NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Flu vaccination: increasing uptake

NICE quality standard

Draft for consultation

05 August 2019

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| **This quality standard covers** increasing the uptake of flu vaccination among people who are eligible. It describes high-quality care in priority areas for improvement. It does not cover uptake of flu vaccination in people aged 65 and over.  **It is for** commissioners, service providers, health, public health and social care practitioners, and the public.  This is the draft quality standard for consultation (from 5 August to 3 September 2019). The final quality standard is expected to publish in January 2020. |

# Quality statements

[Statement 1](#_Quality_statement_2:) People in eligible groups are contacted about flu vaccination using a range of different methods.

[Statement 2](#_Quality_statement_2:_1) People in eligible groups receive invitations for flu vaccination that include information about their situation or clinical risk.

[Statement 3](#_Quality_statement_3:) People in eligible groups who have the flu vaccine in a setting other than their GP surgery have their vaccination status shared with their GP.

[Statement 4](#_Quality_statement_4:) Health and social care staff who have direct contact with people using services receive flu vaccination from their employer.

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| NICE has developed guidance and a quality standard on patient experience in adult NHS services see the NICE pathway on [patient experience in adult NHS services](http://pathways.nice.org.uk/pathways/patient-experience-in-adult-nhs-services) which should be considered alongside these quality statements.  Other quality standards that should be considered when commissioning or providing flu vaccine services include:  [Vaccine uptake in under 19s](https://www.nice.org.uk/guidance/qs145) (NICE quality standard 145)  A full list of NICE quality standards is available from the [quality standards topic library](http://www.nice.org.uk/Standards-and-Indicators/Developing-NICE-quality-standards-/Quality-standards-topic-library). |
| Questions for consultationQuestions about the quality standard **Question 1** Does this draft quality standard accurately reflect the key areas for quality improvement?  **Question 2** Are local systems and structures in place to collect data for the proposed quality measures? If not, how feasible would it be for these to be put in place?  **Question 3** Do you think each of the statements in this draft quality standard would be achievable by local services given the net resources needed to deliver them? Please describe any resource requirements that you think would be necessary for any statement. Please describe any potential cost savings or opportunities for disinvestment. Local practice case studies **Question 4** Do you have an example from practice of implementing the NICE guideline that underpins this quality standard? If so, please provide details on the comments form. |

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# Quality statement 1: Invitation for vaccination

## Quality statement

## People in eligible groups are contacted about flu vaccination using a range of different methods.

## Rationale

Invitations for flu vaccination are more effective when a person receives them in a variety of ways. Initial invitations and reminders for overdue vaccinations can be in writing (letter, email or text message), by phone or social media, or using a combination of these methods to maximise vaccine uptake. The type of invitation a person receives should factor in which eligible group they are in and any other demographic information the provider may have available. Follow-up will help to prompt those who are eligible for vaccination but have not yet taken up the offer.

## Quality measures

### Structure

a) Evidence of local arrangements to ensure that people in eligible groups receive invitations when their flu vaccination is due or overdue.

***Data source:*** Local data collection, for example, GP records.

b) Evidence of local arrangements to ensure that people in eligible groups receive invitations in writing, by phone call, or social media with consideration to the target group when their flu vaccination is due or overdue.

***Data source:*** Local data collection, for example, GP records.

### Process

a) Proportion of people in eligible groups who receive written invitations (letter, email or text message) when their flu vaccination is due or overdue.

Numerator – the number of people in the denominator who receive written invitations (letter, email or text message) when their flu vaccination is due or overdue.

Denominator – the number of people eligible to receive the flu vaccine.

***Data source:*** Local data collection, for example, GP records.

b) Proportion of people in eligible groups who receive phone invitations when their flu vaccination is due or overdue.

Numerator – the number of people in the denominator who receive phone invitations when their flu vaccination is due or overdue.

Denominator – the number of people eligible to receive the flu vaccine.

***Data source:*** Local data collection, for example, GP records.

c) Proportion of people in eligible groups who receive social media invitations when their flu vaccination is due or overdue.

Numerator – the number of people in the denominator who receive social media invitations when their flu vaccination is due or overdue.

Denominator – the number of people eligible to receive the flu vaccine.

***Data source:*** Local data collection, for example, GP records.

d) Proportion of people in eligible groups who receive invitations using more than 1 method when their flu vaccination is due or overdue.

Numerator – the number of people in the denominator who receive invitations using more than 1 method when their flu vaccination is due or overdue.

Denominator – the number of people eligible to receive the flu vaccine.

