

Service Specification Nº 2	Improving uptake of seasonal flu vaccinations 2019/20
Commissioner Lead	Richard Bull
Provider	City & Hackney GP Practices
Provider Lead	Identified GP lead
Period	01/10/2019 – 28/02/2019
Date of Review	Not Applicable

1 Population Needs

All GP practices must provide essential and those additional services they are contracted to provide to all their patients. This includes the offer of seasonal influenza vaccination to adults and children of a specific ages groups and with clinical diagnoses that puts them at high risk of hospital admission due to contracting seasonal influenza. The requirement to offer these vaccinations under primary care contracts is further incentivised through directed enhanced service specifications offered by NHS England & Improvement.

In 2018/19 City and Hackney CCG had approximately 78,191 registered patients eligible for the Annual National Flu Immunisation Programme, 24% of the total registered population.

Uptake of seasonal influenza vaccine is traditionally lower in London than in England as a whole. In 2018/19 London recorded 63.9% of eligible patients vaccinated, compared to 69.8% nationally. In City & Hackney this figure was 62.8%.

Furthermore, in comparison with the previous year the 2018/19 season showed overall decreases in the percentage of patients vaccinated for those aged 65 and over, under 65 at risk, pregnant women, and children aged 2-3 years at National, London and local CCG level.

In an effort to address the decline in vaccination rates and reduce winter pressures the London Commissioning Region have set the following targets:

- To increase vaccination uptake rates in clinical ‘at risk’ groups (6 months to 64 years) to 50%;
- To increase vaccination uptake rates of >65s in London to 2018/19 national level of 71.3%;
- To increase vaccination uptake rates of pregnant women to 2018/19 national level of 45%;
- To attain 50% national standard for age 2 and age 3 child ‘flu vaccinations in general practice;
- To increase uptake amongst frontline health care workers to 80% including primary care staff.

2 Outcomes

NHS Outcomes Framework domains & Indicators

1	Preventing people from dying prematurely	✓
2	Enhancing quality of life for people with Long term conditions	✓

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3	Helping people recover from episodes of ill health or following injury	
4	Ensuring people have a positive experience of care	
5	Treating and caring for people in safe environment and protecting them from avoidable harm	

Immunisation is one of the most effective healthcare interventions available and flu vaccines can prevent illness and hospital admissions among eligible groups of patients. Increasing the uptake of flu vaccine among these high risk groups should also contribute to easing winter pressure on primary care services and hospital admissions. GP practices continue to play a central role in ensuring that coverage remains high among patients who are at greater risk of developing serious complications if they catch flu.

It is expected that by incentivising practices to take the specified measures to increase coverage to targets set by the London commissioning region this will help the system better manage winter pressures and prevent serious illness among high risk patient groups.

3 Scope of Service

3.1 Service model

a. Identification of eligible patients and setting of improvement targets

Practices will run EMIS searches to identify the patients eligible for flu vaccination in each cohort. Practices will then use these baseline figures and performance data from the 2018/19 season to set a practice improvement target for all cohorts. These targets should exceed the London targets included in the Population Needs section of this specification.

b. Proactive phoning of eligible patients

Practices will have in place processes to proactively phone eligible registered patients to offer and schedule appointments to be vaccinated (and to remind pts where else they can be vaccinated - e.g. pharmacy/maternity). This process should be supported by use of SMS messaging, letters and staff encounters where appropriate.

Practices should ensure that there is adequate administrative time available to do this.

It is recommended that practices adopt a Quality Improvement approach to ascertain what works.

c. Weekly practice ‘huddles’

Practices are required to run weekly strategy meetings to be attended by a GP lead, nurse/HCA and a reception lead. The meetings should cover:

- Review of the previous week’s data
- Focus on a particular subgroup: e.g. 2-3 year olds / the elderly
- Review list of housebound
- Troubleshoot issues- e.g. difficult conversations, clinical queries

- Review list of refusals
- Strategise for the following week: target number of vaccinations

A record of the meetings should be documented for submission to the CCG. A suggested template for doing so can be found in Appendix 2.

d. Opportunistic immunisations

Practices will put in place measures to maximise opportunistic immunisation. This will include the availability in clinical rooms of cool bags containing vaccines stocked before each clinical session.

EMIS alerts should be set up to facilitate reception staff to proactively ask about immunisations when patients check-in.

e. Accurate recording of reasons for patient declines

While contacting eligible patients, practices will ensure that they ask for and record the reasons given by patients who decline the vaccination, and where possible information as to what might convince them to be vaccinated. The reasons should be recorded as consistently as possible to facilitate meaningful analysis which can be used to inform future winter planning.

It is recommended that practices record these reasons directly in the clinical system wherever possible, using the ‘free text’ functionality while entering refusal codes stipulated in the NHS Digital clinical code clusters for seasonal flu 2019/20:

Cluster description	Cluster version	SNOMED concept ID	Code description
Flu vaccination no consent codes	201.0	868491000000103	No consent for seasonal influenza vaccination

The refusal code and accompanying free text will then be searchable within EMIS at the end of the flu season.

f. Engagement CCG evaluation of interventions

Practices will engage with a CCG evaluation of the above interventions. This will include submission of data collected during delivery, practice reflections and assessment of what has worked well, and staff participation in qualitative interviews.

