Vaccine Preventable Disease Programme (VPDP)

The peer vaccinator model in Wales 2023

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Purpose and Summary of Document:

Easy access to flu vaccines is an influencing factor on healthcare workers flu vaccine uptake. Peer vaccination can help flu vaccine be more accessible to healthcare workers.

The peer vaccination model has been established across Wales for a number of years to support flu vaccination in NHS Wales staff. Historically considered a practical way to improve access to vaccination for staff, as well as a useful way to encourage informed immunisation conversations amongst colleagues.

Post pandemic, it was unclear if this model continued to be widely utilised, if it now included other vaccines, and what has influenced any changes.

A short online survey with key stakeholders explored this topic, along with how this model could be best supported, if appropriate, going forward.

Findings indicate that the peer vaccinator model continues to be used to support staff vaccination in NHS Wales. Primarily but not exclusively this is as part of the national flu vaccination programme.

Key facilitators to the model include senior management buy in, support, along with early planning and resources. Robust, timely training resources are considered important.

Barriers include onerous lengthy training, along with limited time and capacity.

Recommendations include the update and/or development of consistent national resources on a once for Wales basis.

Work Plan reference: VPDP work plan

Contents

1.   Purpose

The peer vaccination model has been considered a useful way to support easy access to flu vaccination in healthcare staff for a number of years, and pre pandemic was well established across NHS Wales' organisations. It is unclear however, if this model continues to be widely utilised in Wales, if it now includes vaccines other than flu such as COVID-19, and what has influenced any change in the way this model is used.

A short online survey with key stakeholders explored this topic, along with how peer vaccination could be best supported, if appropriate, going forward.

2.   Background

Following a robust review of the literature, NICE (National Institute for Health and Care Excellence) demonstrated that evidence indicates easy access to flu vaccination is an influencing factor on flu vaccine uptake in healthcare workers, and recommend 'training peers to vaccinate their co-workers' to increase flu vaccine uptake in this group[1].

Frontline NHS Wales staff are a priority group for annual flu vaccination and were a phase one priority group for COVID-19 vaccination, to protect them and those in their care[2,3]. Vaccinating healthcare workers also contributes to keeping the NHS and social care services running[2,3].

The peer vaccination model has been well established across NHS Wales organisations for a number of years, it is evidence based, and generally seen as a useful way to support flu vaccination in NHS Wales staff, making access to both information and the vaccine itself easier, a key principle in maximising vaccine uptake[1].

Post pandemic it is unclear if this model continues to be widely utilised, if it remains used for flu only, and what is influencing any changes.

3.   Description

In May 2023, a short online survey (using Microsoft forms) was developed (appendix 1) and shared directly with health board immunisation coordinators and trust flu leads, to explore the current use of the peer vaccinator model in NHS Wales, and gather feedback from these local leads.

The survey also explored factors influencing the successful use of this model for staff vaccination, and how this might be best supported going forward.

4.   Findings

There were eleven responses to the online survey, with all trusts and five of the seven health boards in Wales represented (table 1).

Table 1. Survey responses

NHS Wales Organisation	Number of responses
Aneurin Bevan UHB	2
Betsi Cadwaladr UHB	1
Cardiff & Vale UHB	1
Cwm Taf Morgannwg UHB	2
Hywel Dda UHB	0
Powys THB	1
Swansea Bay UHB	0
Public Health Wales	2
Velindre NHS Trust	1
Welsh Ambulance Service Trust	1

All (100%) responders indicated that the peer vaccinator model continues to be utilised in their organisations to support flu vaccination of staff, demonstrating that the peer vaccinator model is still widely used in NHS Wales. Powys THB noted that this is utilised less since the pandemic, and that they are currently remodelling their peer vaccination model. Two health boards (Cwm Taf Morgannwg UHB and Aneurin Bevan UHB) also administer COVID-19 vaccine via peers. Velindre NHS trust used to, but no longer uses this model for COVID-19 vaccination. No other vaccines were reported as administered via this model.

4.1   Barriers

The most commonly reported barriers to the peer vaccination model were training and competency assessment. These were considered a barrier by four responders from four different organisations, with the training considered time consuming (1)

and thus sometimes difficult to get the time off to complete (1), and the need for competency assessment annually considered problematic and/or onerous (2).

The second most common barriers were time and capacity.

> *'pressures in work mean that staff have completed training but capacity issues have impacted the delivery'*

> *'difficult for them to get time off for training'*

4.2   Facilitators

The most common factor highlighted as helping the peer vaccinator model run smoothly was leadership and support (4), with senior management support flagged specifically as key by two organisations. Administrative support was also considered important (2). The issue of adequate time was again raised (2).

The need for early robust planning that includes the early availability of key tools and resources such as ESR training modules (1) and written instruction (1) were highlighted in three responses.

Good communications also appear to help the model run smoothly as this was identified in three responses (from two organisations).

Feedback on which tools and resources are considered helpful was wide ranging, with the most commonly reported tools that help being around training and competency, with 70% (7) responders highlighting this (unprompted). One respondent reported not utilising any national tools or resources.

