Flu vaccination - increasing uptake

Consultation on draft guideline
Stakeholder comments table

26 June 2017 to 04 August 2017

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

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1	[office use only]	[British HIV Association]	Full	4	3	Recent BHIVA audits have shown that HIV clinics are generally good at informing PLWH that they should have annual influenza vaccines, and with increasing use of electronic patient records in HIV clinics it is likely reminders to inform patients about influenza vaccine should cover almost all PLWH.	Thank you for your comment. This is encouraging.
2	[office use only]	[British HIV Association]	Full	9	22	We are particularly interested in point 1.4.7/8/9 (offering vaccines in secondary care). Various surveys of PLWH have indicated they would prefer to receive all vaccinations in the HIV clinic, rather than having to access them in primary care. Moreover PLWH are familiar with their HIV clinicians and generally trust them meaning that they are more likely to accept advice on vaccinations such as influenza vaccine. The barrier to this in many HIV clinics in the UK is that most clinics are not commissioned/ funded to provide any vaccines other than hepatitis B. Hence clinics have to remind PLWH to get annual influenza vaccinations via their GP surgeries, which they often find inconvenient. This model of vaccine provision could work equally well in other clinics such as Chest, Haematology etc. We would therefore urge that NICE recommends routine provision of influenza vaccine in HIV (and other relevant secondary care) clinics and suggests	Thank you for your comment. We agree that people with immunosuppression, such as those living with HIV, are a key population group for targeting flu vaccine provision in specialist clinics rather than signposting them to their GP practice. This is reflected in the wording of recommendation 1.4.7, as follows: 1.4.7 Consider offering flu vaccination during routine appointments in specialist clinics to people who are at high risk of flu and its complications. For example, **people with immunosuppression**, chronic liver or neurological disease, and pregnant women.

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						either this is funded via a national tariff (for HIV care) or via primary care commissioning.	The committee heard examples where secondary care provision had been successfully funded through local commissioning agreements, and would encourage those working in relevant specialties to pursue this in local negotiations with clinical commissioning groups or, for more specialised services, with NHS England.
3	[office use only]	[British Infection Association]	Full			We would support encouraging local services such as outpatient clinics treating immunosuppressed patients to offer flu vaccination as, as the authors state, a single visit is more likely to achieve the outcome of immunisation than advising the patient to attend another location in a multi-component approach. Perhaps this could be facilitated via hospital pharmacies offering the vaccine and its administration in the way community pharmacies do.	Thank you for your comment and support. The committee took account of evidence from qualitative studies and expert testimony that convenience of access is important to patients and that offering and administering vaccination within a single visit is the optimal approach for ensuring uptake. We have amended the final bullet point in recommendation 1.4.9 to clarify this, as follows: 1.4.9 When offering people the flu vaccination: • Make the offer face to face, if possible. • Use positive messages to encourage people to have the vaccination. For example, for a pregnant woman the message could be that the flu vaccination gives 'two for one' protection before and after the birth. • Tailor information to the person's situation, for example their pregnancy or clinical risk factors. Include the risks of not being vaccinated.

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							• Ensure information is simple, easy to read (if written) and provides a consistent message about flu and flu vaccination. • Ensure a healthcare practitioner they know (for example, a midwife or a consultant from an outpatient clinic they attend) offers the vaccination. • Make it easy for the person to get the vaccination, **for example offering and administering it during the same visit.** It is for local decision-makers to decide the best approach to administering the flu vaccination, whether in the outpatient clinic or hospital pharmacy.
4	[office use only]	[British Infection Association]				We support this guideline in general.	Thank you for your support.
5	[office use only]	[British Thoracic Society Respiratory Infection Speciality advisory group]	Full	48	10	In the section on secondary care, there is a recommendation to offer flu vaccination during routine appointments. A lot of our members are in secondary care. Flu vaccination is funded in primary care as an activity but not in secondary care. It would be very good to offer flu vaccination routinely in clinics for risk groups with pulmonary disease but it would seem reasonable to ask that this is also resourced. The key phrase in the guidance is "where there is a locally	Thank you for your support. We agree that people with pulmonary disease are a key population group for targeting flu vaccine provision in specialist clinics. The committee heard examples where secondary care provision had been successfully funded through local commissioning agreements, and would encourage those working in relevant

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						agreed route for offering vaccinations". Has NICE looked at whether this is resourced nationally and how we make the vaccine more widely available in secondary care clinics? Without a strategy to allow this to happen, it seems unlikely that this will be achievable in a lot of hospitals.	specialties to pursue this in local negotiations with clinical commissioning groups or, for more specialised services, with NHS England.
6	[office use only]	[British Thoracic Society Respiratory Infection Speciality advisory group]	Full	14	21	Under clinical risk groups- these are listed including severe asthma. Severe asthma has a specific definition and I am not aware that vaccination is limited to patients with only severe or uncontrolled asthma in the UK. Likewise I regard bronchitis as an acute self-limiting disease and obsolete as a term for a chronic respiratory disease. I suggest to remove. I would ask to specifically add bronchiectasis as a disease requiring vaccination. I acknowledge this is from the Green Book and the annual flu plan, but I do think it is the job of BTS to point out that this is a bit misleading and they are using the wrong terminology.	Thank you for your advice. Amendments have been made in line with your comments and definitions given by the JCVI and in the annual flu programme literature. The bullet point for this clinical risk group now reads as follows: • chronic respiratory disease, such as **asthma (requiring use of inhaled or systemic steroids, or with previous exacerbations needing hospital admission)**, chronic obstructive pulmonary disease, **or bronchiectasis**
7	[office use only]	[British Thoracic Society Respiratory Infection Speciality advisory group]	Full	69	26	Our members fully support initiatives to encourage staff to take up flu vaccination and to educate staff about the value and benefits of flu vaccination. Nevertheless, all people, including NHS staff, have the right to receive or not receive medical care without prejudice. Some of the recommendations cause concern to some of our members. For example, 1.7.7 We feel the need to defend the rights of NHS staff who might make a decision not to take the vaccine, whether you agree with their decision or not. The suggestion is that staff should have to sign a form and explain why they have declined. This seems inappropriate as staff have the same right to confidentiality (including choosing not to declare information about their health or their health related	Thank you for your comment. In light of stakeholder feedback on recommendation 1.7.7 to 'Create a declination policy…' the committee reconsidered the evidence and has revised its recommendations to remove the reference to a declination. Instead, the focus of the recommendations is on a full participation vaccination strategy. This is defined as a strategy 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

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						choices) as any other patients. Some of our members were also uncomfortable about the suggestion of using staff incentives such as entry into a prize draw. Is it necessary and ethical to suggest financial incentives when decisions should be based on the health benefits of vaccination, not financial gain?	participation approach includes agreed mechanisms enabling staff to opt out if they wish. The committee acknowledges your concern regarding the suggestion of using staff incentives. However, there was clear evidence (underpinned by expert testimony and the experience of committee members themselves) that staff incentives do improve uptake. Incentives may not involve use of public funds, for example if donations to a prize draw could be secured from local businesses. The committee felt it should be for organisations to decide locally what is an 'appropriate' incentive for their employees. The bullet point wording in recommendation 1.7.3 has been changed to reflect this: • Using staff incentives **that fit with the organisation's culture and the values of its employees.**
8	[office use only]	[British Thoracic Society Respiratory Infection Speciality advisory group]	Full	48	10	We think that some of the practical considerations of vaccination in secondary care should be considered. Primary care records are kept by primary care and travel with the patient, while secondary care notes are kept by the organisation. Have the authors considered the risk of patients vaccination status being unknown, or patients being inappropriately vaccinated twice because secondary care cannot access primary care records?	Thank you for your comment. The committee's discussion of the issue you raised is noted in the section on the 'Advantages and disadvantages of audit, monitoring and feedback', as follows: "..it is important that patient records are accurate and up to date to ensure all vaccinations are included in uptake data

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							and that people are not inadvertently vaccinated more than once in a season. The committee confirmed that, although not in itself likely to be harmful to the person, over-vaccination will incur unnecessary costs and increase the burden of any associated short-term side effects such as pain, swelling or redness at the injection site. If eligible people are vaccinated in settings other than their own GP surgery, poor information transfer may waste time and resources if practices invite and remind people unnecessarily, or booked flu clinic appointments go unused. Mechanisms for sharing information across providers need careful planning and oversight to minimise data loss." Recommendation 1.5.3 was drafted to emphasise the importance of establishing agreed mechanisms for the timely and accurate sharing of vaccination status information across different healthcare provider interfaces, as follows: 1.5.3 Commissioners and providers should agree approaches for sharing information with general practices about 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

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							wasting resources by inviting people to attend appointments unnecessarily or duplicating vaccination.
9	[office use only]	Department of Health	Full	15	22	We generally refer to 8, not 9, year olds for this cohort.	Thank you for your comment. This amendment has been made.
10	[office use only]	Department of Health	Full	15	23	We generally refer to 3, not 4, year olds for this cohort.	Thank you for your comment. This amendment has been made.
11	[office use only]	Department of Health	Full	15	29	Only the NHS record data on ImmForm and order vaccines. The Department does not have a role.	Thank you for your comment. We have removed references to ImmForm from this guideline.

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12	[office use only]	Guild of Healthcare Pharmacists	Full	Page 6 Section 1.2.7	Line 9	Recommendations describe face-to-face advice for those eligible for vaccination; as this can be time and resource heavy – have you calculated just how much time this may take. Consider group clinics (grouped by risk category) as less resource intensive and can be beneficial for the patient with meeting their peers with similar illness etc.	Thank you for your comment. No evidence comparing the cost-effectiveness of different methods for giving advice was identified, so the resource use in the economic modelling was based on the advice of the committee and was thought to be representative of current practice. We did however identify qualitative evidence that people's perceptions of personal risk from flu differ both between and within 'risk groups'. The committee felt that the optimal way of addressing these individual differences, along with any concerns or misconceptions people may have about flu vaccine safety and efficacy, is through face-to-face interaction. However the intention is that this is done *opportunistically*, within the context of routine appointments and other interactions with practice staff (in line with Making Every Contact Count). Recommendations 1.2.7, 1.4.1 and 1.4.2 are worded to emphasise the opportunistic aspect of face-to-face awareness-raising, while recommendation 1.3.1 gives examples of opportunities for newly identifying eligible patients. The committee considered that *opportunistic* awareness-raising, using face-to-face brief advice or a brief intervention for people in eligible groups, would have relatively low resource

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							implications. Expert testimony suggested that efficiency savings can be made if information on flu vaccination is delivered at the same time as other health promotion messages and preventive interventions (this could include already established GP practice group clinics, for example for people with asthma or diabetes). However, setting up new group sessions for people in specific risk groups, as your comment suggests, could have greater resource impact as it is not in line with the committee's recommendation to deliver flu vaccination messages opportunistically.
13	[office use only]	Guild of Healthcare Pharmacists	Full	Page 8 Section 1.3.5	Line 8	What is the cost of providing out of hours access to the influenza vaccine. The resource which is the most available OOH is community pharmacy - would community pharmacies be offered an incentive to increase their workload to include administration of the flu vaccine? How would it be ensured that other out of hours areas are equipped with necessary remedies for anaphylaxis and hypersensitivity reactions	Thank you for your comment. We agree that community pharmacies may be well placed to provide flu vaccination services outside normal GP surgery hours (e.g. evenings and weekends), thus increasing choice and convenience for patients. However the advanced service specification requires only that the service is available throughout the pharmacy's contracted normal opening hours, not that new hours are offered or opening times extended. Community pharmacies opting to provide the service are paid £7.64 per administered dose of flu vaccine plus an additional fee of £1.50 per vaccination (i.e. a total of £9.14 per administered flu vaccine). The additional fee is in recognition of costs incurred relating to

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							the provision of the service including training and disposal of clinical waste. Such costs are not reimbursed elsewhere in the Community Pharmacy Contractual Framework. Contractors are also reimbursed for the vaccine costs at the basic price (list price) of the individual vaccine administered and an allowance at the applicable VAT rate is also paid. The respective service specifications make clear that it is the responsibility of those community pharmacies and GP practices opting to administer flu vaccination (including outside normal surgery opening hours or in other locations on an outreach basis), to ensure that all relevant safety issues are complied with when providing the service, including training in the recognition and initial treatment of anaphylaxis and hypersensitivity, and the appropriate recording and notification of adverse reactions.
14	[office use only]	Guild of Healthcare Pharmacists	Full	Page 14 Section 1.7.7	Line 6	The introduction of a Declination policy could put our members in a difficult situation. We're concerned they may feel pressured to have the vaccination in order to 'please' their employer - particularly junior members of staff. We'd like to know how NICE hope to encourage employers adopt a declination policy which supports staff and promotes a no-blame culture	Thank you for your comment. In light of stakeholder feedback on recommendation 1.7.7 to 'Create a declination policy…' the committee reconsidered the evidence and has revised its recommendations to remove the reference to a declination policy. Instead, the focus of the recommendations is on a full participation vaccination strategy. This is defined as a strategy in which a range of approaches

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							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.
15	[office use only]	Kidney Care UK (formerly known as British Kidney Patient Association)				**Working with other bodies to target information.** Kidney Care UK had a positive experience last winter working with Public Health England on targeted flu vaccination information aimed at patients, and dialysis/transplant units under the 'Stay Well This Winter' headline. Letters and posters were sent to hospitals to send to their patients and display at each unit. We hope to do a similar piece of work this winter. This was the quote used in publicity: **British Kidney Patient Association** *"It's very important that people with advanced kidney disease or a kidney transplant protect themselves from infection and get their flu jab as soon as they can this winter. By doing so, it can help prevent serious complications or illnesses. We are therefore supporting this year's Stay Well This Winter campaign and we want to encourage those with a long-term kidney condition to ensure they speak to their GP or pharmacist about getting the flu jab. It's free and available now. Visit www.nhs.uk/staywell for more information."*	Thank you for your comment and support.
16	[office use only]	Kidney Care UK (formerly known as British Kidney Patient Association)				**Information for carers.** Our experience is that carers and other family members are not always clear whether guidance applies to them about having flu vaccination. Any updated guidance should be clear on this.	Thank you for your comment. The committee made a clear recommendation (recommendation 1.6.1) that a person should be offered free flu vaccination if they are the main carer of a particularly vulnerable individual who would be at risk of needing hospital or other alternative care if their carer was unwell with the flu and unable to look after them.

