



## FLU VACCINATIONS 2020 / 21

Best practice toolkit for GP practices

Improving uptake in eligible children and adults

## Greater Manchester Screening & Immunisation Team

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## About this toolkit

- This toolkit reflects guidance from the national Flu letter and uses evidence from a study into factors associated with higher flu vaccine uptake .
- If you need further guidance on this year's flu programme, please contact the Greater Manchester Screening and Immunisation Team: [england.gmsit@nhs.net](mailto:england.gmsit@nhs.net)

## The basics (**Many practices will already have the basics well-covered**)

Identify a flu vaccination lead who is responsible for the programme. This is your flu advocate for the season. Devise your programme delivery plans. They could hold regular updates in team meetings, produce a flu bulletin for the practice, organise publicity displays etc.

Audit and review your patient registers so that you can identify all eligible patients and enable robust call and recall. Check phone numbers, addresses, newly diagnosed patients, updating pregnancy status before and during the season.

Ensure newly registered patients have flu vaccination status recorded. If they have been vaccinated by their previous practice it will need to be recorded on their record

Ensure all eligible patients receive a personalised invitation for flu vaccination. This can be by letter, phone call, text or email. This is a requirement the enhanced service specification.

If patients don't reply or attend, ensure you have a system for recalling non-responders remaining unvaccinated leaves these patients at risk of flu complications.

Encourage all practice staff to remind all eligible patients at every opportunity, for example, at reception, long term condition clinics etc. Continue to recall until you have an active decline.

## Evaluate and audit

Check your uptake figures from 2019/20 on Immform or through your practice system to see how you did last year. Identify what went well and where you could improve. Did clinics work or were appointments better?

**National uptake ambitions have increased this year.**

Eligible group	Uptake ambition
Aged 65 years and over	75%
Aged under 65 years and 'at risk' including pregnant women	At least 75% in all clinical at-risk groups
2 and 3 year olds	At least 75%

Unvaccinated eligible patients are at risk of the complications of flu review reasons they did not have the vaccine .

Think about your patients who didn't attend or respond, is vaccination accessible, e.g. can patients attend before or after work? What do they need to enable them to attend?

How did you talk to patients about their risk of flu? How else could you get the message across about the risk of flu and the benefits of vaccination?

What was your uptake in the 'at risk' groups? E.g. patients with chronic respiratory disease, chronic heart disease, COPD etc. Could you pay special attention to making invitations to those groups with the lowest uptake? Also remember groups such as housebound patients, patients with learning difficulties.

Consider the timing and management of your vaccination clinics.

Discuss with your colleagues your patients who are most at risk and how to encourage their uptake.

Your staff are key to a successful flu programme.

- Make sure all staff in all roles are trained understand the importance of the flu programme and the impact that flu can have on vulnerable patients. All staff should be advocates for flu vaccination.
- Take every opportunity to discuss vaccination with patients.
- Regularly ask your staff for feedback your practice uptake ImmForm will provide you with your practice uptake data. This will enable you to put in to place targeted interventions to improve uptake.
- Ensure your staff are offered vaccination.

## Pre-Season checklist

- Make sure all your staff are updated on your practice delivery plans.
- Make sure your practice staff are aware of the named flu lead or flu team within the practice.
- Ensure you have a list of your eligible population and have ordered sufficient vaccine considering your ambition to increase your uptake and anticipated population increase.
- Confirm you have the right vaccine for the right eligible groups.
- Ensure your cold chain management is updated and robust.
- Vaccines for under 18s are ordered through Immform and there are caps on ordering, make sure you know how much you can order at a time.
- Make sure your practice has signed up on CQRS and Immform to ensure automatic extraction of figures and payment .This can save you from doing manual extractions.
- Ensure any prefilled templates or protocols are update. Ensure any new vaccines, batch numbers and expiry dates are up to date.

