

# Summary of NICE guideline NG103: Flu vaccination: increasing uptake



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In August 2018, NICE ([National Institute for Health and Care Excellence](https://www.nice.org.uk)) published guidelines on increasing flu vaccination uptake in eligible groups: [Flu vaccination: increasing uptake \[NG103\]](https://www.nice.org.uk/guidance/ng103). A committee that included topic experts developed the guideline. The committee considered current practice, evidence, expert opinion and economic modelling. An overview of the committee's discussion, including rationale, impact and quality, and gaps in the evidence may be found at: <https://www.nice.org.uk/guidance/ng103/chapter/The-committees-discussion>

The guidelines offer seven broad recommendations to help increase uptake of flu vaccination in health and social care staff, individuals in clinical risk groups, children, and carers:

- 1. A multicomponent approach**
- 2. Raising awareness**
- 3. Offering vaccination**
- 4. Increasing uptake among eligible groups**
- 5. Audit monitoring and feedback**
- 6. Flu vaccination in carers**
- 7. Employers of health and social care staff**

This is a brief summary only. The full guidelines, including references and discussion may be accessed at <https://www.nice.org.uk/guidance/ng103> and it is recommended the guidelines are read in full.

## **A multicomponent approach**

Flu vaccination campaigns should incorporate a range of interventions that include working together with key partners, having a flu team in the organisation, and having a leader or a flu vaccination champion to manage the programme(s).

## **Raising awareness**

Educators, line managers and organisational leads should provide:

- those in contact with groups eligible for flu vaccination with accessible opportunities to learn about flu and flu vaccination (the guidelines contain information on what needs to be included in educational sessions)
- guidance on how to identify individuals eligibility such as personal medical records, and medicine dispensing records

Staff and colleagues in all healthcare settings should be reminded to make the most of every opportunity to raise awareness about and offer flu vaccine to eligible groups.

Vaccinators/providers of flu vaccination should:

- start raising awareness before September each year
- consider working with key partners to increase awareness in eligible groups, this may include statutory and voluntary organisations
- give face to face advice brief advice/intervention on the importance of flu vaccination using appropriate language and highlighting how serious flu can be
- explain to parents about the nasal spray for children being different to an injection
- give people information about location/opening hours of flu services including those available out of hours service (OOH) and at community pharmacies
- include information on flu with other health related messages

### **Offering vaccination**

Every opportunity to identify those eligible for flu vaccination should be used, to include when individuals are new to register with a general practice, the newly pregnant, and those newly diagnosed with a long-term health condition. Also, to establish and use links with statutory and voluntary organisations that engage and work with eligible individuals.

Providing multiple opportunities for individuals to access vaccination is recommended, ensuring time and location is convenient, and there is also a recommendation to consider outreach services for groups that may be underserved.

It is recommended to plan for higher vaccine uptake than the previous year, ensuring enough vaccine is ordered to achieve this.

### **Increasing uptake among eligible groups**

An invitation for vaccination should come from a healthcare professional the eligible individual knows (e.g. practice nurse/health visitor) if possible for greatest impact, and be tailored to them and their situation (what catching flu could mean to them).

Primary care should inform/invite those eligible for flu vaccine opportunistically. Secondary care also has a role in sharing key information when the opportunity arises.

Written reminders (to include text, email, and social media) should include links to trusted websites (e.g. NHS choices) and provide a prompt (hyperlink) so the patient can make an appointment online.

Peer led approaches should be considered in underserved groups.

The identification of individual's eligibility for flu vaccination in routine appointments and specialist clinics such as antenatal clinics and chronic illness specialist clinics, and the offer of vaccination in these areas should be considered.

Prompts for staff about patient's eligibility should be in hand held or electronic letters (reminder stickers are suggested as potentially useful).

When offering vaccine, the offer should be simple and consistent, and face to face if possible, using positive messages and tailored to the person's situation

It should be made easy for eligible individuals to get/receive the vaccination (e.g. there and then).

### **Audit monitoring and feedback**

Recording of vaccination status in records should be timely, accurate and consistent. This is good practice, and helps avoid wasting resources.

Providers of flu vaccinations should record uptake rates and keep records of reason(s) for eligibility, numbers of people called and recalled, the setting and also who has declined vaccination and why (categorised by eligible group).

Commissioners/providers should agree approaches for sharing information with GP practices about vaccinations given elsewhere.

Audit and monitoring systems should be utilised to give providers regular feedback on organisational progress and to help plan/prioritise for next season.

Commissioners should raise awareness among staff/providers of vaccination about payments linked to flu vaccination, to include enhanced service payments, and provider payments such as QOF (Quality Outcomes Framework) in primary care. They should ensure providers know that submission of data on flu vaccine directly affects payments and highlight the need for audit, monitoring and feedback as part of incentive programmes.

Organisations responsible for agreeing quality indicators in incentive programmes may consider revising target conditions to encourage providers to meet targets.

### **Flu vaccination in carers**

If carers are not otherwise eligible clinical judgement should be utilised when offering flu vaccination, and consider if the wellbeing/welfare of the person they care for would be at risk if the carer became unwell or was admitted to hospital with flu.

Identify eligible carers and offer them vaccination as the opportunity arises, such as during a home visit when the person cared for is being vaccinated, and signpost carers to local vaccination services where the above is not possible.

### **Employers of health and social care staff**

Vaccination should be provided to all health and social care staff with direct patient/client contact, including employees providing community-based care services in patient's homes, residential homes or other long stay care facilities.

Audit and monitoring systems should be used to review previous strategies and uptake, to influence planning.

A multicomponent approach should incorporate:

- a full participation strategy with nationally agreed opt out criteria
- providing information about the effectiveness and safety of flu vaccines
- assigning staff to increase awareness and vaccine uptake
- training peer vaccinators
- using local broadcast media & social media
- staff incentives
- gaining and highlighting support from high profile organisational leaders and/or staff representatives
- using prompts and reminders in various formats to include signposting to vaccination locations and times
- using systems linked to named staff records to monitor uptake and to target prompts and reminders

Consider promoting flu vaccination to staff as a way to protect the people they care for, themselves & their families, and their co-workers, and to meet professional expectations.

Consider extending vaccination clinic hours to fit with staff working patterns, using outreach or mobile services in areas and at times where large numbers of staff congregate, and offering opportunities for offsite and out of hours access. Publicising information about mobile services. Agree approaches for information sharing if off site vaccination is offered so that individual immunisation status records are timely, accurate and consistent.

Publicise flu vaccination uptake rates and comparative rates of individual departments/sites.

Consider an anonymous survey of reasons for opting out to influence future programmes.

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