3.2 Care Pathways

Practices are expected to work collaboratively within their PCNs to ensure the service offering to patients and the recording of data are consistent. It is recommended that practices communicate regularly with each other, in relation to the numbers of vaccines held at individual practices to ensure that local supplies are managed efficiently.

During flu season vaccinations are available from other local service providers including:

- Community Pharmacies commissioned via the Community pharmacy seasonal influenza vaccination advanced service;

- Immunisation nurses offering vaccinations to pregnant women at the Obstetric Scan Department at HUHFT.

Practices should ensure that key staff members working on this service are aware of community pharmacies in their PCN area that are offering flu vaccinations. Appendix 1 is a list of community pharmacies and LPC leads for each PCN area. Practices should work with these leads to ensure that patients are signposted correctly and that vaccinations provided outside the practice are communicated and accurately coded.

Practices should employ a ‘Making Every Contact Count’ (MECC) approach to ensure that patient attending for LTC reviews are offered the flu vaccine at the same time and also that patients attending to be vaccinated against flu are also offered other vaccinations, such as PPV or Measles, for which they may be eligible.

3.3 Structural Support

Each practice will be asked to nominate a practice lead GP and deputy who will be responsible for ensuring that the practice is adhering to the requirements of the contract.

It is recommended that practices share best practice within their PCN.

Where appropriate practices should utilise the GP Confederation for advice in relation to Quality Improvement methodology.

4 Applicable Service Standards

Practices should adhere to service standards stipulated in the core primary contract.

5 Key Performance Indicators

1. Practices will be expected to establish a baseline figure for each eligible patient cohort as stipulated in the Seasonal influenza and pneumococcal polysaccharide vaccination programme 2019/20 and the Childhood seasonal influenza vaccination programme 2019/20.
2. Taking this baseline figure and performance from the 2018/19 flu season into account, each practice will be expected to set an improvement target for each eligible cohort to be shared with the CCG at the beginning of the flu season. Performance against this target will be the principle metric by which the service is evaluated.
3. Practices will capture data on their efforts to contact eligible patients, either within their clinical system or some other method. Practices will be expected to demonstrate that they have made all reasonable efforts to contact patients by whatever means.
4. Practices will code, and capture the reasons for, patient refusals to be reported back to the CCG at the end of the flu season.
5. At the end of the flu season each practice will submit documentation to evidence their delivery of the service specification. This should include but is not limited to:

- Performance against agreed improvement target including any mitigations for failure to meet the target where applicable;
- Data pertaining to the practices efforts to contact eligible patients, including methods by which contact was attempted (phone, SMS etc.), dates on which contact was attempted, whether the attempt was successful;
- A record of dates, attendees and discussion during weekly practice ‘huddles’ carried out throughout the flu season;
- Data on the reasons for patient refusal of the flu vaccine;
- Themes arising from any patient consultation or feedback in relation to delivery of vaccinations;
- A brief summary of the key learning points

6 Reporting Requirements

Performance indicator	Indicator/Quality Requirement	Format & Frequency	Consequences of breach
Establishment of accurate baseline	Practice to submit figures for each eligible patient cohort as stipulated by the DES	Prior to service commencement	Required for participation
Improve uptake of seasonal influenza vaccine	Practices to improve uptake in each eligible cohort in line to agreed improvement targets	Percentage target to be agreed prior to service commencement. Achievement will be monitored centrally through the ImmForm portal	Required for participation
Each eligible patient to be proactively contacted by practice to offer vaccine	90% of eligible patients or their legal guardians or carers to be contacted	As a percentage of eligible patients. To be included in final report	Final report to includes mitigations
Reasons for patient refusal of vaccine	Reasons to be captured for 90% of refusals	As a percentage of all refusals. To be included in final report.	Final report to includes mitigations

7 Financial and Procurement Summary

The service will be commissioned directly from practices as enhancement to existing services.

It will be commissioned through variation to the Clinical Commissioning and Engagement contract which the CCG already holds with local practices.

Practices will be paid £0.37 per registered patient for delivery of this service.

8 Proposed Contractual Terms

- Type of contract proposed – Variation to the NHS Standard Contract
- Service Commencement date – 1st October 2019
- Initial term of service and expiry date – 5 months, 28th February 2020
- Option to extend the initial term? – No
- Details of proposed sub-contractors – N/A
- Contractual interdependence with other existing services / providers – N/A

9 Data Protection

Individual GP practices are the Data Controllers for personal data pertaining their registered patients. This service will be commissioned from individual practices for delivery to their registered patients only.

All data to be included in the reports to the CCG should be completely anonymised and devoid of patient identifiable data.

Appendix 1



City and Hackney
NEIGHBOURHOODS

Appendix 2

Flu champion meeting 9:30 - 10:30	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
Introduction						
Members attending						
Uptake -past week						
Stock levels						
Problems						
Golden tips to increase uptake						
Lead immuniser award						

Housebound list						
High risk						
Children						
Forward planning + priority						