***Data source:*** Local data collection, for example, GP records.

### Outcome

Flu vaccine uptake in eligible groups.

***Data source:***[Seasonal flu vaccine uptake in GP patients](https://www.gov.uk/government/collections/vaccine-uptake) annual data.

## What the quality statement means for different audiences

**Service providers** (GP practices, primary care services) ensure that systems are in place to identify people who are eligible for flu vaccination. Providers contact people about flu vaccination by writing (letter, email or text message), by phone, through social media or through a combination of methods.

**Healthcare practitioners** (such as practice nurses, midwives, doctors, GP support staff, pharmacists and health visitors) contact people who are eligible, as appropriate to their role, for flu vaccination by writing (letter, email or text message), by phone, through social media or through a combination of methods.

**Commissioners** (NHS England) ensure that they commission services that invite everyone to receive flu vaccination who is eligible and do so by writing (letter, email or text message), by phone call, through social media or through a combination of methods.

**People who should have the flu vaccine** receive invitations to attend for vaccination. The invitation should be sent in a way that suits them, which may be by letter, email, text message, phone call, through social media or through a combination of these methods.

## Source guidance

[Flu vaccination: increasing uptake](https://www.nice.org.uk/guidance/ng103) (2018) NICE guideline NG103, recommendation 1.4.4

## Definitions of terms used in this quality statement

### Eligible groups

People who are eligible for flu vaccination in the NHS, as outlined in the [Green Book](https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19). For the purpose of this quality standard, the eligible groups considered were:

* children and adults aged 6 months to 64 years in a clinical risk group (as listed in the [annual flu letter](https://www.gov.uk/government/publications/national-flu-immunisation-programme-plan))
* those in long-stay residential care homes
* pregnant women
* people receiving carer's allowance
* close contacts of immunocompromised people
* people who are the main informal carer of an elderly or disabled person whose welfare may be at risk if the carer falls ill
* children aged 2 to 17 years who are not in a clinical risk group (as part of the national roll-out of the flu vaccination programme for this age group).

[Adapted from NICE’s guideline on [flu vaccination: increasing uptake](https://www.nice.org.uk/guidance/ng103) and [Influenza: the green book, chapter 19](https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19)]

### Range of different methods

Methods including written reminders (such as text messages, letters and email), phone calls from staff or an auto dialler, social media, or any combination of these methods.

[Adapted from NICE’s guideline on [flu vaccination: increasing uptake](https://www.nice.org.uk/guidance/ng103) recommendation 1.4.4]

## Equality and diversity considerations

Healthcare professionals should consider the literacy levels and the preferred language of people they are inviting for vaccination. Information should be culturally appropriate, and in some cases, a phone call may be preferable to a letter or text message.

There are some groups that are underserved by flu vaccination programmes such as:

* people who are homeless or sleep rough
* people who misuse substances
* asylum seekers
* Gypsy, Traveller and Roma people
* people with learning disabilities
* young people leaving long-term care

Consideration needs to be given to how best to invite these groups for flu vaccination and how best to enable access for them.

For people with additional needs related to a disability, impairment or sensory loss, information should be provided as set out in NHS England's [Accessible Information Standard](https://www.england.nhs.uk/ourwork/accessibleinfo/).

# Quality statement 2: Information on vaccination

## Quality statement

People in eligible groups receive invitations for flu vaccination that include information about their situation or clinical risk.

## Rationale

The uptake of flu vaccination is overall lower than desired among those in eligible groups and varies across these groups. Receiving information and advice tailored to their individual situations or clinical risk from a known healthcare practitioner will help people in eligible groups to understand the benefits of having the flu vaccine.

## Quality measures

### Structure

a) Evidence of local arrangements to create information tailored to different types of eligibility for the flu vaccine.

***Data source:*** Local data collection.

b) Evidence of local arrangements to identify groups eligible for the flu vaccine by their specific eligibility.

***Data source:*** Local data collection, for example, GP records.

c) Evidence of local arrangements to give tailored information to eligible groups when inviting them to receive the flu vaccine.

***Data source:*** Local data collection, for example, GP records.

### Process

a) Proportion of people eligible to receive the flu vaccine who received information tailored to their situation or clinical risk on invitation for vaccination.

Numerator – the number of people in the denominator who received information tailored to their situation or clinical risk on invitation for vaccination.

Denominator – the number of people eligible to receive the flu vaccine.

***Data source:*** Local data collection, for example GP, records.

### Outcome

Flu vaccine uptake in eligible groups.

