

<https://ayph-youthhealthdata.org.uk/key-data/use-of-health-services/immunisation/>

We support the emphasis within the description to address health inequalities relating to vaccine uptake. Data show how young people from the most deprived areas are less likely to receive their teenage immunisations in comparison to young people from the least deprived areas in Scotland and England. . For more information on inequalities in vaccine uptake among young people, see our youth health data hub:

<https://ayph-youthhealthdata.org.uk/health-inequalities/levers/public-health-screening-and-interventions/>

We recommend strengthening the guidance for vaccination services on data capture and reporting. It is important that statistics on vaccine uptake routinely record a range of demographic factors, in order to recognise who is and who is not receiving vaccinations. This will ensure health inequalities are appropriately tackled. Data must be broken down by appropriate age groups, ethnicity and deprivation status.

We also recommend that vaccination services should be encouraged in the guidance to regularly engage with the communities that they serve. Services should hear directly from young people, alongside other age groups, in order to develop trust and reduce vaccine hesitancy.

2. Could local services do more to increase the number of people who accept the offer of vaccination? If so, how?

Considering the specific needs of young people, there should be a range of locations available to receive vaccinations within the community. We know how important it is for young people to have a choice about where they choose to be immunised.

Lessons were learned during the roll out of the Covid-19 vaccination for young people, where uptake has been relatively low compared to other age groups. Initially, the vaccine was administered through schools and many young people and parents did not consent for the vaccination. Schools did not have enough resources to administer the process and it was often managed by external agencies. In many instances the written and verbal communication with families was not sufficient to allay their fears. In some cases this was also linked to receiving information from sources they trusted. Messaging is crucial for any vaccine, but especially Covid-19 when there had been a lot of misinformation and the immediate benefit of receiving the vaccine may be unclear for the young person who is less susceptible to ill health from the virus. Later, the scheme was expanded and young people could choose to get the vaccine from a range of services, which was positive.

Much of the routine immunisations given to young people are delivered through school health systems. In order to increase the number of people who accept the offer of vaccination, more support and resource is required for school nursing services. The number of school nurses within England has been declining over recent years due to a lack of adequate funding. It would also be useful to ensure vaccination and its benefits is integrated into statutory health education helping to increase young people's health literacy around immunisation for themselves and their peers and families.

3. Could local vaccination services do more to reach difference communities? If so, how?

Targeted support is required for specific groups of young people who are identified to be vaccine hesitant or resistant. Data from the uptake of the Covid-19 vaccine highlighted the inequalities in vaccination uptake by different ethnicities. Black young people and Traveller and Gypsy young people have the lowest rates of uptake, with the highest rates of uptake in Chinese and Indian young people. We recommend targeted interventions with these groups to ensure high vaccination coverage. This involves opening a dialogue with these young people to hear and listen to their experiences, which may be reflective of a wider mistrust of healthcare services. It is also key that communication is targeted both at families and at young people themselves.

4. How could experience of vaccination be improved? This might include the way people are invited, how you book an appointment, and on the day experience.

It is important to increase experiences of vaccination in order to ensure young people continue to receive immunisations throughout their life-course. The main way to improve experiences for young people is to ensure that the information provided is specifically designed for young people and is communicated in channels they interact with (e.g. via schools, youth centres or social media). Information must be clear and youth-friendly, which may require developing resources and messages that are specific to this age group. Involving young people in the development of such resources is vital, so that they are co-produced and more likely to have an impact on the target audience.

The information for young people should be focused on both the importance of vaccine uptake and on individual consent for vaccination. On the latter point, there must be clear guidance on how to manage situations in which a young person wishes to receive a vaccination but the parent or carer does not consent. Young people can consent to their own medical care when they are Gillick competent or at the age of 16. This must be communicated with young people as they may not be aware of their rights in accessing vaccinations at this age.

5. Are there any other services or checks that could be offered or promoted at the same time as receiving a vaccination?

We recommend health professionals should make every contact count with young people receiving their vaccinations, though it is recognised that vaccine appointments are typically short in duration. Many young people do not routinely attend healthcare settings, as they are a generally healthy age group. Vaccination appointments may be an opportune moment to engage with young people about other healthcare related topics, though there must be adequate support and services to refer young people on to. AYPH highlighted this in our health literacy toolkit for school nurses. An opportunity for a link between vaccination services and health education is also something which is important for this age group.

6. Is there anything else you think is important to consider when designing vaccination services in the future?

In order to improve vaccination services and the uptake of vaccines among young people, we recommend improving the health literacy of young people. Health education via PSHE lessons should explicitly address the importance of immunisations across the life-course.

Health education, messaging and communication about vaccinations should be spread at multiple time points in order to target young people at various ages between 10-25 years. Perspectives on immunisation can change within this time period, therefore representing multiple opportunities for prevention and protection into adulthood. Focusing on prevention in this age bracket is significant and could be capitalised. We recommend there is a proactive approach taken within health education and primary care settings to strengthen young people's health literacy surrounding the benefits of vaccination.

About AYPH

The Association for Young People's Health works to understand and meet the particular health and wellbeing needs of 10-25 year olds.

We want all young people to have the best possible health and equal access to high quality youth friendly services.

For further information, please contact: rachael@ayph.org.uk

www.ayph.org.uk

@AYPHCharity