- If you don't already use templates or protocols, ask other practices in your network for tips and advice they can save time during a busy flu clinic.
- Ensure all patients who are eligible for vaccination are coded at the start of the season. This includes patients who might not appear on pop ups but are still eligible, such as LD, those shielding or housebound.
- Provide patient information for the flu vaccine programme on your website.
- Make sure all your clinical team have read the national NHS flu programme letters.
- Ensure staff are appropriately trained.
- Ensure your flu vaccine PGD is UpToDate.
- Ensure all planning and delivery of vaccine clinics are COVID-19 infection control compliant.
- Sign up to vaccine update <https://www.gov.uk/government/collections/vaccine-update>

Eligible group	Type of Flu vaccine
At risk children aged from 6 months to less than 2 years	<p>Offer QIVe.</p> <p>LAIv and QIVc are not licenced for children under 2 years of age.</p>
At risk children aged 2 to under 18 years	<p>Offer LAIV</p> <p>If LAIV is contraindicated offer:</p> <ul style="list-style-type: none"> <li>• QIVe to children less than 9 years of age.</li> <li>• QIVc should ideally be offered to children aged 9 years and over who access the vaccine through general practice. Where QIVc vaccine is unavailable, GPs should offer QIVe.</li> <li>• It is acceptable to offer only QIVe to the small number of children contraindicated to receive LAIV aged 9 years and over who are vaccinated in a primary school setting.</li> </ul>
Aged 2 and 3 years on 31 August 2020 All primary school aged children (aged 4 to 10 on 31 August 2020)	<p>Offer LAIV</p> <p>If child is in a clinical risk group and is contraindicated to LAIV (or it is otherwise unsuitable) offer inactivated influenza vaccine (see above).</p>
At risk adults (aged 18 to 64), including pregnant women	<p>Offer:</p> <ul style="list-style-type: none"> <li>• QIVc</li> <li>• QIVe (as an alternative to QIVc)</li> </ul>
Those aged 65 years and over	<p>Offer:</p> <ul style="list-style-type: none"> <li>• aTIV* should be offered as it is considered to be more effective than standard dose non-adjuvanted trivalent and egg-based quadrivalent influenza vaccines.</li> <li>• QIVc is suitable for use in this age group if aTIV is not available.</li> </ul> <p>* It is recommended that those who become 65 before 31 March 2021 are offered aTIV 'off-label'.</p>

## Planning your clinics

- Utilise National letter templates for individual invites to patients: <https://www.gov.uk/government/collections/annual-flu-programme> templates will be available nearer to the start of the flu season.
- Offer a range of appointments, daytime clinics, evenings, weekends as well as opportunistic vaccination.
- Make use of pop ups on the practice system to remind staff that patients are eligible, these might need to be activated.
- Build in time for admin staff to undertake recall of patients who haven't attended or responded.
- Have plans in place for the vaccination of housebound patients, these patients can be particularly vulnerable to flu, it is important to vaccinate this cohort as soon as possible, at the start of the season.
- Order your national vaccine.
- Plan how patients in nursing homes will be vaccinated safely observing the strict COVID-19 rules, current advice is to limit visitors to the homes

## During the flu season

- Start flu vaccination as soon as possible after your vaccines arrive.
- Monitor your uptake through the season regularly.
- Keep the patient register up to date and proactively contact eligible patient list is up to date.
- Liaise closely with maternity services to ensure your pregnant patient list is up to date.
- Hold regular meetings with staff so everyone knows the practice plan and progress. Make sure you celebrate your success.
- Take up any free publicity resources from either your CCG, GMHSCP or Public Health England or Astra Zeneca.
- If a patient hasn't attended or responded – recall

## Why don't some patients attend?

A recent study looked at older people's attitudes towards flu vaccination .The study found that attitudinal barriers were significant in influencing flu vaccination.