***Data source:***[Seasonal flu vaccine uptake in GP patients](https://www.gov.uk/government/collections/vaccine-uptake) annual data.

## What the quality statement means for different audiences

**Service providers** (GP practices) ensure that systems are in place to identify people eligible for the flu vaccine and to supply information and advice that is relevant to their situation or clinical risk, including the benefits of flu vaccination.

**Healthcare practitioners** (such as practice nurses, midwives, doctors, pharmacists and health visitors) invite people in eligible groups to receive flu vaccination and include information and advice in the invitation which is relevant to their individual situation or clinical risk.

**Commissioners** (NHS England) ensure that they commission services that have systems in place to invite people in eligible groups to receive flu vaccination, and that information and advice is supplied with the invitation that can be tailored to a person’s individual situation or clinical risk.

**People who should have the flu vaccine** receive invitations to attend for flu vaccination that outline why it is important that they have the vaccine and why getting flu could be particularly risky for them.

## Source guidance

[Flu vaccination: increasing uptake](https://www.nice.org.uk/guidance/ng103) (2018) NICE guideline NG103, recommendation 1.4.3

## Definitions of terms used in this quality statement

### Eligible groups

People who are eligible for flu vaccination in the NHS, as outlined in the [Green Book](https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19) and [annual flu letter](https://www.gov.uk/government/publications/national-flu-immunisation-programme-plan). For the purpose of this quality standard, the eligible groups considered were:

* children and adults aged 6 months to 64 years in a clinical risk group (as listed in the [annual flu letter](https://www.gov.uk/government/publications/national-flu-immunisation-programme-plan))
* children and adults aged 6 months to 64 years in long-stay residential care homes
* pregnant women
* people receiving carer's allowance
* close contacts of immunocompromised people
* people who are the main informal carer of an elderly or disabled person whose welfare may be at risk if the carer falls ill.
* children aged 2 to 17 years who are not in a clinical risk group (as part of a phased roll out of the flu vaccination programme for this age group)

[Adapted from NICE’s guideline on [flu vaccination: increasing uptake](https://www.nice.org.uk/guidance/ng103) and [Influenza: the green book, chapter 19](https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19)]

### Situation

Any eligibility that is not classed as a clinical risk group, for example, pregnant women or people receiving carer’s allowance.

[Expert opinion]

## Equality and diversity considerations

Service providers should consider the prevalence of eligibilities in different demographics when producing information.

There are some groups that are underserved by flu vaccination programmes such as:

* people who are homeless or sleep rough
* people who misuse substances
* asylum seekers
* Gypsy, Traveller and Roma people
* people with learning disabilities
* young people leaving long-term care

Consideration needs to be given to how best to invite these groups for flu vaccination and how best to enable access for them.

For people with additional needs related to a disability, impairment or sensory loss, information should be provided as set out in NHS England's [Accessible Information Standard](https://www.england.nhs.uk/ourwork/accessibleinfo/).

# Quality statement 3: Information sharing

## Quality statement

People in eligible groups who have the flu vaccine in a setting other than their GP surgery have their vaccination status shared with their GP.

## Rationale

Timely, accurate and consistent recording of vaccination status in GP health records improves the accuracy of uptake figures and reduces unnecessary invites to people who have already had the vaccine. It is also important for clinical reasons, such as avoiding any adverse events and inadvertently vaccinating a person twice. Accurate uptake figures help providers to plan future vaccination programmes and to meet their targets.

## Quality measures

### Structure

a) Evidence of local arrangements and written protocols for timely, accurate and consistent sharing of information about vaccination status with GP practices by those providing flu vaccination.

***Data source:*** Local data collection, for example, data-sharing agreements.

b) Evidence of use of audit and monitoring systems by providers within a local health economy to review uptake data or vaccination status in health records.

***Data source:*** Local data collection, for example published data.

### Process

Proportion of non-GP providers who notify the relevant GP when people eligible to receive the flu vaccine are vaccinated in a setting other than their GP surgery.

Numerator – The number in the denominator who notify the relevant GP when people eligible to receive the flu vaccine are vaccinated in a setting other than their GP surgery.

Denominator – The number of non-GP providers of the flu vaccine.

***Data source:*** Local data collection, for example, data-sharing agreements.

### Outcome

Flu vaccine uptake in eligible groups.

***Data source:***[Seasonal flu vaccine uptake in GP patients](https://www.gov.uk/government/collections/vaccine-uptake) annual data.