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							1.6.1 When considering increasing flu vaccination uptake in carers who are not otherwise eligible, use clinical judgement. Base decisions to offer vaccination on whether the carer looks after someone whose wellbeing may be at risk, needing hospital or other formal care if the carer had flu. Other family members of the vulnerable individual would not be eligible for free flu vaccination if they are not themselves the main carer, unless they are aged over 65 years, or pregnant, or in a clinical risk group (as specified in the annual flu plan), or they are eligible as part of the universal vaccination programme for children.
17	[office use only]	Kidney Care UK (formerly known as British Kidney Patient Association)				**Myth busting** As mentioned in the evidence reviews it is really helpful to produce and update guidance on effectiveness of the current vaccine and address myths. We suggest this is looked at every year. This can help to increase in patients and families in coming forward for their vaccination. Although people with transplants are immunocompromised and therefore at particular risk of flu they can also be concerned that having a flu vaccine could affect their transplant.	Thank you for your comment. A number of recommendations throughout the guideline address the importance of providers tailoring information about flu vaccination to individuals' clinical risk factors and addressing any concerns or myths they hold that may operate as a barrier to uptake. However, the committee acknowledges that there is currently a lack of evidence in this area, which is why they recommended it as a subject for further research (see the section 'Recommendations for research'), as follows: ***1 People in eligible groups***

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							What are the important messages and how should they be tailored and delivered to encourage and sustain flu vaccination uptake in eligible groups? In relation to flu vaccine effectiveness, although the protective benefit is known to vary from year to year, which may itself operate as a barrier to uptake, it is not possible to predict in advance of a flu season how well the currently available vaccine and circulating strains of the virus will be matched. The committee were keen to note, however, that the flu vaccine has generally been a good match, and continues to provide the best protection for those at greatest risk from flu and its complications.
18	[office use only]	Kidney Care UK (formerly known as British Kidney Patient Association)				**Type of vaccine.** We sometimes get questions from patients and families about whether a live vaccine is ok to use. For the sake of avoiding any misunderstanding being as clear as possible in messages e.g. to schools that a live dose (often given via a nasal spray) should **not** be given to an immunocompromised child or one with a family member who is immunocompromised would be extremely helpful. Such information could be included in the myth-busting messages.	Thank you for your comment. A recommendation specifically relating to the live nasal flu vaccine for children has been added to the guideline as follows: "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**

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							a close family member is severely immunocompromised), or they choose not to because of their religious beliefs."
20	[office use only]	National Pharmacy Association				The guideline ought to suggest the development of a local list drawn up of all sites where the person could obtain flu vaccination service. Currently, this guideline appears to be very much centred around the GP surgery providing "flu vaccinations in the day time, with community pharmacists highlighted as an "out of hours" service. Community Pharmacies are available in the day time, evenings, and weekends and are a "regular" provider. This improves patient choice. Suggest changing the word Pharmacies in the guideline to Community Pharmacies.	Thank you for your comment. The committee acknowledges the importance of community pharmacy provision in improving patient choice and convenience of access to NHS flu vaccination services. A recommendation is already included in the guideline for eligible people to be given information on local providers (recommendation 1.2.9). The wording distinguishes out-of-hours services from community pharmacies, as follows: 1.2.9 Give people information about the location and opening hours of relevant vaccination services, including out-of-hours services **and** community pharmacies. Recommendation 1.3.5 has also been amended to acknowledge that community pharmacy is a 'regular' primary care provider, as follows: 1.3.5 Consider providing evening and weekend services in primary care, including community pharmacy, to deliver flu vaccination to people who may find it difficult to attend in other hours.

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							All instances of the word 'pharmacy / pharmacies' have been amended throughout the guideline to clarify that we mean **community pharmacy**.
21	[office use only]	National Pharmacy Association	Short Version	5	4	The guideline highlights those who are eligible for free flu vaccination, and where to get it. Suggest an additional comment for those not entitled to a free flu vaccination, and where to access it should they wish to get it also.	Thank you for your comment. People not entitled to free NHS flu vaccination were outside the scope of this guideline which is focused on increasing uptake among children covered by the universal flu vaccination programme and those people under 65 years who are 'at risk' from flu and its complications (as defined in the Green Book and annual flu plan).
22	[office use only]	National Pharmacy Association	Short version	5	9	"Relevant guidelines and definitions of eligible groups as outlined in Public Health England's Immunisation against infectious disease", may need to be much more specific to include examples of specific eligibility.	Thank you for your comment. There is a list of eligible groups (including clinical risk groups) in the section 'Terms Used in this Guideline'. As these definitions are updated every year, we have included a hyperlink to the landing page for Public Health England's most up-to-date annual flu programme.
23	[office use only]	National Pharmacy Association	Short version	5	14	Identify people who are eligible by, for example using GP records or medicines dispensing records. (How would this work with the rules regarding Summary Care Records, which would provide confirmation that the person has had the vaccination elsewhere, and therefore avoidance of "double vaccination")	Thank you for your comment. The committee agrees that for those providers that have implemented Summary Care Record access, this could provide a useful means of identifying eligible people and/or checking their vaccination status if the information is recorded and kept up to date.

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24	[office use only]	National Pharmacy Association	Short version	5	17	Add collecting medication or visiting the community pharmacy for healthcare advice	Thank you. We have added text to the recommendation as follows: 1.2.3 Explain to health and social care staff how they can: […] • make the most of opportunities to raise awareness about and offer flu vaccination to eligible groups. For example, discussing it with pregnant women during antenatal appointments, informing eligible people when they are booking GP or other clinical appointments, or when people **seek health advice, collect prescriptions or buy relevant over-the-counter medicines in community pharmacies.**
25	[office use only]	National Pharmacy Association		6	27	The current wording does not reflect the fact that community pharmacy is one of the regular providers of the flu vaccination service. It appears that community pharmacy ought to be sought as part of the out-of hours service. Suggest wording changed to reflect that community pharmacy provide the flu vaccination service, during all opening hours (daytime, evenings and weekends). This would improve patient access, and improved uptake particularly in those with long-term conditions and working full-time.	Thank you for your comment. The committee acknowledges the importance of community pharmacy provision in improving patient choice and convenience of access to NHS flu vaccination services. The wording of recommendation 1.2.9, to which you refer, distinguishes out-of-hours services from community pharmacies, as follows: 1.2.9 Give people information about the location and opening hours of relevant vaccination services, including out-of-

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							hours services **and** community pharmacies. Other recommendations make clear that community pharmacy is a regular primary care provider of flu vaccination, not solely limited to out-of-hours, which may offer a more convenient route of access for some people: 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 1.3.5 Consider providing evening and weekend services **in primary care, including community pharmacy**, to deliver flu vaccination to people who may find it difficult to attend in other hours.
26	[office use only]	National Pharmacy Association		7	2	Suggest addition of a paragraph to improve collaboration with the primary care multi-disciplinary team for example "Local providers of the flu vaccination service working in a concerted effort to promote flu vaccinations and improve accessibility"	Thank you for your comment. We do not feel it necessary to make this amendment. Section 1.3 states that the recommendations are for (all) **providers of flu vaccination** services, and includes various suggestions for local collaborative working to improve the identification of eligible people and increase opportunities for them to get the flu vaccination at a time and location that is convenient to them (see recommendations 1.3.2 to 1.3.5).

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27	[office use only]	National Pharmacy Association		7	17	People also visit their community pharmacy for healthcare advice, suggest add "people visiting Community pharmacy for advice..." after "People collect prescriptions from pharmacies....."	Thank you. We have added the following text and hyperlinks to the bullet point in line with stakeholder suggestions: • 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).
28	[office use only]	National Pharmacy Association		8	11	ImmForm, is "the system used by the department of Health, the National Health Service and Public Health England to: record data in relation to uptake against immunisation programme and incidence of flu-like illness, and provide vaccine ordering facilities for the NHS" . As this is NHS specific and that this guideline is to be used to raise awareness of the flu vaccination service by all providers, it is suggested that this line be defined further.	Thank you for your comment. The example of ImmForm has now been removed from recommendation 1.3.6. The committee recognise that providers will use whatever clinical systems are in operation within their organisation to identify eligible groups and work out flu vaccine supply requirements. References to the ImmForm system have been removed from this guideline. However, the general point is that it is important for commissioners and providers of vaccination services outside of general practice (such as community pharmacies) to agree approaches for the timely and accurate sharing of information with the GP practices of eligible people to whom they administer flu vaccine (see recommendation 1.5.3).

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29	[office use only]	National Pharmacy Association		8	19	Suggest include community pharmacy for example – "when opportunity arises for example .....about the benefits of flu vaccination" add "whenever the opportunity arises on collection of prescriptions, seeking advice and/or receiving a pharmaceutical service such as smoking cessation from the community pharmacies"	Thank you for your comment relating to recommendation 1.4.2 which is specifically focused on advising parents of the benefits of flu vaccination for children. The committee decided against including community pharmacies in this recommendation as it may raise expectations or cause confusion, given that community pharmacies are not themselves able to provide flu vaccination for children.
30	[office use only]	National Pharmacy Association		9	18	Suggest adding "provide a list of local providers with relevant contact person and possible can make the appointment online"	Thank you. Your suggestion is covered in section 1.2 on 'Raising awareness in eligible groups', where there is a recommendation for providers of flu vaccination services to: 1.2.9 Give people information about the location and opening hours of relevant vaccination services, including out-of-hours services and community pharmacies.
31	[office use only]	National Pharmacy Association		10	Para 3-14	This advice is also applicable to primary care and other providers, suggest be added to 1.2.7 pg. 6 paragraphs 9-26	Thank you for your comment. The recommendation to which you refer (1.4.9) advises *how* eligible people in contact with secondary care services might be offered a flu vaccination. Similar advice relating to primary care is already given the preceding section (for example, recommendations 1.4.1 and 1.4.3):

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							1.4.1 Use all face-to-face interactions as an opportunity to inform and invite children and adults in eligible groups for flu vaccination 1.4.3 When inviting people for 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. Recommendation 1.2.7, on the other hand, is focused on *what* information should be given to those who are eligible to raise awareness of the benefits of flu vaccination. This recommendation is directed at all providers of flu vaccination services – i.e. those in primary care (including community pharmacy) and those offering vaccination in secondary care or other specialist settings: 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

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							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.
32	[office use only]	National Pharmacy Association		11	3	Add community pharmacy in "(for example, by a school nurse of in a diabetes outpatient clinic) so that it reads, "(for example, by a school nurse or in a diabetes outpatient clinic or community pharmacist)"	Thank you for your comment. It was not considered necessary to add community pharmacy as an example in recommendation 1.5.3 as requirements for information-sharing with a person's GP are detailed in the advanced service

