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NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Health and social care directorate

Quality standards and indicators

Briefing paper

**Quality standard topic:** Flu vaccination: increasing uptake

**Output:** Prioritised quality improvement areas for development.

**Date of Quality Standards Advisory Committee meeting:** 6th June 2019

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1. Introduction

This briefing paper presents a structured overview of potential quality improvement areas for Flu vaccination: increasing uptake. It provides the committee with a basis for discussing and prioritising quality improvement areas for development into draft quality statements and measures for public consultation.

* 1. Structure

This briefing paper includes a brief description of the topic, a summary of each of the suggested quality improvement areas and supporting information.

If relevant, recommendations selected from the key development source below are included to help the committee in considering potential statements and measures.

* 1. Development source

The key development source referenced in this briefing paper is:

[Flu vaccination: increasing uptake](https://www.nice.org.uk/guidance/NG103) (2018) NICE guideline NG103.

1. Overview
	1. Focus of quality standard

This quality standard will cover increasing the uptake of the free flu vaccination among people who are eligible according to Public Health England's Immunisation against infectious disease, known as the ‘Green Book’; the [annual flu plan and annual flu letter](https://www.gov.uk/government/collections/annual-flu-programme). This includes children, pregnant women, carers, people with certain health conditions and front-line health and social care staff[[1]](#footnote-1) [[2]](#footnote-2).

As annual flu vaccine uptake in people aged 65 and over is relatively high and consistent, this population will not be included in this quality standard and was not in the scope for the source guidance.

* 1. Definition

Influenza (flu) is described as an acute viral infection of the respiratory tract. The disease is characterised by the sudden onset of fever, chills, headache, myalgia and extreme fatigue. Other common symptoms include a dry cough, sore throat and stuffy nose.

For otherwise healthy individuals, recovery from flu is usually possible within two to seven days, however the risk of serious illness from flu is higher in certain groups of the population. Flu immunisation aims to protect those who are most at risk of serious illness or death should they develop flu, and to reduce transmission in the community[[3]](#footnote-3).

There are three types of flu virus: A, B and C. Influenza A and influenza B are responsible for most clinical illness and account for the makeup of the seasonal flu vaccine. Flu vaccines are prepared annually using virus strains in line with World Health Organisation recommendations. Some inactivated flu vaccines are trivalent, containing two subtypes of influenza A and one B virus; however, quadrivalent vaccines that contain an additional B virus are also available[[4]](#footnote-4).

Flu vaccination has been recommended for certain groups in the UK since the late 1960s. The national flu immunisation programme 2019/20 indicates the following groups should be offered free vaccination:

* everyone aged 65 and over,
* those who are the main carer of an older adult or person with a disability,
* anyone aged 6 months to 64 years in a clinical risk group that puts them at a higher than average risk of illness and death linked to flu,
* pregnant women,
* all children aged two to ten,
* those in long stay residential care homes,
* those in close contact with immunocompromised individuals

Vaccination is also recommended for frontline health and social care workers[[5]](#footnote-5).

Clinical risk groups are specified in the Green Book, and in April 2019 are listed in the following categories:

* Chronic respiratory disease (includes asthma and COPD)
* Chronic heart disease (includes congenital heart disease, hypertension with cardiac complications, and chronic heart failure)
* Chronic kidney disease
* Chronic liver disease
* Chronic neurological disease (includes stroke, cerebral palsy, and learning disabilities)
* Diabetes
* Immunosuppression (includes people undergoing chemotherapy or bone marrow transplant and people with HIV)
* Asplenia of dysfunction of the spleen
* Pregnant women
* Morbid obesity (class III obesity)[[6]](#footnote-6)
	1. Incidence and prevalence

Each winter hundreds of thousands of people see their GP, and tens of thousands are hospitalised because of flu. Deaths attributable to flu are estimated to range from around 4,000 to 14,000 per year, with an average of around 8,000 per year[[7]](#footnote-7).

In England, among children and adults aged 6 months to 64 years who are in a clinical risk group, the average age‑adjusted risk of flu‑related death is 11 times greater than for those not in a clinical risk group[[8]](#footnote-8).

* 1. Management

Uptake of the flu vaccine varies by clinical risk group. Among people under 65 who are in clinical risk groups, uptake is lower than in over 65s and more variable:

* 49% overall,
	+ ranging from 39% in patients with morbid obesity (with a BMI of 40 or over)
	+ 41% in patients without a spleen or with splenic dysfunction
	+ 65% in patients who have diabetes.
* Babies and infants (6 months to under 2 years) in a clinical risk group - 21%.
* Preschool children (2 to under 5) in a clinical risk group - 52%.
* School aged children - 44%.
* Children **not** in a clinical risk group, uptake of the universal flu vaccination programme was 43% for 2‑year‑olds and 44% for 3‑year‑olds.
* Pregnant women - 47%.
* People under 65 years registered as a carer by their GP - 40%

In England 69% of healthcare workers in NHS trusts and area teams with direct patient contact were vaccinated in 2017/18, an increase from 63% the previous year[[9]](#footnote-9).

In the national flu immunisation programme GP practices are asked to order sufficient amounts of flu vaccine taking in to account past uptake, predicted improvements in uptake, and any changes in demographics.

In the Green Book 2019 it is recommended that practices account for unpredictable increase in demand due to speculation about flu occurrence in the community[[10]](#footnote-10).

1. Summary of suggestions
	1. Responses

In total 17 stakeholders responded to the 2-week engagement exercise 02/04/2019 – 16/04/2019.

Stakeholders were asked to suggest up to 5 areas for quality improvement. Specialist committee members were also invited to provide suggestions. The responses have been merged and summarised in table 1 for further consideration by the Committee.

Full details of all the suggestions provided are given in appendix 2 for information.

Table 1 Summary of suggested quality improvement areas

| Suggested area for improvement | Stakeholders  |
| --- | --- |
| **Advice and information*** Addressing scepticism
* Improving delivery of advice and information
* Advice and information for specific groups
 | ARNS, AZ, BLF, DHSC, DUK, NHSD, RCN |
| **Prompting and promoting** | BIA, DHSC, DUK, S, SCMs |
| **Registers and records*** Registers to identify those eligible for the flu vaccine
* Information sharing
 | ARNS, DHSC, RCN, S, SCMs |
| **Strategy and coordination*** Multicomponent approaches to planning
* Vaccine supply and access
 | ARNS, BLF, CE RCN, S, SCMs |
| **Health and social care staff** | BLF, CE, DHSC, NHSE & NHSI, SFC |
| **Uptake in underserved groups** | AZ, RCGP, RCPH |
| **Additional areas*** National Campaigns
* Training
* Vaccine quality
* Vaccine administration
* Point of care testing
* Antiviral therapy
* Thresholds for testing
* General
 | CERCN, SARNSARNSBIABIABIARCPCH |
| ARNS, Association of Respirator Nurse SpecialistsAZ, AstraZenecaBLF, British Lung FoundationBIA, British Infection AssociationCE, Care EnglandDHSC, Department of Health and Social CareDUK, Diabetes UKNHSD, NHS DigitalNHSE & NHSI, NHS England and NHS ImprovementRCGP, Royal College of General PractitionersRCN, Royal College of NursingRCPCH, Royal College of Paediatrics and Child HealthS, SanofiSFC, Skills For CareSCM, Specialist Committee Member |

* 1. Identification of current practice evidence

Bibliographic databases were searched to identify examples of current practice in UK health and social care settings; 5420 papers were identified for flu vaccination: increasing uptake. In addition, 54 papers were suggested by stakeholders at topic engagement and 69 papers internally at project scoping.

Of these papers, 30 have been included in this report and are included in the current practice sections where relevant. Appendix 1 outlines the search process.

1. Suggested improvement areas
	1. Advice and Information
		1. Summary of suggestions

### Addressing scepticism

Stakeholders highlighted the importance of both acknowledging and counteracting the scepticism around the flu vaccination in the general population, at risk groups, and among frontline health and care workers. Stakeholders added that cultural and ethnic differences should be accounted for when tackling scepticism and myth busting.

### Improving delivery of advice and information

Stakeholders suggested that advice and information be provided in person in settings where eligible groups would already be (for example to parents at parents’ evenings), as well as through online sources including social media, and directly by health care staff.

### Advice and information for specific groups

There were suggestions by stakeholders that for some groups, data could be used to tailor the advice and information they received. Parents of children at ages eligible for the flu vaccine were highlighted as a group to provide information to in order to increase their understanding of the seriousness of flu and the benefits of vaccination uptake.

* + 1. Selected recommendations from development source

Table 2 below highlights recommendations that have been provisionally selected from the development source(s) that may support potential statement development. These are presented in full after table 2 to help inform the committee’s discussion.

Table 2 Specific areas for quality improvement

|  |  |
| --- | --- |
| Suggested quality improvement area | Suggested source guidance recommendations |
| Addressing scepticism  | **Raising awareness in health and social care staff**NICE NG103 Recommendation 1.2.4**Raising awareness in eligible groups**NICE NG103 Recommendation 1.2.5NICE NG103 Recommendation 1.2.7NICE NG103 Recommendation 1.2.8 |
| Improving delivery of advice and information | **Raising awareness in health and social care staff**NICE NG103 Recommendation 1.2.3**Raising awareness in eligible groups**NICE NG103 Recommendation 1.2.10**Offering vaccination**NICE NG103 Recommendation 1.3.1**Primary care**NICE NG103 Recommendation 1.4.2 |
| Advice and information for specific groups | **Raising awareness in health and social care staff**NICE NG103 Recommendation 1.2.4**Raising awareness in eligible groups**NICE NG103 Recommendation 1.2.7**Primary care**NICE NG103 Recommendation 1.4.2NICE NG103 Recommendation 1.4.3 |

### Raising awareness in health and social care staff

### NICE NG103 Recommendation 1.2.3

### Explain to health and social care staff how they can:

### Identify people who are eligible, for example by using GP records or medicines dispensing records (including how to identify carers who might be eligible; see section 1.6).

### Make the most of opportunities to raise awareness about and offer flu vaccination to eligible groups. This could include discussing it with:

### pregnant women during antenatal appointments

### eligible people booking GP or other clinical appointments

### eligible people visiting community pharmacies to seek health advice, collect prescriptions or buy over-the-counter medicines.

### NICE NG103 Recommendation 1.2.4

### Health and social care staff who are in direct contact with eligible groups (for example, practice nurses, health visitors, community pharmacists, midwives, specialist nurses and domiciliary care workers) should:

### Include training on flu and flu vaccination as part of their continuing professional development plan (see Public Health England's national minimum standards and core curriculum for immunisation training for registered healthcare practitioners).

### Be able to provide tailored information on the risks and benefits of flu vaccination and be able to offer and administer it (see NICE's guideline on patient group directions).

### Raising awareness in eligible groups

NICE NG103 Recommendation 1.2.5

Raise awareness of free flu vaccination among people who are eligible, as listed in the Green Book and the annual flu letter. Do this at the earliest opportunity before the flu vaccination season starts in September, and ideally by the end of December.

