

To: **Bracknell Forest Health and Wellbeing Board**  
**12<sup>th</sup> September 2019**

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## **Health and Wellbeing Board Flu Update**

### **1 Introduction**

- 1.1** This paper is to update the Health and Wellbeing Board on the performance of the influenza vaccine campaign in winter 2018-19 to summarise lessons learned and to inform the board of changes to the national flu programme for the coming flu season and how these will be implemented locally.

The Board is asked to;

- Agree and endorse the multi-agency approach
- Support respective organisations to fulfil their responsibilities asset out in the national flu plan
- Be flu champions - take every opportunity to promote the vaccine and debunk myths
- Lead by example, take up the offer of a vaccine where eligible

### **2 Supporting Information**

- 2.1** Seasonal influenza (Flu) is a key factor in NHS winter pressures. The National Flu Plan aims to reduce the impact of flu in the population through a series of complementary measures. Flu vaccination is commissioned by NHS England for groups at increased risk of severe disease or death should they contract flu.

Key aims of the immunisation programme in 2018-19 were to;

- Actively offer flu vaccine to 100% of people in eligible groups
- Immunise 65% of eligible children, with a minimum 40% uptake in each school
- Maintain and improve uptake in over 65s and clinical risk groups with at least 75% uptake among people 65 years and over and 75% among health and social care workers

#### **2.2 Multi-agency approach**

Flu vaccination is commissioned by NHS England for groups at increased risk of severe disease or death should they contract flu and vaccination is provided by a mix of providers including GP practice, community pharmacy, midwifery services and school immunisation teams.

the National Flu Plan states that the role of local authorities in the flu programme is to provide advocacy and leadership through the Director of Public Health and to promote uptake of flu vaccination among eligible residents and among staff providing care for people in residential and nursing settings. Local authorities are responsible for providing flu vaccine for frontline health and social care workers that are directly employed. Local authorities may also provide vaccine to staff members as part of business continuity arrangements. The role of CCGs is to provide quality assurance and improvement which extends to primary medical care services delivered by GP practices including flu vaccination and antiviral medicines. In Berkshire, CCGs, Local Authorities, NHS England and providers work collaboratively to provide advocacy, leadership and quality assurance of the programme aiming to protect and improve the health of all residents. CCGs also monitor staff vaccination uptake in Providers through the [CQUIN scheme](#).

A collaborative multi-agency approach to planning for and delivering the flu programme is taken in Berkshire, beginning with a flu workshop in June. Public Health Teams used output from the workshop to develop their local flu action plan, actions included engaging and communicating with local residents about flu, promoting the flu vaccine to eligible groups and supporting partners to provide and manage the programme.

### 2.3 Flu Activity

In the 2018 to 2019 season, low to moderate levels of influenza activity were observed in the community in England with circulation of influenza A(H1N1) pdm09 followed by influenza A(H3N2) in the latter part of the season. Nationally, the rate of GP consultations for flu like activity during 2018-19 was generally lower than in the previous season with the peak of activity occurring slightly later in the season. Compared to 2017-18 there were fewer reported outbreaks of flu-like illness, most outbreaks occurred in residential and nursing home settings in 2018-19 which is a similar pattern to the previous year<sup>1</sup>.

### 2.4 Vaccine uptake

- **GP patients aged 65 and over** - uptake was lower in Berkshire LAs than in England as a whole, Bracknell Forest was the same as the England figure.
  - **Under 65's in clinical risk groups** - uptake was higher than the England figure in Bracknell Forest.
  - **pregnant women** – Bracknell Forest is above the England figure. No Berkshire LA achieved the national ambition in terms of flu vaccine uptake for this group.
  - **children aged 2 years** - uptake was higher than the England figure in Bracknell Forest. No Berkshire LA achieved the national ambition in terms of flu vaccine uptake for this group.
  - **children aged 3 years** - uptake was higher than the England figure in Bracknell Forest. Uptake among 2- and 3-year olds in risk groups were higher than among children not in risk groups.
  - **school-aged children** –Bracknell Forest exceeding the 65% upper ambition
  - **Healthcare workers** - uptake ranged from 53.7% to 66.7% across NHS Trusts in Berkshire, meaning that the national ambition of 75% was not reached. Nationally uptake was 70.3%.  
Bracknell Forest LA staff eligible no. 615 from all directories, 28.78% took up the vaccine offers in-house.
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## Flu vaccine uptake among GP registered patient by LA - Sept 1 2018 to Jan 31 2019 in comparison to 2017/18 time-point

	Risk Group				
	65 and over	Under 65 (at-risk)	All Pregnant Women	2 Years old	3 Years old
<b>Bracknell Forest 2018-19</b>	<b>71.2</b>	<b>50.9</b>	<b>47.6</b>	<b>52.3</b>	<b>56.4</b>
2017-18	73.5	53.9	57	46.3	51.7
Variation	<b>-2.3</b>	<b>-3</b>	<b>-9.4</b>	6	4.7
<b>England Total 2018-19</b>	<b>71.2</b>	<b>46.7</b>	<b>44.8</b>	<b>43</b>	<b>45</b>
2017-18	<b>72.6</b>	<b>48.9</b>	<b>47.2</b>	<b>42.8</b>	<b>44.2</b>
Variation	<b>-1.4</b>	<b>-2.2</b>	<b>-2.4</b>	<b>0.2</b>	<b>0.8</b>

Data sources: Immform Week 1 flu GP data collection accessed 13.02.2019, National Flu Report summary updated 07.02.2019 and Berkshire Flu Report 2017-18.

### 2.5 Learning from 2017-18 season

The public health team in Bracknell Forest worked collaboratively with the CCG to actively promote flu vaccination to eligible groups using a range of channels and worked with commissioners and providers during the season to identify issues.

Whilst uptake among school aged children was good overall and showed an increase on previous seasons, uptake in other risk groups remained below the desired level; this is in line with other areas of the country.

There remains considerable variation in uptake between GP practices, both within and between CCGs. There is scope to improve communicating uptake to practices throughout the flu season and to improve the way patients are invited for vaccination. Myths and misconceptions regarding vaccines remain an important barrier to uptake.

A key issue in 2018-19 was the phased delivery over three months of the new adjuvanted vaccine for over 65's, this created temporary vaccine shortages for some providers and required GP practices to change the way they delivered flu clinics compared to previous years. There was good partnership working between NHS England, CCGs and providers to ascertain location of vaccine stocks, to redistribute vaccine and to sign-post eligible patients to alternative sources such as community pharmacy. Extra communications were put in place with support from local authorities to reassure patients that vaccine was available and inform them how to access. Coordination and communication around this issue was resource intensive and may have had opportunity costs elsewhere in the system. Patients who were not able to access vaccine on their first attempt may have been put off from re-trying and therefore remained unvaccinated. Although this issue affected only the new vaccine, patients in other groups may have been led to believe there were supply issues with other flu vaccines which could have contributed to lower uptake.

Other barriers included variation in access to GP flu clinics, lack of health literacy and inclusion of porcine element in the children's vaccine making it inappropriate for some groups.

Despite introduction of an NHS funded flu vaccine offer for frontline social care staff in nursing and residential care, local intelligence suggest uptake in this group remains low. Without more robust data from the National programme it is not possible to evaluate the

success of this approach. Without changes to the flu programme, provision of flu vaccine to this group remains an occupational health responsibility and is likely to remain challenging for Local Authorities and CCGs to influence. The narrow definition of this offer has been questioned by stakeholders, staff and employers.

The offer of flu vaccine to other LA staff varies across Berkshire with some LAs not offering vaccine to any staff groups. However, where LAs do offer vaccine, feedback suggests that staff and managers are working well to promote to staff and to understand uptake and identify potential barriers. Evidence suggests that there is still significant work to do to ensure staff are aware of the facts and evidence around flu vaccine safety and efficacy.

## 2.6 Plans for 2018-19 Flu Season

A successful flu review and planning workshop took place on 15th May 2019 in Bracknell. This was well attended by a range of stakeholders from across Berkshire. Key recommendations from this workshop are as follows and will be taken forward through the Berkshire West and East Berkshire Flu Action Groups

<b>Access to vaccination</b>
Review terminology around long term conditions / clinical risk groups to create “user friendly” text for practices to use in invites and wider comms
Seek and share positive case studies from care home and nursing home settings
Deliver short session / workshop (with uptake data and learning points) to protected learning time for Practice Nurses
Consider offering flu clinics on weekends and evenings
Consider offering flu vaccine through out-patient clinics for particular risk groups
Explore how Primary Care Networks could add more flexibility to the system and increase access – providing for other patients within the same network in different locations
Consider possible co-location of immunisation trained community midwives with school-aged mop-up clinics and other community locations
<b>Preventing and preparing for outbreaks</b>
Approach CQC to ascertain expectations and process around if / how providers manage and learn from outbreaks of flu-like-illness and respiratory infection
Seek and share case studies from care homes re. successful staff flu offer
Creation of poster asking families with young children who visit to take up their offer of a flu vaccine and asking anyone who may have experienced recent flu-like symptoms not to visit
<b>Myth-busting and supporting behaviour change</b>
Reach out to schools via head-teacher forums and School Governor forums to provide an evidence base around staff flu vaccination
Cross-council engagement to build support for staff flu offer
Sharing wording from professional bodies regarding vaccination
Continue to develop the #IamVaccinated campaign by engaging with more people and professionals across the system

### **3 Equalities Impact Assessment**

NA

### **4 Strategic Risk Management Issues**

NA

#### Background Papers

<sup>1</sup> <https://www.gov.uk/government/statistics/annual-flu-reports>

<sup>2</sup> Berkshire Seasonal Influenza Campaign 2018-19; flu activity summary, final vaccine uptake figures and feedback from local partners, May 2019.

#### Contact for further information

[Public.Health@bracknell-forest.gov.uk](mailto:Public.Health@bracknell-forest.gov.uk)