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							specification for NHS flu vaccination agreed as part of the Community Pharmacy Contractual Framework (as follows): 3.11 The pharmacy contractor will ensure that a notification of the vaccination is sent to the patient's GP practice on the same day the flu vaccine is administered or on the following working day. This can be undertaken via post, hand delivery, fax, secure email or secure electronic data interchange. If an electronic method to transfer data to the relevant GP is used and a problem occurs with this notification platform, the pharmacy contractor should ensure a hard copy of the paperwork is sent or faxed to the GP practice. Where the notification to the GP practice is undertaken via hardcopy/fax the national GP Practice Notification Form should be used (see Annex B8). The information sent to the GP practice should include the following details as a minimum: a. the patient's name, address, date of birth and NHS number (where known) b. the date of the administration of the vaccine c. the applicable Read V2, CTV3 or SNOMED CT codes d. any adverse reaction to the vaccination and action taken / recommended to manage the adverse reaction

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							e. reason for patient being identified as eligible for vaccination (e.g. aged 65 or over, has diabetes, etc).
33	[office use only]	National Pharmacy Association		11	24	As above suggest inserting community pharmacy so that "consider revising target conditions in incentives programmes (such as QOF) to encourage providers **including community pharmacists** to meet targets for flu vaccination across all clinical risk groups"	Thank you for your comment. The committee does not agree that it is appropriate to add community pharmacy to this recommendation. Flu vaccination is offered by community pharmacies as part of a national service specification for all adult patients who are eligible according to the Green Book and payment is per vaccination. The focus of this recommendation is on ensuring that additional financial incentives such as those offered by QoF (which influences GP practice, but not community pharmacy activity) do not prioritise the vaccination of certain clinical risk groups over others.
34	[office use only]	National Pharmacy Association	Comments on evidence presented	43	27-28	The availability of the free flu vaccination service has only been available in community pharmacies for two years, whilst this has been available for much longer through GP surgeries. The NPA would argue that this variance would need to be considered when reading the various studies comparing "flu vaccination uptake among target populations", as well as other factors such as routine and lifestyle.	Thank you for your comment. The committee acknowledges that widening NHS flu vaccination provision to community pharmacy is a relatively recent development. The remit of this guideline was on increasing uptake of vaccination among key eligible groups. Evidence reviewed by the committee in respect of community pharmacy suggests that, to date, this has not been effective as an intervention for increasing uptake. However, it does offer patients (and carers, in particular) more choice and convenience of access, which is to

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							be encouraged. Further assessment over time of its impact on vaccination uptake rates among eligible groups is needed. For this reason the committee have included a recommendation for research in this area, as follows: Research recommendation 5: **Community-based models of flu vaccination** What models of community-based flu vaccination provision (for example, community pharmacies, community nursing and midwifery teams and outreach services) are effective and cost-effective for increasing uptake in eligible groups?
35	[office use only]	National Pharmacy Association			Expert testimonies	The expert testimonies and evidence reviews were useful however, it would may have been useful to include some expert testimonies from community pharmacists given that this was a relatively recently commissioned service.	Thank you for your comment. In accordance with section 3.5 of the NICE manual, expert witnesses were invited by the committee where there was insufficient evidence to make recommendations in a particular area (for example, due to gaps in the evidence base or under-representation of particular subgroups, such as carers). The committee did not request expert testimony from community pharmacists involved with flu vaccination because empirical studies addressing the review question with direct relevance to the UK context were identified and included in the evidence reviews. However the committee acknowledges that this is a

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							relatively recently commissioned scheme and further assessment over time of its impact on vaccination uptake rates among eligible groups is needed.
36	[office use only]	National Pharmacy Association	Equality Impact Assessment			The NPA has no specific comment to make on the Equality Impact Assessment.	Thank you.
37	[office use only]	[NHS Employers]	Full	12	15	In the majority of trusts the flu campaign is run by Occupational Health, however, in many others the Infection Prevention and Control team leads the flu campaign in healthcare workers and the vaccination clinics. This is sufficiently widespread across the system to mention.	Thank you for your comment. 'Infection prevention and control teams' has been added to this section of text and also to the 'Who is it for' section at the start of the guideline.
38	[office use only]	[NHS Employers]	Full	12	17	Although the Joint Committee on Vaccination and Immunisation (JCVI) only recommends flu vaccination in frontline healthcare workers, as far as we're aware, all NHS trusts vaccinate all their staff. This benefits in several ways: 1. It is beneficial for the trust as it reduces sickness-absence 2. It overall reduces the spread of flu amongst colleagues (from non-frontline to frontline worker) who will then be in contact with patients 3. It does not create a distinction between different groups in the trust 4. From a	Thank you for your comment. The scope included health and social care staff directly involved with people's care only. To align with the scope the population of health and social care staff included in the economic model included those directly involved with people's care and who are not in a clinical risk group. This includes:

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						communications approach, it is simpler to direct a campaign at all staff rather than a specific group. If possible, we would suggest that NICE mentions that vaccinating all staff may make things simpler and will benefit everyone overall.	• Social care workers employed by the NHS, local authority, independent providers and those who receive direct payments; • Health care workers including all doctors (including GPs), qualified nurses (including GP nurses), all other professionally qualified clinical staff, support to clinical and GP staff The Guideline Committee was unable to make any recommendations for groups not included in the scope. In light of stakeholder feedback on recommendation 1.7.7 to 'Create a declination policy…' the committee reconsidered the evidence and has revised its recommendations to remove the reference to a declination policy. Instead, the focus of the recommendations is on a full participation vaccination strategy. This is defined as a strategy 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.
39	[office use only]	[NHS Employers]	Full	13	9	The recommendation of using staff incentives, such as entry into a prize draw, could be seen as an inappropriate use of public funding. We would suggest the use of other rewards such as the 'Get a jab, give a jab' sparked by Birmingham Women's and Children's Hospital. This reward offers ten tetanus vaccines in developing nations for every staff	Thank you for your comment. The committee acknowledges your concern. However, there was clear evidence (underpinned by expert testimony and the experience of committee members themselves) that staff incentives do

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						member that gets vaccinated and is more aligned with the values of health and social care staff.	improve uptake. Incentives might not involve use of public funds, for example if donations to a prize draw could be secured from local businesses. The charity scheme you describe may only work in certain types of organisation or with particular staff. The committee felt it should be for organisations to decide locally what is an 'appropriate' incentive for their employees. The bullet point wording in recommendation 1.7.3 has been changed to reflect this: • Using staff incentives that fit with the organisation's culture and the values of its employees.
40	[office use only]	[NHS Employers]	Full	13	11	Making sure the peer vaccinators feel supported and that they're recognisable to other staff. NICE could recommend the gold standard of at least one peer vaccination per team or ward.	Thank you for your comment. The committee agreed with expert testimony that peer vaccinators were a useful strategy for improving uptake among HSCWs when included as part of a multicomponent approach within organisations. However there is insufficient empirical evidence relating specifically to peer vaccination to enable a recommendation to be made at the level of detail you suggest.
41	[office use only]	[NHS Employers]	Full	14	6	We would suggest these declination forms are written with the support of staff representatives and that they are used as an opportunity to myth bust: e.g. "I understand the flu vaccine can't give me flu, and that I can spread flu asymptomatically.	Thank you for your comment. In light of stakeholder feedback on recommendation 1.7.7 to 'Create a declination policy…' the committee

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						I still choose to not have my flu jab". There is a mention of this on page 74, line 29.	reconsidered the evidence and has revised its recommendations to remove the reference to a declination policy. Instead, the focus of the recommendations is on a full participation vaccination strategy. This is defined as a strategy 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.
42	[office use only]	[NHS Employers]	Full	80	26	NHS Employers agrees with the position taken by the NICE committee on mandatory flu vaccination.	Thank you for your comment. In light of stakeholder feedback on recommendation 1.7.7 to 'Create a declination policy…' the committee reconsidered the evidence and has revised its recommendations to remove the reference to a declination policy. Instead, the focus of the recommendations is on a full participation vaccination strategy. This is defined as a strategy 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.
43	[office use only]	[NHS Employers]	Full	75	8	NHS Employers welcomes the cost effectiveness analysis. Only comment: there is an assumption that healthcare staff will have the same costs as social care staff when healthcare workers may have higher salaries and therefore higher cost of replacement.	Thank you for your comment. In the economic model the cost of a temporary replacement health and social care worker is included as a weighted average cost per hour by job role (calculated as a weighted average based on the number

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							of employees and the mean hourly pay rate by job role. Different salaries for different job roles in the health and social care sector have been accounted for in this way.
44	[office use only]	NHS England (London Region)	Full	general	general	I welcome this guideline and its recommendations. I am delighted it has included carers and care homes and it is very applicable to our flu preparedness and planning.	Thank you for your comment and support.
45	[office use only]	NHS England (London Region)	Full	2		I think that Health Education Authorities should be included under the 'Who is it for?'. They have the responsibility to help with ensuring vaccinators are up-to-date with their immunisation training.	Thank you for your comment. 'Health Education England teams' has been added to the target audience list in the 'Who is it for' section of the guideline.
46	[office use only]	NHS England (London Region)	full	5	24	On all 3 pages, there is mention of the education and training required by healthcare staff in order to safely administer vaccines/ a vaccine programme. Whilst the educational resource is free from PHE, implementation is challenging due to the way nurses are managed and supported in primary care. Delivery of the education programme needs to be organised in a systematic way bearing in mind the needs of the different levels of learner – non registered and registered,	Thank you for your response. Your comments will be considered by NICE where relevant implementation support activity is being planned. We have also passed your comments to the NICE resource impact assessment team to inform their support activities for this guideline

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						those needing updating and those new to primary care. It needs to happen at a level greater than the individual practice, e.g. CCG or STP and be coordinated, recognising the need to allow time for CPD or initial training to take place.	
47	[office use only]	NHS England (London Region)		31	22	Ditto	Thank you for your response. Your comments will be considered by NICE where relevant implementation support activity is being planned. We have also passed your comments to the NICE resource impact assessment team to inform their support activities for this guideline
48	[office use only]	NHS England (London Region)		37	9-19	Ditto	Thank you for your response. Your comments will be considered by NICE where relevant implementation support activity is being planned. We have also passed your comments to the NICE resource impact assessment team to inform their support activities for this guideline
49	[office use only]	NHS England (London Region)	full	12	3-4	I think should be rephrased to "nurses working in the community such as district nursing teams, community nurses, specialist nurses and those working in rehabilitation should consider…."	Thank you for your comment. The wording change you suggest has been made to recommendation 1.6.2

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50	[office use only]	NHS National Services Scotland	Short	13	12	Dispelling myths for HSCW would be very useful contained within routine education materials provided nationally, it is felt that myths between staff are not addressed or dispelled fully or effectively.	Thank you for your comment. The committee agrees that dispelling myths about flu vaccination is of key importance to reducing barriers and improving uptake, especially among HSCWs.
51	[office use only]	NHS National Services Scotland	Short & expert testimony	16	21-26	Interest noted within this section on underserved – outreach groups as within Ayrshire & Arran we have a known sizeable travelling community	Thank you for your comment.
52	[office use only]	NHS National Services Scotland	Short	73	4-32	Noted recommendation to implement declination policy for HSCW has the greatest effect on uptake (except when made mandatory) also incorporating the use of e-mails which would reduce costs.	Thank you for your comment. In light of stakeholder feedback on recommendation 1.7.7 to 'Create a declination policy…' the committee reconsidered the evidence and has revised its recommendations to remove the reference to a declination policy. Instead, the focus of the recommendations is on a full participation vaccination strategy. This is defined as a strategy in which a range of approaches are used to maximise uptake and in

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							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.
53	[office use only]	Public Health England	Short	4	18-19	It would be better to refer to 'antenatal wards' rather than 'maternity wards' because once women have delivered their babies, it will be too late to offer flu vaccine.	Thank you. This amendment to recommendation 1.2.1 has been made.
54	[office use only]	Public Health England	Short	6	11 -12	Whilst vaccination can be offered late in the flu season (with the enhanced service specification for flu including payments for vaccines given up until 31 March each year), it would be helpful if there was a sentence here that emphasises that all those eligible should be given it as soon as vaccine is available so that people are protected when flu begins to circulate. Vaccination should therefore be completed by the end of December before flu circulation usually peaks. After this, clinical judgement should be applied to assess the needs of individual patients as it is often appropriate to continue to offer vaccination from January to March to those who are unvaccinated. This can be particularly important if it is a late flu season or when newly at risk patients present, such as pregnant women who may have not been pregnant at the beginning of the vaccination period. The decision to vaccinate should take into account the level of flu-like illness in the community, bearing in mind that the flu season can be late and that the immune response to vaccination takes about two weeks to develop fully.	Thank you for your comment. The information you suggest about the timing of flu vaccination campaign activity has been included in recommendation 1.2.5, which now reads as follows: 1.2.5 Raise awareness of free flu vaccination among people who are eligible, as listed in the Green Book and the Flu plan and annual flu letter. **Do this at the earliest opportunity before the flu vaccination season starts in September, and ideally by the end of December**. Additionally, recommendation 1.2.7 has been amended to read as follows: 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

