Scoping workshop: Vaccine uptake in the general population

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Area of scope	Stakeholder views
Scope: overall impression	Stakeholders thought the scope was very broad. Some thought that the scope should focus on specific age groups, others preferred using one infectious disease as an example and others thought it should be kept broad. During the discussion some stakeholders expressed that focusing on specific vaccines will draw the focus on that vaccine and may have a negative impact on the other unmentioned vaccines. It was mentioned that by avoiding being specific the guideline will normalise all vaccines. The stakeholders discussed how the guideline may be structured, considering the different ways that vaccine uptake inequalities could be addressed. They discussed the idea of structuring the guideline by age, or by risk group. Some stakeholders were concerned about standing down and replacing PH21. Some stakeholders queried why the new guideline is needed as some aspects of PH21 are still implementable. The stakeholders suggested mapping out PH21 and highlighting what may be lost if it is replaced. Other stakeholders were not as concerned. They explained that PH21 would have to be replaced by the new guideline because the system in which PH21 was developed has completely changed and the accountability for vaccination programmes is no longer as clear as it was when PH21 was developed. They added that the commissioning landscape has changed.

Section 2: Who the guideline is for • People using services, families and carers and other members of the public • Primary and secondary health care providers • Occupational health services • NHS and social care employers • Prison and secure setting employers • Independent providers of NHS and social care funded services • Community or voluntary sector organisations that employ health and social care workers • Local authorities • NHS England regional teams • Public health policy makers • Clinical commissioning groups. It may also be relevant for: • Home office agencies • Communicable disease specialists. • Health and social care regulatory bodies for workers for example, the General Medical Council, the General Pharmaceutical Council, the Nursing and Midwifery Council and the Health and Care Professions Council • Care Quality Commission	Stakeholder were generally happy with this section; however, they also suggested the following: - Tertiary healthcare such as children's hospitals - Researchers in the field - Patient participant groups - Educational settings - NHS digital - GP federations and primary care settings They also suggested the following amendments - Remove "public" from public health policy makers – and keep it broad as Health policy makers - Do not specify "employers": keep it all at organisational level so that Prison and secure setting employers becomes "prisons and secure settings"

Section 3.1 Who is the focus? The population • All people who are eligible for vaccines on the UK immunisation schedule[1]. Specific consideration will be given to the high-risk groups listed in the equality impact assessment form. The high-risk groups include Pregnancy and maternity, newly arrived migrants, socio-economic factors (people from low and middle socio-economic groups), religion, culture and belief, people with chronic health conditions or complex medical needs, Gypsy, Roma and Travellers, race and ethnicity, health and social care professionals and carers	There were differing views from stakeholders on whether this was the most appropriate population to focus on for this guideline. Some stakeholders felt that this was the most appropriate population for the guideline, while others wanted to include high-risk groups as detailed in the Green Book. The stakeholders queried the term "high-risk" groups as this may be interpreted to mean the same high-risk groups as in the Green Book. The stakeholders also discussed that any variations in strategies or interventions can be highlighted through the structure of the guideline. They suggested taking either the life course approach or exploring strategies by age group or underserved groups as a way to structure recommendations for the different populations. The stakeholders also mentioned the need to accurately identify the non-engaged groups so that strategies to increase and maintain vaccine uptake in those groups are identified.
Section 3.2 Settings • Primary healthcare, particularly GP practices and community pharmacies. It may also include other places where	The stakeholders suggested the following changes and additions - Add tertiary healthcare, for example children's hospitals - Add pupil referral unit to the education setting

[1] Refer to Chapter 11: The UK immunisation schedule of the Green Book

primary care staff offer vaccinations, for example, community venues, social care or residential settings or people's own homes • Secondary care, specifically maternity services, long-stay wards or outpatient clinics where people in clinical risk groups are routinely treated. • Occupational health services • Education settings, including early years settings, schools and universities. • Private health clinics and vaccination centres where NHS funded care is delivered • Secure settings including prisons, Immigration Removal Centres	

Section 3.5 Key issues and questions. **1. Identifying vaccination eligibility and status** 1.1 What are the barriers to, and facilitators for identifying individuals' vaccination eligibility and status at: a) health system level (for example CCG, local authority and national level)? b) service provider level (for example GP practice, school nursing services, practitioners)? c) individual level (for example patients or service users)? 1.2 What are the most effective strategies for identifying individuals' vaccination eligibility and status? **2. Recording vaccination status** 2.1 What are the barriers to, and facilitators for, recording individuals' vaccination status at: a) heath system level (for example CCG, local authority and national level)?	**1. Identifying vaccination eligibility and status and 2. Recording vaccination status** The stakeholders suggested that question 1 on identifying individuals' vaccination eligibility and status and question 2 on recording individuals' vaccination status should be combined. They discussed that the two questions will be embedded within the same type of evidence because a good recording system is required in order to identify eligibility and status. They explained that monitoring vaccine status can be challenging if the records are not linked up. Some of the stakeholders mentioned that platforms such as NHS digital can be very useful if there is a more connected recording system. The stakeholders want the guideline to be future proofed. They discussed the possibility of looking at evidence for recording vaccination status at individual level as well as the health system and service provider level. Stakeholders were happy about the three levels included in the questions – health system level, service provider level and individual level. They thought it was important to unpack the variations and any evidence at these three levels. **3. Increasing acceptability and uptake of routine vaccination and 4. Increasing acceptability and uptake of routine vaccination** The stakeholders also suggested combining questions 3 and 4. They thought access and acceptability are embedded with increasing uptake of vaccines. In addition to acceptability and access, they also listed education/training and availability of information. They queried the reason for specifying only two of the factors. They felt that there may be more factors to be considered. They suggested that the question should focus on increasing uptake and where evidence exists these factors will be identified.

