

Berkshire Seasonal Influenza Vaccine Campaign 2016-17; final uptake figures and feedback from local authority public health teams

Executive Summary

- 1. Background** - 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 2016-17 were to;

- Actively offer flu vaccine to 100% of people in eligible groups.
- Immunise 60% of children, with a minimum 40% uptake in each school
- Maintain and improve uptake in over 65s clinical risk groups with at least 75% uptake among people 65 years and over and 75% among healthcare workers

- 2. Role of local authorities** - 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 care. 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.

- 3. Local uptake** - In keeping with the national and regional picture, uptake of vaccine among GP-registered patients in Berkshire was generally higher in 2016-17 than in 2015-16. Along with Bracknell and Ascot, Windsor Ascot and Maidenhead and Wokingham CCGs, Slough CCG reported improved uptake across all GP-registered patient groups.

- **Patients in clinical risk groups** - uptake increased in all CCGs with the exception of South Reading
- **Over 65s** - the 75% target was not met in any CCG, in line with regional and national uptake
- **Pregnant Women** - Uptake was down on the previous flu season in Newbury & District, North & West Reading and South Reading. This is in contrast to uptake in Thames Valley and at the national level, where uptake increased.
- **Children aged 2 to 4** - uptake among 2 year olds increased in all Berkshire CCGs with the exception of North & west Reading and South Reading, uptake among 3 year olds increased or was maintained in all CCG areas. For four years olds, uptake increased in all CCGs except North & West Reading
- **Children in school years 1 to 3** - the 40% overall uptake target was reached or exceeded in every Berkshire LA
- **Healthcare workers** - Uptake in Royal Berkshire Foundation Trust was 60.6% compared to the 48.6% previous flu season. Berkshire Healthcare Foundation Trust achieved a 76.2% uptake rate, an increase from 64.1% and the highest in Thames Valley

4. Summary

Local Authority public health teams actively promoted 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 children was good, uptake in other risk groups remains 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. Other barriers may include 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. Uptake among front line local authority social care workers remains difficult to measure; there is scope to improve data collection in this area. Providers of residential care are not consistently offering flu vaccine to employees in line with national recommendations, this remains challenging for local authorities to influence.

Key recommendations for LA Public Health Teams

- Establish a joint flu communications plan with CCG comms colleagues ahead of the flu campaign launch and ensure LAs provide regular updates on planned timing and nature of LA flu comms to the CCGs to improve the uptake of opportunities to share communications. Communications should take account of uptake in each eligible group and target appropriately
- Ensure communication between all LAs in the summer period to establish model for staff flu vaccine offer in order to secure most cost-effective and accessible
- Deliver a separate event/ specific publicity for training/planning for Care Agencies/ residential homes to advocate for provision of staff vaccines and support employers
- Work with commissioners of residential, nursing and domiciliary care to include KPIs around staff flu vaccine and record keeping
- Liaise more closely with PHE colleagues to measure and communicate the impact of suspected and confirmed flu outbreaks in care home and childcare settings
- Continue to engage with hospital specialists and local patient advocates to help promote flu vaccine to patients with clinical risk conditions
- Support the school immunisation team to communicate with schools and head-teachers on the flu programme ahead of the autumn term and throughout flu season

1. Seasonal influenza

Seasonal influenza (Flu) is a key factor in NHS winter pressures. It impacts on those who become ill, the NHS services that provide direct care, and on the wider health and social care system that supports people in at-risk groups. Flu occurs every winter in the UK. The National Flu Plan aims to reduce the impact of flu in the population through a series of complementary measures. These measures help to reduce illness in the community and unplanned hospital admissions, and therefore pressure on health services generally and A&E in particular. The plan is therefore a critical element of the system-wide approach for delivering robust and resilient health and care services throughout the year. Successful local implementation of the flu plan depends on partnership working between stakeholders at National and local levels. Key stakeholders include Department of Health, NHS England, Clinical Commissioning Groups, GPs, Community Pharmacy, PHE, Local Authorities and community groups.

2. Role of the local authority

The National Flu plan states that;

Local authorities, through their DsPH, have responsibility for:

- providing appropriate advocacy with key stakeholders and challenge to local arrangements to ensure access to flu vaccination and to improve its uptake by eligible populations
- providing leadership, together with local resilience partners to respond appropriately to local incidents and outbreaks of flu infection

Local authorities can also assist by:

- promoting uptake of flu vaccination among eligible groups, for example older people in residential or nursing care, either directly or through local providers
- promoting uptake of flu vaccination among those staff providing care for people in residential or nursing care, either directly or through local providers

3. 2016-17 Flu activity

Moderate levels of influenza activity were seen in the community in the UK in 2016 to 2017, with influenza A(H3N2) the dominant circulating virus for the majority of the season peaking in week 01 2017. The majority of circulating A(H3N2) strains in the UK were genetically and antigenically similar to the Northern Hemisphere 2016/17 (H3N2)vaccine strain, this is in line with many Northern Hemisphere countries.