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							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.
55	[office use only]	Public Health England	Short	6	16-26	One of the issues for those in clinical risk groups is that they often feel well so they don't see themselves as being at risk from flu. Public Health England (PHE)'s message emphasises that they are at risk if they have a long-term condition, even if it is well managed. It would be beneficial for this point to be added to the second bullet point (line 17-18).	Thank you for your comment. A third bullet point has been added to recommendation 1.2.7 as follows: **• That flu can affect anyone, but if a person has a long-term health condition the effects of flu can make it**

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							worse, even if the condition is well managed and they normally feel well.
56	[office use only]	Public Health England	Short	7	16	Opportunities exist not only when people collect prescriptions from pharmacies but also when pharmacies provide services such as Medicine Use Reviews or the New Medicine service.	Thank you. We have added the following text and hyperlinks to the bullet point in line with your and other stakeholder suggestions: • 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).
57	[office use only]	Public Health England	Short	General – section 1.3	General – section 1.3	Consideration should be given to aligning the offer of influenza vaccination where appropriate with other vaccine programmes to increase uptake.	Thank you for your comment. Text has been added to the following three recommendations to emphasise this point, as follows: 1.2.109 Include information on flu vaccination with other health-related messages and existing health-promotion **or vaccination programmes** for people in eligible groups. 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 (including children aged

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							between 6 months and 18 years) who are in a clinical risk group attend routine GP or outpatient clinic appointments, **or for other vaccination services.** 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.**
58	[office use only]	Public Health England	Short	8	16	This section refers to 'primary care'. There should be an extra bullet point about people visiting community pharmacies where face-to-face interactions could be used as an opportunity to invite eligible people for flu vaccination.	Thank you for your comment. The committee did not feel it necessary to specify 'community pharmacies' separately in recommendation 1.4.1 as primary care includes community pharmacy. A definition of Primary Care has been added to the guideline glossary to clarify this point, as follows: **Primary care** The day-to-day healthcare given by a health care provider. Typically this provider acts as the first contact and principal point of continuing care for patients within a healthcare system, and coordinates other specialist care that the patient may need. In the UK, people access primary care services through local general practice, community pharmacy, optometrist, dental surgery

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							and community hearing care providers.
59	[office use only]	Public Health England	Short	8	Line 20 and footnote 1	From 2017/18, flu vaccines will be offered in general practice to two and three year olds. Four year olds will be offered it in schools (in reception class). Therefore both the references should say 'aged two to three years'.	Thank you for your comment. These amendments have been made.
60	[office use only]	Public Health England	Short	11	3	Add 'or a community pharmacy' in the 'for example' section.	Thank you for your comment. It was not considered necessary to add community pharmacy as an example in recommendation 1.5.3 as requirements for information-sharing with a person's GP are detailed in the advanced service specification for NHS flu vaccination agreed as part of the Community Pharmacy Contractual Framework (as follows): 3.11 The pharmacy contractor will ensure that a notification of the vaccination is sent to the patient's GP practice on the same day the flu vaccine is administered or on the following working day. This can be undertaken via post, hand delivery, fax, secure email or secure electronic data interchange. If an electronic method to transfer data to the relevant GP is used and a problem occurs with this notification platform, the pharmacy contractor should ensure a hard copy of the paperwork is sent or

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							faxed to the GP practice. Where the notification to the GP practice is undertaken via hardcopy/fax the national GP Practice Notification Form should be used. The information sent to the GP practice should include the following details as a minimum: a. the patient's name, address, date of birth and NHS number (where known) b. the date of the administration of the vaccine c. the applicable Read V2, CTV3 or SNOMED CT codes d. any adverse reaction to the vaccination and action taken / recommended to manage the adverse reaction e. reason for patient being identified as eligible for vaccination (e.g. aged 65 or over, has diabetes, etc).
61	[office use only]	Public Health England	Short	General – section 1.5	General – section 1.5	Audit and monitoring of uptake will be very challenging in social care as there is such a variety of social care providers, many of these will not have existing systems with which to collect vaccination data and there is no central requirement for them to do this. There will also be challenges with monitoring vaccination uptake amongst clinical at risk groups where vaccination may be provided outside the clinic setting without direct access to Information Technology (IT) systems or by providers using different IT systems.	Thank you for your comment. We understand that PHE have recently undertaken survey work to map the social care landscape with respect to flu vaccination uptake among staff. This work may help shape future approaches to implementing the recommendations on audit and monitoring uptake data in section 1.5 (and also 1.7.2). Any future updates of this NICE guideline will take account of developments in this area. To acknowledge the points you raise, text

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							has been added to the 'Impact of the recommendations on practice' section of the committee discussion of recommendations 1.5.1-1.5.8, as follows: "Similarly, employers may need to improve their systems for recording and monitoring the vaccination status of staff, because some eligible health and social care staff may not be getting a free vaccination offer from their employer. **This may be a particular issue in the social care sector where there is a large number of providers and currently no central requirement to submit data on the uptake of flu vaccination among front-line staff.** **Monitoring uptake among eligible groups where vaccination is provided outside general practices in settings that do not have direct access to information technology (IT), or where different IT systems are used, may be a challenge. Mechanisms for information-sharing require careful planning and oversight to minimise data loss.**"
62	[office use only]	Public Health England	Short	General – section 1.7	General – section 1.7	There is not a reference to sharing good practice amongst different employers. Sharing good practice amongst different employers may improve uptake.	Thank you for your comment. The committee agree that sharing 'good practice' in any area of health and social care should always be encouraged. However, the review did not identify any studies in which the sharing of 'good

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							practice' between organisations was a specific intervention (or intervention component) for increasing staff uptake of flu vaccination. In the absence of evidence, a recommendation cannot therefore be made.
63	[office use only]	Public Health England	Short	13	21 -23	Other professional organisations that emphasise this duty of care include: (1) The Nursing and Midwifery Council Code requires registrants to 'take all reasonable personal precautions necessary to avoid any potential health risks to colleagues, people receiving care and the public' [see: www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf] (2) The General Pharmaceutical Council advises pharmacy professionals providing key healthcare services, and often dealing with patients directly, to consider getting vaccinated and to encourage their staff to get vaccinated as well. [see: www.pharmacyregulation.org/regulate/article/get-your-flu-jab-protect-yourself-your-patients-and-your-family-0] (3) Health professionals such as physiotherapists, radiographers and paramedics registered with the Health and Care Professionals Council, are reminded of the requirement: 'You must take all reasonable steps to reduce the risk of harm to service users, carers and colleagues as far as possible'. [see: www.hcpc-uk.org/assets/documents/10004EDFStandardsofconduct,performanceandethics.pdf]	Thank you. Rather than further extend the wording of recommendation 1.7.4 by adding these examples, links to the documents you recommended have been added to the section on 'Putting this guideline into practice' (second bullet point), as follows: • Support from national bodies, professional groups and royal colleges – organisations such as the British Medical Association and Royal College of Nursing encourage their members and others to accept the flu vaccination. This includes advice the British Medical Association provides for occupational health providers: see the British Medical Association's influenza immunisation for employees. See also: GMC guidance on good medical practice, the Nursing and Midwifery Council Code, advice from the General Pharmaceutical Council, the Health and Care Professionals Council Standards of Conduct and the Royal College of

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							Nursing's guidance and resources on flu vaccination. This support and drive to increase flu vaccination could provide a useful lever for action in the development and implementation of this guideline.
64	[office use only]	Public Health England	Short	15	23	It should say 'Preschool children (aged two to three)'. See prior comments about page six, lines 11-12.	Thank you. This amendment has been made.
65	[office use only]	Public Health England	Short	15	28 -31	It is unclear what the purpose of this section on Immform is. Please note that it is a system used by PHE to collect data on uptake against immunisation programmes and provide vaccine ordering facilities for the National Health Service (NHS). However, see comments below on page 40, lines 27-28 that only flu vaccines for the children's programme can be ordered from Immform.	Thank you for your comment. References to ImmForm have been removed from the guideline. Recommendation 1.3.6, which now reads as follows: 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.

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66	[office use only]	Public Health England	Short	17	15-23	Same issue as previously mentioned in comments on page 13, lines 21-23.	Thank you. Links to the documents you recommended have been added to the section on 'Putting this guideline into practice' (second bullet point) as follows: • Support from national bodies, professional groups and royal colleges – organisations such as the British Medical Association and Royal College of Nursing encourage their members and others to accept the flu vaccination. This includes advice the British Medical Association provides for occupational health providers: see the British Medical Association's influenza immunisation for employees. See also: GMC guidance on good medical practice, the Nursing and Midwifery Council Code, advice from the General Pharmaceutical Council, the Health and Care Professionals Council Standards of Conduct and the Royal College of Nursing's guidance and resources on flu vaccination. This support and drive to increase flu vaccination could provide a useful lever for action in the development and implementation of this guideline.
67	[offic	Public	Short	20	7	Instead of saying 'informal carers of vulnerable people', it	Thank you. This amendment has now

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	e use only]	Health England				should say 'the main carer of an elderly or disabled person' as this better reflects the Green Book eligibility criteria whereas the current wording is too broad.	been made.
68	[office use only]	Public Health England	Appendices	20	16	It should say 'Preschool children (aged two to three)'. See comments above about page six, lines 11-12.	Thank you for your comment. This amendment has been made.
69	[office use only]	Public Health England	Appendices	22	20-22	Please note that those community pharmacies that offer flu vaccination currently offer it to all eligible groups as set out in the service specification, not 'certain eligible groups'. What will happen in future years is not guaranteed because the service specification is renegotiated annually. In line 22 after the words 'advanced service specification' add 'as part of the Community Pharmacy Contractual Framework'. You can access the framework here https://www.england.nhs.uk/commissioning/primary-care/pharmacy/framework-1618/	Thank you for your comment. The word 'certain' has been deleted and the phrase 'as part of the Community Pharmacy Contractual Framework' has been added to this section of text.
70	[office use only]	Public Health England	Appendices (current practice)	22	25 -28	This paragraph indicates that vaccination of health and social care workers is delivered through 'employer occupational health services'. We recommend that rather than saying 'services' it says 'as part of employer occupational health responsibilities'. This is because not all organisations have occupational health services. There are also other models of delivering flu vaccine to social care workers such as flu vouchers, staff reimbursement (i.e. staff claiming back money	Thank you. The two sections of wording have been amended in line with your suggestions.

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						from employer after paying for the vaccine themselves), or through contracting the service from primary care. There are a number of reasons why the uptake rates vary for health and social care workers and it is incorrect to attribute these alone to the lack of a national service specification. Indeed, in 2016/17 the uptake in NHS Trusts ranged from 18% to 96% compared to 15% to 100% for General Practitioner practices (the figure quoted in the guidelines). We recommend that the sentence starting on line 26 should say: 'This is driven by decision-making at the level of individual organisations and rates of uptake are variable'.	
71	[office use only]	Public Health England	Appendices	32	12	To the end of the sentence add: 'or when visiting community pharmacies to collect prescriptions or buy relevant over-the-counter medicines'.	Thank you. We have added text to the recommendation as follows: 1.2.3 Explain to health and social care staff how they can: […] • make the most of opportunities to raise awareness about and offer flu vaccination to eligible groups. For example, discussing it with pregnant women during antenatal appointments, informing eligible people when they are booking GP or other clinical appointments, **or when people seek health advice, collect prescriptions or buy relevant over-the-counter medicines in community pharmacies.**
72	[offic	Public	Appendice	34	7	Please note that community pharmacies vaccinated around	Thank you for your comment.

