National Institute for Health and Care Excellence

Flu vaccination: increasing uptake

Consultation on draft quality standard – deadline for comments 5pm on 03/09/19

Please email your completed form to: QSconsultations@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.
We would like to hear your views on these questions:

1. Does this draft quality standard accurately reflect the key areas for quality improvement?
2. Are local systems and structures in place to collect data for the proposed quality measures? If not, how feasible would it be for these to be put in place?
3. Do you think each of the statements in this draft quality standard would be achievable by local services given the net resources needed to deliver them? Please describe any resource requirements that you think would be necessary for any statement. Please describe any potential cost savings or opportunities for disinvestment.
4. Do you have an example from practice of implementing the NICE guideline(s) that underpins this quality standard? If so, please provide details on the comments form

Organisation details

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.	**Yes**
Type	**[Office use only]**

Comments on the draft quality standard

Comment number	Section	Statement number	Comments Insert each comment in a new row. Do not paste other tables into this table because your comments could get lost – type directly into this table.
1	General	General	We support the development of these quality standards. People with chronic respiratory conditions are more at risk of complications due to flu and they are seven times more likely to die if they do contract flu. Only 49.8% of people received the flu vaccine in 2018/19, and uptake has barely increased over the years. In comparison, patients with diabetes, another clinical at-risk group for flu, achieved an uptake of 63.6% last year. This is much closer to the Government's long-term ambition for uptake among clinical at-risk groups to reach 75%. The implementation of these quality standards will be an important step towards reaching this target for people with chronic respiratory conditions. The Taskforce for Lung Health, a coalition of 30 organisations from across the lung health sector, including the British Lung Foundation, supports this aim and also recommends that 100% of health and social care workers receive the flu vaccination.
2	Quality statement and quality measure b	1	We welcome the use of a multi-component approach to inviting people in eligible groups to receive their flu vaccination. The 2018 NICE guideline on increasing flu vaccination highlights that an approach which takes different measures to increase uptake is likely to have a greater impact than single interventions. It is also right that the draft quality standard recognises that 'consideration to the target group' is given when deciding what format the invitation should take

			and that this should be sent in a way that suits the patient (see quality measure b). However, it is unclear how service providers and health care practitioners will determine which method is suitable for each patient; further guidance on this would be welcome to ensure consistency. For example, within the chronic respiratory group, a different approach may be taken for people with asthma who are likely to younger and digitally literate, compared to people with COPD, who may be more digitally excluded and would benefit from letters and phone calls. We suggest that further clarity could also be added to the quality statement to ensure that the aim of inviting and encouraging patients to accept the offer of vaccination. The word 'contacted' is vague and we suggest amending this to 'invited and encouraged to receive a flu vaccination.' This statement should be achievable for local services and it will already form part of many providers' routine planning for delivery of the flu programme. The use of a combination of contact methods is advocated in several national guidance documents, for example the Flu Plan for Winter 2017/18 and the Flu Vaccination Programme Delivery Guidance 2018/19 from Public Health England, NHS England and the Department of Health, as well as the 2018 NICE guidelines.
3	Quality statement	2	We warmly welcome this statement and believe it reflects a key area for quality improvement. Evidence suggests that one of the reasons people in eligible groups do not get the vaccine is because they do not think of themselves as being at-risk or susceptible to flu or that they are 'healthy' and do not need the vaccine (see Santos AJ et al. "Beliefs and attitudes towards the influenza vaccine in high-risk individuals." *Epidemiology and Infection* 145, 9: 2017). Sending invitations that include tailored information about a patient's specific condition and risk, for example that because of their asthma they may suffer complications if they contract flu, is likely to be more effective than a generic letter. Studies have shown that patients who receive information from a trusted health professional are more likely to get vaccinated. Such information-sharing could take the form of a brief intervention, for example when eligible patients register with a GP, when they book and attend clinical appointments or when they visit community pharmacies. Patients with chronic respiratory