- Not everyone sees themselves as vulnerable to flu.
- Not everyone believes that the vaccine works
- Some may have concerns regarding the safety.
- Needle phobia.
- Access
- Not everyone knows they are eligible
- Concerns about side effects of the vaccine
- A bad experience of the vaccine

Patients knew that flu was a health concern and that being older meant you could be more vulnerable to disease, but this didn't translate into seeing themselves as vulnerable. Framing vaccination as part of a healthy lifestyle might generate a more positive response from older patients

## Communication to Patients

- Ensure you publicise flu clinics on your website, prescription notices, text messages, letters or around the surgery.
- Think how this will need to be done differently this season if patients are not routinely visiting the practice
- Reassure patients that your clinics will be held following strictly all the latest advice on infection control
- Advise that children whose faith doesn't allow the nasal flu because of the porcine gelatine element are advised that there is an alternative available

Table 19.1 Influenza-related population mortality rates and relative risk of death among those aged six months to under 65 years by clinical risk group in England, September 2010 – May 2011.

- Which patients are most at risk?
- The Green book (Chapter 19, page 4) has a chart explaining mortality risk and relative risk of death from flu in some of the ‘at risk’ groups:
- <https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>
- Those with chronic liver disease are at increased relative risk of mortality if they contract flu compared to the general population.
- It would be beneficial to focus efforts on some of your most vulnerable patients.

	Number of fatal flu cases (%)	Mortality rate per 100,000 population	Age-adjusted relative risk*
<b>In a risk group</b>	213 (59.8)	4.0	11.3 (9.1-14.0)
<b>Not in any risk group</b>	143 (40.2)	0.4	Baseline
Chronic renal disease	19 (5.3)	4.8	18.5
Chronic heart disease	32 (9.0)	3.7	10.7 (7.3-15.7)
Chronic respiratory disease	59 (16.6)	2.4	7.4 (5.5-10.0)
Chronic liver disease	32 (9.0)	15.8	48.2 (32.8-70.6)
Diabetes	26 (7.3)	2.2	5.8 (3.8-8.9)
Immunosuppression	71 (19.9)	20.0	47.3 (35.5-63.1)
Chronic neurological disease (excluding stroke/transient ischaemic attack)	42 (11.8)	14.7	40.4 (28.7-56.8)
<b>Total (including 22 cases with no information on clinical risk factors)</b>	<b>378</b>	<b>0.8</b>	

\* Mantel-Haenszel age-adjusted rate ratio (RR), with corresponding exact 95% CI were calculated for each risk group using the two available age groups (from six months up to 15 years and from 16 to 64 years).

## Raising awareness amongst patients

Patients should understand that vaccination is a positive lifestyle choice, it is safe and helps to protect those around them as well as giving individual protection.

Patients need to understand that they are eligible for the flu vaccination because either their long-term condition or age puts them at increased risk of flu and the complications of having the virus. It is useful for patients to understand what the particular risks are for them and their condition.

Ensure all eligible patients receive a personalised invitation by letter, phone, text or email. Try to use a different method if they didn't attend after the first or second invite.

Edit the national template letter to make the invitation even more tailored to the patient. You could mention their eligibility, i.e. 'Your chronic liver disease puts you at greater risk of complications from flu...'

(the updated letter will be available here: <https://www.gov.uk/government/collections/annual-flu-programme> )

Think about how you can encourage uptake in patients in 'at risk' groups to attend. Is flu vaccination discussed when patients attend other clinics at the practice (i.e. asthma or diabetes clinics etc) or can vaccination be offered opportunistically?

Contact patients who don't respond to your initial invitations. Keep inviting them until they attend or decline.

Take any and all opportunities to discuss flu vaccination with eligible when you see them for routine appointments.

## Maximise uptake in adults/children with learning difficulties (LD)

Make sure your LD register is up to date search your LD register for patients, they may also fall into another at risk group.

