Influenza

NICE National Institute for Health and Care Excellence

Stakeholder engagement – deadline for comments 5pm on **Tuesday 16 April 2019**
email: QStopicengagement@nice.org.uk

	Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly or arrive after the deadline. We would like to hear your views on these questions: 1. What are the **key areas for quality improvement** that you would want to see covered by this quality standard? Please **prioritise up to 5 areas** which you consider as having the greatest potential to improve the quality of care. Please state the specific aspects of care or service delivery that should be addressed, including the actions that you feel would most improve quality.
Organisation name – Stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please leave blank):	**British Lung Foundation**
Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.	**None**
Name of person completing form:	**Jessica Eagelton**
Supporting the quality standard - Would your organisation like to express an interest in formally supporting this quality standard? More information.	**No**
Type	[for office use only]

Key area for quality improvement	Why is this important?	Why is this a key area for quality improvement? Evidence or information that care in the suggested key areas for quality improvement is poor or variable and requires improvement?	**Supporting information** If available, any national data sources that collect data relating to your suggested key areas for quality improvement? Do not paste other tables into this table, as your comments could get lost – type directly into this table.

Please return to: **QStopicengagement@nice.org.uk**

NICE reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion of NICE, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.

Comments received from registered stakeholders and respondents during our stakeholder engagements are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.

Key area for quality improvement 1 Using a multi-component approach in programme planning at a general practice (GP), NHS trust/board, sustainability and transformation partnership (STP) or integrated care system (ICS) level to improve uptake in the clinical at-risk group	Vaccine uptake among the clinical at-risk group is low. In 2017-18 uptake was 48.9%, compared to uptake of 72.6% of among people aged over 65. Improvements to programme planning in health care settings can have a positive impact on vaccine uptake. There is evidence that implementing strategies, such as a review of existing vaccination strategy and the establishment of a lead team or flu vaccination champion can lead to increased uptake. NICE guidelines on flu vaccination: increasing uptake recommend the use of a multicomponent approach as this is likely to have a greater impact than single interventions. Providers should also work together with other health and social care services and local stakeholders to develop plans to increase uptake.	Uptake data from 2017-18 GP patients in the clinical at-risk group shows that there is notable regional variation by NHS England Local Teams and at CCG level. At CCG level, uptake ranged from 37.4% to 62.2%.	Please see Public Health England for data on uptake among the clinical at-risk group. https://www.gov.uk/government/statistics/seasonal-flu-vaccine-uptake-in-gp-patients-winter-2017-to-2018 Please see the following for a review of strategies in general practice to increase vaccination rates - Dexter LJ, Teare MD, Dexter M, et al "Strategies to increase influenza vaccination rates: outcomes of a nationwide cross-sectional survey of UK general practice" *BMJ Open* 2012;2:e000851.

Please return to: **QStopicengagement@nice.org.uk**

NICE reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion of NICE, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.

Comments received from registered stakeholders and respondents during our stakeholder engagements are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.

Key area for quality improvement 2 Raising awareness of influenza in the clinical at-risk group	Patients may refuse the vaccine for a number of reasons, including the perception of being 'healthy' and not at risk or not being aware that flu can be severe. Studies have shown that patients who receive information from a trusted health professional are more likely to get vaccinated. NICE guidelines recommend health and social care staff, including community pharmacists, make the most of opportunities to raise awareness about flu to eligible groups. These conversations are an opportunity to address misconceptions or concerns about the vaccine, to inform patients they can have a free flu vaccine and why it is important they receive one.	Uptake in the clinical at-risk group has remained fairly static over the last decade. Awareness-raising is an important aspect of increasing uptake. Current practice is variable and it is likely that improvements can be made in primary and secondary care settings with lower uptake. Patients with chronic health conditions are likely to already be in regular contact with primary and/or secondary care, which presents existing opportunities to intervene. Brief interventions have low resource implications, and opportunistic approaches are already applied elsewhere through Making Every Contact Count activity.	Please see the following study on patient attitudes to vaccination - Santos AJ et al. "Beliefs and attitudes towards the influenza vaccine in high-risk individuals." *Epidemiology and Infection* 145, 9 (2017). Please see the British Lung Foundation blog, "Why your flu jab is important," for a patient perspective on getting vaccinated.

Please return to: **QStopicengagement@nice.org.uk**

NICE reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion of NICE, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.

Comments received from registered stakeholders and respondents during our stakeholder engagements are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.

Key area for quality improvement 3 Collection of uptake data by separate respiratory condition	People with chronic respiratory conditions are seven times more likely to die if they contract flu. Only 50.8% received the flu vaccine last year. Uptake data is not currently collected by specific condition within the chronic respiratory clinical at-risk group. The Taskforce for Lung Health, a coalition of 30 organisations from across the lung health sector, including the British Lung Foundation, recommends that data should be collected by individual condition to better understand take-up and adapt awareness-raising efforts.	Evaluating uptake amongst disease-specific groups could help develop more effective and tailored messaging to at-risk patients. There are significant differences in age and gender between different respiratory conditions, for example between COPD and asthma. Messaging about the flu vaccine would ideally be able to take this into account. Collection of data through the Quality and Outcomes Framework is available for COPD, but not for other respiratory conditions such as asthma. Last year, 10.4% of patients in the clinical risk group refused or declined the flu vaccine. Some people may have experienced adverse vaccine side effects, perceive themselves to be 'healthy' and not at risk or have been influenced by media reporting of vaccine effectiveness.	For QOF data on COPD patients receiving flu vaccination, please see NHS Digital. Approximately 300,000 COPD patients were not vaccinated in the UK last year. https://digital.nhs.uk/data-and-information/publications/statistical/quality-and-outcomes-framework-achievement-prevalence-and-exceptions-data/2017-18 For information on the Taskforce for Lung Health, please see www.blf.org.uk/taskforce For reasons on not getting vaccinated, please see Santos AJ et al and the House of Commons Science and Technology Select Committee's oral evidence session on the flu vaccination programme inquiry oral evidence.