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	e use only]	Health England	s			950,000 people in 2016/17. You can access the data here https://www.pharmdata.co.uk/flu.php	Unfortunately the data in the link you provide does not show what proportion of pharmacy vaccinations were free NHS vaccinations to people in the target populations covered by this guideline. Also we are unable to calculate what proportion of overall vaccination of eligible groups (across all providers) the pharmacy activity data represent. It is worth noting that three studies included in the evidence reviews supporting this guideline indicate that although extending flu vaccination provision to community pharmacies may offer people a more convenient point of access, it has not, to date, been associated with increased rates of uptake among the eligible groups of interest.
73	[office use only]	Public Health England	Appendices	40	27 -28	Please note that Immform can only be used to order centrally procured flu vaccines for the children's programme. This includes vaccines for the universal vaccination programme and for children in risk groups aged six months to less than 18 years. For adults, the vaccines must be ordered by providers directly from the manufacturers. Therefore, we recommend removing reference to 'Immform' in this sentence as it does not add anything to the sentence and we do not want it to imply that all supplies come through Immform.	Thank you for your comment. References to ImmForm have been removed from this guideline. Recommendation 1.3.6 now reads as follows: 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.
74	[office use only]	Public Health England	Appendices	42	7	Add in community pharmacies after 'primary care'	Thank you for your comment. The committee did not feel it necessary to specify 'community pharmacies' separately in recommendation 1.4.1 as

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							primary care includes community pharmacy. A definition of Primary Care has been added to the guideline glossary to clarify this point, as follows: **Primary care** The day-to-day healthcare given by a health care provider. Typically this provider acts as the first contact and principal point of continuing care for patients within a healthcare system, and coordinates other specialist care that the patient may need. In the UK, people access primary care services through local general practice, community pharmacy, optometrist, dental surgery and community hearing care providers.
75	[office use only]	Public Health England	Appendices	44	8 -10	As Immform can only be used to order centrally procured flu vaccine for children, the reference to ImmForm should be removed from sentence eight. At the end of sentence nine, it may be helpful to add further clarification to this by adding: 'from the appropriate supplier or from Immform for the children's programme'. It would also be helpful if at the end of line 10 the following is added 'whilst adhering to the advice to hold no more than two to three weeks stock at any one time to avoid wastage'.	Thank you for your comment. References to ImmForm and procedures or advice for the ordering and storage of vaccine stock have been removed from this guideline as these are issues outside the remit of the evidence reviewed.
76	[office use only]	Public Health England	Appendices	47	Line 10, footnote 2	It should say 'Preschool children (aged two to three)'. See prior comments about page six, lines 11-12.	Thank you. This amendment has been made.

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77	[office use only]	Public Health England	Appendices	53	11-16	Please note that the flu vaccine uptake rates for children in clinical risk groups is lower than for adults in clinical risk groups. For further information see pages 21 – 22 of 'Seasonal influenza vaccine uptake in GP patients in England: winter season 2016 to 2017': www.gov.uk/government/statistics/seasonal-flu-vaccine-uptake-in-gp-patients-in-england-winter-season-2016-to-2017	Thank you for your comment. The 'Context' section of the guideline has been amended to emphasise the current low rates of uptake among children, particularly babies and infants in a clinical risk group: "Uptake is particularly low among babies and infants (aged 6 months to 2 years) who are in a clinical risk group: the vaccination rate in 2016/17 was only 20%. Uptake increased among preschool children in a clinical risk group (50% of those aged between 2 and 5 years), but then dropped off again among those of school age (41%). Among children not in a clinical risk group, uptake of the universal flu vaccination programme was 39% for 2 year olds, 42% for 3 year olds and 34% for 4 year olds." The committee discussion section relating to recommendations in section 1.4 has also been amended to emphasise this point: "The committee felt this corresponded with other evidence already outlined suggesting that parents of children in clinical risk groups respond well to personalised interventions encouraging vaccination of their children. Given that flu vaccination rates are currently very low in young children, particularly babies and infants with clinical risk factors that put them at highest risk from flu, the

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							committee felt it is important that providers help parents make decisions about flu vaccination by not only outlining the potential risks of not vaccinating but also the benefits - appealing to the parental instinct to nurture and protect their child's health."
78	[office use only]	[Royal College of Nursing]	Full	General		The RCN welcome this NICE guidance which helps to pull together the evidence and best practice on maximising influenza vaccine uptake. While the guidance acknowledges in parts the clear evidence for all interventions is not always clear there are well tried mechanisms to support increasing uptake and the interpretation of the evidence by the committee helps to put this into perspective and context	Thank you for your support.
79	[office use only]	[Royal College of Nursing]	Full	1.2.7	6	While the Health Education England's eLearning for Healthcare (Elfh e-learning) resource is referenced later in the document (page 17 line 11), mention of it as a useful tool would be useful to include here http://www.e-lfh.org.uk/programmes/flu-immunisation/	Thank you for your comment. The comparative effectiveness of all available flu vaccination learning resources for health and social care staff was not reviewed, so the committee cannot specify a particular resource in a recommendation. Some resources are included in the section on 'Putting this guideline into practice' (with hyperlinks), but the list is not exhaustive.
80	[office use only]	[Royal College of Nursing]	Full	17	20	This is not technically an RCN 'Position statement', we ask that it be referred to as RCN guidance and resources on flu vaccination.	Thank you for your advice. This amendment has been made.

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81	[office use only]	Royal College of Physicians and Surgeons of Glasgow	Full	General	General	The Royal College of Physicians and Surgeons of Glasgow supports the increase in uptake in Influenza vaccination in those most susceptible to the disease and those around them such as Carers and HealthCare workers. Most of the document reflects good clinical practice and there are many excellent recommendations. However, as is stated throughout the guidance, the evidence base for many of these recommendations is on the whole poor. Thus, the expected benefits may not necessarily be achieved. Additionally, many of the recommendations are already part of existing programmes, so again the incremental benefit that might be achieved from this guidance is likely to be limited. Probably the most important section, that on implementation, is yet to be completed.	Thank you for your response. Your comments will be considered by NICE where relevant implementation support activity is being planned.
82	[office use only]	Royal College of Physicians and Surgeons of Glasgow	Full	General	General	The likely economic benefit from increasing influenza vaccination is clear. However, these savings are in effect notional as no extra resource as far as can be seen is to be allocated – for example, in new posts as vaccination 'champions', extra district and specialist nurses (particularly in secondary care where itis not usual to give vaccination, or in dedicated support for digital technologies that could enhance patient and healthcare worker uptake. Given the financial constraints already experienced in primary and secondary healthcare, Implimentation of many	Thank you for your response. It is not within NICE's remit to recommend how commissioning bodies spend their budgets. Decisions about investing to support implementation of recommendations in this guideline that are not already underpinned by national service specifications (in the case primary care and community pharmacy flu vaccination) or CQUIN (in the case of vaccinating HSCWs in NHS trusts)

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						of the recommendations will be difficult if not impossible.	should be based on an assessment of local area needs and priorities and negotiation with the relevant local service providers. Your comments will be considered by NICE where relevant implementation support activity is being planned.
83	[office use only]	Royal College of Physicians and Surgeons of Glasgow		14	21	The clinical risk groups list omits the following • Connective Tissue Diseases such as Systemic Lupus Erythematosus, Systemic Sclerosis and Polymyositis • Inflammatory Arthritis such as Rheumatoid Arthritis, Psoriatic Arthritis, Sero negative Spondylo-arthritides and Juvenile idiopathic arthritis Immunosuppressed patients or those on high dose corticosteroids.	Thank you for your comment. Treatment with high dose corticosteroids has been added to the bullet point list of clinical risk groups in the section: 'Terms used in this guideline', as follows: "a weakened immune system caused by disease (such as HIV/AIDS) or treatment (such as chemotherapy or **high dose corticosteroids**)" For brevity, specific conditions are not listed but hyperlinks are included to the Green Book and the annual flu plan which contain more detailed information on which clinical judgement regarding eligibility can be made.
84	[office use only]	Royal College of Physicians and Surgeons of Glasgow	Full	31	22	It is vital that all information for patients/carers is provided in a range of different languages.	Thank you. Your comment appears to refer to recommendation 1.2.2 which concerns provision of information and training for *health and social care staff* who have responsibility for delivering the flu programme, rather than information for patients / carers.

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							The committee agrees that it is important to provide information and educational materials for members of the public in a range of language formats. This is captured in recommendation 1.2.7, which states that eligible people should be informed: "…**using language they can understand and taking into account cultural sensitivities**".
85	[office use only]	Royal College of Physicians and Surgeons of Glasgow	Full	32	13	Specialist nurse practitioners are another group who could play an important role – for example, specialist respiratory nurse practitioners who engage in early supported discharge of patients from secondary care are very placed to identify at risk patients and to promote vaccination.	Thank you. The committee agree that some specialist nurse practitioners are well placed to identify at risk patients and offer vaccination. The following amendments have been made: 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 immunisation training). • 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).

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							1.6.2 Providers of flu vaccination, including primary care staff, and nurses working in the community, such as district nurses, **specialist nurses** and those staff working in rehabilitation, could consider: • Identifying and offering eligible carers a flu vaccination as the opportunity arises. For example, this could be offered during a home visit when the person they look after is being vaccinated. • Telling the carer about other local vaccination services if a patient group direction or enhanced service arrangement has not been agreed with primary care commissioners (see NICE's guideline on patient group directions).
86	[office use only]	Royal College of Physicians and Surgeons of Glasgow	Full	49	3	Prompts for flu vaccination could be established through coding from previous admissions/primary care records and automatically generated in electronic case records where these are utilised.	Thank you for your comment. We have included your suggestion in the discussion section, 'Advantages and disadvantages of increasing uptake among eligible groups in primary and secondary care', as an example of how provider prompts in healthcare records might be implemented.
87	[office use only]	Royal College of Physicians and Surgeons of	Full	58	7	The personal child health record has been a very successful mechanism to ensure good communication between healthcare workers and ensuring vaccinations are given at the appropriate time. Consideration of a personal vaccination record for at risk patients might also provide similar benefits	Thank you for your comment. No studies were identified evaluating the effectiveness of a personal vaccination record (similar to the PCHR) as an intervention for increasing flu vaccination

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		Glasgow				and increase uptake.	uptake among people in eligible groups so the committee is unable to make a recommendation in this area.
88	[office use only]	Royal College of Physicians and Surgeons of Glasgow	Full	71	8	Our expert reviewer considered implementation of a declination policy was a poor idea. Although uptake from healthcare workers is lamentably poor, asking them to sign why they have not taken up the offer is likely to lead to resentment and damage the trust between worker and employer. Their ethical issues in asing an employee too take up vaccination as none is without potential harm (albeit low risk). Vaccination in the UK is in general a voluntary intervention and this measure would suggest a coercive approach. A better approach would be to set up surveys of staff to establish what were the barriers they perceived that led them not to be vaccinated. There may be good reason.	Thank you for your comment. In light of stakeholder feedback on recommendation 1.7.7 to 'Create a declination policy…' the committee reconsidered the evidence and has revised its recommendations to remove the reference to a declination policy. Instead, the focus of the recommendations is on a full participation vaccination strategy. This is defined as a strategy 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.
89	[office use only]	Royal College of Physicians (RCP)	General	General	General	Our experts believe that raising awareness of flu and the need for immunisation is sensible and should be continued. Most 'flu vaccine providers' are in primary care and public health, so the relevance of this to secondary care is limited. Most secondary care providers run campaigns to immunise their own staff but could be encouraged to raise awareness about groups at risk who might be seen as patients in the hospital. However, the recommendation that specialist clinics in hospitals consider offering flu immunisation is difficult as hospitals are not usually allocated any doses of flu vaccine for administration to patients and most hospitals do not operate vaccination programmes for patients per se. I think the focus should be on reminding the patient at risk that they	Thank you for your response. The committee acknowledges that primary care is the main route for accessing flu vaccination. The recommendations in this guideline are not intended to suggest a role for secondary care as anything other than an adjunct to primary care provision. There is widespread concern that uptake is variable across clinical risk groups. The committee heard evidence that some target groups with current low rates of uptake may be more likely to have

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						should be immunised and communicating that to the patient's GP	regular contact with specialist hospital clinics or other services than with their general practice (e.g. people with chronic liver, neurological or kidney disease, people who are immunocompromised due to a medical condition or ongoing treatment, and pregnant women). This presents opportunities to offer flu vaccination in secondary care settings to people who are at risk and who may otherwise not access it through primary care. Raising awareness and signposting people to primary care provision may not be sufficient to increase uptake as qualitative evidence suggests that people are put off from accessing the vaccination if they have to arrange a further appointment or go to another location. The decision whether to invest in implementing recommendation 1.4.7 of this guideline (to "**Consider** offering flu vaccination during routine appointments in specialist clinics…") should be based on an assessment of local area needs and priorities, and negotiation with the relevant local service providers. The committee heard examples where secondary care provision had been successfully negotiated and funded through local commissioning agreements.
90	[office use	Royal Pharmaceuti	Full	11	1	There should be an additional recommendation that NHS England and NHS Digital make it a priority to come up with a	Thank you for your comment. The committee recognises the importance of

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	only]	cal Society				national IT solution that enables easy and timely sharing of information about flu vaccination to avoid duplication.	ensuring timely and accurate sharing of flu vaccination information between alternative providers and GP surgeries. However, changing IT systems was outside the scope for this review and making recommendations to NHS England or NHS Digital is not within NICE's remit for guideline development.
91	[office use only]	Royal Pharmaceutical Society	Full	12	3	Community pharmacists are particularly good at identifying informal carers and should be included in this recommendation. Utilising community pharmacists to identify carers, refer them to support services and ensure they are identified as a carer at their GP surgery has proven to work. The evaluation research suggests that the Carer-Friendly Pharmacy Pilot, undertaken in 2014/15, is an effective and pragmatic approach to identifying and supporting carers, with pharmacy staff being an invaluable resource. (http://psnc.org.uk/wp-content/uploads/2015/02/20224-Evaluation-2015.pdf) In 2016/17 the London flu vaccination has made flu vaccinations available to carers via community pharmacies and 9000 carers have now been vaccinated via this service.	Thank you for your comment. 'Community pharmacists' are included in the glossary definition of primary care staff and cited as examples of healthcare professionals who may be well placed to identify carers eligible for flu vaccination (recommendation 1.6.2)
92	[office use only]	Royal Pharmaceutical Society	Full	13	13	The RPS agrees that all frontline staff should receive the flu vaccination and recommend that an additional exemption is added for this category. Currently staff working in community pharmacies are not recognised consistently as frontline staff and there needs to be national recognition that they are. The flu vaccination service delivered across London does enable the vaccination of community pharmacy staff as frontline staff. If community pharmacy staff are recognised as frontline workers and are not eligible for exemption then there would be significant costs to employers which would need passing back to the NHS through the contractual framework	Thank you for your comment. The definition of specific categories of HSCWs as 'frontline' (for the purpose of determining flu vaccination eligibility) is outside the remit of NICE. This issue is for consideration by the Joint Committee on Vaccination and Immunisation (JCVI).

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						negotiations	
93	[office use only]	Royal Pharmaceutical Society	Full	15	9	Whilst we realise that uptake among 65 and over is currently high (around 70%) and that is the reason for not including it within the scope of this guidance we would suggest that non-inclusion may lead to a reduction on focus on this group and thereby the current high uptake may reduce. We would recommend that it is included in the eligible groups.	Thank you for your comment. You are correct that uptake among over 65s is relatively high and rates are stable, so this group was not included in the scope for this guideline. The committee does not agree that their exclusion risks a reduction in uptake among older adults. The relative frequency of contact which older adults have with health and social care professionals means that prompts and reminders are more easily targeted than is the case for other eligible groups who have much lower and more variable uptake rates currently, and who are therefore the focus of this guideline.
94	[office use only]	Royal Pharmaceutical Society	Full	17	6	Whilst the RPS does not directly have guidance to encourage members of staff to have the flu vaccination we do have a seasonal influenza hub https://www.rpharms.com/resources/quick-reference-guides/seasonal-influenza-update-and-latest-news on our website where we signpost to other organisation documents which discuss frontline health and social staff having the immunisation (for example NHS England, DOH and Public Health England Flu Plan Winter 2016-2017).	Thank you. We have added text and a hyperlink to the RPS influenza hub in the 'Putting this guideline into practice' section, as follows: "The Royal Pharmaceutical Society provides a seasonal influenza hub with information and educational resources accessible to members."
95	[office use only]	Royal Pharmaceutical Society	Full	22	5	Whilst the vaccination of eligible groups most frequently occurs in general practice at the current time, as this is the most established route, it would be interesting to look at what proportion of vaccinations come through other providers over time as awareness of other providers' increases and they become more established and widespread.	Thank you for your comment. The committee agree that it is important to monitor what impact the continued expansion of flu vaccination provision to non-GP practice settings has on rates of uptake among eligible groups over time. For this reason the committee have included a recommendation for research

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							in this area, as follows: Research recommendation 5: **Community-based models of flu vaccination** What models of community-based flu vaccination provision (for example, community pharmacies, community nursing and midwifery teams and outreach services) are effective and cost-effective for increasing uptake in eligible groups?
96	[office use only]	Royal Pharmaceutical Society	General	General	General	We support the recommendations to increase uptake of flu vaccination in all settings as an important public health intervention. Pharmacists working in hospital, primary care and community pharmacy settings have a key role in raising awareness and encouraging uptake of flu vaccination in relevant patient groups.	Thank you for your support.
97	[office use only]	Royal Pharmaceutical Society	General	General	General	Many of the practicalities which support implementation of this guidance need to be thought through such as the sharing of information and records as well as the multicomponent approach and providers working together to promote vaccine uptake which requires collaboration rather than competition at a local level.	Thank you for your comment. We agree that collaborative local working with other providers and across organisations and sectors is important. This is captured in a range of recommendations. Your comments will be considered by NICE where relevant implementation support activity is being planned.
98	[office use only]	Sanofi Pasteur		General	General	Sanofi Pasteur is a world leader in vaccines and the largest supplier to the UK flu immunisation programme, delivering more than 7 million doses each year. We are committed to working alongside our partners in the NHS to maintain the success of the programme and the achievement of high vaccination coverage rates. Vaccination is the single most effective way to reduce the risk of getting flu, especially for	Thank you for your comments and support.

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						people living with other conditions such as diabetes and cardiovascular disease, and helps avert winter resource pressures on the NHS resulting from hospital admissions and subsequent complications. We welcome the opportunity to comment on the draft guideline and support therein its ambitions and aims.	
99	[office use only]	Sanofi Pasteur	Full	4	15	In order to support increased use of these guidelines, we would suggest including some practical examples of educational activities that could be used to raise awareness amongst health and social care workers. One such example could be Public Health England's national flu programme training slide set,	Thank you for your comment. In the 'Putting this guideline into practice' section a link to PHE's training slide set is now included along with links to other educational resources, as follows: "Health Education England's eLearning for Healthcare platform has produced an interactive flu immunisation eLearning programme. **A national flu programme training slide set is available from Public Health England.** The Royal Pharmaceutical Society provides a seasonal influenza hub with information and educational resources accessible to its members. These resources could be considered in the development and implementation of these guidelines."
100	[office use only]	Sanofi Pasteur	Full	5	5	We suggest it would be appropriate to explain in clearer terms what is meant by 'high risk from flu'. We would suggest amending this to 'high risk from flu and its complications'.	Thank you. Your suggested text ("…**and its complications'**) has been added to the second bullet point for recommendation 1.2.2.

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101	[office use only]	Sanofi Pasteur	Full	5	24	We support this statement and would emphasise such topics as safety of flu vaccination in clinical risk groups, as well as ensuring the training is delivered face to face and not just as online webinars etc.	Thank you for your support. Recommendation 1.2.2 includes a bullet point stating that evidence supporting the safety and effectiveness of flu vaccination should form part of the education and training for health and social care staff in contact with eligible groups. Evidence comparing different modes for delivering training was not reviewed in the development of this guideline so recommendations about face-to-face delivery cannot be made. However, your comments will be considered by NICE where relevant implementation support activity is being planned.
102	[office use only]	Sanofi Pasteur	Full	6	3	In order to support increased use of these guidelines we would suggest including some practical examples of awareness raising activities, such as writing to patients and providing leaflets in the surgery reception area, that could be used amongst the at risk groups.	Thank you for your comment. Strategies for inviting eligible people for flu vaccination are covered in section 1.4 of the guideline. Also, the 'Putting the guideline into practice' section includes links to free flu campaign resources and materials published by Public Health England and NHS Employers. In the committee discussion of the evidence underpinning the

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							recommendations in section 1.4, it is worth noting that: "The committee believed strongly that reminders should be proactive. Not all people who are eligible for free flu vaccination will visit their GP surgery regularly, so it is not sufficient to rely on posters in waiting rooms to remind them. The committee discussed the equivocal evidence on the effectiveness of text messaging to call and recall people for flu vaccination, which they felt may be perceived by the recipient as too impersonal or lacking conviction. They agreed that, if possible, reminders to eligible people should be personalised and come from a healthcare professional they know, either in person or in writing. The committee acknowledged that digital formats may be more acceptable to some population groups than others, but were keen to recommend that if they are used, they should include links to additional useful information, including options for seeking further face-to-face advice and for booking an appointment to get the flu vaccine."
103	[office use only]	Sanofi Pasteur	Full	6	6	We suggest including patient groups in the list of organisations to work with, as they have a direct link to people in the clinical risk groups. Thought should also be given to how this approach could be taken, as it may be preferable and easier to coordinate at a national level, rather than locally.	Thank you. The committee agreed with the point you raise but felt the term 'patient groups' is not very clear. Recommendation 1.2.6 has therefore been amended to read as follows: 1.2.6 Consider working with statutory

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							and voluntary organisations, **including those representing people with relevant medical conditions**, to increase awareness of flu vaccination among eligible groups (and their parents or carers, if relevant).
104	[office use only]	Sanofi Pasteur	Full	6	22	It should be made clear that those children who cannot take the nasal spray will receive the injection instead. This will further help clarity of messaging and therefore improved coverage.	Thank you for your comment. A recommendation has been added to clarify the point you raise, as follows: "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."
105	[office use only]	Sanofi Pasteur	Full	8	12	We would recommend removing reference to ImmForm. The system is only used to order the vaccines used for the childhood programme. It also does not allow GPs to see eligible patients, only numbers, and therefore may not help with identifying local needs.	Thank you for your comment. The reference to ImmForm has been removed from recommendation 1.3.6, which now reads as follows: 1.3.6 Use clinical systems to identify

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							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.
106	[office use only]	Sanofi Pasteur	Full	8	13	This line seems a little vague. We would suggest including guidance from JCVI and the annual flu plan as published by Public Health England, NHS England and the Department of Health. As a manufacturer we would also welcome increased opportunities to discuss planning for increased uptake. As a leading supplier of the flu vaccine to the national programme, we are keen to work in partnership to ensure demand will be met.	Thank you for your comment. The statement in recommendation 1.3.6, [to plan] "…for a higher uptake than the previous year" (within the context of identifying eligible people and ordering vaccine supplies), was kept deliberately non-specific. We are aware that minimum uptake targets for eligible groups have been specified in the 2017/18 national flu plan, but the committee opted not to include these in the recommendations in order to 'futureproof' the guidance. They agreed that the aim should be to increase uptake in all eligible groups year-on-year, exceeding the minimum targets set for the 2017/18 flu season. It is not within the remit of NICE to specify which suppliers of flu vaccine local decision makers engage with when planning their flu vaccination campaigns.
107	[office use only]	Sanofi Pasteur	Full	8	20	This line should be changed to say 'aged 2 and 3 years', as four year olds will be offered the vaccine at school starting from the flu season 2017/18. The footnote should also be amended.	Thank you for your comment. These amendments have now been made.