NICE NG103 Recommendation 1.2.7

Give people who are eligible (or their parents or carers, if relevant) face-to-face brief advice or a brief intervention on the importance of flu vaccination. Tell them that they can have a free flu vaccination and explain why they are being offered it, using language they can understand and taking into account cultural sensitivities. This includes explaining:

* How people get flu.
* How serious flu and its complications can be (make it clear it is not just a bad cold).
* That flu can affect anyone, but if a person has a long-term health condition the effects of flu can make it worse, even if the condition is well managed and they normally feel well.
* That flu vaccination is safe.
* That having a flu vaccination is the single best way of helping to protect against catching or spreading flu.
* That they should get the vaccination as soon as it becomes available to maximise their protection throughout the flu season.
* Any myths about flu vaccination: dispel these myths, including the belief that it can give you flu.
* The need to have a flu vaccination every year.

NICE NG103 Recommendation 1.2.8

Explain to parents or carers that the nasal spray (not injection) is recommended for eligible children from the age of 2 years. Explain that the injection will be offered instead of the nasal spray only if:

* the child is in a clinical risk group and
* the child cannot have the nasal spray for medical reasons (for example, if it is contraindicated because they or a close family member is severely immunocompromised), or they choose not to because of their religious beliefs; see NHS Choices for more information.

NICE NG103 Recommendation 1.2.10

Include information on flu vaccination with other health-related messages and existing health-promotion or vaccination programmes for people in eligible groups.

**Offering vaccination**

NICE NG103 Recommendation 1.3.1

Use every opportunity throughout the flu vaccination season to identify people in eligible groups and offer them the flu vaccination. This could include when:

* People register in general practice.
* Women have a newly confirmed pregnancy.
* People are newly diagnosed with a condition that may place them in a clinical risk group or have a BMI of 40 or over.
* People attend outpatient and antenatal clinics or drug and alcohol services.
* People (including children aged 6 months to 17 years) who are in a clinical risk group attend routine GP or outpatient clinic appointments, or for other vaccination services.
* People visit community pharmacies for health advice, a Medicines Use Review or a New Medicine Service, or to collect prescriptions (check whether the person taking the medicine or their carer is eligible, while taking into account confidentiality).
* People in clinical risk groups are staying in hospital.
* People who are eligible are having home visits for healthcare.

**Primary Care**

NICE NG103 Recommendation 1.4.2

Advise parents of all children aged 2 and 3 years who are covered by the universal vaccination programme, and children aged 6 months and over who are in a clinical risk group, about the benefits of flu vaccination. Do this whenever the opportunity arises, for example when they attend routine appointments or for other vaccination programmes.

NICE NG103 Recommendation 1.4.3

When inviting people for flu vaccination:

* Ensure the invitation comes from a healthcare practitioner that they know, such as a practice nurse, midwife, doctor, pharmacist or health visitor.
* Tailor it to the person's situation, for example link it to their pregnancy or clinical risk factors.
* Include information about the risks of not being vaccinated.
* Include educational messages to help overcome barriers to accepting the offer of a vaccination (see section 1.2).
	+ 1. Current UK practice

**Addressing scepticism**

A study into population level factors on flu vaccine uptake found that deprivation has also been found to be a factor in children aged 2-4 years old. There was also found to be lower uptake in Jewish populations and Muslim populations at this age. In Jewish populations, lower uptake was also present in adults (15 – 65) however this was not the case for Muslim populations[[11]](#footnote-11).

Public Health England acknowledge concerns from Muslim and Jewish communities about using vaccines that contain gelatine from pigs. PHE further acknowledges that some members of the British Muslim community may consider the porcine product to be forbidden, and in these cases, parents should be able to consider the evidence and may wish to seek advice from their faith leaders[[12]](#footnote-12).

A study on views of parents in pilot areas of the extension of flu vaccination indicated that feeling their child did not need the vaccine/was healthy and had a strong immune system was the main reason for not getting their child vaccinated[[13]](#footnote-13).

**Improving delivery of advice and information**

No current practice information was identified, however in 2018 the House of Commons encouraged further research by the government into the causes of geographic and demographic variation in vaccine uptake. They also encouraged further investment in campaigns that are proven to be successful[[14]](#footnote-14).

**Advice and information for specific groups**

The national childhood flu immunization programme states that healthcare professionals should have a good understanding of the benefits of flu vaccination and use this information to promote vaccination to the parents of eligible children[[15]](#footnote-15).

A study investigating the attitudes of parents to vaccinating their children concluded that messages should be targeted at the perceptions found to be associated with lack of uptake, particularly concerns of possible adverse effects[[16]](#footnote-16). Communication to parents should communicate that the vaccine is safe and that children are at risk of complications from flu.

A 2016 study on factors that influence women’s attitudes about vaccination found that the likelihood of women to accept future antenatal vaccination is affected more by whether they already had a child than by age and social class[[17]](#footnote-17). Another study focusing on the factors affecting flu vaccination in pregnant women found that their health beliefs about vaccination had more impact on their vaccination status than any demographic factors, and that recommendation from a vaccine provider was a critical factor influencing uptake[[18]](#footnote-18).

In a survey of 3304 staff with a maternity role 56% said that they had not received training on vaccinations in pregnancy, with this breaking down as 83% of health visitors, 62% of midwives, and 27% of practice nurses. Staff who had received training were more confident in advising their patient about vaccinations[[19]](#footnote-19).

* + 1. Resource impact

This area was not included in the resource impact assessment for NG103. It was not identified as an area that would have a significant resource impact (>£1m in England each year).

* 1. Prompting and Promoting
		1. Summary of suggestions

Stakeholders highlighted the need to proactively invite eligible groups for flu vaccination through a variety of means. This should also include follow up contacts. Stakeholders suggested offering flu vaccination to at risk patients in primary and secondary care or using any healthcare contact to provide vaccination. They also suggested using patient records to remind staff when a person is eligible for the flu vaccination. Stakeholders highlighted the benefits of receiving offers of vaccination from health care workers who are known to the patient.

* + 1. Selected recommendations from development source

Table 3 below highlights recommendations that have been provisionally selected from the development source(s) that may support potential statement development. These are presented in full after table 3 to help inform the committee’s discussion.

Table 3 Specific areas for quality improvement

|  |  |
| --- | --- |
| Suggested quality improvement area  | Selected source guidance recommendations |
| Prompting and promoting | **Raising awareness in health and social care staff**NICE NG103 Recommendation 1.2.3**Offering vaccination**NICE NG103 Recommendation 1.3.1**Primary care**NICE NG103 Recommendation 1.4.1NICE NG103 Recommendation 1.4.3NICE NG103 Recommendation 1.4.4NICE NG103 Recommendation 1.4.5**Secondary care**NICE NG103 Recommendation 1.4.7NICE NG103 Recommendation 1.4.8 |

**Raising awareness in health and social care staff**

NICE NG103 Recommendation 1.2.3

Explain to health and social care staff how they can:

* Identify people who are eligible, for example by using GP records or medicines dispensing records (including how to identify carers who might be eligible; see section 1.6).
* Make the most of opportunities to raise awareness about and offer flu vaccination to eligible groups. This could include discussing it with:
	+ pregnant women during antenatal appointments
	+ eligible people booking GP or other clinical appointments
	+ eligible people visiting community pharmacies to seek health advice, collect prescriptions or buy over-the-counter medicines

**Offering vaccination**

NICE NG103 Recommendation 1.3.1

Use every opportunity throughout the flu vaccination season to identify people in eligible groups and offer them the flu vaccination. This could include when:

* People register in general practice.
* Women have a newly confirmed pregnancy.
* People are newly diagnosed with a condition that may place them in a clinical risk group, or have a BMI of 40 or over.
* People attend outpatient and antenatal clinics or drug and alcohol services.
* People (including children aged 6 months to 17 years) who are in a clinical risk group attend routine GP or outpatient clinic appointments, or for other vaccination services.
* People visit community pharmacies for health advice, a Medicines Use Review or a New Medicine Service, or to collect prescriptions (check whether the person taking the medicine or their carer is eligible, while taking into account confidentiality).
* People in clinical risk groups are staying in hospital.
* People who are eligible are having home visits for healthcare.

**Primary care**

NICE NG103 Recommendation 1.4.1

Inform and invite children and adults in eligible groups for flu vaccination during face-to-face interactions, whenever the opportunity arises.

NICE NG103 Recommendation 1.4.3

When inviting people for flu vaccination:

* Ensure the invitation comes from a healthcare practitioner that they know, such as a practice nurse, midwife, doctor, pharmacist or health visitor.
* Tailor it to the person's situation, for example link it to their pregnancy or clinical risk factors.
* Include information about the risks of not being vaccinated.
* Include educational messages to help overcome barriers to accepting the offer of a vaccination (see section 1.2).

NICE NG103 Recommendation 1.4.4

Use written reminders (including text messages, letters and email), phone calls from staff or an auto dialler, social media, or a combination of methods, to contact people in eligible groups whose immunisations are due ('call') or overdue ('recall').

NICE NG103 Recommendation 1.4.5

For invitations and reminders using digital media:

* link to further information on trusted websites (see NHS Choices) and enable the person to ask for further information
* provide a prompt (for example, a hyperlink) so the person can make an appointment online
* encourage people to find out more during face-to-face interactions, such as with their health visitor or pharmacist.

**Secondary care**

NICE NG103 Recommendation 1.4.7

Consider providing flu vaccination during routine appointments in specialist clinics to people who are at high risk from flu and its complications. For example, people with immunosuppression, chronic liver or neurological disease, and pregnant women.

NICE NG103 Recommendation 1.4.8

When the opportunity arises, for example when people attend routine hospital appointments, identify anyone in a clinical risk group who has not been vaccinated and offer them a flu vaccination. Ensure this is in line with any local patient group directions or enhanced service arrangements that have been agreed with commissioners (see NICE's guideline on patient group directions).

* + 1. Current UK practice

The national flu immunisation programme for 2019/2020 urges GPs and school-based vaccine providers to actively invite 100% of eligible people to receive the vaccine. There is a requirement for these providers to show that they have made these offers, communicated the benefits of vaccination, and made vaccination as easy to access as possible. It also asks GP practices to follow up with patients that do not respond to prompts or fail to attend appointments[[20]](#footnote-20).

A 2012 study identified that methods to identify and contact eligible patients have been associated with slightly higher rates of vaccination[[21]](#footnote-21).

In a 2016 study, higher uptake practices were found to use their IT systems differently than low uptake studies with additional hand entered prompts rather than using standard prompts only. High uptake practices were also found to use opportunistic approaches to deliver the vaccine to capture more ambivalent patients, as well as using multiple methods of contact simultaneously, including telephone calls[[22]](#footnote-22).

* + 1. Resource impact

This area was not included in the resource impact assessment for NG103. It was not identified as an area that would have a significant resource impact (>£1m in England each year).

