

Flu vaccination: increasing uptake

Expert testimony

NICE guideline NG103

Expert paper 4: healthcare workers

22 August 2018

Final

*Developed by Public Health – Internal
Guideline Development team*

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Contents

Expert Testimony	5
A. Introduction	5
B. Expert Testimony Paper 4.....	5

Expert Testimony

A. Introduction

Expert testimony is an important source of evidence for guidelines. Experts may be called upon when evidence from published literature is insufficient, where there are gaps in published evidence meaning that review questions may not be fully answered or, where information on context or current practice is needed to inform recommendations.

B. Expert Testimony Paper 4

Expert testimony to inform NICE guideline development

Section A: Developer to complete	
Name:	David Hall /Joanne Reynard
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Institution/Organisation (where applicable):	Leeds Community NHS Trust
Contact information:	
Guideline title:	Uptake of flu vaccination in health care workers
Guideline Committee:	PHAC
Subject of expert testimony:	Uptake of flu vaccination in health care workers in Leeds Community NHS
Evidence gaps or uncertainties:	[Research questions or evidence uncertainties that the testimony should address are summarised below]

Section B: Expert to complete

Summary testimony:

1. How have you increased/maintained the level of seasonal flu vaccination in your staff? Could you outline:
 - a. Your approach to offering and delivering flu vaccinations to staff?
 - Flexible – Using pre-planned clinic venues – well advertised, attending large events such as Trust Induction, Clinical Forum, AGM, Team meetings, training events
 - Using dedicated staff to provide clinics- (ours come through internal agency and are staff that are retired or work in other roles who are trained and competent)involve these as you would your team members and provide day to day contact
 - Use of Gantt chart to pre-plan campaign, review at end of last campaign, plan next campaign involving all stake holders
 - Gain ideas from well performing Trusts locally and nationally
 - Innovative, thinking outside the box, using skills from the whole team
 - Social Media (Twitter, Radio, Newspaper – We did not use Facebook)
 - Use of Trust Home page to pull all information together
 - Screensavers designed by the trust communications team
 - Posters and using our Nurse on National Flu posters
 - Use of branding and logos on all publications associated with the campaign
 - Use of Flu stories as videos, bringing home the real message of Flu to staff
 - Launch event with cake and fruit, invite board members and communications
 - Use of Characters as branding (Flo and Frankie) embracing and utilising individual staff member's skills and talents.
 - Dispelling Myths
 - Providing facts about the importance of the flu vaccine and positive stories
 - Use of NHS Flu fighters resources and ideas and developing them further – #Jabathon and using this as a call us and we can come to you
 - Wall of Flu Fighters with photos in Trust Building
 - Cultural resistors, discussion of ingredients
 - Making and use of Video to state “ Why I had my Flu Jab”
 - The team had fun, but continues with serious message which is clear and consistent from all Flu team
 - Support each other and celebrate the milestones and include all staff in these
 - Work to the Trust Vision, Values and behaviours (emphasising part of “Quality Care “ delivery”)
 - The clear message of caring for staff, relatives, and patients to prevent the flu
 - Being relentless, talking to staff asking why they refuse and working with them to identify a way forward

- Launch at a well-known place e.g. Leeds United and publicise this in local media
- Working with Trust colleagues, such as communications, medicines management and senior leaders
- Use a communications strategy, keep it updated and change the media, to keep people engaged using the same messages different delivery systems
- The use of the CQUIN has increased high level interest, (though not used this as an operational lever with staff groups) increasing visibility especially with the CEO and board, which allowed the IPT to have direct access and then use of incentives especially in the last 20% of uptake
- Attempting to remove some staff members from the negative peer pressure (Different clinics) and embedding the vaccine into staff behaviours at an early stage of the career (e.g. Students)

b. What your uptake rate was before you implemented this approach?

2011/12 51%

2012/13 70%

2013/14 75%

2014/15 63%

2015/16 66%

2016/17 76.8% - Current approach and multimodal communication strategy

c. What is your current uptake rate, and how long has this been at this level?

2016/17 76.8% This was the second time in reaching over 75% however the first time was in respect to an email being forwarded

2. Have you received feedback from staff on the approaches taken and their views/experiences and preferences to inform your practice?

The Trust gave forms to staff that declined the flu immunisation, also post campaign we have done a Survey monkey to view opinions.

We are currently reviewing some of these areas and were not reviewed prior to the 2016/2017 campaign.

These areas include

Staff members who were needle-phobic, we are currently looking to see if these staff can be supported by occupational health or psychological teams working in the community.

Staff who highlighted they were previously unwell with the flu post vaccination.

a. If so what changes did you make?

Providing clear messages about reactions, if ill prior to jab and self-management with mild post immunisation illness.

Staff who had never had the vaccination and stating it was a personal choice, we liaised at Trust Induction, and any students discussed the importance of protecting patients.

Staff members who believed that the vaccine is not effective.

b. What impact did this have on uptake?

The needle phobic work has only just been discussed and not yet implemented.

Dispelling of Myths, and making this available in a leaflet and publicising it on Trust home page, this has enabled staff to make an informed, evidenced based choice.

The number of new starters into the organisation and student nurses who were asked and the number that declined were few.

Small numbers have been converted.

Community staff are often difficult to find and clinics are difficult to get to , therefore Jabathon identified a clear message for patient facing staff, if they cannot get to us we will get to the.

References to other work or publications to support your testimony' (if applicable):