Some respondents were vague about the tools they have developed locally, but those who were more specific described tools/resources:

- Training package for fridge checking (1)
- Flu champion training (1)
- Power point presentation (1)
- Consent form (using Microsoft forms) (1)
- Database of peer vaccinators (1)
- Peer vaccinator information pack (1)

One respondent fedback that no national tools or resources were required as locally they have their own specific needs and develop their own tools (but did not share them). Tools/resources identified by others as potentially being useful if developed nationally included:

- Peer vaccinator flu training slide set (2)
- Guidance on training requirements/expectations (2)
- E-learning module for peer vaccinators (1)
- Question and Answer sheet (1)
- Recommendations for staffing (1)
- Easy to use digital recording system (1)
- New flu resources (1)
- Peer vaccinator training tool/checklist (1)

- A template for an annual flu programme report (1)

It should be noted that the top two of these relate to training/competency.

One organisation noted that they are not sure how much they will be able to use this model in the future with the increasing workload of clinical staff.

Other potential facilitators from a national perspective flagged were:

- Co-administer both flu and any COVID-19 boosters via this model (1)
- A statement from the Chief Nursing Officer (CNO) promoting peer vaccination (1)
- A consistent Wales wide approach to peer vaccination (1)

5. Discussion

The peer vaccinator model continues to be used widely in NHS Wales to support vaccination of staff. This is primarily, but not exclusively, utilised as part of the national flu vaccination programme, although some organisations use (or have previously used) the peer vaccinator model to also administer COVID-19 vaccines. If a COVID-19 booster for healthcare staff is recommended in the future it may be a model that organisations would wish to explore to support this.

Training and competency assessment can be a barrier to peer vaccination, however these reflect national (UK) minimum standards which must be adhered to for safe practice. The nationally produced ESR modules (notably flu) are considered key resources in facilitating and supporting the model. The request for specific peer vaccinator resources indicates is worthy of consideration as it may help reduce the burden on peer vaccinators by making their training more bespoke to them.

Early planning, including the early availability of resources are considered necessary to the smooth running of the peer vaccination model, and strong leadership, along with senior management buy in and support, are also key elements. Senior management input may also potentially influence some of the issues around capacity and time (to do the training and to vaccinate) that were highlighted as potential barriers by several respondents. Going forward there appear to be concerns regarding capacity, time and opportunity for peers to vaccinate, these may be best addressed locally with senior management discussion and support if the model is to continue to be well utilised in that organisation. Wales wide support from a senior professional leader such as the CNO might help support this.

There appears to be a low level of awareness regarding some nationally developed peer vaccinator tools and resources, as some of those requested to be developed are already available. In an effort to support a consistent approach, and high standards round peer vaccination across Wales it would seem prudent and sensible to take a once for Wales approach wherever possible to meet local needs.

A number of tools/resources have been developed locally with the top two being related to training. Apart from these there is no common theme, need or resource identified to directly influence the development of any new national resources.

The best ways to facilitate awareness of tools and resources to support peer vaccinators should be considered, to help raise awareness, promote best practice and foster consistency in the planning, delivery, and evaluation of the peer vaccinator model in Wales.

6.   Conclusions

The peer vaccinator model continues to be used widely in NHS Wales to support staff vaccination. Primarily but not exclusively this is as part of the national flu vaccination programme.

Peer vaccinator tools and resources should be updated/developed using a once for Wales approach to support consistency across NHS Wales, and shared proctively.

7.   Recommendations

1. Vaccine Programme Wales may wish to consider ways to actively encourage peer vaccination in NHS Wales organisations.
2. Resources and tools to support peer vaccination in NHS Wales should be updated and/or developed nationally, in collaboration with key stakeholders, and made readily (and easily) available pre 2024/5 flu season.
3. All NHS Wales organisations should be actively encouraged to utilise national (once for Wales) peer vaccinator tools and resources, to support their peer vaccination model.

8.   References

1. UK Health Security Agency. Influenza: the green book, chapter 19: Influenza: the green book, chapter 19 - GOV.UK (www.gov.uk)
2. UK Health Security Agency. COVID-19: the green book, chapter 14a COVID-19: the green book, chapter 14a - GOV.UK (www.gov.uk)
3. National Institute for Health and Care Excellence. Recommendations | Flu vaccination: increasing uptake | Guidance | NICE

9.   Appendix 1

Online Survey

Peer vaccinators - a brief feedback form

1. Which NHS Wales organisation do you work for?

2. Is a peer vaccinator model used in this organisation?

3. If you have answered yes, which vaccines are given by peer vaccinators?

4. What are the main barriers to the peer vaccinator model you have experienced?

5. In your experience what can help the peer vaccinator model run smoothly?

6. What tools/resources do you use to support the peer vaccinator model?

7. Have you developed any tools/resources locally to support the peer vaccinator model? (If so, please describe them)

8. Do you use any VPDP tools/resources to support the peer vaccinator model locally? (If so, which ones)

9. Are there any tools/documents/guidance you would like developed on an all Wales level to support peer vaccination?

10. What could VPDP do to help support consistency and standards in peer vaccination in Wales?

11.   Further comments would be very welcome….