* 1. Registers and Records
		1. Summary of suggestions

### Registers to identify those eligible for the flu vaccine

Stakeholders highlighted the need for a register that identifies all people eligible for the flu vaccine, which would ideally be updated as the flu season progresses to account for those who might become newly eligible. This will have the benefit of informing the ordering of enough vaccine, as well as prompting staff to offer the vaccine to the right people.

### Information sharing

Stakeholders suggested that such records should be shared among relevant organisations involved in flu vaccination, and that this would be most successful if automated and approached in a timely manner to avoid duplication and waste of resources.

* + 1. Selected recommendations from development source

Table 4 below highlights recommendations that have been provisionally selected from the development source(s) that may support potential statement development. These are presented in full after table 4 to help inform the committee’s discussion.

Table 4 Specific areas for quality improvement

|  |  |
| --- | --- |
| Suggested quality improvement area  | Selected source guidance recommendations |
| Registers to identify those eligible for the flu vaccine | **Patient records**NICE NG103 Recommendation 1.4.10**Audit, monitoring and feedback**NICE NG103 Recommendation 1.5.1NICE NG103 Recommendation 1.5.4 |
| Information sharing | **Audit, monitoring and feedback**NICE NG103 Recommendation 1.5.3 |

**Patient records**

NICE NG103 Recommendation 1.4.10

Include prompts about people's eligibility for flu vaccination in electronic patient records or in medical notes (for example, by putting reminder stickers in antenatal notes).

**Audit, monitoring and feedback**

NICE NG103 Recommendation 1.5.1

Healthcare providers should keep patient records up to date and accurate to help identify people who have not been vaccinated and are eligible for flu vaccination that season.

NICE NG103 Recommendation 1.5.3

Commissioners and providers should agree approaches for sharing information with general practices about flu vaccination given outside a person's own GP surgery (for example, by a school nurse or in a diabetes outpatient clinic). Aim for timely, accurate and consistent recording of vaccination status in health records to ensure all vaccinations are included in uptake data, and to avoid wasting resources by inviting people to attend appointments unnecessarily or duplicating vaccination.

NICE NG103 Recommendation 1.5.4

Use audit and monitoring systems to give providers of flu vaccination regular feedback on organisational progress towards targets throughout the immunisation season. Also use them to review past activity and impact on uptake to help plan and prioritise for the next season.

* + 1. Current UK practice

NHS England and PHE view the collection of data on flu vaccination as essential. It is used to understand how the flu vaccination programme is delivered locally, rates of coverage locally and nationally, and to investigate outbreaks. This information can be used to inform the vaccination programme going forward[[23]](#footnote-23).

**Registers to identify those eligible for the flu vaccine**

In the national flu immunisation programme, to achieve higher vaccine uptake GP practices are encouraged to hold a register which identifies pregnant women, those under 65 in clinical risk groups, and those aged two to three years. They should update this register as the flu season progresses, making sure to include women who have become newly pregnant and those who have recently entered a risk group[[24]](#footnote-24).

**Information sharing**

DHSC have identified that digital infrastructure that can easily share information between settings including GPs, pharmacies and social care providers as a priority for the future of healthcare[[25]](#footnote-25).

In the national flu immunisation programme there is a requirement for data on flu vaccination that occur outside of general practice to be sent to the GP practice that the patient is registered with, and this must take place on the same day that the immunisation occurs. Automated extracts from GP IT systems are used by over 95% of GP practices to reduce the burden of reporting uptake on GPs[[26]](#footnote-26).

In the NHS England service specification for the community pharmacy seasonal flu service, there is a specific requirement for pharmacies to ensure that notification of a vaccination is sent to the relevant GP practice in the 2017 service specification for flu vaccination in pharmacies[[27]](#footnote-27).

A study in 2016 on the pilot of flu vaccine delivery by pharmacies identified use of 2 separate recording systems and associated time consuming data entry as a negative of pharmacies delivering the flu vaccine in addition to GPs[[28]](#footnote-28).

* + 1. Resource impact

This area was not included in the resource impact assessment for NG103. It was not identified as an area that would have a significant resource impact (>£1m in England each year).

* 1. Strategy and Coordination
		1. Summary of suggestions

### Approaches to flu programme planning

Stakeholders highlighted the importance of using a multicomponent approach to planning flu vaccination programmes at multiple levels of the care system to improve vaccination rates in at risk groups.

Stakeholders advocated the use of leads or champions for the flu programme in all health organisations, who should be experienced in the topic and motivated to increase uptake. This person would coordinate staff involved in the programme and take accountability for the planning of sufficient vaccines.

### Vaccine supply and access

Stakeholders highlighted that planning of flu vaccination programmes should take into account making the vaccination available at the appropriate time in the flu season, providing multiple routes and opportunity for access to the vaccination and ensuring adequate supply.

Stakeholders suggested that actions such as changing the setting of vaccination delivery, for example using nurseries to deliver vaccination to pre-school age children could remove barriers around accessing GP surgeries.

* + 1. Selected recommendations from development source

Table 5 below highlights recommendations that have been provisionally selected from the development source(s) that may support potential statement development. These are presented in full after table 5 to help inform the committee’s discussion.

Table 5 Specific areas for quality improvement

|  |  |
| --- | --- |
| Suggested quality improvement area  | Selected source guidance recommendations |
| Approaches to flu programme planning | **A multicomponent approach**NICE NG103 Recommendation 1.1.1NICE NG103 Recommendation 1.1.2 |
| Vaccine supply and access | **Offering vaccination**NICE NG103 Recommendation 1.3.3NICE NG103 Recommendation 1.3.6 |

**A multicomponent approach**

NICE NG103 Recommendation 1.1.1

Use a multicomponent approach to develop and deliver programmes to increase flu vaccination uptake. Combine interventions recommended in this guideline to influence both demand and supply.

NICE NG103 Recommendation 1.1.2

Providers of flu vaccination should work together with other agencies (including intervention developers, commissioners and local stakeholders) to develop programmes to increase vaccination uptake. This could include assigning within organisations a lead team or flu vaccination champion to manage the programmes and be responsible for working across organisations.

**Offering vaccination**

NICE NG103 Recommendation 1.3.3

Provide multiple opportunities and routes for eligible people to have their flu vaccination at a time and location convenient to them. This could include at community pharmacies, GP surgeries or clinics they attend regularly for a chronic condition.

NICE NG103 Recommendation 1.3.6

Use clinical systems to identify eligible groups and work out supply requirements, planning for a higher uptake than the previous year. Ensure enough flu vaccine is available to meet local needs.

* + 1. Current UK practice

**Approaches to flu programme planning**

The national flu immunisation programme for 2019/2020 sets out the responsibilities for CCGs which include supporting improvement in uptake, ensuring there are arrangements to support overview of the flu programme and supporting GPs to target at risk people[[29]](#footnote-29).

A 2016 study looking at the profile of people accessing flu vaccination services found that pharmacy vaccination services can be used alongside GP services to improve vaccination rates for at-risk groups. The services may be useful to carers, frontline health workers, and people of working age due to convenience and accessibility[[30]](#footnote-30).

In the national flu immunisation programme having a named lead for flu is a responsibility of CCGs and they are tasked with ensuring that GP practices have ordered sufficient amounts of vaccine, ensuring there are mechanisms to monitor supply and demand, and driving vaccine uptake[[31]](#footnote-31).

A 2012 study identified clear leadership as one factor found to be associated with slightly higher rates of flu vaccination[[32]](#footnote-32).

A 2016 study aiming to identify ways to increase flu vaccination found that GP practices with high levels of vaccine uptake are more likely to have a lead member of staff that is dedicated to increasing uptake and they are encouraged to implement this[[33]](#footnote-33).

A study comparing practices with high and low flu vaccine uptake found that sharing the responsibility for leading on flu vaccination between two or more people was associated with lower uptake[[34]](#footnote-34).

* + 1. Resource impact

This area was not included in the resource impact assessment for NG103. It was not identified as an area that would have a significant resource impact (>£1m in England each year).

* 1. Health and social care staff
		1. Summary of suggestions

Stakeholders highlighted the importance of increasing the uptake of the flu vaccine among frontline health and social care staff, and the associated benefits to both staff and the people they care for. Stakeholders highlighted some current barriers to vaccine uptake by health and social care staff, such as poor awareness of which staff are eligible for the free flu vaccine and scepticism around effectiveness and side effects. Stakeholders also raised the relationship between staff who have been vaccinated and improved ability to give advice and information on the flu vaccine to the people they care for.

* + 1. Selected recommendations from development source

Table 6 below highlights recommendations that have been provisionally selected from the development source(s) that may support potential statement development. These are presented in full after table 6 to help inform the committee’s discussion.

Table 6 Specific areas for quality improvement

|  |  |
| --- | --- |
| Suggested quality improvement area  | Selected source guidance recommendations |
| Health and social care staff | **Raising awareness in health and social care staff**NICE NG103 Recommendation 1.2.1**Employers of health and social care staff**NICE NG103 Recommendation 1.7.1NICE NG103 Recommendation 1.7.3NICE NG103 Recommendation 1.7.4 |

**Raising awareness in health and social care staff**

NICE NG103 Recommendation 1.2.1

Educate health and social care staff, particularly those in contact with eligible groups, about flu vaccination. These could include:

* Staff working in GP surgeries and community pharmacies.
* Secondary care staff, for example in clinics for children with chronic conditions or wards such as oncology or antenatal.
* Social care staff who may have contact with carers and other eligible groups, such as people with learning disabilities. This may include during home visits, individual needs assessments and carers' assessments.

**Employers of health and social care staff**

NICE NG103 Recommendation 1.7.1

Provide flu vaccination to all front-line health and social care staff who have direct contact with patients or clients. This includes employees who provide community-based care services to people in their own homes, or who care for people in residential care homes or other long-stay care facilities (see the Green Book).

NICE NG103 Recommendation 1.7.3

Consider the following as part of a multicomponent approach to increasing uptake of flu vaccination among front-line health and social care staff:

* A full participation vaccination strategy, with nationally agreed opt out criteria (A full participation strategy is one in which a range of approaches are used to maximise uptake and in which the expectation is that all front-line staff should be vaccinated. The full participation approach includes agreed mechanisms enabling staff to opt out if they wish.)
* Assigning dedicated staff (for example, a flu vaccination champion or a team with responsibility for implementing a communication strategy) to increase awareness and uptake.
* Using local broadcast media and social media.
* Getting and publicising support from high-profile organisational leaders or staff representatives.
* Providing information about the effectiveness and safety of the flu vaccine.
* Using staff incentives that fit with the organisation's culture and the values of its employees.
* Training peers to vaccinate their co‑workers, or to encourage uptake and challenge barriers, such as myths that the flu vaccine can give you flu.
* Using prompts and reminders in various printed and digital formats. Include information about on- or off‑site vaccination locations and times.
* Using systems linked to named staff records to monitor uptake and to target prompts and reminders.