Ensure that patients and carers have access to the easy read flu leaflet this can be found here:

<https://www.gov.uk/government/publications/flu-leaflet-for-people-with-learning-disability>

There are specialised invitation letters for your LD patients' easy read letters can be found here:

<https://www.gov.uk/government/publications/flu-vaccination-easy-read-invitation-letter-template>

Respiratory illness is the biggest cause of death with patients with LD by protecting against flu you are lessening the risk for this group of patients.

Some LD patients have needle phobias so in *exceptional* circumstances you can use the LAIV, this would be an off licence use and you will need a PSD.

LD patients are also eligible for a PPV 23 pneumococcal vaccine if you feel this would be too much for one visit ensure you make a further appointment for this.

### Maximising uptake in carers

Check your carers register encourage anyone you know who has caring responsibility to register with you as a carer then they will be visible when you search.

All carers are eligible they do not need to be in receipt of carers allowance to qualify for a vaccination.

Explain why you are offering a vaccination to them the aim is to prevent them becoming ill and unable to carry on giving care, this may result in the person they care for either going into respite care or hospital, as they will be unable to care for them.

Raise awareness of the children's flu programme with parents and guardians.

**Explain to parents that:**

Healthy children are offered the flu vaccination because some children can develop a high fever or complications from flu such as bronchitis, pneumonia or a painful ear infection.

Healthy children under the age of 5 are more likely to have to be admitted to hospital with flu than any other age group.

Protecting children against flu helps to stop the spread to other more vulnerable family and friends

Remember that if they are of pre-school age they can have the LAIV at the same time as the MMR, or anytime either side of it.

If parent refuse LAIV on religious grounds, they can now be offered the injectable vaccine as an alternative – you can order this from Immform

**In the practice you'll be vaccinating children who are 2 or 3 on 31<sup>st</sup> August 2020, and all eligible children with 'at risk' conditions.**

Arrange bookable clinics as well as offering opportunistic vaccination. To help families attend, consider evening and weekend appointments, appointment times between 3.30 and 6.30pm would coincide with school pick-up.

Consider October half term for clinics and aim to have vaccinations completed by Christmas

If you want to hold a bespoke 2 and 3 year old clinic, contact Immform who can arrange larger vaccine orders.

All staff can help to promote the vaccination message to parents; include Health Visitors, midwives, pharmacists and other healthcare professionals in your planning and find opportunities to work together.

Children who turn 4 during the flu season remain eligible to be vaccinated at their GP practice

## Key Messages for eligible patients

1. You are at greater risk of complications from flu you're eligible for flu vaccination because you are vulnerable
2. This year flu and Covid-19 are circulating
3. Flu vaccine is very safe and the most effective way to protect individuals and communities from the flu
4. It can take up to 2 weeks for the flu vaccine to work, so get vaccinated as soon as you can.
5. You need to have the flu vaccine each year because the circulating strains of the virus changes and so different vaccines are produced to match.
6. Pregnant women can have the vaccination at any stage of pregnancy, flu can make you and your baby very ill. Vaccination can also protect your baby against flu after they're born and during their first few months.

## Resources and more information

**Find the 2020/21 Flu Letter here:** <https://www.gov.uk/government/publications/national-flu-immunisation-programme-plan>

**Download resources here:** <https://campaignresources.phe.gov.uk/resources/campaigns/34-stay-well-this-winter-resources> (will be updated for 2020/21)

**Order leaflets and posters here:** <https://www.healthpublications.gov.uk/Home.html> (free to order and deliver – you will need to register for an account)

**Find the national flu immunisation programme training/update slide-set here:**  
<https://www.gov.uk/government/collections/annual-flu-programme>

**Recommended vaccines for 2020/21:** <https://www.gov.uk/government/publications/flu-vaccination-recommended-vaccines-letter>

**NICE** <https://www.nice.org.uk/guidance/ng103>

**Contact us** If you want to speak about your flu programme plans, please contact the **Greater Manchester Screening & Immunisation Team** [england.gmsit@nhs.net](mailto:england.gmsit@nhs.net)

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