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108	[office use only]	Sanofi Pasteur	Full	10	1	We would suggest removing the words 'primary care' as they will not be responsible for other services such as acute care or midwifery.	Thank you for your comment. The words 'primary care' have been removed from recommendation 1.4.8
109	[office use only]	Sanofi Pasteur	Full	10	29	We would also suggest recording whether a person who has declined the vaccination is in any of the clinical risk groups, so they can be monitored throughout the flu season. This would help to inform future strategies to improve uptake in clinical high risk groups.	Thank you for your comment. The recommendation has been amended in line with your suggestion, as follows: 1.5.2 Providers of flu vaccination should record uptake rates. For example, keep records of the following: • reason for eligibility • numbers of people called and recalled • vaccination setting (for example GP, community pharmacy, antenatal clinic, outpatient clinic) • **people who declined vaccination and why, by eligibility group.**
110	[office use	Sanofi Pasteur	Full	11	5	We recommend adding the following to the end of the sentence: 'to avoid missing the recording of the vaccination in	Thank you for your comment. Recommendation 1.5.3 has been

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	only]					the patient record and in uptake data as well as double vaccination'.	amended in line with your suggestion, as follows: 1.5.3 Commissioners and providers should agree approaches for sharing information with general practices about 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.**
111	[office use only]	Sanofi Pasteur	Full	12	9	We recommend rewording this section on enhanced service arrangements. The enhanced service specification already includes carers as a group GPs should immunise. This point is therefore redundant.	Thank you for your comment. This recommendation (1.6.2) is actually targeted at any health or social care staff – including community nursing teams, specialist nurses and community pharmacists - who are well-placed to identify informal carers who may be eligible for free flu vaccination. These individuals may not be known as carers to their GP practice. However, if no local patient group direction / enhanced service arrangement is in place enabling these particular professionals to administer the vaccine themselves, the second bullet point encourages them to signpost the carer to alternative local providers. This local provision will include the carer's

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							registered GP practice because, as you state, carers are included as an eligible group in the general practice enhanced service specification.
112	[office use only]	Sanofi Pasteur	Full	13	19	We suggest including reference to the Public Health England study that showed healthcare workers were influenced by the fact that reducing influenza in their healthcare setting was part of the organisation's infection prevention strategy. Healthcare workers may also be more inclined to get vaccinated if they are made aware that they will be helping to protect their peers from the risks of flu, in addition to people they care for.	Thank you for your comment. Additional bullet points have been added to this recommendation as follows: 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 position statement, the GMC guidance on good medical practice and the Royal College of Nursing duty of care statement.
113	[office use only]	Sanofi Pasteur	Full	15	23	As per our comment on row 11, this should be amended to read '2and 3 years'.	Thank you for your comment. This amendment has been made. Please note that this change does not impact on the economic modelling given that the results are produced for the for broader age bands, including these ages.
114	[offic	Sanofi	Full	16	13	We suggest amending this line by removing the word 'ethnic.'	Thank you for your comment. The word

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	e use only]	Pasteur				Any group who are under-served should be included in this focus.	'ethnic' has been deleted form the text.
115	[office use only]	Sanofi Pasteur	Full	20	16	As per our comment on row 11, this should be amended to read '2and 3 years'.	Thank you for your comment. This amendment has been made.
116	[office use only]	Sanofi Pasteur	Economic Model	General	General	Input Costs – Hospitalisation costs are likely to be underestimated in the model as they do not take into account the full range of potential complications resulting from influenza admissions. Previously published studies have estimated that hospitalisation costs range between £5,017 (18-29 year olds) and £10,250 (65+ years). 1. Meier G, Gregg M, Poulsen Nautrup B. Cost-effectiveness analysis of quadrivalent influenza vaccination in at-risk adults and the elderly: an updated analysis in the UK. Journal of medical economics. 2015 Sep 2;18(9):746-61. 2. Thommes EW, Ismaila A, Chit A, Meier G, Bauch CT. Cost-effectiveness evaluation of quadrivalent	Thank you for your comments. Input Costs – The unit cost for Lobar, Atypical or Viral Pneumonia, without Interventions, with CC Score 0 to 3, code DZ11V, was used as a proxy for the hospitalisation cost for influenza and other ILI. This was £1,029. The assessment group for a previously published NICE technology assessment report, TA158, used this unit cost in this way to proxy the cost of hospitalisation. The hospitalisation cost for 18-49 year olds is given as £5,017 in the paper by Thommes *et al.* as opposed to 18 to 29

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						influenza vaccines for seasonal influenza prevention: a dynamic modeling study of Canada and the United Kingdom. BMC infectious diseases. 2015 Oct 27;15(1):465. In addition, the model does not capture bed capacity planning and associated opportunity costs, which is due to data paucity. Overall, the underestimation of hospitalisation costs undervalues the benefit of flu vaccination and the associated threshold at which optimal coverage can be achieved for the incremental cost invested. Sanofi Pasteur recommends that the model be re-run with the above hospitalisation costs to consider the impact on base case results. Vaccines – In the vaccines costs sheet, Intanza has been included twice in the list of available vaccines. This appears to be a duplication which should be removed. An assumption is made that 100% of flu vaccine-related side effects incur a cost of £31 (one GP visit). This figure seems high and the justification for this assumption is unclear and in addition the reference in the comment appears to be hidden. Sanofi Pasteur recommends this assumption be clarified and the reference is made clear. Model structure – The model assumes the same clinical benefit across all influenza vaccines, whether trivalent (TIVs) or quadrivalent (QIVs). This is not an accurate reflection of inter-seasonal variation in circulation and vaccine strain matching. For example, in a year with high prevalence of circulating B strains and a high degree of mismatch with the TIV B strain, the relative efficacy of QIVs compared to TIVs would increase and in turn the value of vaccination in terms of QALYs gained and costs offset. Moreover, given the	year olds. Additional sensitivity analysis has been conducted around the cost of hospitalisation where the cost has been varied between £1,000 and £11,000 using £1,000 increments. The impact this has on the results for each scenario has been included in the appendix of the economic report. Vaccines – Intanza has been included twice intentionally to reflect two different dosages. The labelling has been amended in the model to make this clear. Assumption on side effects – This was discussed with the committee and the assumption was based on expert opinion. The value used for this assumption was varied between 50% and 100% of those having a side-effect incurring a treatment cost. Varying this input did not impact on the results of the model. The reference source that was mistakenly partially hidden in the model read, 'Source: Assumption based on discussion with the committee.' Model structure – This guideline is concerned with interventions to increase the uptake of the influenza vaccination. Therefore, investigating the best type of vaccine to use in any given year was out of scope.

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						increasing use and availability of QIVs (most notably in children), Sanofi Pasteur feel that a greater distinction needs to be made between the different vaccines available as this does affect the additional benefit associated with proposed coverage rates. Although such analytics are above and beyond the scope of this consultation, and would require a dynamic infectious disease transmission model, Sanofi Pasteur recommends this be noted in the limitations section. Indirect costs – The data point of 2.5 days absenteeism from work for parents with children who suffer with influenza is based on PHE's flu survey. This is the best available data point although potentially an underestimate given parents themselves may also suffer with flu and thus be off sick due to their own illness. This would have the effect of reducing the overall size of the indirect costs calculated and thus undervalue the cost-effectiveness of the flu programme from a societal evaluative perspective. Sanofi Pasteur recommends this input be further tested in the sensitivity analysis. QoL inputs – The QoL inputs for influenza-like illness (0.008), acute respiratory infection (0.001) and hospitalisation (0.018) lack face validity and seem very low, particularly the inputs for acute respiratory infection and hospitalisation. Although the inputs are based on cited published references, it is arguable these are underestimated based on the elicitation instruments and are not accounting for secondary infections and associated episodes resulting from the original influenza infection. Applying a quality adjustment factor in the sensitivity analysis would help provide a relative order of magnitude and further contextualise the potential additional benefit from hospitalisations avoided resulting from flu vaccination.	Inter-seasonal variation in circulation and vaccine strain matching was considered during the economic modelling. A dynamic infectious disease model was run for children and clinical risk groups to generate the number of cases, GP consultations, hospitalisations, ARI, ILI and mortality. Vaccine efficacy was incorporated in this model in a way that allowed for the predictions of the model to be applicable to an average season, rather than for just a single, specific season. This is detailed in section 2.3.5 of the economic report. For carers and health and social care staff dynamic modelling was not conducted. The static model included vaccine efficacy for a poorly-matched year and a well-matched year and the probability of it being a well-matched year for under 65 years and 65 years and over. This was applied in the model as a weighted average vaccine efficacy for the two age groups (detailed in section 2.3.5.2 of the economic report. The weighted average vaccine efficacies were varied in one-way sensitivity analyses between specified ranges and varying these inputs independently did not impact on the model results. Varying vaccine efficacy for those aged 65 years and over was also included in three-way sensitivity analysis, reported in Section 3.3 of the economic report. Varying this parameter had only a small impact on the results. Therefore, the analysis did

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							account for the issue of inter-seasonal variation but we recognise that it should be noted in the discussion as a difficulty of infectious disease modelling. The economic report has now been updated to recognise this limitation in the discussion. Indirect costs – The model includes 2.5 days of work absence for adults with ILI and 3.7 days off work for parents of children with ILI. When the number of days that a parent is off work increases (doubles) from 3.7 days to 7.4 days then this has a large impact on the results from a societal perspective (i.e. generates greater cost savings to the society when the intervention increases the uptake of the vaccine). QoL inputs – The best available evidence was used to inform the QoL inputs in the model. Further, these values were validated by the committee during model development. It should be noted that these are QALY losses rather than reductions in QoL and since the average patient only experiences the relevant QoL loss for a few days, it is perhaps unsurprising that the values are low.
117	[offic	The	Full	General	Gener	The Healthcare Infection Society has not received any	Thank you.

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	e use only]	Healthcare Infection Society			al	responses for this consultation	
118	[office use only]	The Royal College of Midwives (RCM)	Full		General	*'Use a multicomponent approach to develop and deliver programmes to increase flu vaccination uptake. Use a multicomponent approach to develop and deliver programmes to increase flu vaccination uptake.'* We agree with the recommendation to use a multicomponent approach. However the guideline seems to be broad in aspiration with little detail on tools and resources for implementation. To date the awareness campaigns do not have a high enough profile and are limited in the specific information they give for the relevant vulnerable groups.	Thank you for your response. We understand that Public Health England (PHE) have recently developed some training slides for healthcare workers on immunisation in pregnancy and will be working with the NICE implementation team to support activity in this area. PHE evaluate flu vaccination campaigns each year. By necessity many of the awareness campaigns can only put across the top line messages reminding those in vulnerable groups to get their flu vaccine. However, further more detailed information is then available on NHS Choices and, for pregnant women, also through the leaflet 'Pregnancy: How to help protect you and your baby' www.gov.uk/government/publications/pregnancy-how-to-help-protect-you-and-your-baby
119	[office use only]	The Royal College of Midwives	Full		1.1.2	*'Providers of flu vaccination and intervention developers should work together to develop programmes to increase vaccination uptake.'*	Thank you for your comment. We would specify 'manufacturers' or 'suppliers' if we were referring to those with a

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		(RCM)				These terms are confusing here, and would be improved by using the glossary definition 'Staff who are allowed to administer the flu vaccination…', 'Providers of flu vaccinations', suggests members of organisations with a commercial interest in the vaccination	commercial interest in flu vaccine. The committee felt that the glossary definition, to which a hyperlink is provided in the text, specifies with sufficient clarity who is meant by the term 'Providers of flu vaccination'. Please note that the definition includes not only those staff allowed to administer the vaccine, but also those in the organisation who are responsible for administrative activities that support implementation of the flu vaccination programme in practice: Providers of flu vaccination Staff who are allowed to administer the flu vaccination, or **affiliated staff (for example general practice staff who log patient demographics and could therefore see who satisfies Green Book criteria**).
120	[office use only]	The Royal College of Midwives (RCM)	Full		1.2.3. ,	*'….make the most of opportunities to raise awareness about and offer flu vaccination to eligible groups, for example discussing it with pregnant women during antenatal appointments '* The guideline should recognise the resource implications here. Giving information and obtaining consent, will require different amounts of time for different audiences. At the time of the flu epidemic, NHS Lothian calculated it would take around 12 minutes to get informed consent and administer the vaccination. The consent is complex and very different from older people or those with long term conditions who already seem to know the value. If we factor in pertussis that	Thank you for your comment. The specific costs associated with different recommendations were very difficult to estimate and would be likely to vary from centre-to-centre. Therefore, the economic model did not aim to make exact estimations of the resource implications. Rather, it estimated the maximum cost per patient that would still be deemed to be cost-effective. The Committee considered this outcome when developing the specific recommendations.