NICE NG103 Recommendation 1.7.4

Consider promoting flu vaccination to front-line health and social care staff as a way to:

* protect the people they care for
* protect themselves and their families
* protect their co‑workers
* meet professional expectations such as the British Medical Association's position statement, the General Medical Council's guidance on good medical practice and the Royal College of Nursing's duty of care statement.
	+ 1. Current UK practice

 Flu vaccination rates in NHS staff have been rising since 2008/2009 (15%) to an all-time high in 2017/2018 (68.7%)[[35]](#footnote-35).

In 2018 PHE reported that there is significant variation in vaccine uptake among healthcare workers. Regional uptake by NHS England team ranged from 64.2% to 80.8% in 2017/2018. Among different staff groups ranged from 72.5% in GP practice nurses to 61.5% in support to GP staff[[36]](#footnote-36).

A 2015 study identified that the attitudes of staff toward vaccination affects uptake. Ease of access to the vaccine and use of other staff as role models may improve uptake[[37]](#footnote-37).

A 2017 study looking at how to improve uptake among healthcare workers showed that reasons that health care staff have cited for not receiving the flu vaccine include lack of opportunity and inconvenience, as well as concerns of side effects or a lack of effectiveness[[38]](#footnote-38).

A study investigating attitudes of healthcare staff for vaccination in pregnancy found that staff were motivated to be vaccinated themselves to help colleagues by not needing time off due to sickness, protecting themselves, and protecting patients[[39]](#footnote-39).

An online cross-sectional survey in 2017 found that trusts with higher uptake use more varied methods to implement the vaccine programme and involve more groups of staff in campaigns. Flu vaccination being a higher priority for management was also associated with higher uptake[[40]](#footnote-40).

* + 1. Resource impact

This area was in the resource impact assessment for NG103. It was identified as an area that would have a significant resource impact (<£1m in England each year). At year 5 we believe that the resource impact for healthcare workers would be around £2M per year, based on uptake increased from around 69% to 75%. For social care workers we estimated that the resource impact would be around £1M per year based on uptake going from 25% to 31%.

* 1. Uptake in underserved groups
		1. Summary of suggestions

Stakeholders highlighted the need to take specific actions to increase vaccination uptake in some particular groups. Similarly, stakeholders suggested acknowledging practical issues with delivering the vaccine in special schools. Stakeholders also highlighted that there were groups of underserved people that would need specific approaches to increase vaccine uptake, such as outreach and peer-led programmes where people may not engage with general health care interventions.

* + 1. Selected recommendations from development source

Table 7 below highlights recommendations that have been provisionally selected from the development source(s) that may support potential statement development. These are presented in full after table 7 to help inform the committee’s discussion.

Table 7 Specific areas for quality improvement

|  |  |
| --- | --- |
| Suggested quality improvement area  | Selected source guidance recommendations |
| Uptake in underserved groups | **Offering vaccination**NICE NG103 Recommendation 1.3.2NICE NG103 Recommendation 1.3.4**Primary care**NICE NG103 Recommendation 1.4.6 |

**Offering vaccination**

NICE NG103 Recommendation 1.3.2

Establish and use links with statutory and voluntary organisations that work with carers, looked-after children and young people or other groups, to identify eligible people who have not been vaccinated. These could include drug and alcohol services, and organisations working with Traveller communities or people who are homeless.

NICE NG103 Recommendation 1.3.4

Consider outreach opportunities for underserved groups in line with local practice and patient group directions arrangements (see NICE's guideline on patient group directions).

**Primary care**

NICE NG103 Recommendation 1.4.6

Consider using peer-led approaches for inviting people in underserved groups who are eligible for flu vaccination.

* + 1. Current UK practice

GP surgeries are advised by PHE to take steps to increase uptake of the flu vaccine among people with a learning disability. These steps include giving clear messages to people with learning disabilities, their families and carers, including the need for a flu vaccination on their patient record, discussing flu vaccination at annual health checks, making reasonable adjustments to facilitate access, and assessing capacity about the decision where appropriate. Use of the nasal spray flu vaccine can be considered as a reasonable adjustment for people with a learning disability[[41]](#footnote-41).

When investigating vaccination delivery in schools it was found that where parents had their child vaccinated at school, they did not show preference for getting the vaccination at the GP in the future. There was a perception that children showed less anxiety when getting the vaccination at school[[42]](#footnote-42).

Children living in more deprived areas were 19% less likely to receive vaccination than those living in the least deprived areas. Living with more than two other children also decreased the likelihood of receiving the flu vaccine[[43]](#footnote-43).

In a study of Traveller communities about vaccination in general, there was an overall positivity toward vaccination. There was some scepticism about immunisation in general, but a very low occurrence of rejection of vaccination. Being registered with a GP practice and receiving prompts about vaccination promoted attendance, however this was the account of more ‘settled’ people. There were accounts of frustration with the process to make appointments with the GP for vaccinations. Participants felt that trust of health professionals was an important factor in accepting vaccination. Barriers to immunisation had similarities to barriers found in the general population, with some such as cultural beliefs or language barriers (for Roma participants) being specific for Travellers[[44]](#footnote-44).

A London based study of flu vaccination in people who are homeless found that those who are eligible for flu vaccination would mostly accept if offered (73.2%). There was found to be higher rates of eligibility due to risk factors among people who are homeless compared to the general population (40% to 13%)[[45]](#footnote-45).

* + 1. Resource impact

This area was not included in the resource impact assessment for NG103. It was not identified as an area that would have a significant resource impact (>£1m in England each year).

* 1. Additional areas

**Summary of suggestions**

The improvement areas below were suggested as part of the stakeholder engagement exercise. However, they were felt to be either unsuitable for development as quality statements, outside the remit of this particular quality standard referral or require further discussion by the committee to establish potential for statement development.

There will be an opportunity for the committee to discuss these areas at the end of the session on 06/06/19.

### National campaigns

### National campaigns to address regional variance in uptake among care workers was suggested, as well as the recognition of ethnic and cultural variance among care workers in those national campaigns.

This suggestion has not been progressed. The content of national campaigns are not within the remit of quality standards however, national campaigns may be referred to in the data sources for quality measures.

### Training

The training of staff delivering flu vaccine programmes was suggested as an area of quality improvement.

This suggestion has not been progressed. Quality statements focus on actions that demonstrate high quality care or support, not the training that enables the actions to take place. The committee is therefore asked to consider which components of care and support would be improved by increased training. However, training may be referred to in the audience descriptors.

### Vaccine quality

Improving the quality of the vaccine to provide adequate prevention was suggested as an area of quality improvement. This is not within the scope of this quality standard and therefore has not been progressed.

### Vaccine administration

The safety and effectiveness of administering the flu vaccine was suggested as an area of quality improvement. This is not within the scope of this quality standard and therefore has not been progressed.

### Point of care testing

Using point of care testing in emergency settings was suggested as an area of quality improvement. This is not within the scope of this quality standard and therefore has not been progressed.

### Antiviral therapy

Prompting and use of antivirals to treat flu was suggested as an area of quality improvement. This is not within the scope of this quality standard and therefore has not been progressed.

### Thresholds for testing

Lower testing thresholds for hospital patients to reduce outbreaks was suggested as an area of quality improvement. This is not within the scope of this quality standard and therefore has not been progressed.

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# Appendix 1: Review flowchart

Records identified through topic engagement
[54]

Records identified through IS scoping search
[69]

Records identified through ViP searching
[5420]

Records excluded
[5349]

Records screened
[5543]

Full-text papers excluded
[164]

Citation searching or snowballing

[0]

Full-text papers assessed
[194]

Current practice examples included in the briefing paper
[30]