Please return to: **QStopicengagement@nice.org.uk**

NICE reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion of NICE, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.

Comments received from registered stakeholders and respondents during our stakeholder engagements are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.

Key area for quality improvement 4 Increased uptake of the vaccine among health care workers	Health care workers with direct patient contact should be vaccinated to prevent passing flu to patients who may be more vulnerable to its effects. About 1 in 10 cases of flu caught in hospitals is fatal. Staff vaccination can prevent flu outbreaks in health care settings. Vaccination also protects staff and helps reduce staff sickness absence rates during the winter period. Health care staff are more likely to be exposed to flu than the general public, with an estimated one in four workers becomes infected in a mild flu season. Uptake of the vaccine among health care staff can also improve staff confidence and knowledge when advising patients about vaccination. The NHS considers patients more likely to get vaccinated when they know staff are vaccinated. Employers of health care workers should consider improvements to local staff vaccination plans and campaigns. NICE guidelines recommend a multi-component approach which considers communications with staff, peer vaccination and providing opportunities for out-of-hours and mobile vaccination services.	Uptake has increased in recent years, due to a concerted effort by NHS England and the Department of Health. The NHS set the aim of 100% of health care workers with direct patient contact receiving a vaccination in 2017-18 and the Taskforce for Lung Health supports this aim. Staff vaccination has increased from 50.6% in 2015-16 to 68.7% in 2017-18. However, there is significant variation by staff group and regionally between NHS organisations, with coverage varying from 38.9% to 92.3% in NHS trusts.	Please see Public Health England for data on uptake among the health care workers and variation in uptake between NHS organisations. https://www.gov.uk/government/statistics/seasonal-flu-vaccine-uptake-in-healthcare-workers-winter-2017-to-2018 Please see the below for evidence of the benefit of vaccination for health care workers: Pereira M et al. “Healthcare worker influenza vaccination and sickness absence – an ecological study.” *Clinical Medicine* 17, 6 (2017). Public Health England and Flu Fighter “Healthcare worker vaccination: clinical evidence (updated August 2016).” Nair H et al “Influenza vaccination in healthcare professionals.” *BMJ* (2012) Shrikrishna D et al. “Influenza vaccination for NHS staff: attitudes and uptake.” *BMJ Open Respiratory Research* 2 (2015). Dexter et al. “Strategies to increase influenza vaccination rates.” NHS national clinical and staff side professional leaders. *Health care worker flu vaccination.* Letter to Chief Executives of NHS Trusts and Foundation Trusts, 7 September 2018.

Please return to: **QStopicengagement@nice.org.uk**

NICE reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion of NICE, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.

Comments received from registered stakeholders and respondents during our stakeholder engagements are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.

Key area for quality improvement 5 Increased uptake of flu vaccine among social care workers	Social care workers should receive the flu vaccine for the same reasons as health care workers and similar strategies should be implemented to increase uptake. In addition, flu can spread rapidly in care homes, resulting in high attack rates because of prolonged close contact between residents and staff. Community surveillance frequently shows a higher rate of acute respiratory outbreaks in care home settings compared to hospitals or schools. NHS England recognises the importance of social care worker vaccination and has provided funding for free vaccines for staff employed by a registered residential care or nursing home or domiciliary care provider since 2017. Uptake data for social care staff is not collected currently, because of challenges associated with establishing a data collection system across a mixed market of independent providers.	Provision of vaccination for social care staff is considered an employer responsibility. Whilst no nation-wide data is available on uptake in England, this likely results in a low and varied staff uptake, depending on employer provision of the vaccine. Some ad hoc surveys of care homes by Public Health England show that the best uptake is around 25%. The Taskforce for Lung Health recommends that 100% of social care staff are vaccinated.	Please see the House of Commons Science and Technology Committee's enquiry into the flu programme for correspondence with Professor Stephen Powis, National Medical Director of NHS England, on the challenges of data collection in the social care sector. Please see the main inquiry publication for reference to ad hoc surveys of care home staff uptake. Data on community surveillance of outbreaks can be found in Public Health England's weekly national flu reports. https://www.gov.uk/government/statistics/weekly-national-flu-reports-2018-to-2019-season

Please return to: **QStopicengagement@nice.org.uk**

NICE reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion of NICE, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.

Comments received from registered stakeholders and respondents during our stakeholder engagements are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.

Additional developmental areas of emergent practice			

Checklist for submitting comments

- Use this form and submit it as a Word document (not a PDF).
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Combine all comments from your organisation into 1 response. We cannot accept more than 1 response from each organisation.
- Do not paste other tables into this table – type directly into the table.
- Underline and highlight any confidential information or other material that you do not wish to be made public.
- Do not include medical information about yourself or another person from which you or the person could be identified.
- Spell out any abbreviations you use
- Please provide concise supporting information for each key area. Provide reference to examples from the published or grey literature such as national, regional or local reports of variation in care, audits, surveys, confidential enquiries, uptake reports and evaluations such as impact of NICE guidance recommendations
- For copyright reasons, do not include attachments of **published** material such as research articles, letters or leaflets. However, if you give us the full citation, we will obtain our own copy
- Attachments of unpublished reports, local reports / documents are permissible. If you wish to provide academic in confidence material i.e. written but not yet published, or commercial in confidence i.e. internal documentation, highlight this using the highlighter function in Word.

Please return to: **QStopicengagement@nice.org.uk**

NICE reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion of NICE, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.

Comments received from registered stakeholders and respondents during our stakeholder engagements are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.