

NHS GGC Good Practice Guidance (Draft V5)

Supporting GP practices to increase seasonal flu immunisation

The following guide has been produced by Public Health Protection Unit in consultation with Practice Nurse Development and Practice Managers to identify those areas which are associated with increased seasonal flu immunisation uptake. Uptake rates in patients <65years with clinical risk factors have historically been difficult to achieve and the suggestions below are hoped to provide an opportunity for reflection to consider current practice and make changes where appropriate. We would welcome suggestions from practices to describe what other methods have been successful for them so that we can share effective practice

Collaboration with others

Evidence from our 12 month project demonstrated that including others when reviewing, planning and delivering the flu immunisation programme developed positive collaborative working relationships. Suggestions of staff involvement included

practice staff,	healthcare support workers	local care home staff
practice pharmacists,	community midwives	
community pharmacists	district nurses	

This collaboration encouraged others to be more active advocates, which in turn increased patient attendance and the chances of achieving the flu immunisations targets.

Planning and Organisation

Evidence has shown better uptakes when **ONE** lead member of staff takes responsibility for running the vaccination programme and identifying patients, i.e. a flu champion. This provides focus and a practice lead for involving all members of the practice team in forward planning and delivery.

Suggestions for improving uptake may include:

Access your own practice uptake rate from the SPIRE local dashboard

Undertaking self audit of your processes, ideally during July or August, in preparation for flu season (link to self audit tool) to inform a practice discussion about how best to maximise uptake.

Conducting searches for eligible patients before the start of the flu season and regularly throughout flu season, even after you think you have achieved your target. This enables monitoring of uptake, follow up of those who have not been immunised and who have not

declined, identification and inclusion of patients new to the practice and those with relevant new diagnoses.

Implementing a system to identify patients recommended by secondary care for flu immunisation.

Providing additional staff time to ensure sufficient resource to successfully deliver campaign.

Offering mass immunisation 'out of hours' flu clinics. These could be undertaken in collaboration with neighbouring practices or HSCP

Operational

Advertise the flu clinics by prominently displaying dates and times of flu clinics:

- within the practice: on the practice website, streaming in the waiting room, on the right hand side of the repeat prescriptions, the practice newsletter
- out with the practice: the community pharmacy , the local post office, local retail outlets/ businesses and in the local paper. Collaborating across practices may be useful

Use multiple methods to **invite** and **remind ALL** eligible patients e.g. text, email, MJOG
MJOG can also be used to automatically record patients declining the vaccine- this could be used later to determine why patients decline their flu immunisation

Consider use of stickers on appropriate prescriptions to prompt patients to receive immunisation. **These are available from ???**

Use a template to record vaccinations- this is quick and easy NHSGGC IT have produced templates (IT helpline XXXXXXXXX)

Encourage more of own staff to accept immunisation to create a pro-immunisation attitude which may encourage patients to attend for immunisation. NES has helpful resources

'Nab and jab' –if the nurse has 5 minutes between patients he/she identifies and 'nabs' eligible patients from the waiting room, takes them to the consulting room and jabs them

Pro-actively check appointments and if appropriate flag the patient as eligible for flu vaccine so that when they are called in for their appointment the clinician can immunise them

during the consultation from a small supply of vaccines they have in their office. It is important however to be mindful of the cold chain and only remove a small number of vaccines at any one time. Any unused vaccines removed from the fridge for one consulting session, should be returned to the fridge clearly labelled "Use First" and should be selected immediately for any subsequent requirement. They should not be returned for refrigeration more than once.

Consider administering flu immunisations during other healthcare professional clinics e.g pharmacy or MSK physio clinics within the practice. Consideration would be required whether PGD or individual PSD is the best route and what training, if any, is required for individual clinicians.

Make a record on the practice system when informed that patients have been vaccinated by other healthcare professionals. This will ensure more accurate recording of those immunised. Encourage local community pharmacies offering private flu immunisation to advise you of relevant patients immunised

Post Vaccination

Share a written report internally within the practice, externally within the cluster and with community partners and patients. A sample feedback report provided on submission of self audit is available at xxxxxxxxx. This allows practices to learn from each other by

- highlighting what worked well

- highlighting areas for potential improvement,

- developing an action plan to help guide improvements.

- Promoting advocacy for flu immunisation out with practice staff

Review your practice's uptake figures from the previous flu campaign

Secondary Care

Consider including recommendation for seasonal flu immunisation on all routine correspondence to patients during Aug to March

Some disease speciality groups routinely provide autotext on their clinic letters which can remove ambiguities for practices

Community Pharmacy

Prior to flu season discuss with all your staff uptake of vaccine and what opportunities can be taken to encourage patients to accept flu immunisation especially in patients in clinical at risk groups. These patients may present multiple times during the flu season and some groups e.g. carers may not be known to the practice.

Display flu clinic times available locally.

Consider flagging appropriate patients in order to prompt them regarding flu immunisation when they collect their prescription. Consider the use of a sticker on the dispensing bag.

Consider best method of informing GP practice of patients in at risk categories who have been immunised under a private service.

References

Thomas E, Lorenzetti DL. Interventions to increase influenza vaccination rates of those 60 years and older in the community. Cochrane Database Syst Rev. 2014(7):Art. No.: CD005188.

Notman F, MCGovern et al Improving the flu immunisation uptake in 'at-risk' groups: A quality improvement approach. Final report July 2018

For further information please contact liz.mcgovern@ggc.scot.nhs.uk

July 2018