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						is part of a triple vaccination then this is even more complex. Women are very aware that they should avoid taking anything when pregnant. This works against uptake in this vulnerable group, and means that significant time is needed from the trusted health professional. A recommendation to target awareness amongst grandparents here would be useful, as their input into the discussion is often influential.	We have passed your comments to the NICE resource impact assessment team to inform their support activities for this guideline. Evidence was not reviewed regarding different targets for awareness raising, so the committee is unable to make recommendations relating to grandparents as a potential influence on vaccination decision-making in pregnant women.
121	[office use only]	The Royal College of Midwives (RCM)	Full		1.2.4	*'Be able to provide tailored information on the risks and benefits of flu vaccination, and be able to offer and administer it'* It is difficult to access relevant tailored information and the professionals need to be clearly directed. If the most trusted source of information is on NHS choices, there should be more frequent links to this in the guidance when it is referring to the relevant vulnerable group.	Thank you for your comment. The comparative effectiveness of different resources for delivering tailored information to eligible groups was not reviewed so the committee cannot include links in recommendations. This kind of implementation information is instead detailed in the 'Putting this guideline into practice' section of the guideline, for example: Existing resources to support targeting, tailoring and information provision for eligible groups, including template letters, posters and easy read leaflets, can be found at Public Health England's resource centre webpages for the Stay Well This Winter campaign, and on the Annual flu programme webpage

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122	[office use only]	The Royal College of Midwives (RCM)	Full		1.4.9	*'Ensure a healthcare practitioner they know (for example, a midwife or a consultant from an outpatient clinic they attend) offers the vaccination. '* Given the recognised importance of increasing the uptake amongst pregnant women there should be a clearer route for maternity services to access ring-fenced payments for this service from the local authorities, to facilitate the potential greater involvement of midwives.	Thank you for your comment. The committee heard examples where secondary care flu vaccination provision had been successfully funded through local commissioning agreements and acknowledged that antenatal clinics would provide a useful route for vaccinating pregnant women. However, it is not within NICE's remit to recommend how commissioning bodies spend their budgets. Decisions about investing to support implementation of those recommendations that are not already underpinned by national service specifications (in the case primary care and community pharmacy flu vaccination) or CQUIN (in the case of vaccinating HSCWs in NHS trusts) should be based on an assessment of local area needs and priorities and negotiation with the relevant local service providers.
123	[office use only]	The Royal College of Midwives (RCM)	Full		1.4.9	Many sites for ante natal care don't have a fridge for vaccines. They can't easily be transported between clinics and kept cold. Commissioning arrangements need to recognise where this is the case and direct midwives to signpost to general practice or community pharmacists.	Thank you for your comment. As pregnant women and their babies are at higher risk from flu and its complications, current antenatal practice should already include signposting women to their GP or a community pharmacist for vaccination. Recommendation 1.4.7 of the guideline advises to "**Consider** providing flu vaccination during routine appointments in specialist clinics…for example [to] pregnant women". We agree that safety issues are a key

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							aspect for consideration. While it is not in NICE's remit to specify what should be included in local commissioning agreements, decision-makers do need to take account of issues such as the recognition and treatment of adverse reactions, appropriate cold-chain storage measures and ensuring that the setting used to administer vaccinations is appropriate when determining the viability of establishing flu vaccination provision in antenatal (or other specialist clinic) settings.
124	[office use only]	The Royal College of Midwives (RCM)	Full		1.4.9	*'Use positive messages to encourage people to have the vaccination. For example, for a pregnant woman the message could be that the flu vaccination gives 'two for one' protection before and after the birth'* More examples of these positive messages, would simplify implementation of the recommendations.	Thank you for your comment. The committee reviewed evidence that showed women are responsive to health messages during pregnancy, particularly if the message is framed around the baby's health. So we agree with the RCM that positive messages, such as the fact that the flu vaccine provides 'two for one' protection, are a good idea. However, we are not able to say anything further about positive messages in this instance, based on the evidence reviewed. Useful information on the benefits of all vaccines in pregnancy is provided in the PHE leaflet called "Pregnancy: How to help protect you and your baby" www.gov.uk/government/publications/pregnancy-how-to-help-protect-you-and-your-baby

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							Further information on flu vaccination tailored to different eligible groups may be found on NHS Choices or in the resources listed in the 'Putting this guideline into practice' section (for example, see the Stay Well This Winter campaign, and the Annual flu programme webpage).
125	[office use only]	The Royal College of Midwives (RCM)	Full		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.''* This is a key recommendation and needs to be very clearly linked to the incentive payments.	Thank you for your comment. We agree that this is an important recommendation. Please note that timely and accurate record-updating is already linked to vaccination payments in that it forms part of the general practice direct enhanced service specification for flu vaccination, which states: 11.3 Take all reasonable steps to ensure that the medical records of patients receiving the influenza vaccination are kept up-to-date with regard to the immunisation status and in particular, include: a. any refusal of an offer of immunisation. b. where an offer of immunisation was accepted and: i. details of the informed consent to the immunisation, ii. the batch number, expiry date and title of the vaccine, iii. the date of administration, iv. when two or more vaccines are administered in close succession

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							the route of administration and the injection site of each vaccine, v. any contra-indication to the vaccination or immunisation, vi. any adverse reactions to the vaccination or immunisation. 11.8 Practices will monitor and report activity information via ImmForm on a monthly basis. The activity information shall include a monthly count of all eligible patients who received a seasonal influenza vaccination in the relevant month. This information will be used by NHS England and Public Health England for monitoring uptake achievement and national reporting.
126	[office use only]	The Royal College of Midwives (RCM)	Full		1.5.5.	*'Commissioners should raise awareness among healthcare workers and providers of flu vaccination about enhanced services payments and provider payments linked to flu vaccination.'* As above, given the recognised importance of increasing the uptake amongst pregnant women there should be a clearer route for maternity services to access ring-fenced payments for this service from the local authorities.	Thank you for your comment. The committee acknowledged that provision in antenatal clinics would offer a useful route for increasing uptake of flu vaccination among pregnant women. However, it is not within NICE's remit to recommend how commissioning bodies spend their budgets. Decisions about investing to support implementation of recommendations that are not already underpinned by national service specifications (in the case primary care and community pharmacy flu vaccination) or CQUIN (in the case of vaccinating HSCWs in NHS trusts) should be based on an assessment of local area needs and priorities, and negotiation with the relevant local service providers.

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127	[office use only]	The Royal College of Midwives (RCM)	Full	P 17		*'NICE has produced tools and resources [link to tools and resources tab] to help you put this guideline into practice'* These tools and resources are key, and it would be useful to include in this draft what they are likely to consist of, as the links to the relevant information is vital to the staff attempting to implement the guidance.	Thank you for your response. Your comments will be considered by NICE where relevant implementation support activity is being planned.
128	[office use only]	The Royal College of Midwives (RCM)	Full	General		Examples of very successful implementation within the maternity services are : Lewisham and Greenwich run a flu and pertussis vaccination programme alongside the AN clinic and is funded by the commissioners. Contact is Head of Midwifery - Giuseppe Labriola. giuseppe.labriola@nhs.net Western Sussex Hospitals NHS Foundation Trust offer both flu and pertussis alongside anomaly scanning so it's easy and opportunistic for women. The income from PHE funds the booking of a bank nurse or midwife every day to support the scheme and basically works out at cost neutral. It is discussed at booking and info sent via Family Assist, the appointment gets sent out at the same time as the anomaly appointment. They managed to immunise 89% of the eligible cohort last year. Contact is Kelly Pierce Senior Midwifery Manager - Public Health Lead (Kelly.Pierce@wsht.nhs.uk)	Thank you for your response. We will pass this information to our local practice collection team. More information on local practice can be found here.
129	[office use only]	UK Clinical Pharmacy Association	Full	General	General	We support the recommendations to increase uptake of flu vaccination in all settings as an important public health intervention. Pharmacists working in hospital, primary care	Thank you for your support.

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		(UKCPA)				and community pharmacy settings have a key role in raising awareness and encouraging uptake of flu vaccination in relevant patient groups.	
130	[office use only]	Walgreens Boots Alliance	Full	5	21-23	Community pharmacists and their teams should also be included in training and development plans	Thank you. This recommendation has been amended in line with your suggestion as follows: 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 immunisation training). • 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).
131	[office use	Walgreens Boots	Full	11	1-5	After recommendation 1.5.3 we would like to see a new recommendation added that NHS England and NHS Digital	Thank you for your comment. The committee recognises the importance of

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	only]	Alliance				should prioritise the development of national IT solutions that enable the sharing of information on vaccination status among clinicians, including between community pharmacies and GPs, with flu vaccination being the first priority for this work	ensuring timely and accurate sharing of flu vaccination information between alternative providers and GP surgeries. However, changing IT systems was outside the scope for this review and making recommendations to NHS England or NHS Digital is not within NICE's remit for guideline development.
132	[office use only]	Walgreens Boots Alliance	Full	13	9-10	We do not believe that NICE should recommend staff incentives (such as prize draws) to encourage vaccination. We prefer the approach that this should be seen as a professional requirement. We note that community pharmacy teams are not currently regarded as "front line" staff.	Thank you for your comment. The committee acknowledges your concern. However, there was clear evidence (underpinned by expert testimony and the experience of committee members themselves) that staff incentives do improve uptake. Incentives might not involve use of public money, for example if donations to a prize draw could be secured from local businesses. The committee felt it should be for organisations to decide locally what is an 'appropriate' incentive for their employees. The bullet point wording in recommendation 1.7.3 has been changed to reflect this: • Using staff incentives that fit with the organisation's culture and the values of its employees. The definition of specific categories of HSCWs (including community pharmacists) as 'frontline' - for the purpose of determining flu vaccination eligibility - is outside the remit of NICE.

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							This is an issue for consideration by the Joint Committee on Vaccination and Immunisation (JCVI).
133	[office use only]	Walgreens Boots Alliance	Full	17	15-23	The Royal Pharmaceutical Society should be added to the list of professional bodies cited.	Thank you for your comment. The Royal Pharmaceutical Society has been added to the list of professional bodies cited in the second bullet pointed section of text regarding 'Putting this guideline into practice'.
134	[office use only]	Walgreens Boots Alliance	Full	22	5-28	GP practices are the established route for the delivery of seasonal flu vaccinations. They are good at picking up most of the static populations (ie, over 65s) but figures for more mobile populations (those in regular employment and the changing population of pregnant women) are less good and have plateaued in recent years. More emphasis should be given to increasing uptake through broadening the range and location of providers, including community pharmacies, and looking to increase the proportion of vaccinations delivered through other providers. Consideration should also be given to measuring the uptake of private flu vaccinations to understand the wider picture of coverage across the entire population, not just those receiving NHS-funded vaccinations. Anderson C, Thornley T: "It's easier in pharmacy": why some patients prefer to pay for flu jabs rather than use the National Health Service. BMC Health Serv Res 2014, 14:35. Anderson C, Thornley T: Who uses pharmacy for flu vaccinations? Population profiling through a UK pharmacy chain. International journal of clinical pharmacy 2016, 38(2):218-222.	Thank you for your comment. The focus of the guideline is on improving current poor uptake rates among those eligible for free NHS vaccination because they are at greatest risk from flu and flu-related illness. Uptake of private flu vaccinations was therefore outside the remit of this guideline. To date, there is a lack of consistent empirical evidence that broadening the range and location of flu vaccination providers increases uptake across eligible groups. However the committee agreed with qualitative evidence and expert testimony that patient choice and convenience of access are important considerations (see the 'Quality of the evidence' discussion for section 1.3). This is captured in a range of 'flexible access' recommendations which suggest

ID	Type	Organisation name	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
							alternatives to regular GP surgery hours provision, in particular for certain hard-to-reach groups and more mobile populations.

Document processed	Organisation name – Stakeholder or respondent	Disclosure on tobacco funding / links	Number of comments extracted	Comments
Association of Directors of Public Health.doc	[Association of Directors of Public Health]	[N/A]	0	
British HIV Association.doc	[British HIV Association]	[None]	2	
British Infection Association.doc	[British Infection Association]	[None]	2	
British Thoracic Society Respiratory Infection Speciality advisory group.doc	[British Thoracic Society Respiratory Infection Speciality advisory group]	[None relevant]	4	
Department of Health.doc	Department of Health	[Insert disclosure here]	3	
Guild of Healthcare Pharmacists.doc	Guild of Healthcare Pharmacists	Nothing to disclose	3	

Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees

Kidney Care UK.docx	Kidney Care UK (formerly known as British Kidney Patient Association)	N/A	5	
National Pharmacy Association.docx	National Pharmacy Association	None	17	
NHS Employers.doc	[NHS Employers]	[none]	7	
NHS England.doc	NHS England (London Region)	None	6	
NHS National Services Scotland.doc	NHS National Services Scotland	N/A	3	
Public Health England.doc	Public Health England	None	25	
Royal College of Nursing.doc	[Royal College of Nursing]	[None]	3	
Royal College of Physicians and Surgeons of Glasgow.doc	Royal College of Physicians and Surgeons of Glasgow	Nil	8	
Royal College of Physicians.doc	Royal College of Physicians (RCP)	None	1	
Royal Pharmaceutical Society.doc	Royal Pharmaceutical Society		8	
Sanofi Pasteur.doc	Sanofi Pasteur		19	
The Healthcare Infection Society.doc	The Healthcare Infection Society		1	
The Royal College of Midwives.doc	The Royal College of Midwives (RCM)	The Royal College of Midwives has no past or current links to or funding from the tobacco industry	11	
UKCPA.doc	UK Clinical Pharmacy Association (UKCPA)	None	1	
UKHCA on behalf of the Care Provider Alliance.doc	[UKHCA on behalf of the Care Provider Alliance]	[None]	0	

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Walgreens Boots Alliance.docx	Walgreens Boots Alliance	No direct or indirect funding. Boots pharmacies sell or supply nicotine replacement therapy products that contain nicotine which may be derived from tobacco.	5	

Registered stakeholders [Insert link]

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