# Appendix 2: Suggestions from stakeholder engagement exercise – registered stakeholders

| ID | Stakeholder | Suggested key area for quality improvement | Why is this important? | Why is this a key area for quality improvement? | Supporting information |
| --- | --- | --- | --- | --- | --- |
| **Advice and information** |
| 01 | Association of Respirator Nurse Specialists |  |  |  | Healthcare marketing and myth-busting* Early PR around myth busting for general population
* Early PR for individuals at risk, to include healthcare workers and those sharing environments with at risk individuals
* Utilising enhanced strategies for  the primary care enhanced GP service – ensuring eligible patients are called for vaccination using multiple methods.
* More myth busting around ethic minorities
 |
| 02 | AstraZeneca | Increased information for parents around awareness of flu the disease and the rationale for and importance of vaccinating your child each year including:* via nurseries for pre-school aged children
* Adding childhood flu to the ‘Red Book’
* Health visitors and midwives to include vaccination in their discussions with parents
 | Generally the reasons why parents do not get their children immunised against flu are that they do not perceive flu to be a serious disease or because they are concerned about side effects and the ingredients of the vaccine. Providing more information about the seriousness of flu and information on vaccination would therefore help uptake. More information aimed for parents of pre-school children via the nursery schools could help with awareness and therefore uptake. Adding flu vaccination to the ‘Red Book’ (something every parent receives for a child), and which contains all the required vaccinations and space for the HCP to confirm date of immunisation, as well as being where HCPs log growth and weight progress for a child will help with raising the seriousness and importance of flu vaccination. Flu vaccination should also be included by health visitors and midwives in their discussions with parents, so this is messaging that parents are receiving right from the very start of their child’s life.  |  |  |
| 03 | AstraZeneca | Information on the flu vaccine included in consent forms for school aged children  | Another element that has come out of market research is that parents would like more information on the flu vaccine when they receive the consent form.  So another suggestion would be for flu vaccine information to be included in the consent form.  It appears each locality has a different format for the consent forms – but very few if any have actual additional information included with the consent form. |  |  |
| 04 | AstraZeneca | Positive reinforcement of messages about flu vaccination to be provided at additional opportunities in schools, eg parent evenings, assemblies etc | Better communication to school nurse teams and teaching staff around flu vaccination is needed.  Some CCGs are starting to get nurses to attend ‘new parents’ evenings in September, so they cover off the flu vaccination as part of what else lies ahead for the school year.  More information for teachers and school nurse teams may help provide a further source of positive, credible endorsement for parents.   |  |  |
| 05 | British Lung Foundation | Raising awareness of influenza in the clinical at-risk group | Patients may refuse the vaccine for a number of reasons, including the perception of being ‘healthy’ and not at risk or not being aware that flu can be severe. Studies have shown that patients who receive information from a trusted health professional are more likely to get vaccinated. NICE guidelines recommend health and social care staff, including community pharmacists, make the most of opportunities to raise awareness about flu to eligible groups. These conversations are an opportunity to address misconceptions or concerns about the vaccine, to inform patients they can have a free flu vaccine and why it is important they receive one. | Uptake in the clinical at-risk group has remained fairly static over the last decade. Awareness-raising is an important aspect of increasing uptake. Current practice is variable and it is likely that improvements can be made in primary and secondary care settings with lower uptake.Patients with chronic health conditions are likely to already be in regular contact with primary and/or secondary care, which presents existing opportunities to intervene. Brief interventions have low resource implications, and opportunistic approaches are already applied elsewhere through Making Every Contact Count activity.  | Please see the following study on patient attitudes to vaccination - Santos AJ et al. “Beliefs and attitudes towards the influenza vaccine in high-risk individuals.” *Epidemiology and Infection* 145, 9 (2017).Please see the British Lung Foundation blog, “Why your flu jab is important,” for a patient perspective on getting vaccinated. |
| 06 | British Lung Foundation | Collection of uptake data by separate respiratory condition | People with chronic respiratory conditions are seven times more likely to die if they contract flu. Only 50.8% received the flu vaccine last year. Uptake data is not currently collected by specific condition within the chronic respiratory clinical at-risk group. The Taskforce for Lung Health, a coalition of 30 organisations from across the lung health sector, including the British Lung Foundation, recommends that data should be collected by individual condition to better understand take-up and adapt awareness-raising efforts.  | Evaluating uptake amongst disease-specific groups could help develop more effective and tailored messaging to at-risk patients. There are significant differences in age and gender between different respiratory conditions, for example between COPD and asthma. Messaging about the flu vaccine would ideally be able to take this into account. Collection of data through the Quality and Outcomes Framework is available for COPD, but not for other respiratory conditions such as asthma. Last year, 10.4% of patients in the clinical risk group refused or declined the flu vaccine. Some people may have experienced adverse vaccine side effects, perceive themselves to be ‘healthy’ and not at risk or have been influenced by media reporting of vaccine effectiveness. | For QOF data on COPD patients receiving flu vaccination, please see NHS Digital. Approximately 300,000 COPD patients were not vaccinated in the UK last year. <https://digital.nhs.uk/data-and-information/publications/statistical/quality-and-outcomes-framework-achievement-prevalence-and-exceptions-data/2017-18> For information on the Taskforce for Lung Health, please see [www.blf.org.uk/taskforce](http://www.blf.org.uk/taskforce) For reasons on not getting vaccinated, please see Santos AJ et al and the House of Commons Science and Technology Select Committee’s oral evidence session on the flu vaccination programme inquiry oral evidence.  |
| 07 | Department of Health and Social Care | Communication of risk status to patients especially <65s, and the importance and safety of the vaccine for parents of 2/3 year olds recognising the importance of vaccination and possible impact of antivaccination on parents. |  |  |  |
| 08 | Diabetes UK | Providing tailored, diabetes-related materials highlighting the importance of the flu vaccination for people living with diabetes | As stated above, people living with diabetes are at a much higher risk of complications arising from flu. However, uptake suggests that the importance of having the influenza jab is not always well understood by people living with diabetes. Literature including leaflets and posters about the flu vaccination is often very general and does not effectively highlight the importance of vaccination specifically for people living with diabetes. Without this clear understanding, people with diabetes risk not taking up the flu vaccination as they feel it is not important for them specifically.  | Uptake of the flu vaccination for people living with diabetes is below the World Health Organisation standard. People living with diabetes should be equipped with information that allows them to understand the importance of having the flu vaccination. We suggest that if this information was more tailored and diabetes-specific, uptake may improve. As it currently stands the information and advice provided is generalist but there is evidence that personalising the way in which this information is provided can help to improve uptake. The Community Pharmacy Contractual Framework includes a requirement that public health advice will be provided by pharmacists to patients receiving prescriptions who appear to have diabetes. We support this but would go further and argue more tailored information which explains the link between influenza and diabetes should be provided.  |  |
| 09 | NHS Digital | Better use of social media | In the 21st century this is an ever growing mode of communication across all age groups | Social media is an effective way of getting the message across right where needed – for patients not familiar then their family are – so they will stress to grandad how important it is | Average impressions on social media for nhs.uk are around 20 – 25million but last month’s campaign on cervical screening saw a rise to 48 million! |
| 10 | NHS Digital | Use of nhs.uk to implement messages | Patients now search online for information – nhs.uk should be the site of choice  | Ensuring the messages are on our website supports patients to access up to date relevant information -  | Over 59 million visits to nhs.uk per week on average |
| 11 | NHS Digital | Dispelling myths – which prevent uptake | Many do not have the vaccine due to myths and tales from others – we need to counterbalance this | There are many in the at-risk groups that will not go for vaccination due to mis information that is continued by others around them – it is fear of the vaccine making them ill or making their condition worse  |  |
| 12 | Royal College of Nursing | Marketing and media communication; raising awareness of the importance of vaccination | It is essential for people to understand the reasons for the vaccine. | Focus on timely and consistent communication and media messages to explain how the vaccine works, include the limitations on efficacy and help to clarify that the vaccine still helps prevent numerous cases of flu and or lessen the impact of illness even if the vaccine does not work in some cases.Ensure clear messages to healthcare professionals on the importance of the vaccine and how vaccination will help stop onward spread of infection to vulnerable groups. | As above |
| **Prompting and Promoting** |
| 13 | British Infection Association | Vaccination of patients with indicators for vaccination presenting to any healthcare setting | All healthcare contacts with a patient at risk of influenza provide an opportunity to provide vaccination and if missed may provide a missed opportunity. | Funding streams are clear in the community setting however in the hospital setting the systems and payments for vaccination are not currently clear.  | <https://www.england.nhs.uk/wp-content/uploads/2018/08/flu-programme-delivery-guidance-2018-19.pdf> |
| 14 | Department of Health and Social Care | Call and recall for annual flu vaccination. |  |  |  |
| 15 | Department of Health and Social Care | The evidence on the effectiveness of a direct offer of vaccine from a named Health Care Worker who the patient recognises |  |  |  |
| 16 | Diabetes UK | Routinely offering the influenza vaccination to people living with diabetes during medical appointments or pharmacy visits | Every person with diabetes should routinely be offered a flu vaccination during visits to see a healthcare professional or pharmacist. People with diabetes are more at risk of complications arising from influenza. The greatest risk is severe loss of diabetes control resulting in coma from either diabetic ketoacidosis (DKA) or hyperosmolar hyperglycaemic state (HSS), both of which can be fatal if left untreated. Vaccination is one of the safest, most reliable means of health protection available. Vaccination against infectious disease is an important part of the general maintenance of good health in a person living with diabetes. It can also keep hospital beds free and reduce the flu-related financial burden for the NHS.  | Just 65% of people living with diabetes are accessing the flu jab, despite it being free and available at both GP surgeries and pharmacies. This is significantly lower that it should be and 10% lower than the WHO’s stated target of 75%.This needs to improve and NICE guidance highlights that people with diabetes are a high-risk group and that uptake should be encouraged. Ensuring that the offer of a flu jab is made consistently in a healthcare setting may work to do this and improve the situation.  | Please see the Clinical Pharmacy Diabetes Audit which aims to gather insight on how often people with diabetes are offered advice relating to the flu vaccination and why people do not take up offers for it. <https://www.england.nhs.uk/wp-content/uploads/2018/10/2018-19-clinical-pharmacy-national-diabetes-audit-v1.pdf> |
| 17 | Sanofi | All eligible patients should be invited to receive influenza vaccination in primary care at every opportunity.  | Primary care influenza vaccination campaigns must include opportunistic vaccination of eligible patients to reduce variation of care and to ensure that those most at risk of developing complications from influenza are given the best possible protection. This in turn may help to reduce the burden of influenza admissions in hospital. | National vaccination uptake in <65 year old at-risk patients and those aged 65 years and older is consistently below national and WHO targets in most areas. There is significant variation both geographically and across different risk groups. Many patients are still not being invited to be vaccinated. | * Public Health England seasonal flu vaccine uptake in GP patients in England: Winter season 2017/18. Available: <https://www.gov.uk/government/statistics/seasonal-flu-vaccine-uptake-in-gp-patients-winter-2017-to-2018>
* Public Health England seasonal flu vaccine uptake in GP patients: Monthly data 2018/19. Data up to 28 February 2019 Available: <https://www.gov.uk/government/statistics/seasonal-flu-vaccine-uptake-in-gp-patients-monthly-data-2018-to-2019>
* NICE Guideline 103. Flu vaccination: Increasing uptake
 |
| 18 | Sanofi | Every opportunity should be taken to offer influenza vaccination to eligible patients attending routine hospital appointments in secondary care settings. | Routine hospital appointments, such as specialist outpatient clinics and antenatal clinics, present a unique opportunity to administer influenza vaccines to eligible patients who may not otherwise make an appointment in a primary care setting. | A large proportion of patients attending outpatient appointments are likely to be eligible for influenza vaccination and may represent the most vulnerable patients and/or underserved eligible at-risk groups. Yet few hospitals proactively and routinely offer influenza vaccines to these patients, thereby missing an opportunity to improve population vaccination coverage rates. | * Public Health England seasonal flu vaccine uptake in GP patients in England: Winter season 2017/18. Available: <https://www.gov.uk/government/statistics/seasonal-flu-vaccine-uptake-in-gp-patients-winter-2017-to-2018>)
* Public Health England seasonal flu vaccine uptake in GP patients : Monthly data 2018/19. Data up to 28 February 2019 Available: <https://www.gov.uk/government/statistics/seasonal-flu-vaccine-uptake-in-gp-patients-monthly-data-2018-to-2019>
* NICE Guideline 103. Flu vaccination: Increasing uptake

