INCREASING INFLUENZA IMMUNISATION
SUMMARY

Influenza and its complications can cause serious illness or death, particularly in older people or those who have existing medical conditions. Based upon statistical analyses of current practices, we have produced a simple and evidence-based list of strategies which will help GPs to increase rates of seasonal flu vaccination.

BACKGROUND

Influenza (flu) remains a common, potentially serious infection. Safe and effective immunogenic vaccines are available for preventing flu but currently need to be administered on an annual basis, as immunity inevitably declines with time and as virus strains mutate. The recommendation of England’s Chief Medical Officer, reflecting an international consensus, is for at least 75% of those in the elderly and other at-risk groups to receive seasonal flu vaccine. However, rates in England were only 72.8 and 50.4% respectively in 2010-11. Rates in pregnant women were 36.6%. The aim of the study was to identify how GPs can improve flu vaccination rates, thereby reducing the incidence of flu and its adverse sequelae and offering benefits to at-risk patients, care providers and the wider economy.

METHODS

The study initially consulted six separate primary care providers, who were already achieving high rates of flu vaccination in communities ranging from rural to inner city settings. With their input, three online questionnaires were developed and distributed to GPs, nursing staff and practice managers across four Strategic Health Authorities in England (London, Yorkshire, East Midlands and West Midlands). Responses from the questionnaires were then analysed alongside the flu vaccination rates achieved by each practice, plus standard demographic and performance indicators, in order to identify the strategies associated with higher rates of vaccination uptake.

RESULTS

The survey was distributed to a total of 2896 practices. Responses were submitted by 1011 staff from 795 practices (27.5% of those invited to contribute). Following statistical analysis, a number of factors concerning staff involvement, communication and practice organisation were found to be significantly associated with the flu vaccine uptake rates achieved. These were largely independent of demographic measures within practice populations.

MAIN FINDINGS

Seven key strategies were identified as having a significant impact upon influenza vaccination rates within general practice. If these strategies were adopted by all GPs who don’t currently use them, we estimate that more than 600,000 extra patients would receive the flu vaccine and be protected against this potentially fatal infection.
KEY RECOMMENDATIONS

When planning their flu vaccination campaign, practices should:
- identify a lead member of staff with responsibility for running the vaccination campaign;
- identify a lead member of staff with responsibility for the identification of eligible patients;
- be able to modify searches of the practice IT system in order to identify eligible patients more accurately, if necessary.

When inviting patients for flu vaccination, practices should:
- send a personal invitation to all eligible patients;
- collaborate with their local community midwives to offer and provide vaccination to pregnant women.

When providing flu vaccination, practices should:
- only stop offering vaccination once they have achieved the highest targets in both QOF-qualifying and non-QOF qualifying patients;

When reviewing their flu vaccination campaign, practices should:
- document their uptake rates in a written report and provide this to all practice staff, especially those with involvement in provision of the flu vaccination campaign.
SUPPLEMENTARY RECOMMENDATIONS

When planning their flu vaccination campaign, practices are advised to:

- ensure that they communicate their plans for the vaccination campaign to clinical and administrative staff within the practice. It is suggested that community midwives, community nursing teams and local care homes should be consulted when formulating these plans and included in the dissemination of subsequent information;

- ensure that they plan ahead to fill vacancies in nursing, auxiliary and administration staffing prior to the campaign, where possible;

- run at least one search to identify their eligible patients no later than August and ensure that correct Read codes are applied to patient records throughout the year to enable accurate identification of those who are eligible for vaccination;

- ensure that they have an automatic mechanism in place to identify patients who become newly eligible after the planning, or the campaign itself, has started. Practices should also ensure that efficient communication systems are in place for community care teams to identify eligible patients to the practice, and vice versa, where necessary;

- encourage their staff to receive flu vaccination, providing appropriate and up-to-date information about the benefits to themselves, colleagues and patients when required. Sources of such information include the local PCT, SHA and Occupational Health services.

When inviting patients for flu vaccination, practices are advised to:

- take responsibility for the invitation of all their eligible patients, even where other service providers are involved in their care. Practices should not assume that a patient will be receiving information about vaccination, or the vaccine itself, from another source (such as their employer or secondary care);

- integrate patient call and recall activities into the routine work of the practice, although allocation of additional staff time and/or funding may also increase effectiveness;

- use professionally-produced literature and publicity materials to support their promotion of vaccination. These may be available from the local PCT or SHA or from vaccine manufacturers.

- ensure that publicity and other information is made available in alternative languages, where applicable and depending upon the local population, to ensure that vaccination is promoted to the widest possible audience;

- consider collaborating with other local practices to advertise the vaccination campaign, in order to increase coverage and reinforce their own promotion. This is particularly effective for the under 65 age group, who may be more mobile from day-to-day in the community and
whose relationship with their surgery may be less consistent and/or more intermittent than that of the older population.

When running their flu vaccination campaign, practices are advised to:

- plan to begin vaccinating their eligible patients as soon as their vaccine doses are delivered;
- allocate appointments for vaccination (either individually or in blocks), rather than offer open / walk-up sessions, in order to increase patient attendance and the efficiency of their campaign;
- use a separate IT or Read code for vaccination bookings to facilitate efficient follow-up of patients who do not respond to invitation. This is particularly important for under 65s;
- send prompt reminders to patients who do not respond to invitation. More reminders are associated with higher rates of uptake and we advise that patients in all risk groups should be treated equally in this respect;
- ensure that all patients receive accurate information about the benefits of vaccination. Patients who actively decline vaccination in one year should have this refusal recorded but should continue to be offered vaccine in future years.
- review their rates of vaccine uptake at least every two weeks while offering vaccination, in order to be able to target practice activities effectively;
- aim to have concluded their vaccinations by the end of October, in order that patients are able to develop immunity before influenza usually begins to circulate in the community. However, when patients attend, or become eligible, later in the season, practices should continue to provide them with vaccination as soon as possible;
- continue to make vaccine available for all unvaccinated patients in at-risk groups until influenza stops circulating, or as directed by the local PCT Vaccinations and Immunisations co-ordinator (usually by the end of February).

When reviewing their flu vaccination campaign, practices are advised to:

- consider reviewing their uptake rates alongside other similar practices in a local forum (such as the local commissioning organisation);
- be willing to discuss their campaign strategies, and evidence of what is effective in maximising uptake, with other local practices so that good practice can be shared and optimised, particularly where this is specific to local community factors or individual at-risk groups;
- use this information to plan amendments to the following year’s campaign at an early stage, while aiming to meet (and if practicable exceed) the CMO’s targets. Practices should also
maintain an awareness of any emerging evidence for strategies that may improve vaccination rates and ensure that such information is disseminated to their staff.

Further, we advise that the Department of Health:

- maintains the financial incentive for practices to provide flu vaccination and continue to improve their rates. A sole focus on targets may promote complacency once these targets are attained, however, and consideration could be given to introducing an incentive for practices to maximise their vaccination uptake rates in all eligible patient groups.

FURTHER INFORMATION

The research was carried out by the University of Sheffield, the University of Lincoln and Retford Health. It was commissioned and funded by the Department of Health. The full report of the study has been independently peer reviewed and is available at: www..

The evidence-based recommendations arising from this study are being sent to Primary Care Trusts and Strategic Health Authorities across England. A summary of the study is also due to be published in ....

If you have any questions about the study, please contact Dr Laura Dexter (l.dexter@sheffield.ac.uk).