b) service provider level (for example GP practice, school nursing services, practitioners)? 2.2 What are the most effective systems to aid and/or manage recording of individuals' vaccination status at: a) health system level (for example CCG, local authority and national level)? b) service provider level (for example GP practice, school nursing services, practitioners)? **3. Increasing acceptability and uptake of routine vaccination** 3.1 What are the barriers to, and facilitators for, increasing acceptability and uptake of routine vaccines at: a) health system level (for example CCG, local authority and national level)? b) service provider level (for example GP practices, school nursing services, practitioners)? c) individual level (for example patients or service users)?	In addition to the three levels (health system level, service provider level and individual level), the stakeholders suggested adding “community level”, to help capture evidence from specific groups such as religious communities, youth groups etc. Stakeholders suggested the guideline could use the World Health Organization’s 3 C’s conceptual framework for vaccines or Public Health England’s life course approach. **5. Routine vaccine catch-up campaigns** There were differing views from stakeholders as to whether this question should be included in the guideline. Some stakeholders thought that routine vaccine catch-up campaigns were out of remit for this guideline and others thought that this was a logical way to cover all areas to ensure interventions to increase vaccine uptake are identified. Stakeholders highlighted that there are 3 types of catch-up campaigns - when a new vaccine has been introduced, opportunistic in those that missed a vaccination, and catch-up campaigns in under-vaccinated groups. They suggested that appropriate catch-up campaigns can be identified under the question addressing barriers to, and facilitators for, increasing uptake of routine vaccines. With the 3 types in mind, some stakeholders suggested that catch-up campaigns alongside the introduction of a new vaccine should not be covered by this guideline. This is because the newly introduced vaccine is not part of the routine: the novelty of the vaccine will require specific campaigns that may not continue as part of a routine vaccine campaign.

3.2 What are the most effective interventions for increasing acceptability and uptake of routine vaccines at: a) health system level (for example CCG, local authority and national level)? b) service provider level (for example GP practices, school nursing services, practitioners)? c) individual level (for example patients or service users)? **4. Improving access to routine vaccines** 4.1 What are the barriers to, and facilitators for, improving access to routine vaccines at: a) health system level (for example CCG, local authority and national level)? b) service provider level (for example GP practices, school nursing services, practitioners)? c) individual level (for example patients or service users)? 4.2 What are the most effective interventions for improving access to routine vaccines at:	

a) health system level (for example CCG, local authority and national level)? b) service provider level (for example GP practices, school nursing services, practitioners)? c) individual level (for example patients or service users)? **5. Routine vaccine catch-up campaigns** 5.1 What are the barriers to, and facilitators for implementing routine vaccine catch-up campaigns at: a) system level (for example CCG, local authority and national level)? b) service provider level (for example GP practices, school nursing services, practitioners)? c) individual level (for example patients or service users)? 5.2 What are the most effective routine vaccine catch-up campaigns?	

Areas that will not be covered 1. Areas covered by NICE's guideline on Tuberculosis (2016) NICE guideline NG33 2. Areas covered by NICE's guideline on Flu vaccination: increasing uptake (2018) NICE guideline NG103 **This guideline does not include flu vaccine for over 65s – should this be included in this guideline?** N.B. – if asked: In England, influenza vaccination coverage for people aged 65 years and over has fluctuated over time between 71% and 75% there was a drop-in flu vaccine uptake to 70.5% in 2016-17, which has since recovered slightly to 72.6% in 2017-18. 3. Travel vaccines	In addition to these areas some stakeholders also suggested excluding selective immunisation programmes as defined in the Green Book, however some stakeholders felt this area should be included. Some stakeholders suggested not including catch-up campaigns run alongside the introduction of a new vaccine. Some stakeholders suggested that this guideline should not include any recommendations on flu vaccine. They explained that any recommendations on flu vaccine should be addressed within the existing flu guideline NG103.
Section 3.6 Main outcomes • Increase in accuracy of data records • Changes in uptake rate • Changes in knowledge, attitudes, beliefs, acceptance, intentions and behaviour about vaccination	The stakeholders suggested the following outcomes in addition to those listed in the draft scope: - improving delivery - clinical as well as cost effectiveness - decreasing rates of disease

• Cost effectiveness and economics:
  • cost per quality-adjusted life year
  • cost per unit of effect
  • net benefit	

Equalities listed in the EIA form	The stakeholders suggested the following additional groups to be included in the EIA - people who use drugs - children in hospital long term - people who are homeless - looked after children - people with food allergies - people with low levels of literacy or health literacy - people in a secure setting

Committee Early committee members: • GP with special interest in vaccinations • Consultant in Public Health – Local authority immunisation lead • Consultant in Public Health – Communicable disease control specialist • Practice Nurse (with special interest in vaccinations) Proposed committee members to recruit: • Additional GP • Epidemiologist • Academic specialising in vaccination research • Immunisation team member • 3x lay members – parent, pregnant woman/ someone who has been pregnant, person over 65 or 70 years old • School nurse • Health visitor	Stakeholders provided these suggestions for committee members: - CCG lead – should be co-opted - Behavioural insights specialists - Tertiary care member e.g. paediatrician - Lay member - young adults (16-28 years) - Lay member - a parent with a child - Receptionist or admin person who deals with the call/recall system - London and non-London, North East as geographical focus - Researcher on vaccine delivery programme and vaccine acceptance (maybe as co-opted member) - NHS digital as co-opted member for questions on vaccine recording Some stakeholders did not think another GP was necessary as there are 2 GPs already.

• Midwife (that delivers vaccines) or suitable maternity care representative • CCG Lead • Behaviour change specialist Co-optees (for relevant questions): • Practice manager • Community Paediatrician Expert testimony • Representatives of under vaccinated groups (for example religious or cultural groups	