Public Health Wales. Coverage of pertussis and influenza vaccination in pregnant women in Wales 2017/18. Available: <http://www.wales.nhs.uk/sitesplus/888/page/43691> |
| 19 | SCM1 | General Practice proactively invite eligible patients for flu vaccination by letter, email, phone call, or text. System to include follow-up of those considered to be “at-risk” who do not respond or fail to attend scheduled clinics or appointments and have not been offered the vaccine elsewhere.NB The GP Direct Enhanced Service specification states Patients should be vaccinated on either:i. a proactive call basis, if not considered at-risk, orii. a proactive call and recall basis, if considered at-risk. | There is good evidence that actively inviting patients, through a personal invitation for flu vaccination, increases uptake. NICE guidelines recommend a proactive call and recall system in general practice.  | Patients in “at-risk” groups generally have lower influenza vaccine uptake than the over 65s. There is also variation between practices. While patients aged 65 and over have good uptake levels and tend to take responsibility for ensuring they get their flu vaccine every year, many people in at risk groups may not be aware that they are eligible for flu vaccination. This is particularly the case when they have an underlying health condition which is well managed, they may not be attending their GP practice often, and they do not perceive themselves to be at risk. For parents of children aged two and three years old, the programme is relatively new (introduced in 2013) and if the child is the first born in the family, parents may not be aware that they are eligible for flu vaccination.  | Data on how many patients are actively called or re-called is not collected at a national level, but uptake is collected by individual general practices. However, it is a requirement of the direct enhanced service specification that a proactive call and recall system is developed to contact all at-risk patients: [www.england.nhs.uk/wp-content/uploads/2019/03/dess-sfl-and-pneumococcal-1920.pdf](http://www.england.nhs.uk/wp-content/uploads/2019/03/dess-sfl-and-pneumococcal-1920.pdf)General practices and NHS England may wish to consider how patient call and re-call can be incorporated into local and/or national assurance processes.  |
| 20 | SCM1 | Offer flu vaccination in secondary care for those in at risk groups (including pregnant women) during routine appointments (including maternity services). When offering vaccination itself is not possible, signpost patients to services where they can get the vaccine.  | Historically, only around half of those in at risk groups get the flu vaccine despite the increased risk they are at of getting severe complications from flu. As many of these patients may be attending secondary care there is an opportunity to offer flu vaccination to them, or at least sign post them back to their GP or community pharmacy where they can get the vaccine. We know that patients trust the advice given by a healthcare professional.  | There has been an increase in the number of maternity services offering flu vaccination but for other patient groups the offer in secondary care is limited.  | NHS England may wish to consider working with CCGs to ensure key messages about sign-posting and/or administering influenza vaccines to eligible patients is undertaken in secondary care services.  |
| 21 | SCM2 | 1.4.2 Advise parents of all children aged 2 and 3 years about the benefits of flu vaccination | Vaccination rates in children are amongst the lowest of all eligibility criteria.When the target population is children, evidence shows parents may be more amenable to personalised messages and that people are more likely to trust advice provided via a personalised invite. | Uptake is particularly low in children, and there may be many reasons for this. Proactive and personalised messaging can increase vaccination rates, whilst allaying parental fears linked to general vaccination programmes. |  |
| 22 | SCM2 | 1.4.10 Include prompts about people’s eligibility for flu vaccination in electronic patient records | Incorporating prompts help remind health and social care staff to offer flu vaccination when people attend for appointments. Face-to-face interactions to offer and deliver vaccination have been found to be the most effective intervention. | Embedding prompts into all electronic records is a low cost intervention shown to increase uptake. With relative ease, it facilitates face-to-face interventions, when flu vaccination is not the primary reason for healthcare provision. |  |
| **Registers and records** |
| 23 | Association of Respirator Nurse Specialists |  |  |  | Accurate and effective monitoring and recording systems* Robust systems for Primary care to prompt vaccination and record overall compliance against target population
 |
| 24 | Department of Health and Social Care | Household contacts of immunocompromised individuals |  |  |  |
| 25 | Royal College of Nursing | Records and data; ensure accurate and timely record of vaccination and flow of information between primary care and other providers. | It is essential to have good data to support the programme and help with effective call and recall for individuals | Where vaccines are given outside of primary care such as in pharmacy or acute organisations, it is essential that the information is passed back to primary care in a clear and consistent format and that this is in turn added to the patient record.It is not enough to just ensure the information is sent back to primary care. There need to be mechanisms to ensure it is then recorded on the general practice’s patient system. | As above |
| 26 | Sanofi | All healthcare organisations providing influenza vaccination should accurately capture, report and share data on detailed uptake and vaccination coverage | Accurate data collection is an essential part of ensuring a successful vaccination programme and identifying areas of variation to focus on for future years. It could also help to better target truly underserved groups. With vaccines being delivered in a range of care settings (e.g. GPs, pharmacies, and hospitals), inconsistent reporting or lack of data sharing can contribute to inefficiencies in the process making it difficult to continuously evaluate and improve the programme. | Improved data collection would help to better target truly underserved groups and reduce variation in delivery by collecting more accurate coverage data. Lack of communication between different providers (e.g. GPs, pharmacies and hospitals) can make it difficult to identify patients who are yet to be vaccinated.Public Health England note that data captured in healthcare settingsoutside of the GP practice may not be standardised and may vary between GP practices depending on GP system suppliers. There is also likely to be a lag in data being fed back to the GP record from other healthcare settings, placing administrative burden on GP practices. Vaccination data capture is often inaccurate for pregnant women, due to denominator variance and the way pregnancy is coded.In a 2016 analysis by Atkins *et* *al*., the majority of London GPs were concerned with loss of patient data due to incompleteness of reporting in pharmacy. The study highlighted the potentially inefficient and information loss-prone nature of maintaining two recording systems with manual entry. | * Public Health England seasonal flu vaccine uptake in GP patients in England: Winter season 2017/18. Available: <https://www.gov.uk/government/statistics/seasonal-flu-vaccine-uptake-in-gp-patients-winter-2017-to-2018>
* NICE Guideline 103. Flu vaccination: Increasing uptake
* Atkins K, van Hoek AJ, Watson C, Baguelin M, Choga L, Patel A, Raj T, Jit M, Griffiths U. Seasonal influenza vaccination delivery through community pharmacists in England: evaluation of the London pilot. BMJ open. 2016 Feb 1;6(2):e009739.
* Public Health Wales. Coverage of pertussis and influenza vaccination in pregnant women in Wales 2017/18. Available: <http://www.wales.nhs.uk/sitesplus/888/page/43691> – *this report demonstrates the difference in vaccination coverage reporting between two different GP systems (72.7% vs 48% for the same population of pregnant women in Wales)*

Secretary of State for Health’s policy paper on ‘The future of healthcare: our vision for digital, data and technology in health and care’. Available: <https://www.gov.uk/government/publications/the-future-of-healthcare-our-vision-for-digital-data-and-technology-in-health-and-care/the-future-of-healthcare-our-vision-for-digital-data-and-technology-in-health-and-care>  |
| 27 | SCM1 | Hold a register that can identify all eligible patients, which is updated throughout the flu season. | General practice needs to identify their eligible population to be able to order sufficient vaccine, taking into account any demographic changes and to ensure that everyone eligible is offered the most effective flu vaccine for their age group consistent with national guidance. It is important that this register is maintained throughout the flu season to identify those who might become newly eligible, such as women who become pregnant or no longer pregnant during the flu season. IT systems with prompts to identify eligible patients also help practices to offer the vaccine opportunistically. As flu vaccination is also offered in community pharmacies, maternity services and schools, general practice needs to hold accurate records of those patients who may have been offered the flu vaccine elsewhere. Influenza vaccine administration elsewhere should be coded in manner that facilitates inclusion in data extraction for national influenza vaccine surveys.  | The numbers of those eligible for flu vaccination is increasing due to an ageing population. Practices should order sufficient vaccine to immunise their eligible populations. Also, with a new generation of more effective flu vaccines now available, general practice needs to identify eligible patients by age to ensure they are offered the most effective vaccine for their age.  | It is a requirement of the Direct Enhanced Service (DES) specification that all reasonable steps are taken to ensure that the medical records of patients receiving the flu vaccination are kept up-to-date with regard to immunisation status: [www.england.nhs.uk/wp-content/uploads/2019/03/dess-sfl-and-pneumococcal-1920.pdf](http://www.england.nhs.uk/wp-content/uploads/2019/03/dess-sfl-and-pneumococcal-1920.pdf)General practices and NHS England may wish to consider how maintaining accurate patient registers can be incorporated into local and/or national assurance processes.  |
| 28 | SCM1 | Introduction of automated data transfer between community pharmacies to general practice records | To improve recorded flu vaccine uptake; to improve the timely upload of information in to patient records, by reducing the admin burden on general practice | Current processes are based around often hand-written information, received through a multitude of channels, and then subject to additional input to records, increasing the opportunity for inputting error and burden on general practice admin staff | Standards for data sharing have been developed and published by PRSB. Using this model, pharmacy system providers have developed the agreed functionality to send PDF messaging to general practice records, showing the details of vaccination. This will commence in 2019. Future season plans are already developed for direct transfer and coding to the GP patient records using this method, which is reliant upon the timetabling of development by GP system providers. NHS Digital are currently working with those providers to facilitate. |
| 29 | SCM2 | 1.3.6 Use clinical systems to identify eligible groups and work out supply requirements | Expert testimony highlighted the importance of identifying eligible patients but patients in at risk groups attend different settings, separate to the case-finding exercise. These eligible groups need communicating between providers.Supply requirements need to be identified and communicated between partnering organisations within a locality (e.g. Primary Care Network). | Case-finding is often completed in GP practices, yet the evidence highlights that some key at-risk persons are likely to have more contact with community pharmacies and voluntary organisations. Sharing of data can promote harmony of approach and joined up care.Evidence highlighted that perceived availability and accessibility are significant barriers to uptake in eligible groups. Remove barriers by raising the subject of flu vaccination in different settings and providing confidence in follow-up vaccination, independent of supply concerns. |  |
| 30 | SCM2 | 1.5.3 Agree approaches for sharing information with general practice | Delayed or inaccurate information risks double vaccination in people as well as wasting resources by targeting communications to people already vaccinated. | Accurate and prompt data sharing between providers is needed to provide a population approach to vaccination. Increasing numbers of different vaccination sites increases risks of wastage/clinical error as well as inaccurate reporting.  |  |
| 31 | SCM 3 | Identify and list all staff/workers groups (see above) in NHSAudit and identify unvaccinated individualsAudit this group to find out why they are not vaccinatedPrioritise vaccination of this groupEstablish total vaccination count for NHS. |  | A fundamental focal point of the topic, i.e. ‘Flu vaccination increasing uptake, in my view sits under the heading Healthcare (HC) Staff/other workers. It is essential, therefore, to define this group since they are potentially exposed to infections which can then be transmitted to, and from, other HC staff and patients. My suggestions, in no particular order, are doctors (including trainees), nurses (including trainees), the group commonly referred to as Allied Health Professionals AHPs ( including dietitians, physiotherapists, podiatrists, speech pathologists and psychologists), laboratory technicians, paramedics/ambulance staff, dentists, pharmacists, maintenance, security, administration, laundry/housekeeping staff together with contractors and volunteers.It is essential that accurate numbers of each are known together with identifying those caring for high-risk patients (e.g. those with co-morbidities). If not, how is it possible to identify, and address, the personal, social and economic costs and where to concentrate training/education? |  |
| **Strategy and coordination** |
| 32 | AstraZeneca | Improved opportunities for pre-school children to be immunised eg in nurseries rather than just GP surgeries | The childhood flu immunisation programme for 2019 will be for all children aged 2 to 10 years of age.  Children aged 2 and 3 years will continue to be immunised at their GP surgeries and all the other children cohorts (ie Reception and then School Years 1 to 6 inclusive) will be vaccinated at school by school immunisation teams.  Another factor behind why parents do not get their children immunised is because of logistical issues of getting an appointment at a suitable time and getting to a GP surgery (for 2 and 3 year olds). Often parents of younger children perceive getting the flu vaccination to be a hassle even though they aren’t against it per se.  So having access to having your child immunised at nursery school (given it isn’t an injection) could be an option for younger children.   |  |  |
| 33 | Association of Respirator Nurse Specialists |  |  |  | Ensuring adequate supply through seasonal planning and delivery systems* Advanced planning and engagement with stakeholders
* Local level partnerships with local pharmaceutical committees and local medicines committees
 |
| 34 | British Lung Foundation | Using a multi-component approach in programme planning at a general practice (GP), NHS trust/board, sustainability and transformation partnership (STP) or integrated care system (ICS) level to improve uptake in the clinical at-risk group | Vaccine uptake among the clinical at-risk group is low. In 2017-18 uptake was 48.9%, compared to uptake of 72.6% of among people aged over 65. Improvements to programme planning in health care settings can have a positive impact on vaccine uptake.There is evidence that implementing strategies, such as a review of existing vaccination strategy and the establishment of a lead team or flu vaccination champion can lead to increased uptake. NICE guidelines on flu vaccination: increasing uptake recommend the use of a multicomponent approach as this is likely to have a greater impact than single interventions. Providers should also work together with other health and social care services and local stakeholders to develop plans to increase uptake. | Uptake data from 2017-18 GP patients in the clinical at-risk group shows that there is notable regional variation by NHS England Local Teams and at CCG level. At CCG level, uptake ranged from 37.4% to 62.2%.  | Please see Public Health England for data on uptake among the clinical at-risk group. <https://www.gov.uk/government/statistics/seasonal-flu-vaccine-uptake-in-gp-patients-winter-2017-to-2018> Please see the following for a review of strategies in general practice to increase vaccination rates - Dexter LJ, Teare MD, Dexter M*,* et al *“*Strategies to increase influenza vaccination rates: outcomes of a nationwide cross-sectional survey of UK general practice” *BMJ Open* 2012;2:e000851.  |
| 35 | Care England |  | Multiple feedback sources also noted how flu jabs in their view did not become available in 2017/18 until too late in the winter period | “The jabs were not available early enough in the winter period and it was not initially clear where they could be obtained.”“The release of the free flu jabs came too late in the season” Older People Nursing Home Service- South West” We appreciate therefore the early announcement for free vaccinations for ICS staff for winter 2019/20 and hope these early notifications are routine for future winters. |  |
| 36 | Royal College of Nursing | System wide approach and using multiple components  | The NICE Flu vaccination: increasing uptake sets out the importance of a multicomponent approach to improving uptake. It is essential that there is a focus on system wide measures. It needs to be clear in the quality standard that no one solution will improve uptake. | There needs to be a system wide approach. This needs to include:* Supply of vaccination and messaging to the public where there are supply issues.
* Supporting and commissioning and local partnerships to ensure there is clear access opportunities for people to receive their vaccine, particularly vulnerable groups in care homes or hospital and also in communities and populations who don’t readily access vaccination.
* Providing consistent clear messages to help dispel myths around vaccination