## What the quality statement means for different audiences

**Service providers** (primary care services, secondary care services, pharmacies, school nursing teams, occupational health services) ensure that they have written information-sharing protocols in place between themselves and GP practices so that GP health records have up-to-date information on flu vaccination status. Providers of flu vaccination should work with GP practices to ensure the information is shared in a timely, accurate and consistent way.

**Health and social care practitioners** (such as practice nurses, midwives, doctors, pharmacists, health visitors, social care practitioners and care workers) who give the flu vaccine in a setting other than a GP practice provide information on vaccination status to the person’s GP practice in a timely and accurate way, in line with established protocols and agreements.

**Commissioners** (NHS England) ensure that they commission flu vaccination services through services specifications that detail the information-sharing protocols for notifying a person’s GP surgery when a person is vaccinated. They ensure that these services act in line with good patient data management practice.

**People who have the flu vaccine** somewhere other than their GP practiceare reassured that their GP will be told and that they should not get more invitations to have the vaccine.

## Source guidance

[Flu vaccination: increasing uptake](https://www.nice.org.uk/guidance/ng103) (2018) NICE guideline NG103, recommendation 1.5.3

## Definitions of terms used in this quality statement

### Settings other than the GP practice

The flu vaccine may be given somewhere other than the person’s GP practice, or by a healthcare practitioner who does not work at the person’s GP surgery. This can include receiving the vaccine in secondary care, at a community pharmacy, at school or through an employer’s occupational health provider.

[Adapted from NICE’s guideline on [flu vaccination: increasing uptake](https://www.nice.org.uk/guidance/ng103) recommendation 1.5.3, [The national flu immunisation programme 2019/20](https://www.england.nhs.uk/publication/vaccine-ordering-for-2019-20-influenza-season-letters/)]

### Vaccination status

A note in GP health records of whether a person received the flu vaccine in the current flu season.

[Adapted from NICE’s guideline on [flu vaccination: increasing uptake](https://www.nice.org.uk/guidance/ng103) recommendation 1.5.3]

# Quality statement 4: Vaccinating health and social care staff

## Quality statement

Health and social care staff who have direct contact with people using services receive flu vaccination from their employer.

## Rationale

Vaccinating frontline health and social care staff reduces the risk of transmission of flu to vulnerable people and can protect the workers themselves from the effects of flu. It is the responsibility of employers to facilitate flu vaccination for staff who have direct contact with people using services.

## Quality measures

### Structure

a) Evidence of local arrangements to make flu vaccination available to health and social care staff who have direct contact with people using services.

***Data source:*** Local data collection, for example, staff health policy.

b) Evidence of local arrangements to use audit and monitoring systems to plan flu vaccine delivery to health and social care staff.

***Data source:*** Local data collection, for example, staff health policy.

### Process

a) Proportion of doctors with direct contact with people using services who receive flu vaccination.

Numerator – The number in the denominator who receive flu vaccination.

Denominator – The number of doctors with direct contact with people using services.

***Data source:*** [Seasonal flu vaccine uptake in healthcare workers](https://www.gov.uk/government/collections/vaccine-uptake) annual data.

b) Proportion of nurses with direct contact with people using services who receive flu vaccination.

Numerator – The number in the denominator who receive flu vaccination.

Denominator – The number of nurses with direct contact with people using services.

***Data source:*** [Seasonal flu vaccine uptake in healthcare workers](https://www.gov.uk/government/collections/vaccine-uptake) annual data.

c) Proportion of clinical staff other than doctors and nurses with direct contact with people using services who receive flu vaccination.

Numerator – The number in the denominator who receive flu vaccination.

Denominator – The number of clinical staff other than doctors and nurses with direct contact with people using services.

***Data source:*** [Seasonal flu vaccine uptake in healthcare workers](https://www.gov.uk/government/collections/vaccine-uptake) annual data.

d) Proportion of support staff with direct contact with people using services who receive flu vaccination.

Numerator – The number in the denominator who receive flu vaccination.

Denominator – The number of support staff with direct contact with people using services.

***Data source:*** [Seasonal flu vaccine uptake in healthcare workers](https://www.gov.uk/government/collections/vaccine-uptake) annual data.

e) Proportion of social care workers with direct contact with people using services who receive the flu vaccination.

Numerator – The number in the denominator who receive flu vaccination.

Denominator – The number of social care workers with direct contact with people using services.

***Data source:*** Local data collection, for example, employment records.

### Outcome

a) Flu vaccine uptake rates for healthcare staff who have direct contact with people using services.