			conditions may already be in regular contact with primary and/or secondary care, which presents existing opportunities to intervene. We would therefore welcome the addition of a specific line to the 'What the quality statement means for different audiences' section to encourage health care professionals to provide face-to-face information about flu vaccination at every opportunity, rather than just at the invitation stage. For example: 'healthcare practitioners invite people in eligible groups to receive flu vaccination and provide information and advice on vaccination at every opportunity which is relevant to the person's individual situation or clinical risk.' This could also help tackle any misconceptions about the vaccine which may deter people in eligible groups from receiving the vaccine. Two recent British Lung Foundation Facebook posts on the flu vaccine elicited comments from patients who believed that the vaccine has previously given them flu or that it does not work. This highlights that there is a need to address myths and misinformation about flu and the vaccine. We would also suggest that the patients' 'situation or clinical risk' is as tailored as possible. Condition-specific messaging is likely to be more effective. For example, this should involve referencing a patient's asthma or chronic obstructive pulmonary disease, rather than their 'respiratory condition.' The implementation of this statement may require some additional time and resources initially, but a personalised approach will be more likely to engage patients with flu vaccination and therefore produce long-term benefits. Service providers should ensure that existing IT systems identify eligible patients and tailor invitations accordingly, and that patient records provide a prompt to staff to offer vaccination. The service specification for general practice already recommends that at-risk patients be 'called' and 'recalled' for immunisation.
4	Quality statement	3	Accurate recording of vaccination status in non-GP settings is important to capturing a full picture of uptake and for future vaccination programme planning. We support this quality standard and recognise that it will require a level of joined-up planning between providers at a local level. One vaccination setting of particular importance for patients with respiratory disease is community pharmacy. More than 1.6 million people visit a community pharmacy every day and according to the Pharmaceutical Services Negotiating Committee, 89% of the population in

			England has access to a community pharmacy within a 20-minute walk. Accessibility can be a barrier to vaccination and pharmacies offer an alternative setting to receive vaccination, without requiring a GP appointment. This may be particularly useful for working age people or people who are away from home, for instance to care for a relative, and so cannot get to a GP appointment. Pharmacy is seen as vital to delivering many of the commitments in NHS England's Long Term Plan and we should expect to see a bigger role for pharmacists in future. With this will be more opportunities to speak with patients about their condition, self-management and receiving the flu vaccination.
5	Quality measures	3	NHS Digital's new data sharing standards will allow pharmacists to share data on patients' flu vaccination status with GPs easily and promptly. The standards were first published in November 2018 and NHS Digital are engaging with IT suppliers to roll these out more widely. This rollout is expected to take place by the end of 2019, and it will substantially improve pharmacy and GP providers' ability to implement this quality standard.
6	Quality statement	4	We support this quality statement and view the vaccination of front-line health and social care staff as a vital area for quality improvement. Staff should be vaccinated to avoid passing flu to their patients who may be more vulnerable to its effects, to protect themselves, their families and their colleagues. Health care staff are more likely to be exposed to flu than the general public, with an estimated one in four workers becoming infected in a mild flu season. Last year, the Government set an ambition of 75% of frontline health care staff to receive the vaccine and came close to this target, with 70.3% getting the vaccine. Health and social care staff are not routinely eligible for vaccination through the national free vaccination programme. It is instead considered an occupational health responsibility for the NHS and social care employers to fund staff vaccination. Whilst the programme for NHS staff is well funded and planned, the social care programme lags behind. It is likely much less likely that a consistent programme is undertaken for social care staff vaccination across the many

			organisations in the social care sector. The vaccination programme was therefore extended to some social care staff in England in 2017, funded by NHS England, and continued and expanded in following years. We would like Government to provide sustainable funding for social care staff flu vaccination, recognising that maintaining this as an employer responsibility will likely not achieve the desired uptake rates. We therefore recommend amending the quality statement to 'from their employer or Government.'
7	Quality measures b and e and outcome b	4	We fully support the collection of data on social care worker vaccination. No data is currently collected in England, Scotland or Wales, so it is unknown how many social care staff currently receive the vaccine. The recommendation for local services to evidence implementation of the quality standard through process measure b ('proportion of social care workers with direct contact with people using services who receive the flu vaccination') is therefore very welcome. Establishing such data collection may be initially burdensome but is essential for planning future flu programmes. The House of Commons Science and Technology Committee questioned the Secretary of State and the National Medical Director of NHS England about the lack of data collection system for social care and in response were informed that 'the principle challenge is the nature of provision in the social care sector, with large numbers of small independent providers, from which data collections would need to be established' (available here: https://www.parliament.uk/documents/commons-committees/science-technology/Correspondence/190220-Professor-Stephen-Powis-to-Chair-re-Flu-vaccination-programme-in-England.pdf). An electronic data collection service would need to be established, alongside support for effective use of the system. We also support the decision to include quality measures which breakdown health care professional uptake by occupation, as there is significant variation between different roles.

Insert more rows as needed

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
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