

Primary Care Needs Assessment tool: indicator review

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① You are now reviewing the PCNA indicator(s) for: **Uptake of influenza vaccination**

① **Caution:** The information on this page is provided for testing purposes and may be subject to amendment. It may contain errors or not be fully reflective of consensus public health advice or relevant services, therefore should only be used with care.

STEP

A

Strategic context

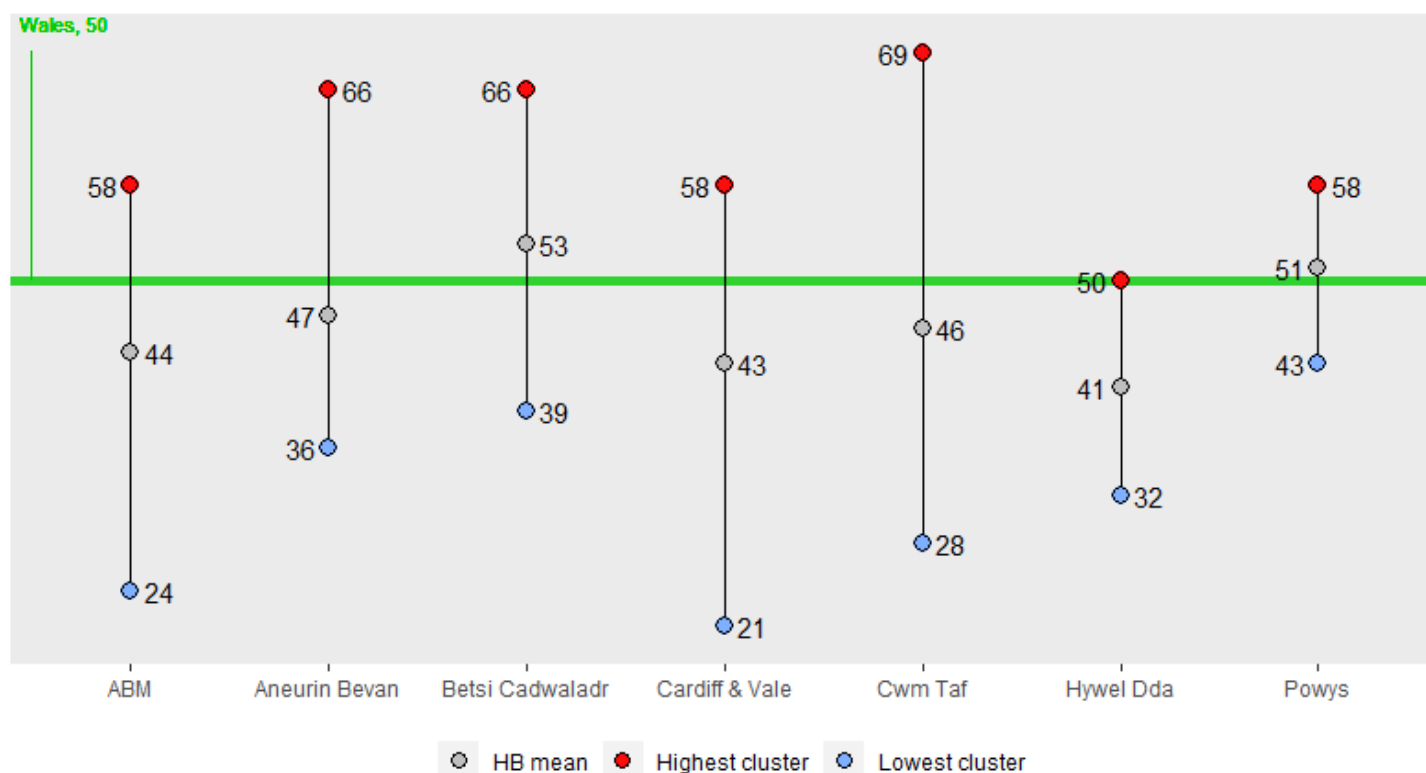
① Consider the national strategic context for prioritising improvement action in this area (in conjunction with your health board's IMTP and Regional Partnership Board's Area Plan):

- The Green book ([link](#)) provides guidance on immunisation for UK health professionals with the aim of directly protecting those in clinical risk groups who are at a higher risk of influenza associated morbidity and mortality. The list of conditions that constitute a clinical risk group where influenza vaccine is indicated are reviewed regularly.
- The Public Health Wales *Strategic plan* (IMTP) 2019–22 notes that 2017/18 saw the highest rates of influenza for seven years, highlighting immunisation as an important method of disease prevention. Immunisation aims to reduce the burden of influenza-related morbidity and mortality and avoidable winter pressures.
- Influenza is the top-ranked contributor of disability-adjusted life years ([DALYs](#)) for communicable diseases in Wales.
- Indicators for this topic are reported via Primary Care Measures and the NHS Wales Delivery Framework.

▼ PCM national variation

① Primary Care Measures (PCM) are a set of care quality indicators for primary care in Wales. The charts below emphasise variation between and within health boards; for further information see [here](#). Beneath the charts are improvement action options that may inform cluster IMTPs. Variation is a natural phenomenon and can be healthy e.g. it can be a deliberate result of innovation in primary care settings that seeks to test improvements in processes or deliver better care outcomes. Variation that is observed in a healthcare context may be referred to as *inequality*; inequality that is judged to be both avoidable and socially unjust is termed *inequity* (sometimes alternatively described as *unwarranted variation*).

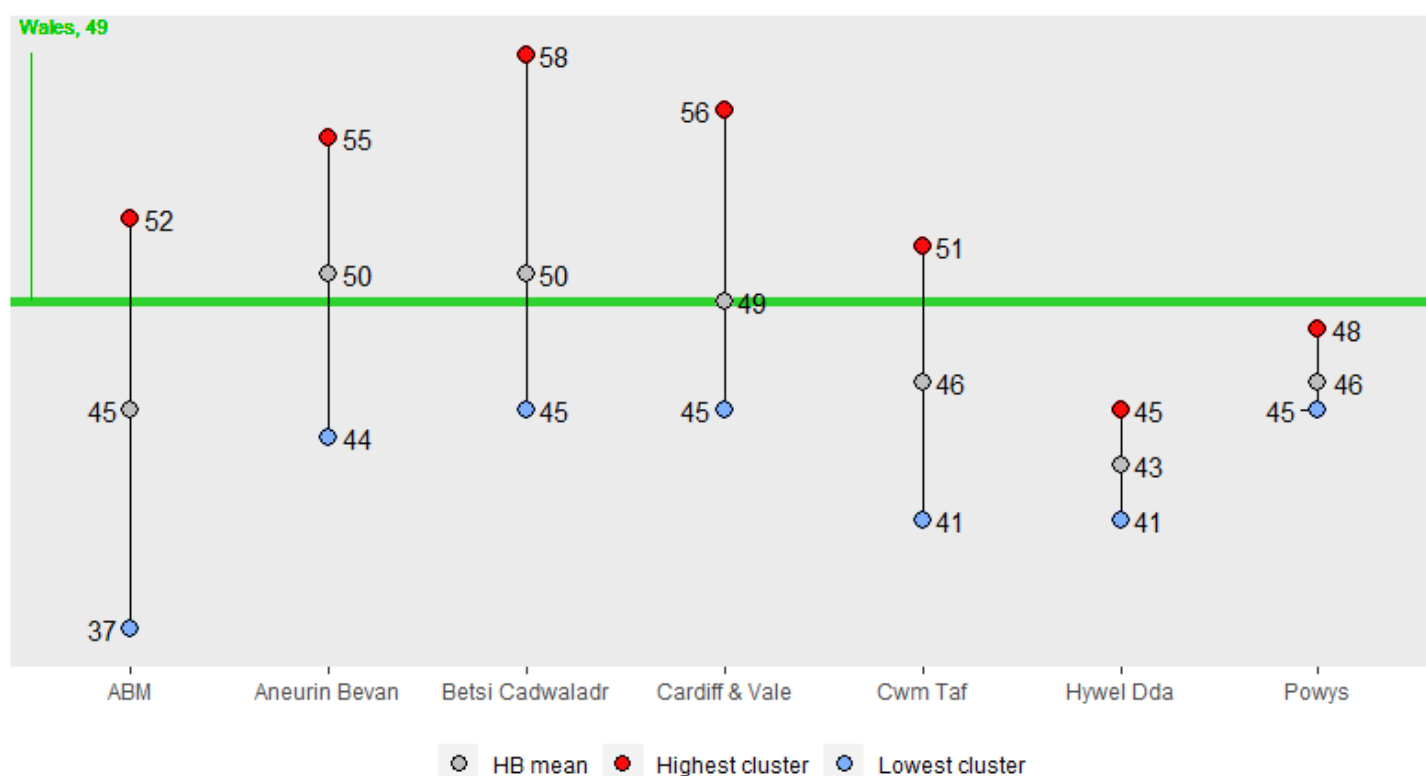
Variation in uptake proportion of patients vaccinated against influenza who are aged 2 and 3 years, by cluster within each health board, 2017/18 (*Source*: PCIP, Nov 2019):



Variation in uptake proportion of patients vaccinated against influenza who are aged 2 and 3 years, by cluster within each health board, 2016/17 (*Source: PCIP, Nov 2019*):

Baseline 2016/17 data overwritten on PCIP; unable to chart

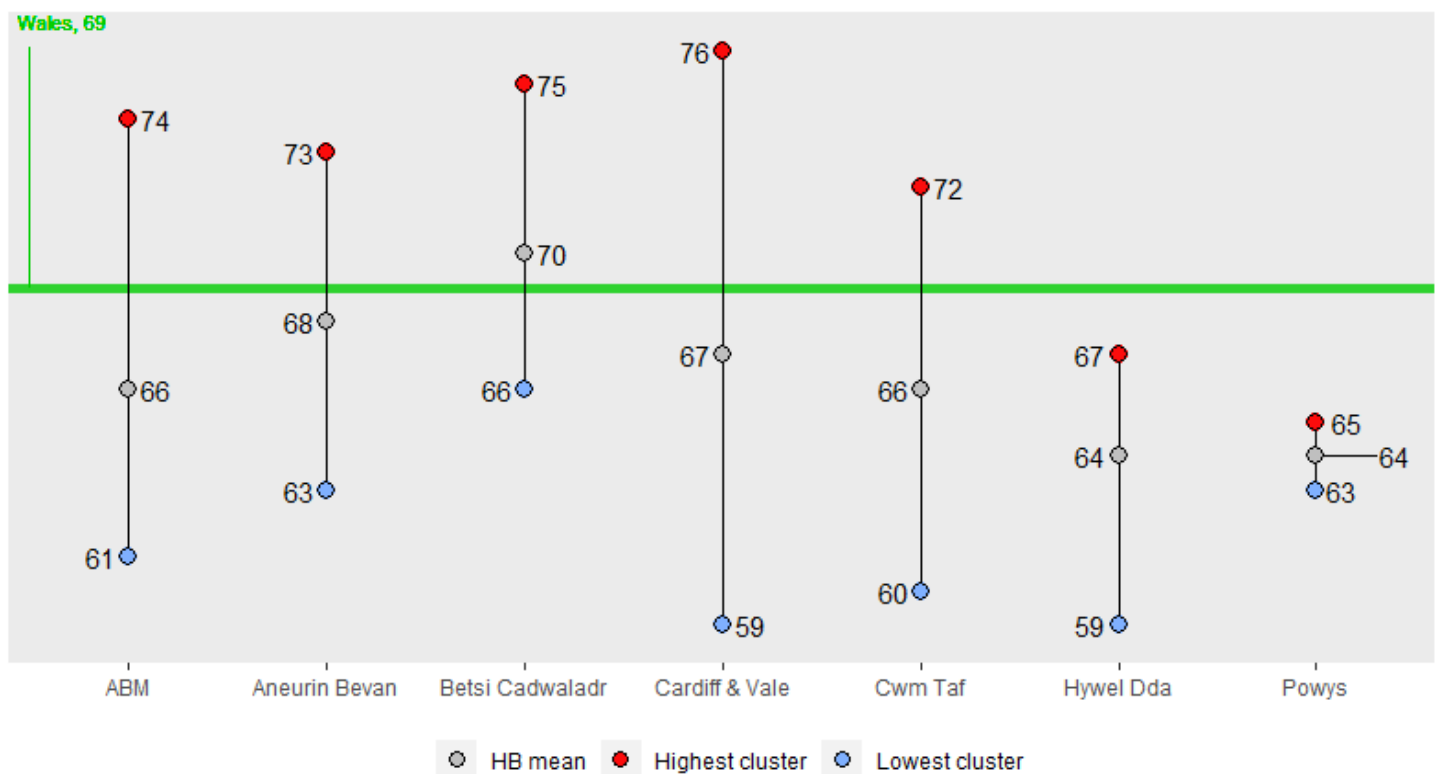
Variation in uptake proportion of patients vaccinated against influenza who are identified at risk aged 6m-64 years, by cluster within each health board, 2017/18 (*Source: PCIP, Nov 2019*):



Variation in uptake proportion of patients vaccinated against influenza who are identified at risk aged 6m-64 years, by cluster within each health board, 2016/17 (*Source: PCIP, Nov 2019*):

Baseline 2016/17 data overwritten on PCIP; unable to chart

Variation in uptake proportion of patients vaccinated against influenza who are aged 65+ years, by cluster within each health board, 2017/18 (*Source: PCIP, Nov 2019*):



Variation in uptake proportion of patients vaccinated against influenza who are aged 65+ years, by cluster within each health board, 2016/17 (*Source: PCIP, Nov 2019*):

Baseline 2016/17 data overwritten on PCIP; unable to chart

▼ ⓘ Tell me about: DALYs

What are DALYs?

- Disability-adjusted life years (DALYs) are a combined measure of early deaths (i.e. premature mortality) and disability-weighted impact on quality of life from living with poor health.
- Because DALYs capture both what kills us and what makes us ill, they describe the overall 'burden of disease' (reported by risk or condition) more effectively than mortality or disability prevalence does alone.

▼ ⓘ Tell me about: Prevention

Definitions:

- Zola's river analogy is a useful way of thinking about prevention of ill health (Zola 1970). It describes **primary** prevention (stopping everyone from falling into a river and coming to harm e.g. never smoking), **secondary** prevention (ensuring any individuals at risk who do fall in get to safety quickly; minimising the chance of complications through early identification and intervention e.g.

screening) and **tertiary** prevention (search-and-rescue for those taken downstream; mitigating the worst consequences of established disease e.g. vascular surgery).

- The Welsh Government definition of prevention is broader: working in **partnership** to co-produce the best outcomes possible, utilising the strengths and **assets** people and places have to contribute.

Building a healthier Wales (Feb 2019) sets out six key principles for implementing prevention in Wales:

- Adhere to the **five ways** of working (as outlined in the Well-being of Future Generation Act).
- Commit to investing in **evidence-based** interventions (where available or evaluate small and scale up if appropriate).
- Ensure evidence-based interventions have sufficient **scale** and **reach** to make a measurable population impact and to reduce inequalities.
- Ensure services are provided to a sufficient **quality** to achieve the best possible **outcomes** for each intervention; continually improve by drawing upon quality improvement techniques.
- Balance intervention benefits for **short and long-term** outcomes (including investing in one sector to realise a return in another).
- Optimise **value** by taking an agile approach to evaluating interventions and approaches and disinvesting in those that do not yield benefit/ value.

▼ ⓘ Tell me about: Uptake

- A proportion, expressed as a percentage, where the numerator is a count of those receiving an intervention (e.g. vaccination, screening test), and the denominator is a count of those in the eligible population.



Improvement actions for GP practice cluster members

ⓘ Consider which of the following actions could be taken forward:

▼ **Make every contact count by opportunistically asking about vaccination intent**

- Making Every Contact Count ([MECC](#)) is an all-Wales approach to behaviour change, utilising day-to-day interactions, to support people to make positive changes that improve their physical and mental health and well-being.
- MECC is focussed on behavioural risk factors, vaccination uptake and mental health and well-being.

- Consider encouraging practice staff to acquire MECC skills. For MECC e-learning (to level 1) see [here](#) [ESR or other login/ registration required]. For MECC training contacts by health board, see [here](#) [intranet].
- Brief intervention by staff in regular contact with people at risk (e.g. due to behaviours or socio-demographic characteristics) is promoted in NICE guidance ([PH49](#)); this involves discussion, negotiation or encouragement often given opportunistically, and could support an informed choice to receive vaccination (where eligible).

▼ Plan to support good practice within each cluster practice

- *A good practice guide for flu campaign planning in primary care clusters* (VPDP 2018; [link](#) [intranet]) suggests the following ways clusters may support each GP practice:
- Highlight the good practice guide for general practice (as above).
- Encourage practices and community pharmacies to work together on their flu plans.
- Encourage them to plan the campaign at a team meeting early in the year.
- Encourage them to engage with a wide group of healthcare workers in their planning. Midwives can help actively encourage pregnant women to get their vaccine; care home staff may actively encourage residents and staff to get their vaccine.
- Require/ request an end-of-season practice flu report [[link](#); intranet].
- Remind clinical staff of appropriate training opportunities [[link](#); intranet].
- Encourage them to offer flu vaccine to staff with direct patient contact as a priority.
- Remind practices they are required to invite eligible individuals to have their flu vaccine and that it makes a difference to vaccine uptake.
- Encourage them to utilise different formats of invitation and signpost to resources that will help such as template invitation letters in a range of minority languages [[link](#); intranet].
- Remind them on the importance of recording timely accurate data and the benefits of data cleansing.
- Advise on the benefits of accessing their IVOR data [[link](#); intranet] and show them how to do it.
- Signpost to promotional resources such as posters, leaflets and stickers [[link](#)].
- Encourage opportunistic immunisation.
- Remind them how they are doing with flu vaccine uptake on a regular basis.
- Support ordering adequate supplies of appropriate vaccines in a timely way.

▼ Utilise e-learning resources to empower practice staff to advocate uptake

- Actively encourage all general practice staff to complete the *FluOne: Information for all health and social care staff* e-learning module [[link](#); intranet].

- Public Health Wales *FluTwo* e-learning module is a clinical update on flu and flu vaccination suitable for all healthcare professionals [[link](#); intranet].
- A new CPD module *Influenza vaccine* has been created for primary care practitioners [[link](#)]. Created by Public Health Wales in conjunction with Hywel Dda University Health Board, it is a guide to encouraging your patients to get vaccinated.

▼ Participate in the VPDP Cluster Support Scheme

- Reports from previous PHW Cluster Support Schemes are available [here](#) [intranet].

▼ Ensure awareness and implementation of NICE guidance

- *Flu vaccination: increasing uptake*. NICE guideline [[NG103](#)] (Published date: August 2018) includes recommendations suitable for providers of flu vaccination. This guideline covers how to increase uptake of the free flu vaccination among people who are eligible. It describes ways to increase awareness and how to use all opportunities in primary and secondary care to identify people who should be encouraged to have the vaccination.



Improvement actions for wider cluster members

① Consider which of the following actions could be taken forward:

▼ Make every contact count by opportunistically asking about vaccination intent

- Making Every Contact Count ([MECC](#)) is an all-Wales approach to behaviour change, utilising day-to-day interactions, to support people to make positive changes that improve their physical and mental health and well-being.
- MECC is focussed on behavioural risk factors, vaccination uptake and mental health and well-being.
- Consider encouraging staff in the wider cluster to acquire MECC skills. For MECC e-learning (to level 1) see [here](#) [ESR or other login/ registration required]. For MECC training contacts by health board, see [here](#) [intranet].
- Very brief intervention by staff in contact with the general public is promoted in NICE guidance ([PH49](#)), in the form of "ask, advise, assist" to inform people about services or interventions that can help them improve their general health and well-being; this could support an informed choice to receive vaccination (where eligible).

▼ Identify and support the contribution of community pharmacies

- *A good practice guide for flu campaign planning in primary care clusters* (VPDP 2018; [link](#) [intranet]) suggests the following potential actions:
- Encourage community pharmacies and practices to work together on their plans.
- Encourage community pharmacies to promote the benefits of flu vaccination to eligible groups.
- Actively encourage all community pharmacy staff to complete the *FluOne: Information for all health and social care staff* e-learning module [[link](#); intranet].
- Remind clinical staff of appropriate training opportunities [[link](#); intranet].
- Encourage them to offer flu vaccine to staff with direct patient contact as a priority.
- Advise on timely data cleansing and accurate recording.
- Signpost to promotional resources such as posters, leaflets and stickers [[link](#)].
- Encourage opportunistic reminding of individuals who are eligible for a flu vaccine.
- Support ordering adequate supplies of appropriate vaccines in a timely way.

▼ Identify and support the contribution of other local healthcare providers

- *A good practice guide for flu campaign planning in primary care clusters* (VPDP 2018; [link](#) [intranet]) suggests the following potential actions:
- Encourage dental surgeries and opticians to promote the benefits of flu vaccination to eligible groups.
- Share Guidance on fighting flu in dental practice with local dental surgeries [[link](#); intranet].
- Encourage care homes to promote the benefits of flu vaccination to eligible groups.
- Share resources specific to care homes with them (this includes a good practice guide) [[link](#)].
- Actively encourage all dental surgeries, optician and care home staff to complete the *FluOne: Information for all health and social care staff* e-learning module [[link](#); intranet].
- Signpost to promotional resources such as posters, leaflets and stickers [[link](#)].

▼ Ensure awareness and implementation of NICE guidance

- *Flu vaccination: increasing uptake*. NICE guideline [[NG103](#)] (Published date: August 2018) includes recommendations suitable for providers of flu vaccination and others. This guideline covers how to increase uptake of the free flu vaccination among people who are eligible. It describes ways to increase awareness and how to use all opportunities in primary and secondary care to identify people who should be encouraged to have the vaccination.

- *Community pharmacies: promoting health and wellbeing*. NICE guideline [[NG102](#)] (Published date: August 2018) includes recommendations suitable for a broad audience. This guideline covers how community pharmacies can help maintain and improve people's physical and mental health and wellbeing, including people with a long-term condition. It aims to encourage more people to use community pharmacies by integrating them within existing health and care pathways and ensuring they offer standard services and a consistent approach. It requires a collaborative approach from individual pharmacies and their representatives, local authorities and other commissioners.



What is happening in Wales?

① Consider whether shared learning/ local experience might guide your own implementation of the evidence:

▼ Collaboration with community pharmacies

- *What problem was being addressed?* Need to increase uptake of influenza vaccination.
- *What was done to address it?* In spring 2019, the cluster established a collaborative workshop with Public Health Wales and other health professionals with the aim of improving the uptake of the flu vaccine for 2019–20. One of the main differences this year was the collaborative approach with community pharmacists.
- *Who did it or who can be contacted in the event of queries?* Anglesey cluster (Dr Dyfrig ap Dafydd; Ellen V Williams; Helen Williams).
- *Source?* Primary Care Clusters 2019 (yearbook) [[link](#)].

▼ Collaboration with community pharmacies

- *What problem was being addressed?* Need to increase uptake of influenza vaccination.
- *What was done to address it?* In spring 2019, the cluster established a collaborative workshop with Public Health Wales and other health professionals with the aim of improving the uptake of the flu vaccine for 2019–20. One of the main differences this year was the collaborative approach with community pharmacists, which, together with their support will ensure the local population, particularly the elderly and those affected by chronic conditions will be protected against flu.
- *Who did it or who can be contacted in the event of queries?* Meirionnydd cluster (Dr Jonathan Butcher; Ellen V Williams; Christine Carroll).
- *Source?* Primary Care Clusters 2019 (yearbook) [[link](#)].

▼ Establishment of a Flu Planning Group

- *What problem was being addressed?* Need to increase uptake of influenza vaccination.
- *What was done to address it?* Establishing a flu planning group to systematically deliver initiatives aimed at increasing the uptake of the flu vaccination in eligible 'at risk' groups. We signed up to the Vaccine Preventable Disease Programme 2018/19 targeting patients with chronic respiratory disease, proactively administered vaccines to housebound patients and surveyed patients who declined the vaccine to understand why.
- *Who did it or who can be contacted in the event of queries?* Neath cluster (Dr Heather Potter; Deborah Burge-Jones).
- *Source?* Primary Care Clusters 2019 (yearbook) [[link](#)].

▼ Placeholder project description

- *What problem was being addressed?* Placeholder.
- *What was done to address it?* Placeholder.
- *How does this evidence good practice?* Placeholder.
- *What key learning can be shared?* Placeholder.
- *Who did it or who can be contacted in the event of queries?* Placeholder.

① Have something to share? Please let us know [here](#).

① **Caution:** Any text entered into the following sections will not be saved if you navigate away from this page, or close the browser window before selecting PRINT.

STEP

E

What do you know about community views on this?

① Consider any relevant citizen/ community voice information (e.g. from surveys, complaints, engagement events, or your health board's well-being or population needs assessments). Summarise this into the following box:

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STEP**F**

What assets or partnership opportunities can you identify?

① Consider any relevant local assets or potential partner organisations that might facilitate co-production. Summarise this into the following box:

STEP**G**

Do you need more data before making a decision?

① If relevant, consider any additional data (or information) requirements that might ensure a more informed decision on determining action. Summarise this into the following box:

STEP**H**

What is your provisional decision?

① Having reviewed indicator data on local needs and considered evidence-informed quality improvement options, please record initial thoughts on proposed actions. You may also wish to record related thoughts around potential service models, capacity requirements, workforce development or financial considerations. Ideally, discuss these with both the wider cluster and with your local public health team ([LPHT](#)). Summarise your proposals for action into the following box:

① Now **PRINT** this page (e.g. to PDF) so you have a record of your entries (Steps E-H). You may then close the Print view browser window and return to the PCNA workbook to review another indicator.