Ensuring staff are adequately trained and able to answer questions in an informed way. | Flu vaccination: increasing uptake <https://www.nice.org.uk/guidance/ng103> Public Health England Immunisation against infectious disease, the ‘Green Book’; The annual flu plan and annual flu letter.NICE Immunisations: reducing differences in uptake in under 19s <https://www.nice.org.uk/guidance/ph21>  |
| 37 | Sanofi | All organisations (every GP, pharmacy, hospital, and CCG) should nominate an experienced and motivated implementation lead to organise and champion the flu vaccination season.   | There are multiple studies indicating the increase in vaccination uptake as a result of having a nominated flu lead in GP settings, who should be given authority and ideally be experienced in planning a flu campaign. The same approach should be applied across all healthcare organisations (pharmacy, hospitals and CCGs) with flu programme accountability. Accountability should be given to the nominated lead to ensure that adequate vaccines are ordered to meet national coverage targets. | Despite the proven effectiveness of having a flu lead, such practice is not routinely audited and as such may well be overlooked as an integral part of organising an effective flu vaccination campaign.As one of the largest UK suppliers of influenza vaccines, Sanofi is regularly contacted by GP practices, pharmacies or hospitals late on during the season. This suggests that practices frequently do not order the required quantities to achieve national coverage targets. | * NICE Guideline 103. Flu vaccination: Increasing uptake
* Dexter LJ, Teare MD, Dexter M, Siriwardena AN, Read RC. Strategies to increase influenza vaccination rates: outcomes of a nationwide cross-sectional survey of UK general practice. BMJ open. 2012 Jan 1;2(3):e000851
* Newby KV, Parsons J, Brooks J, Leslie R, Inglis N. Identifying strategies to increase influenza vaccination in GP practices: a positive deviance approach. Family practice. 2016 Mar 28;33(3):318-23

