

Appendix 1 Blank Self-audit Tool



Self-audit Tool

Thank you for agreeing to participate in this project. For your information we have provided your uptake figures for all eligible groups to enable you to compare them with others in your area

Please see below for seasonal flu uptake for 2016-2017

	Practice Code	HSCP Average	NHS GGC Average
Over 65 years			
< 65 years in clinical at risk			
• Chronic respiratory disease			
• Chronic heart disease			
• Chronic renal disease			
• Chronic liver disease			
• Chronic neurological disease			
• Diabetes			
• Immunosuppression (exc. Asplenia)			
• Carers			
• Asplenia or dysfunction of the spleen			
Pregnant (no other risk factors)			
Pregnant (plus other risk factors)			
Pre-school children (2-5years)			
Morbid obesity			

Appendix 1 Blank Self-audit Tool

Please complete all sections in full

Section 1: Personnel				
Criteria		Yes	No	Details
1.1	Is there a lead member of staff responsible for running the vaccination campaign, a “flu champion”?			
1.2	Is there a lead member of staff responsible for identification of eligible patients?			
1.3	Do you hold at least one meeting to plan your practice’s seasonal flu immunisation programme?			
	If yes, please tick all who attends this meeting:			
	<ul style="list-style-type: none"> • Practice Manager <input type="checkbox"/> • Practice Nurse <input type="checkbox"/> • Health Support Worker <input type="checkbox"/> • Practice Administration Staff <input type="checkbox"/> • GP <input type="checkbox"/> • District Nurse <input type="checkbox"/> 			<ul style="list-style-type: none"> • Primary Care Team <input type="checkbox"/> • Practice Pharmacist <input type="checkbox"/> • Community Pharmacist <input type="checkbox"/> • Community Midwives <input type="checkbox"/> • Local Care Homes <input type="checkbox"/>

Section 2: Documentation				
Criteria		Yes	No	Details
2.1	Do you run at least one search to identify eligible patients no later than August?			
2.2	Do you have a mechanism in place to identify patients who become newly eligible after the planning, or campaign itself, has started?			
2.3	Do you have a mechanism for recording any recommendation from hospital clinics/discharge summaries that patients should receive seasonal flu immunisation?			
2.4	Do you review the process for recording immunisations and submitting payment for flu immunisation?			
2.5	Is additional staff time/funding allocated to carry out these tasks?			

Appendix 1 Blank Self-audit Tool

Section 3: Invitation and recall				
Criteria		Yes	No	Details
3.1	Do you invite eligible patients by mobile, text, email or mail? (If yes, please tick all methods used for the invitations that apply in the details box).			Mobile <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> Mail yes <input type="checkbox"/>
3.2	Do you issue reminders to all eligible patients if they fail to attend for their flu vaccination? (If yes, please tick all methods used for the reminders that apply in the details box).			Mobile <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/>
If yes, please tick all the eligible groups your practice sends reminders to if patients fail to attend for their flu vaccination.				
	<ul style="list-style-type: none"> • All children aged 2 - 5 <input type="checkbox"/> • Pregnant women <input type="checkbox"/> Patients with <ul style="list-style-type: none"> • Chronic respiratory disease <input type="checkbox"/> • Chronic heart disease <input type="checkbox"/> • Chronic kidney disease <input type="checkbox"/> • Chronic liver disease <input type="checkbox"/> • Chronic neurological disease <input type="checkbox"/> 			<ul style="list-style-type: none"> • Diabetic patients <input type="checkbox"/> • Immunosuppressed patients <input type="checkbox"/> • Asplenic patients <input type="checkbox"/> • patients in long stay residential care home or other long stay care facilities <input type="checkbox"/> • Unpaid carers and young carers <input type="checkbox"/>
Criteria		Yes	No	Details
3.3	Is publicity material and literature to support promotion of flu vaccination displayed prominently?			
3.4	Do you collaborate with community midwives to offer and provide vaccination to pregnant women?			
3.5	Do you collaborate with local community pharmacies to encourage eligible patients to attend?			

Appendix 1 Blank Self-audit Tool

Section 4: Administering vaccine				
Criteria		Yes	No	Details
4.1	Do you opportunistically offer immunisation during routine GP appointment?			
4.2	Do you hold mass immunisation drop in or open clinics?			
If yes, please tick when these mass sessions are available				
	• Weekday mornings <input type="checkbox"/>		• Weekday evenings (after 6 pm) <input type="checkbox"/>	
	• Weekday afternoons <input type="checkbox"/>		• Weekends <input type="checkbox"/>	
Criteria		Yes	No	Details
4.3	Is there a plan for immunising housebound patients and those in care homes?			
4.4	Do you immunise your own practice staff?			
4.5	What percentage (%) of your staff are immunised against seasonal flu?			
Section 5: Post vaccination campaign				
Criteria		Yes	No	Details
5.1	Do you review your practice's uptake figures from last year's flu campaign?			
5.2	Do you continue your campaign when immunisation targets have been met?			
5.3	Do you document results in a written report?			
5.4	Is this disseminated to all practice staff and community partners?			
5.5	Do you ask your patients and community partners for feedback on your seasonal flu immunisation campaign?			
5.6	Do you have an action plan to address areas of low uptake?			
5.7	At the end of the flu season do you review how much vaccine remains in the fridge unused?			

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We are very interested in any comments you would like to make about undertaking this self-audit or the specific difficulties of achieving seasonal flu uptake.

Section 6: Your views	
Comments about under taking self-audit	
Difficulties of achieving seasonal flu vaccine uptake	

Date audit conducted:	
Audit undertaken by (block capitals):	
Occupation of person completing audit	
Telephone Contact details:	

Please return your completed audit as soon as possible to: