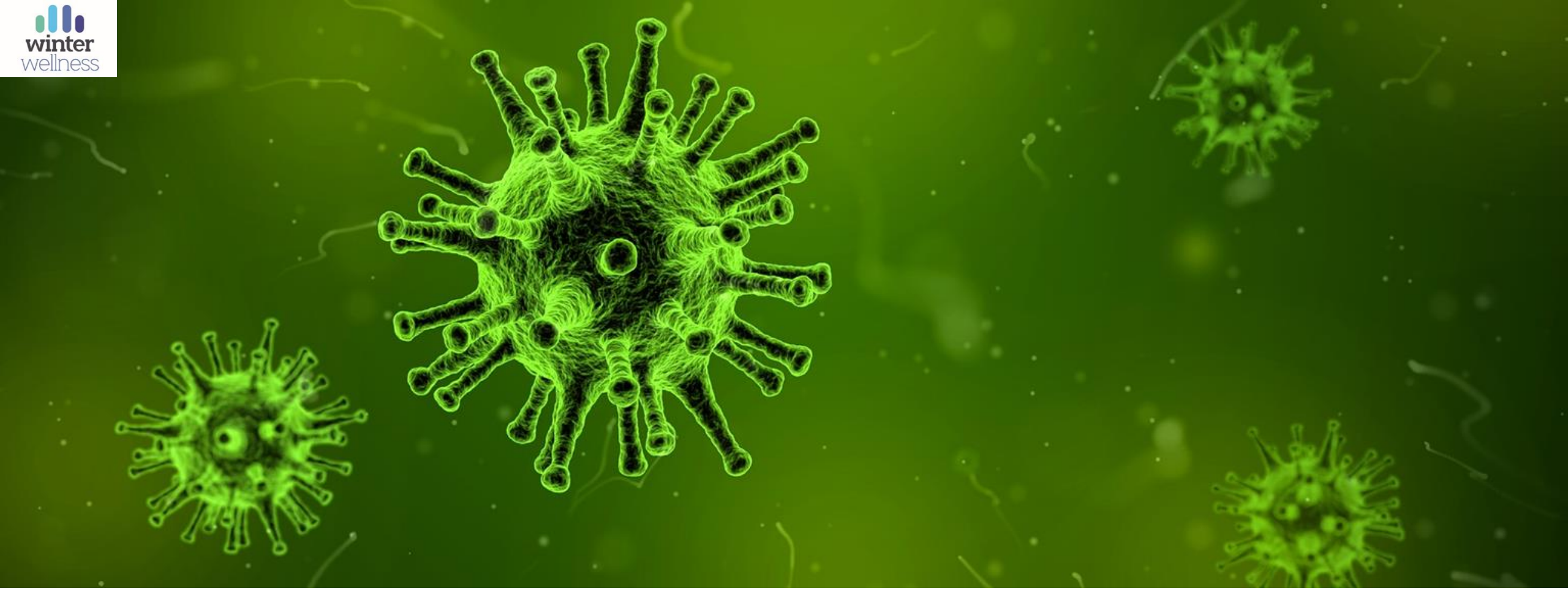
winter wellness



Results of the online survey of primary care staff

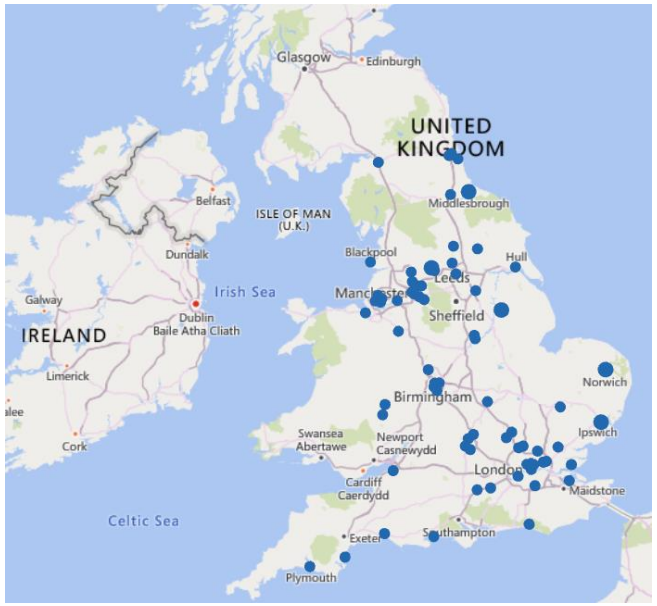
Health Economics Consulting

Geographic spread of respondents

One hundred and forty seven people started the online survey. Four respondents were excluded because they were outside of England, and a further 46 respondents only provided their demographic details and did not respond to any other questions. In total, 96 responses to the survey were analysed (although not all respondents answered every question).

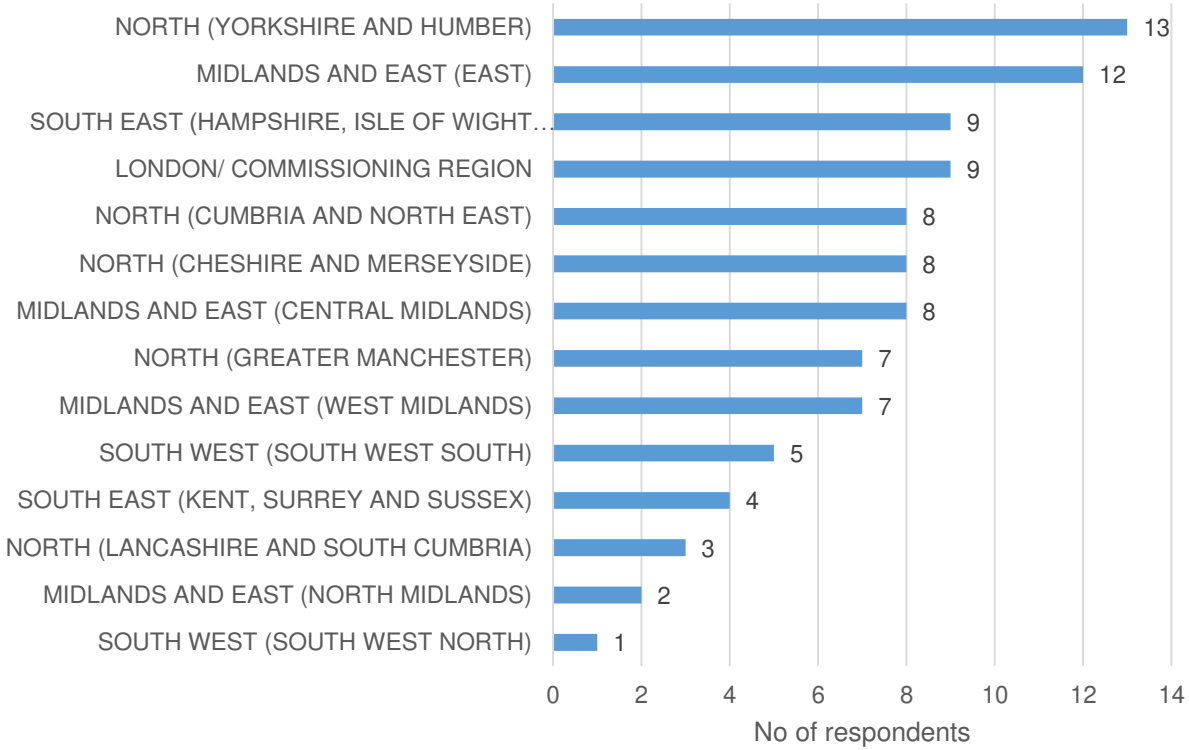
Respondents come from practices across England (figure 12), with 70 CCGs represented (see the appendix for a breakdown by CCG).

Figure 12: Location of respondents



Respondents were classified, based on their CCG and/or the first three digits of their postcode, into their respective NHSE region (figure 13).

Figure 13: Location of respondents by NHSE region

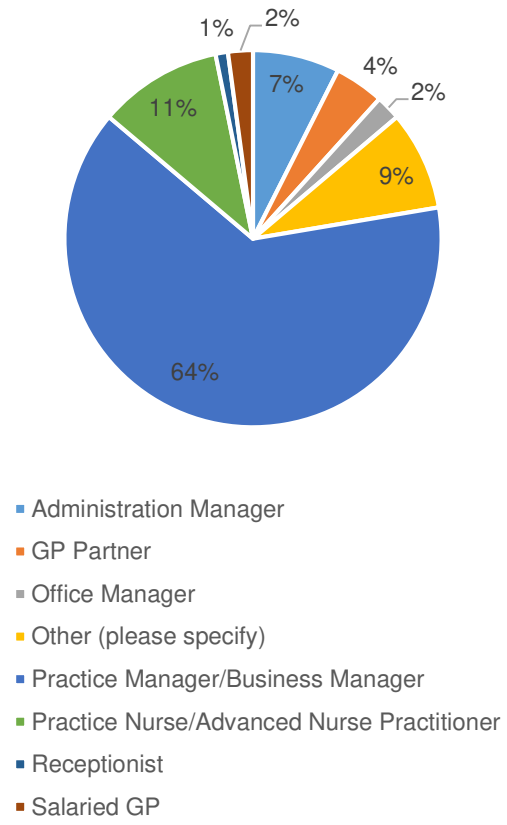


N= 96

* Based on a list of CCGs classified into teams in PHE data.

Job titles of respondents

Figure 14: Job title



N = 94

The majority of respondents are Practice Managers/Business Managers (63%), with a range of other primary care professionals also responding to the survey (figure 14).

Those who selected other (9% or 8 respondents) included:

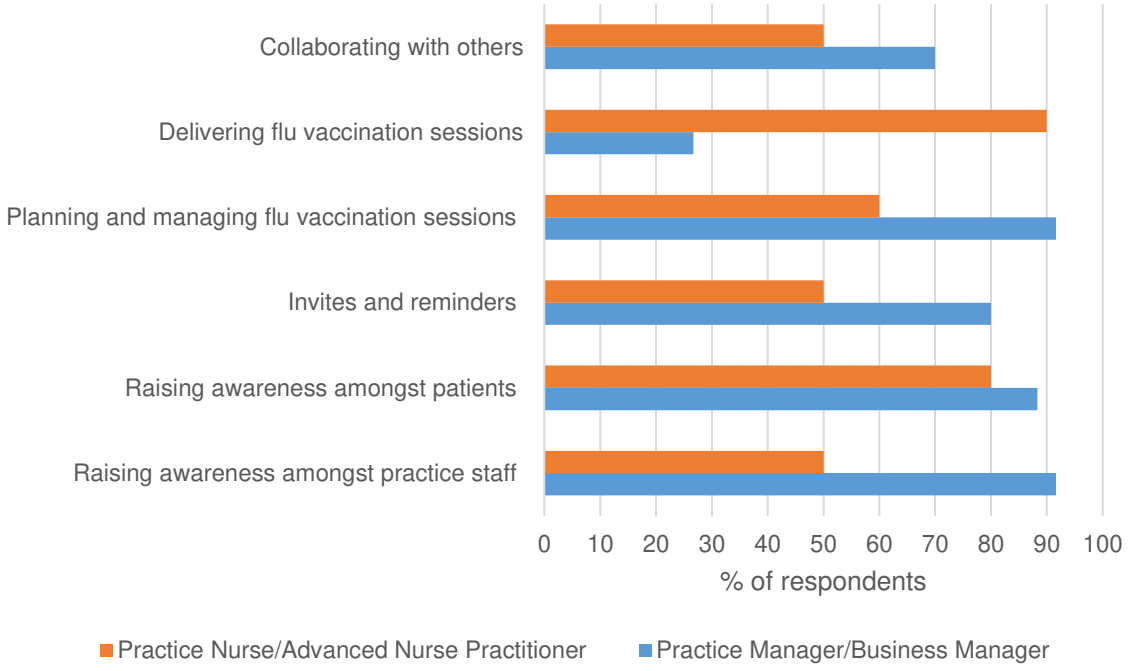
- Assistant Practice Manager
- Care delivery
- Community District Nurse
- Dispensary Manager
- Health Care Assistant
- IT Manager/Administrator
- Medical Director and freelance GP

The majority of respondents - 77 per cent from 94 respondents - have a direct patient contact role.

Over half (51% of 94 respondents) consider themselves the flu lead. Of those who are not the flu lead themselves (46 respondents), 65 per cent said that their practice had a flu lead, 28 per cent said that their practice did not have a flu lead, and 7 per cent did not know.

Responsibility and activities 2018/19 flu season

Figure 15: What were your responsibilities for flu vaccination during the 2018/19 flu season?
Practice Nurse/Advanced Nurse Practitioners and Practice Manager/Business Managers



N = 70

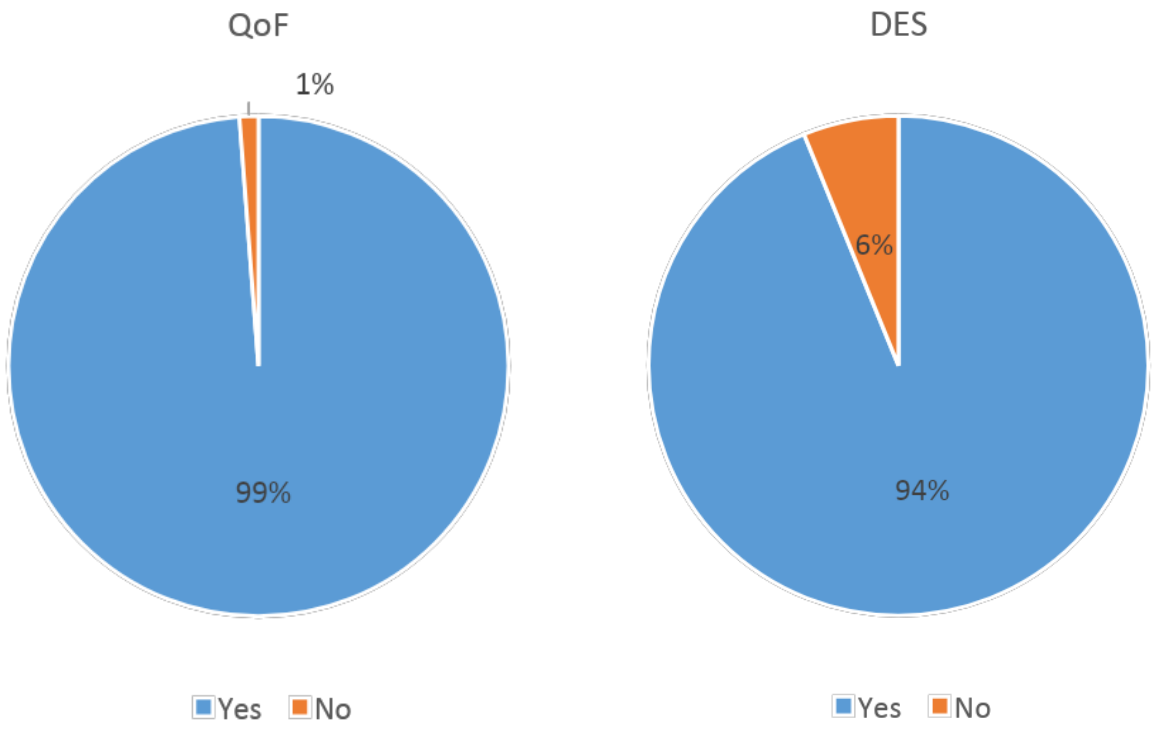
Note: Data for job titles where there were fewer than 10 respondents are not included given the small sample size.

Over 90 per cent of Practice managers/Business Managers reported that they had responsibility for raising awareness amongst staff and planning and managing flu vaccination sessions. Close to 90 per cent reported that their were responsible for raising awareness amongst patients, 80 per cent for invites and reminders and 70 per cent for collaborating with others. Practice managers/Business Mangers were less involved with delivering flu vaccination sessions, with 27 per cent of respondents responsible for this in 2018/19 (figure 15).

Practice Nurses/Advanced Nurse Practitioners, Practice managers were more likely to be involved in delivering of flu vaccination sessions, with 90 per cent of Practice Nurses/Advanced Nurse Practitioners taking that responsibility in 2018/19. Practice Nurses/Advanced Nurse Practitioners can be involved in all other areas, but reported this less frequently than Practice managers/Business Managers.

Awareness of financial incentives

Figure 16: Are you aware of financial payments available to the practice from the Quality and Outcomes Framework payments (QoF) that are linked to uptake of flu vaccination? Are you aware of financial payments available under Directed Enhanced Services (DES) that linked to uptake of flu vaccination?

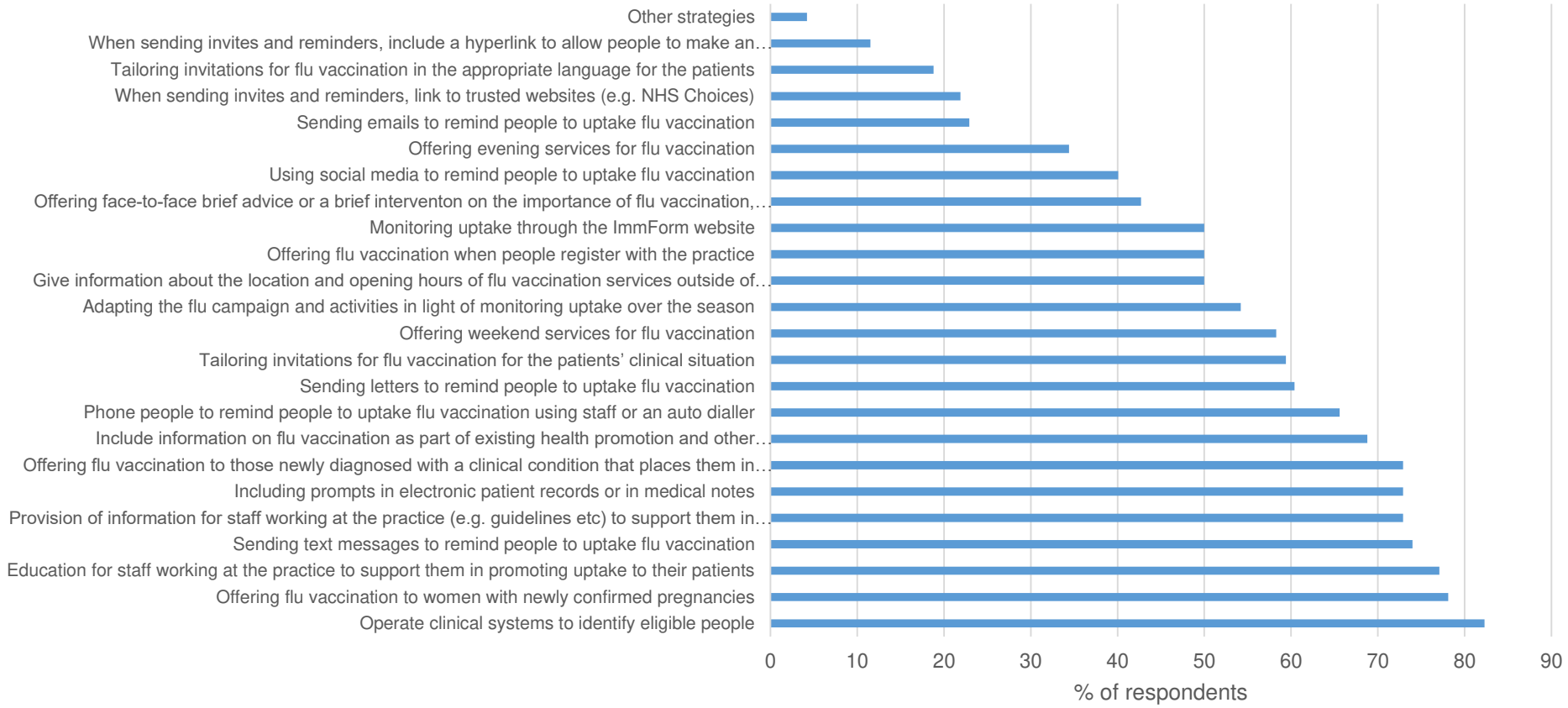


N = 82 for QoF, N = 81 for DES

Respondents to the survey are almost all aware of the financial payments available within QoF (96%) and DES (94%). This is likely to reflect the importance of financial incentives in terms of practice income.

Strategies used in 2018/19 to increase uptake amongst at-risk groups aged 18-64

Figure 17: What strategies were used in your practice to increase uptake of flu vaccination in clinically at-risk groups aged 18-64 during the 2018/19 flu season? Please select all that apply



N= 96

NB. The meaning of responses should not be overstated – some respondents may not have been aware of all the strategies used in the practice where they work – it is clear that are some less often used approaches. For example, including a link to allow the patient to set up an appointment online, links to trusted websites and using emails and social media (less than half of respondents selected these, figure 17).

Less frequently used strategies could perhaps be due to wider pressures, such as the ability for clinicians to offer face-to-face advice or a brief intervention on the importance of flu vaccination given time and resourcing. Others rely less on clinical staff capacity, such as using social media.

Digital appointment systems and priority groups

Digital appointment systems
Seventy-nine per cent of respondents (from 82) have a digital appointment reminder system. Of those 83 per cent (53 respondents) use it for flu vaccination reminders, clinics and appointments. Almost 1 in 5 respondents don't have a digital appointment reminder system (19% of 82 respondents). Of those just 13 per cent (or 2 respondents from 16) are planning to implement a digital appointment system in the future.

Priority groups
While all groups are specified by PHE as eligible for free flu vaccination, individual practices can focus efforts on reaching and vaccinating specific groups.

Table 1 illustrates that over half of respondents said that their practice focused on pregnant women. Other groups were targeted less often, with just over 40 percent of respondents reporting that their practice targeted those who are morbidly obese.

Almost 18 per cent of respondents said that their practice did not prioritise any particular group within the at-risk patients aged 18-64.

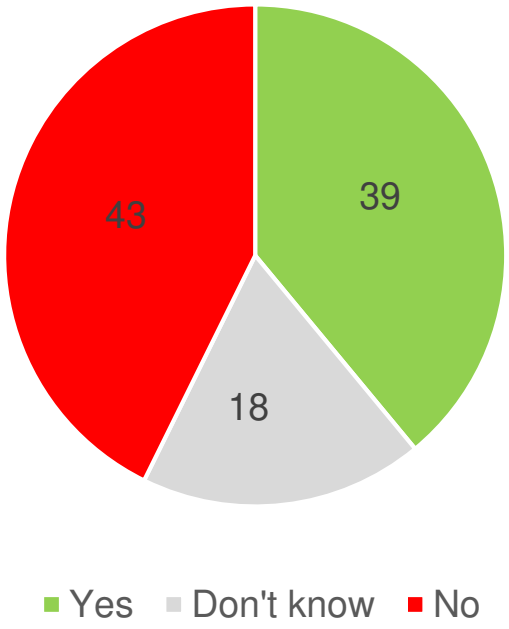
Table 1: Did your practice prioritise any particular at risk groups aged 18-64 to increase their uptake of flu vaccination during the 2018/19 flu season? Please tick all those that your practice prioritised.

	% respondents
Pregnant women	62.5
Patients with chronic respiratory disease	61.5
Patients with diabetes	60.4
Patients with chronic heart disease	58.3
Patients with immunosuppression	57.3
Patients with chronic kidney disease	56.3
Patients with chronic neurological disease	51.0
Patients with asplenia or dysfunction of the spleen	50.0
Patients with morbid obesity	41.7

N = 96

NICE guidance

Figure 18: Is your practice using NICE guidance NG103 to help you increase uptake of flu vaccination in clinically at-risk groups, aged 18-64?



N =82

The online survey asked respondents about use of NICE guidance to increase the uptake of flu vaccination (NG103) which includes guidance for those clinically at-risk.

Less than half of (39%) of respondents said that their practice is using NICE guidance NG103. Forty-three per cent of respondents said that their practice is not using NICE guidance. The remainder, 18 per cent, do not know if their practice is using NICE guidance.

This suggests that there is an important gap to address in terms of ensuring practices are implementing evidence-based guidance at the practice level. Further work could explore how best to communicate with all practice staff and explore why the guidance is not being implemented.

Barriers to increasing uptake of flu vaccination in those at-risk aged 18-64

Respondents were asked if they knew the uptake of flu vaccination in their practice for those at-risk and aged 18-64. Sixty-one percent (of the 80 who responded to this question) knew practice uptake, with the remainder saying that they did not know.

We asked respondents to identify the barriers to uptake of flu vaccination in those at-risk aged 18-64 (the question is set out in the title of Table 2). Table 2 illustrates the barriers identified, with the most important being systems related, and the next patient related.

Respondents who selected other were offered a free text box to describe barriers. Their responses were themed to identify common barriers where appropriate, including:

- Community pharmacy vaccinating GP patients (4 respondents)
- Lack of patient awareness (2 responses)
- Lack of a national campaign or a timely national campaign (1 respondent each of these)
- Lack of timely national guidance (1 respondent)
- Lack of data sharing between community pharmacy and the practice (1 respondent)
- 2 vaccines (1 respondent)
- Patient declines/refusals (1 respondent)
- Vaccine supply issues(1 respondent)
- Staff not promoting the flu vaccine with their patients (1 respondent)

Table 2: What barriers are there within your practice to increase uptake of flu vaccination in the clinically at risk aged 18-64? Please select all that apply.

	% respondents
Challenges in including prompts in Electronic Medical Records/Patient Notes	57.3
Patient beliefs	40.6
Availability of vaccines	37.5
Lack of patient awareness	32.3
Timely guidance from NHS England	31.3
Lack of time during routine consultations for health care staff to deliver advice/brief interventions on flu vaccination	28.1
Capacity to run flu sessions in the evening	20.8
Capacity to run flu sessions at the weekend	19.8
Capacity to run flu sessions during normal business hours	17.7
Challenges in sending invites and reminders	9.4
Challenges in tailoring (e.g. lack of resources in languages for the patients you serve)	9.4
Lack of campaign materials (e.g. posters, leaflets, information boards)	8.3
Lack of information for patents on the places where they can get a flu vaccine	6.3
Lack of staff awareness	3.1
Lack of information available for staff on flu vaccination	3.1
Challenges in using social media	3.1
Lack of time for staff training on vaccination	2.1
Lack of awareness amongst staff on payments to practices from take-up of flu vaccination	2.1
Challenges in auditing and monitoring take-up	2.1
Challenges in finding out about best practice from other practices	1.0

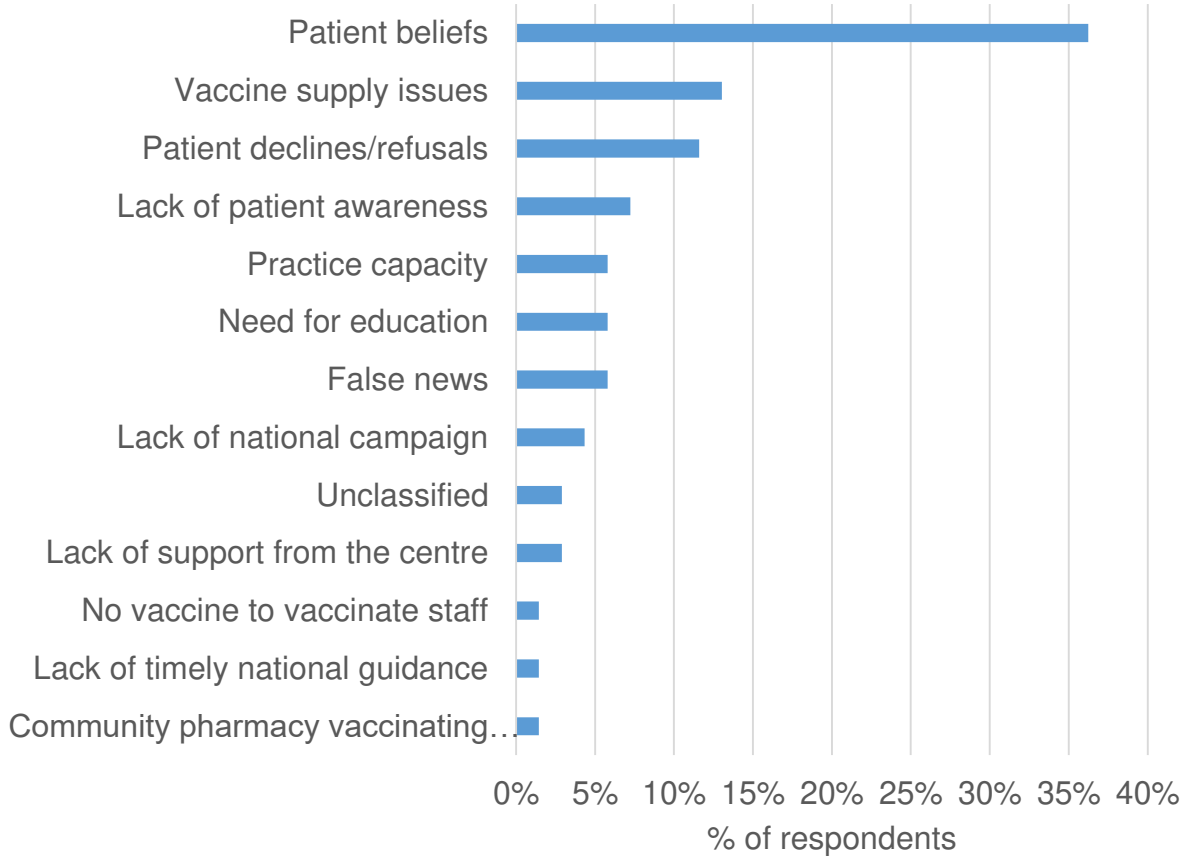
N = 96

The biggest barriers to increasing uptake of flu vaccination in those at-risk aged 18-64

Respondents were asked with an open-ended question what was the biggest barrier to uptake of flu vaccination by those at-risk aged 18-64.

More than a third of respondents identified patient beliefs (36% of 69 respondents) as the biggest barrier to uptake (Figure 19). Patient declines/refusals and a lack of patient awareness were also frequently identified. Vaccine supply issues were identified by just over ten per cent of respondents.

Figure 19: What, in your opinion, is the biggest barrier to uptake?



N =69

Patients declining flu vaccination and collaboration

The vast majority of respondents said that their practice records eligible patients who decline the flu vaccination (97% of 76 respondents).

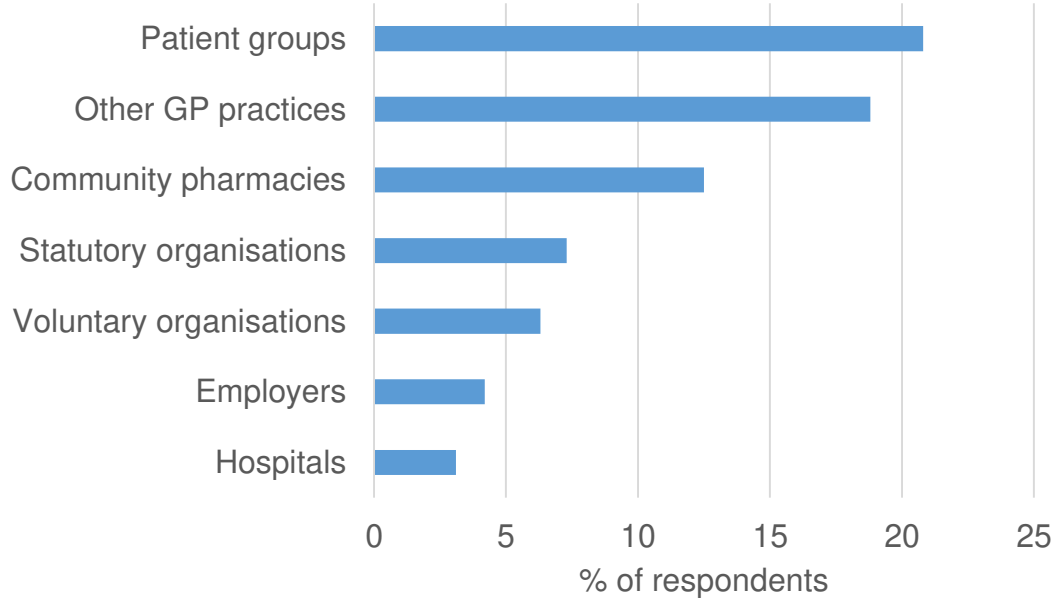
Where the practice collects the reasons given by patients for declining, they included:

- Concern about adverse events (66% or 21 respondents);
- Patients didn't think that they needed the flu vaccination (31% or 10 respondents);
- Needed more information before making a final decision (3% or 1 respondent).

The survey asked respondents "Do you work with other groups to improve uptake of flu vaccination?" Of those who answered this question, 49 per cent (36 respondents) said that they did, 51 per cent (38 respondents) said that they didn't.

Those who said they did work with other groups, were asked to select from a pre-specified list to identify who they worked with. The most frequently selected being patient groups as shown in figure 20.

Figure 20: If yes, which groups/organisations/agencies did your practice work with to increase uptake of flu vaccinations during the 2018/19 flu season?

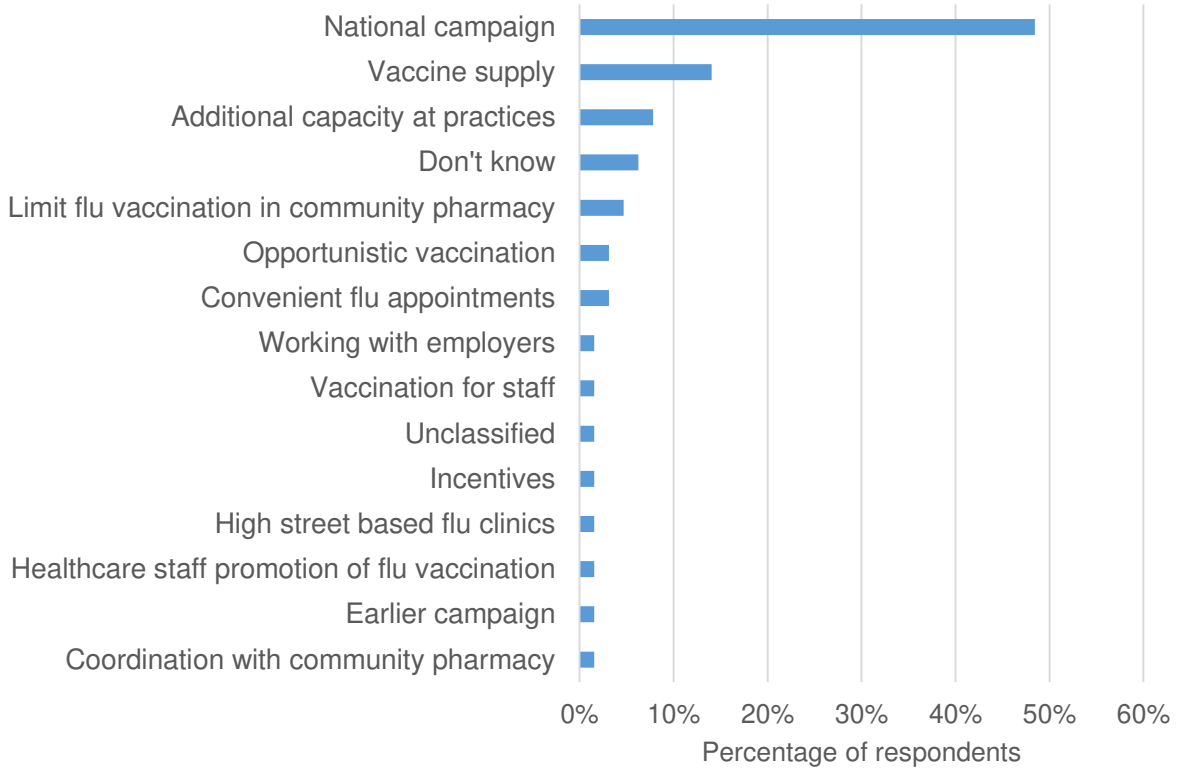


N =96

Respondents were asked "have you done any work with any patient organizations on why people who are clinically at-risk aged 18-64 may not uptake flu vaccination at your practice?". The majority of respondents who responded (87% or 62 respondents) said no, with 3 per cent (2 respondents) who did not know, and 10 per cent (7 respondents) saying that they had.

What could help to increase flu vaccination uptake amongst those at risk aged 18-64?

Figure 21: What is the one thing that you believe would help your practice to increase uptake of flu vaccination by people who are clinically at-risk aged 18-64?



N =69

Respondents were asked an open-ended question to identify the one thing that would help to increase flu vaccination uptake in the at-risk aged 18-64. Their responses were themed. The most frequently identified activity was a national campaign (although we have grouped comments like public education into the national campaign heading) (figure 21). This is despite the Stay Well This Winter campaign that already exists. The comments below could be interpreted to mean that the current campaign is perceived as lacking in some way for example, in a TV presence, or a mail shot, from the perspective of those working in practices.

Some illustrative quotes for the national campaign include:

"A timely and extensive national campaign."

"A TV campaign."

"Central mail shot from NHS England."

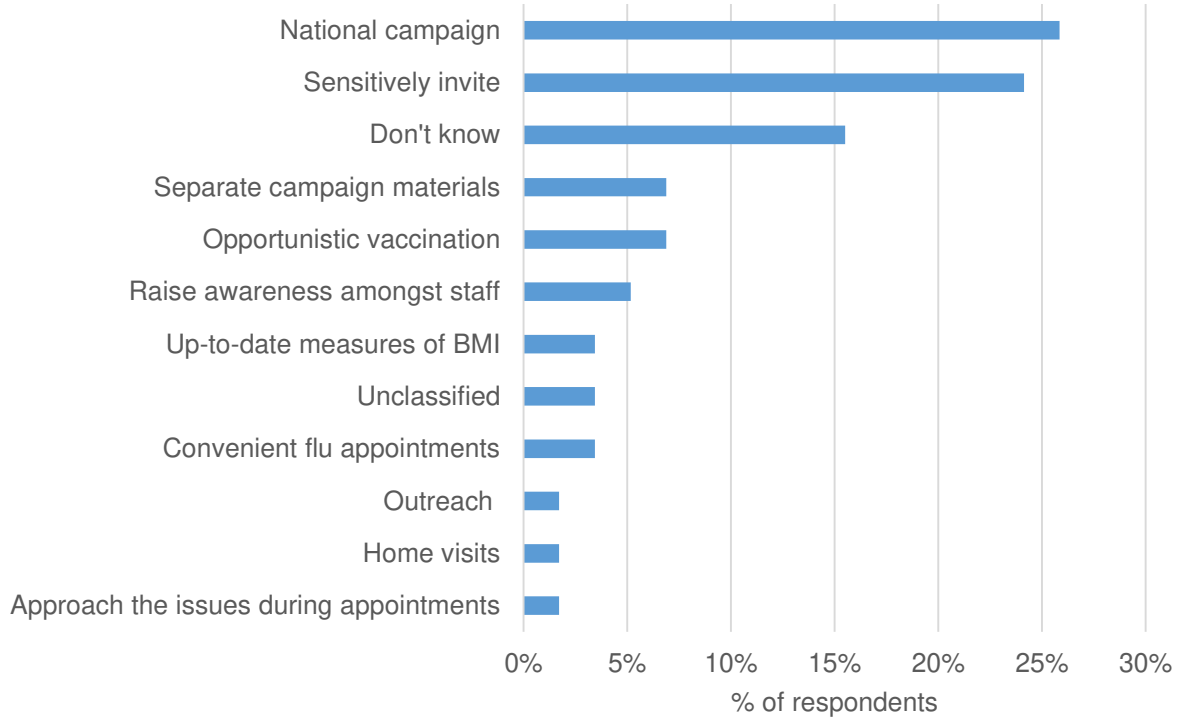
What could help to increase flu vaccination uptake in those who are morbidly obese?

Respondents were asked in an open-ended question to identify the one thing that would help to increase flu vaccination uptake in those who are morbidly obese. The responses were themed. The most frequently identified activities were a national campaign (26% of 58 respondents) or sensitively invite (24% of 58 respondents) (figure 22).

Specific responses suggest that there is a lack of awareness among practice staff that those who are morbidly obese are eligible for flu vaccination, and how best to communicate with those who are morbidly obese about flu vaccination. Responses included:

"I didn't know they were eligible."
"I didn't know this was a group that we should target!!"
"Find a polite way to let people know their weight puts them at a higher risk of flu, without offending them."
"It's very difficult as it is a sensitive subject."
"it's hard when they ask why they are included in the cohort! "
"The challenge is the patients being told they are morbidly obese."
"Who's going to tell a fat person they need the flu vaccine because the are too fat?"

Figure 22: Morbidly obese people have been found to have the lowest uptake of flu vaccination of all at-risk groups. What do you think your practice could do to increase uptake of flu vaccination amongst this group of patients?



N =58