Confidential supporting documentation regarding supply and pre-orders can be made available upon request |
| 38 | SCM1 | Identify a named lead individual within the practice who is responsible for the flu vaccination programme and liaises regularly with all staff involved in the programme.  | There is good evidence that practices that have high uptake are those practices with a lead member of staff who is responsible for planning the flu vaccination campaign in the practice. This person’s responsibilities should include setting aspirational targets and monitoring performance against them, as well as maintaining a register and actively invite patients for vaccination.   | Standards are variable across general practice and those practices with low uptake are less likely to have a named lead individual.  | Evidence includes:Dexter L et al. (2012) Strategies to increase influenza vaccination rates: outcomes of a nationwide cross-sectional survey of UK general practice. BMJ Open. May 17. 2012.Newby KV et al (2016). Identifying strategies to increase influenza vaccination in GP practices: a positive deviance approach. Family Practice, March; 1-6.General practices and NHS England may wish to consider how the role of individual practice-based influenza leads can be incorporated into local and/or national assurance processes.  |
| 39 | SCM2 | 1.3.3 Provide multiple opportunities and routes for eligible people to have their flu vaccination | There is evidence that providing different avenues for accessing flu vaccination increases uptake. | Increasing awareness of and access to different service points will raise awareness in groups and individuals currently not accessing flu vaccination. Recognising changing population expectations and habits, as well as a changing NHS landscape should encourage use of numerous routes to access vaccination services. |  |
| **Health and social care staff** |
| 40 | British Lung Foundation | Increased uptake of the vaccine among health care workers | Health care workers with direct patient contact should be vaccinated to prevent passing flu to patients who may be more vulnerable to its effects. About 1 in 10 cases of flu caught in hospitals is fatal. Staff vaccination can prevent flu outbreaks in health care settings. Vaccination also protects staff and helps reduce staff sickness absence rates during the winter period. Health care staff are more likely to be exposed to flu than the general public, with an estimated one in four workers becomes infected in a mild flu season. Uptake of the vaccine among health care staff can also improve staff confidence and knowledge when advising patients about vaccination. The NHS considers patients more likely to get vaccinated when they know staff are vaccinated.Employers of health care workers should consider improvements to local staff vaccination plans and campaigns. NICE guidelines recommend a multi-component approach which considers communications with staff, peer vaccination and providing opportunities for out-of-hours and mobile vaccination services. | Uptake has increased in recent years, due to a concerted effort by NHS England and the Department of Health. The NHS set the aim of 100% of health care workers with direct patient contact receiving a vaccination in 2017-18 and the Taskforce for Lung Health supports this aim. Staff vaccination has increased from 50.6% in 2015-16 to 68.7% in 2017-18. However, there is significant variation by staff group and regionally between NHS organisations, with coverage varying from 38.9% to 92.3% in NHS trusts. | Please see Public Health England for data on uptake among the health care workers and variation in uptake between NHS organisations. <https://www.gov.uk/government/statistics/seasonal-flu-vaccine-uptake-in-healthcare-workers-winter-2017-to-2018> Please see the below for evidence of the benefit of vaccination for health care workers:Pereira M et al. “Healthcare worker influenza vaccination and sickness absence – an ecological study.” *Clinical Medicine* 17, 6 (2017). Public Health England and Flu Fighter “Healthcare worker vaccination: clinical evidence (updated August 2016).”Nair H et al “Influenza vaccination in healthcare professionals.” *BMJ* (2012)Shrikrishna D et al. “Influenza vaccination for NHS staff: attitudes and uptake.” *BMJ Open Respiratory Research* 2 (2015). Dexter et al. “Strategies to increase influenza vaccination rates.” NHS national clinical and staff side professional leaders. *Health care worker flu vaccination.* Letter to Chief Executives of NHS Trusts and Foundation Trusts, 7 September 2018.  |
| 41 | British Lung Foundation | Increased uptake of flu vaccine among social care workers | Social care workers should receive the flu vaccine for the same reasons as health care workers and similar strategies should be implemented to increase uptake. In addition, flu can spread rapidly in care homes, resulting in high attack rates because of prolonged close contact between residents and staff. Community surveillance frequently shows a higher rate of acute respiratory outbreaks in care home settings compared to hospitals or schools. NHS England recognises the importance of social care worker vaccination and has provided funding for free vaccines for staff employed by a registered residential care or nursing home or domiciliary care provider since 2017. Uptake data for social care staff is not collected currently, because of challenges associated with establishing a data collection system across a mixed market of independent providers.  | Provision of vaccination for social care staff is considered an employer responsibility. Whilst no nation-wide data is available on uptake in England, this likely results in a low and varied staff uptake, depending on employer provision of the vaccine. Some ad hoc surveys of care homes by Public Health England show that the best uptake is around 25%. The Taskforce for Lung Health recommends that 100% of social care staff are vaccinated. | Please see the House of Commons Science and Technology Committee’s enquiry into the flu programme for correspondence with Professor Stephen Powis, National Medical Director of NHS England, on the challenges of data collection in the social care sector. Please see the main inquiry publication for reference to ad hoc surveys of care home staff uptake. Data on community surveillance of outbreaks can be found in Public Health England’s weekly national flu reports. <https://www.gov.uk/government/statistics/weekly-national-flu-reports-2018-to-2019-season>  |
| 42 | Care England | Broad awareness of entitlements and rights of care staff | We received feedback which suggested a lack of awareness within some parts of the NHS workforce of the fact that, in the last two winters, independent sector frontline staff have been entitled to receive a free flu vaccination. Therefore, we suggest that quality standards should take account of such experiences. Such systems could best be supplemented through an awareness of rights and entitlements throughout the healthcare workforce, including, administrative staff, medical staff and pharmacist alike. Moreover, could consistency not also be established through a centrally led communication strategy which reaches all parts of the NHS and Independent Sector workforce? This need was reflected by the following ‘bottom up’ feedback from this winter 2018/19 given to Care England | “Many GP services and Pharmacists did not know the entitlement so refused the free service for many of our Care staff, informing them their Employer had to pay.”Similarly, such discrepancies in treatment of different parts of the care workforce were also reflected in the feedback from our most recent round of research:“What tends to happen is that ‘Carers in the community’, is quoted so Authorities consider this to be ‘Family carers’ or Carers employed by the local authority or NHS in people’s homes and so they have no problem getting Free vaccinationss.”“However, the larger Providers are then left adrift because both GP services and pharmacists insist that they have no clear guidance document that authorises free Flu vaccinations for us.”“Staff come back feeling dejected and so word gets around quickly and thus defeats us sending out very positive communications on encouraging uptake for our staff.” |  |
| 43 | Care England |  | Moreover, our findings also suggested that much of the care workforce remains sceptical regarding the nature of the flu jab. We, therefore, suggest that standards for flu uptake campaigns should consider such scepticism and consider how quality standards can be shaped in a way that seeks to alleviate this. This is reflected in the following quotes: | “Staff did not want flu jab for different reasons. It is not vegan. Previous bad experience. Do not believe it is effective”Learning Disability Service, South EastStaff perception that the Flu Jab would cause health problems (27% of respondents) |  |
| 44 | Care England |  | Moreover, Care England, also received verbal feedback which suggested some misgivings surrounding who is considered ‘Frontline’ staff within independent sector settings and whom is, therefore, entitled to a free flu jab. For example, within residential care homes little distinction is often drawn between administrative, care, management and maintenance staff given the ‘all pitch in’ reality of the care home community. Concerns, therefore, remain over how such distinctions should be drawn and their impact to free jabs. |  |  |
| 45 | Department of Health and Social Care | Healthcare worker uptake, including role of board level leadership. |  |  |  |
| 46 | NHS England and NHS Improvement | Extending influenza vaccination to more health and social care workers | Flu vaccination is recommended within NICE guidance, and more needs to be done to ensure a greater and more consistent uptake.Each winter hundreds of thousands of people see their GP and tens of thousands are hospitalised because of flu. Improving the uptake of flu vaccine across all health and social care workers will not only keep staff and patients safe, it will also help to ensure business continuity, reduce the likelihood of staff being ill and off work and reduce transmission to the wider public. Increasing influenza vaccination rates among health and social care workers is considered key to preventing flu among people in clinical risk groups. Of particular importance are health and social care staff working in care homes who are directly involved in the care of vulnerable patients who are at an increased risk of from exposure to influenza.  | In England, 69% of healthcare workers with direct patient contact working in NHS trusts and area teams were vaccinated during the 2017/18 flu season, an increase from 63% the previous year. Although an improving picture, there is still much more to be done to encourage and incentivise a greater uptake to ensure existing NICE guidelines are met. Vaccination uptake data in care homes are not nationally collected, but selected staff in homes have been offered free flu vaccination in 2017/18 and 2018/19. This offer may not continue and thereafter it will be the responsibility of the employer to pay for staff vaccination. According to regional reports, uptake in this sector has been extremely variable and historically very low when compared to other health care settings. . | PHE (2018) Seasonal Influenza uptake in health care workers in England: winter season 2017 to 2018.This document reports on the uptake of influenza vaccine among front line health workers in health care organisations (acute trusts, ambulance trusts, mental health trusts, primary care and independent health care providers).Hollmeyer et al (2012) Review: interventions to increase influenza vaccination among healthcare workers in hospitals).This is a review of many different types of intervention designed to increase uptake in hospitals.PHE (2018) Flu and flu vaccination 2018/19: A toolkit for care homes (South West)This document highlights the barriers that prevent care home staff from taking advantage of flu vaccination.PHE Green Book (2018)<https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19>Groups for whom vaccination is recommended.NICE (2018) Flu vaccination: increasing uptake. <https://www.nice.org.uk/guidance/ng103/resources/flu-vaccination-increasing-uptake-pdf-66141536272837>Eligibility criteria and suggestions to increase uptake |
| 47 | Skills for Care |  |  | Skills for Care are working with NHS England who are developing a survey on assessing the uptake of the flu vaccine for the social care and hospice sector. Current data from pharmacists and GP surgeries is patchy for these areas of the sector. We have also been involved in promoting the availability of a free vaccine and will help to promote the survey when it’s released (in the next few weeks).More needs to be invested in promoting this to a social care audience - we would be happy to support with that via employer engagement but we also feel there should be a focus directly to front line staff. |  |
| **Uptake in specific eligible groups** |
| 48 | Royal College of General Practitioners | Improving uptake of flu vaccination for underserved groupse.g. homeless or those sleeping rough, substance misusers, asylum seekers, gypsies, travellers and Roma people, young people living in long-term care, people with learning disabilities | Improving awareness and uptake of the flu vaccination in underserved groups is recommended within NICE guidance. Expert testimony suggests that outreach and peer-led programmes may facilitate uptake in this population. | This population are at higher risk of severe complications of influenza and will benefit from having the flu vaccination. |  |
| 49 | Royal College of Paediatrics and Child Health | There is no mention of special schools, it is important that policies for flu vaccine in special schools is included. | The uptake of vaccines in special schools is poor and children and young people attending them will fall into the at risk groups who need not just flu vaccine but additional vaccines. With this is mind, it is particularly important to mention specifically. What may happen is the immunisation team goes to school to vaccinate on a specific day but if a child is not there that day they can often miss out and it may be just too difficult for them to attend the GP at a later date. | Uptake of vaccines in special schools is notoriously poor and children and young people attending them will fall into the at risk groups who need not just flu vaccine but additional vaccines. |  |
| **Additional Areas** |
| **National Campaigns**  |
| 50 | Care England |  |  The care workforce reflects one of a multitude of ethnic and cultural backgrounds. Therefore, we suggest that communications and information given regarding the flu jab should take such diversity into account, if it wishes to be most effective. Including, the varying perceptions of the flu jab that may result from varying backgrounds. |  | For example, a 2016 ‘Ethnic profile of the adult social care workforce in England’ by, Skills for Care, found that “in London 64% of the workforce were BAME.” |
| 51 | Care England |  | Feedback from the Care Provider Alliance (CPA)’s April 2018 Flu survey indicates a wide variety in flu jab rates from those who responded to the survey and how they were obtained specifically.Therefore, we suggest that quality standards should bear such variation in mind. National flu uptake campaigns should again seek to respond to regional variations if this allows for a better overall effect on jab uptake. Again, consistency should also be established in communications, in order to, decrease the likelihood of such discrepancies in flu jab uptake.  | (CPA)’s April 2018 Flu survey:“60% of Home Care Staff in the East Midlands had the Flu Jab, compared to only 24% from London”“Overall, a third of staff had the Flu Jab, versus 55% of staff in the North of England” |  |
| **Training**  |
| 52 | Royal College of Nursing | Staff education and training and good clinical governance processes | In order to have a good robust vaccine programme, including for influenza, it is essential the staff delivering the programme are appropriately trained and supported. | Timely development of training resources which are consistent and available for all staff involved in the vaccine programme.Staff to have access to the key resources such as the ‘Green Book’ and other relevant materials.Staff to have clear governance process in place, access to the Patient Group Directions (PGDs) for eligible staff or access to a specific direction / prescription where this is needed. | As above |
| 53 | Sanofi | Healthcare organisations should provide enhanced annual training for all staff involved in the flu campaign, including those not directly administering vaccines. | It is important for healthcare practitioners to feel confident to provide accurate educational information to patients to help overcome any hesitancy towards vaccination. Therefore, all health and social care staff involved in the flu vaccination programme should receive up to date education regarding the burden of influenza, the importance of vaccination, and who is eligible for which vaccine. They should be provided with relevant annual updates on all of these subjects which can change significantly from year to year. | Immunisation training standards are available but these are general and not specific to flu, which is a continually evolving programme, and auditing of this training is not currently mandatory. Vaccination rates among healthcare workers themselves are also not as high as they should be, potentially putting staff and vulnerable patients at risk. | * NICE Guideline 103. Flu vaccination: Increasing uptake
* Section 7a core service specification
* National standards for immunisation training for registered healthcare professionals. Available: <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/679824/Training_standards_and_core_curriculum_immunisation.pdf>

Public Health England. Seasonal flu vaccination uptake in healthcare workers: Winter season 2017/18 Available: <https://www.gov.uk/government/statistics/seasonal-flu-vaccine-uptake-in-healthcare-workers-winter-2017-to-2018>  |
| **Vaccine quality** |
| 54 | Association of Respirator Nurse Specialists |  |  |  | Quality of the vaccine to provide adequate prevention* Ensuring vaccine is robust, taking into account relevant epidemiology, viral strains and genetics i.e. H1N1 etc.
* Correct classification and advice re: trivalent/quadrivalent vaccines
 |
| **Vaccine administration** |
| 55 | Association of Respirator Nurse Specialists |  |  |  | Safe and effective administration (to include PGD’s, cold chain) |
| **Point of care testing** |
| 56 | British Infection Association | Point of care testing in emergency department and result embedded in LIMS | New point of care tests in emergency departments enable rapid diagnosis and improved infection control and management of side rooms. | The point of care tests are new and therefore not yet widely used. In order to encourage early adoption of effective technology a quality standard would provide encouragement. | <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/762344/point_of_care_tests_for_influenza_and_other_respiratory_viruses.pdf> |
| **Antiviral therapy** |
| 57 | British Infection Association | Better or prompt use of antivirals | Early use of antiviral therapy improves outcomes | Also important to avoid unnecessary prescribing of antivirals when presentation is late. | <https://www.nice.org.uk/guidance/TA168> |
| **Thresholds for testing** |
| 58 | British Infection Association | Low threshold for testing for inpatients for influenza during the influenza season | Testing inpatients can prevent outbreaks in hospital and the infection of immunosuppressed patients. | Early detection to prevent outbreaks.Early exclusion to reduce side room useage and the unnecessary use of antivirals. | <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4594176/> |
| **General** |
| 59 | Royal College of Paediatrics and Child Health | General |  |  | The reviewer welcomes this necessary quality standard |

1. Green Book 2019 [↑](#footnote-ref-1)
2. The national flu immunisation programme 2019/2020 [↑](#footnote-ref-2)
3. Green Book 2019 [↑](#footnote-ref-3)
4. Green Book 2019 [↑](#footnote-ref-4)
5. The national flu immunisation programme 2019/2020 [↑](#footnote-ref-5)
6. Green Book 2019 [↑](#footnote-ref-6)
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9. Seasonal flu vaccine uptake in GP patients: winter 2017 to 2018 – May 2018 [↑](#footnote-ref-9)
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20. The national flu immunisation programme 2019/2020 [↑](#footnote-ref-20)
21. Dexter LJ, Teare MD, Dexter M, et al Strategies to increase influenza vaccination rates: outcomes of a nationwide cross-sectional survey of UK general practice BMJ Open 2012;2:e000851 [↑](#footnote-ref-21)
22. Newby KV et al (2016). Identifying strategies to increase influenza vaccination in GP practices: a positive deviance approach. Family Practice, March; 1-6 [↑](#footnote-ref-22)
23. NHS England and Public Health England (2018) NHS Public health functions agreement 2018-19. Service specifications No. 13 Seasonal influenza immunisation programme [↑](#footnote-ref-23)
24. The national flu immunisation programme 2019/2020 [↑](#footnote-ref-24)
25. DHSC Policy paper - The future of healthcare: our vision for digital, data and technology in health and care - 17 October 2018 [↑](#footnote-ref-25)
26. The national flu immunisation programme 2019/2020 [↑](#footnote-ref-26)
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