***Data source:***[Seasonal flu vaccine uptake in healthcare workers](https://www.gov.uk/government/collections/vaccine-uptake) annual data.

b) Flu vaccine uptake rates for social care staff who have direct contact with people using services.

***Data source:***Local data collection, for example, employment records.

## What the quality statement means for different audiences

**Employers of health and care staff** (such as NHS organisations, independent contractors, local authorities, and private and voluntary sector employers of social care staff) ensure that they make the flu vaccination available to health and social care staff who have direct contact with people using services. They ensure that their staff know about their eligibility, the benefits and importance of vaccination for different staff groups. They use various means to encourage and facilitate uptake.

**Health and social care staff** who have direct contact with people using services (such as nurses, midwives, doctors, pharmacists, health visitors, clinical support staff, social care practitioners and care workers) are aware that they can have flu vaccination, and know about the benefits to the people they care for, their co-workers, their families and themselves.

**Commissioners** (NHS England) ensure that they commission services that provide flu vaccination to the frontline health and social care staff they employ and commission the leaders of services to prioritise flu vaccination programmes for their staff.

## Source guidance

[Flu vaccination: increasing uptake](https://www.nice.org.uk/guidance/ng103) (2018) NICE guideline NG103, recommendation 1.7.1

## Definitions of terms used in this quality statement

### Direct contact with people using services

Providing care or assessments in person in GP practices, hospitals, community-based care services (to people in their own homes), or in residential care homes or other long-stay care facilities.

[Adapted from NICE’s guideline on [flu vaccination: increasing uptake](https://www.nice.org.uk/guidance/ng103) recommendation 1.7.1]

### Employer of health and care staff

An organisation that employs health or social care staff. This includes NHS organisations, independent contractors, local authorities, and private and voluntary sector employers of social care staff.

[Adapted from NICE’s guideline on [flu vaccination: increasing uptake](https://www.nice.org.uk/guidance/ng103) recommendation 1.7.1]

# About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, this may not always be appropriate in practice. Taking account of safety, shared decision-making, choice and professional judgement, desired levels of achievement should be defined locally.

Information about [how NICE quality standards are developed](https://www.nice.org.uk/standards-and-indicators/timeline-developing-quality-standards) is available from the NICE website.

See [quality standard advisory committees](http://www.nice.org.uk/Get-Involved/Meetings-in-public/Quality-Standards-Advisory-Committee) on the website for details of standing committee 1 members who advised on this quality standard. Information about the topic experts invited to join the standing members is available on the [quality standard’s webpage](https://www.nice.org.uk/guidance/indevelopment/gid-qsXXXXX/documents).

This quality standard has been included in the NICE Pathway on [influenza](https://pathways.nice.org.uk/pathways/influenza), which brings together everything we have said on a topic in an interactive flowchart..

NICE has produced a [quality standard service improvement template](https://www.nice.org.uk/about/what-we-do/into-practice/measuring-the-uptake-of-nice-guidance) to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

NICE produces guidance, standards and information on commissioning and providing high-quality healthcare, social care, and public health services. We have agreements to provide certain NICE services to Wales, Scotland and Northern Ireland. Decisions on how NICE guidance and other products apply in those countries are made by ministers in the Welsh government, Scottish government, and Northern Ireland Executive. NICE guidance or other products may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

## Improving outcomes

This quality standard is expected to contribute to improvements in the following outcomes:

* disease burden on NHS services
* lost productivity of health and social care staff through sick leave
* lost education opportunities due to school absence
* flu associated mortality

It is also expected to support delivery of the Department of Health and Social Care outcome frameworks:

* [Adult social care outcomes framework](https://digital.nhs.uk/data-and-information/publications/ci-hub/social-care)
* [NHS outcomes framework](https://digital.nhs.uk/data-and-information/publications/clinical-indicators/nhs-outcomes-framework)
* [Public health outcomes framework for England](https://www.gov.uk/government/collections/public-health-outcomes-framework).

## Resource impact

NICE quality standards should be achievable by local services. The potential resource impact is considered by the quality standards advisory committee, drawing on resource impact work for the source guidance. Organisations are encouraged to use the [resource impact products](https://www.nice.org.uk/guidance/ng103/resources) for the NICE guideline on flu vaccination: increasing uptake to help estimate local costs.

## Diversity, equality and language

During the development of this quality standard, equality issues were considered and [equality assessments](https://www.nice.org.uk/guidance/indevelopment/gid-qs10071) are available. Any specific issues identified during development of the quality statements are highlighted in each statement.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

ISBN:

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