NICE National Institute for Health and Care Excellence

Expert testimony to inform NICE guideline development

Section A: Developer to complete	
Name:	Irene Shepherd
Role:	Practice Nurse
Institution/Organisation (where applicable): **Contact information:**	Hopwood House Medical Practice. [redacted]
Guideline title: **Improving uptake of influenza vaccination**	
Guideline Committee: **Public Health**	
Subject of expert testimony:	The delivery of the influenza programme in general practice
Evidence gaps or uncertainties:	[Research questions or evidence uncertainties that the testimony should address are summarised below]

Section B: Expert to complete

Summary testimony:	[Please use the space below to summarise your testimony in 250–1000 words. Continue over page if necessary]

Influenza is known to be a major global cause of illness and death. Hospitalisation and death occur mainly in high-risk groups. I feel that the best way to achieve a successful influenza programme is by individual practices or groups of practices working differently to focus on a population orientated primary care. I will provide you with some examples of the work that practices have undertaken to achieve this and some explanations to the questions I received.

In my opinion General Practices need support to deliver all immunisation programmes including the influenza programme. General Practice is the largest branch of British medicine, which is acknowledged In Simon Stevens Five Year Forward View, and therefore I feel is in the best position to deliver the influenza programme.

In my experience General practices have over the last few years worked differently to provide the influenza programme. There are some great examples of work currently being undertaken to develop other clinicians to assist with the influenza programme including Health Care Support workers and clinical pharmacists, this is addressing some of the workforce problems that General Practices are facing. In Oldham we have support from the district nursing team who vaccinate housebound patients who are on their caseload registered with individual practices.

I am aware of some practices that open their doors at weekends for more access to appointments using a multidisciplinary team approach. These practices have been able to achieve vaccination of hundreds of patients in one day. This was funded by the individual practice. In my opinion this was a really successful approach as it aided early immunisation, outside the normal General practice hours thus reducing the impact on the normal everyday winter pressures for General Practice appointments.

I know of practices that have had "Healthy children clinics" where children were invited via text messaging from their clinical systems to a health party. They had representation from children's community nursing teams, Health visitors and General practitioners all in fancy dress who focused not only on the influenza vaccine, but also key health messages that were important to our population including dental care, diet and a healthy start.

Another successful approach is for each practice to identify a "Flu champion" who can lead the flu programme and develop a positive culture to support the programme within practices. This can be an experienced receptionist or any other individual who should receive regular updates from their CCG and also IMMFORM. They should be registered and monitor IMMFORM to observe their own achievements year by year, but also rank themselves against other

practices within the Oldham CCG area. IMMFORM allows practice to look at percentages achieved but also the extra numbers required to achieve National Targets. I believe that behaviour change can be achieved by providing feedback on performance, and IMMFORM does provide this. However, practices need to register. In my opinion it maybe useful for IMMFORM to be further developed by having links to key documents and patient support materials for targeted groups. Perhaps in the future there may be a role for General Practice Clusters to support their practices to achieve improvement for the influenza programme but also the whole immunisation schedules.

In all my time working within general practice I have never known any group or individual running out of a supply of vaccines as they have had agreements with there supplier that are "sale or return". Therefore practices can predict the amount of vaccine they need to achieve the best coverage for their populations, without worrying about over ordering.

I was asked if any work had been done with the local faith leaders in the community? I feel that this is an area that needs further culturally sensitive work, as the success of the children's programme has been varied and patients have advised me that their decisions sometimes were made as a result of their faith leaders opinion.

I was asked what I thought that about read coding and the change of recent seasonal influenza codes? I have worked in several practices over the last 16 years all of which have used the EMIS clinical systems. This system alerts clinicians if the incorrect or old read code has been entered for the Influenza vaccine. I cannot provide any opinion on other clinical systems being used across practices, as EMIS is the only one I have had access to but this may be another area to explore?

I was asked what eligibility criteria I was using to identify carers? Historically a carer was identified as being in receipt of carers allowance for an individual. In my experience this resulted in volunteer carers who cared for a friend, relative or neighbour from not receiving access to an influenza vaccine. So now I use the simple question; "Do you care for an individual whose life would be affected if you couldn't provide the support, assistance and care as a result that you developed influenza?" If this is the case then I would provide an NHS Influenza vaccine to that individual and code them as a carer for future years to come.

I was asked specifically about how I manage an individual with needle phobia and was there an alternative. There is currently only one needle free vaccine available in the United Kingdom which is the nasal spray influenza vaccine. This however has a licence only to be used in children and young adults under the age of 18 years of age. I was also asked if I thought there should be only one vaccine available. I feel that a variety of vaccines allows an improved choice and selection by the clinician, ensuring that certain contraindications can be overcome by using alternative vaccines.

I was asked about my experience of working with secondary care. Secondary care has the same responsibility to promote the influenza programme as

primary care. However, as previously mentioned general practice has the largest workforce, and if secondary care providers do not currently provide this service then they should be signposting patients who are eligible to their general practices.
References to other work or publications to support your testimony' (if applicable):

Expert testimony papers are posted on the NICE website with other sources of evidence when the draft guideline is published. Any content that is academic in confidence should be highlighted and will be removed before publication if the status remains at this point in time.