Nationally the impact of influenza A(H3N2) was predominantly seen in older adults, with a consistent pattern of outbreaks in care homes noted, a total of 1,055 acute respiratory illness outbreaks in closed settings were reported in the UK to PHE compared to 656 in 2015 to 2016 and 687 in 2014 to 2015. 78.3% of reported outbreaks occurred in care homes in 2016-17, compared to 75% in 2014/15, the most recent A(H3N2) dominant season. Reported outbreaks peaked in week 1 of 2017 (Figure 1).

Levels of excess all-cause mortality were elevated particularly in the elderly, but were lower than the 2014/15 season in which influenza A(H3N2) also dominated.

Figure 1: Reported Outbreaks (National)

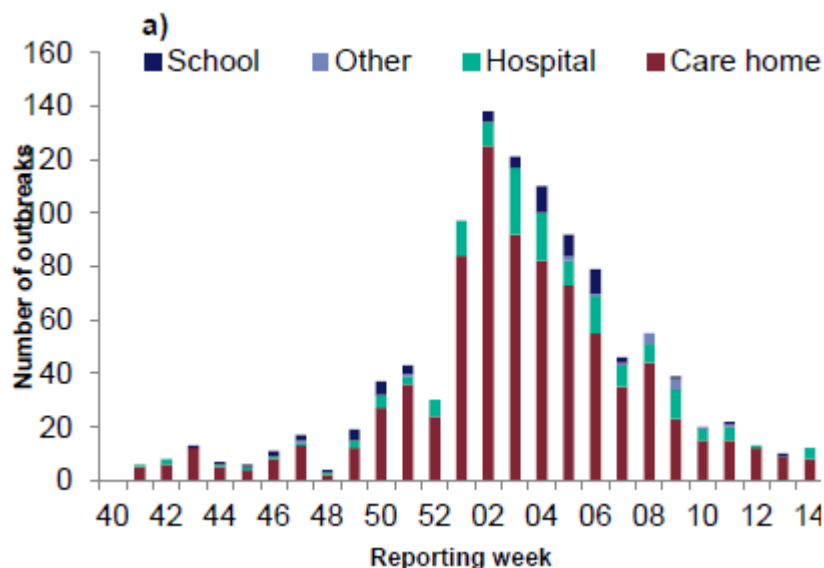


Figure taken from [Surveillance of influenza and other respiratory viruses in the UK: Winter 2016 to 2017](#) (PHE, 2017)

4. Local outbreaks

There were 25 outbreaks of influenza-like illness (ILI) reported in the Thames Valley between 1st September 2016 and 31st March 2017, of these 21 were in care, residential and nursing home settings. 14 of the ILI outbreaks reported during this time period received laboratory confirmation for swabs taken. In all outbreaks where testing was undertaken, the result returned was positive for Influenza A.

There were four outbreaks in which deaths were recorded with influenza-like-illness listed as a possible contributing factor (based on self-report from the care home and not death certificates). Hospitalisation of residents was required in 13 outbreaks. The highest number of hospitalisations during an outbreak was eight residents from one establishment.

5. Flu vaccine efficacy

At time of publication this data had not been released by the national team for 2016-17

6. Groups eligible for vaccination

Flu vaccination remains the best way to protect people from flu. People in certain groups are at increased risk of severe symptoms and deaths if they contract flu, these groups were eligible for free flu vaccine in 2016-17.

- Adults aged 65 or above
- Children aged 2 to 4 years or in school years 1, 2 and 3
- Pregnant women
- Paid and unpaid carers
- Frontline health and social-care workers
- People living in long-stay residential care homes,
- Adults and children (6 months to 64 years) with one or more of the following conditions;
 - a heart problem
 - a chest complaint or breathing difficulties, including bronchitis, emphysema or severe asthma
 - kidney disease
 - lowered immunity due to disease or treatment (such as steroid medication or cancer treatment)
 - liver disease
 - stroke or a transient ischaemic attack (TIA)
 - diabetes
 - a neurological condition, e.g. multiple sclerosis (MS), cerebral palsy or learning disability

The only change to the programme in 2016-17 compared to 2015-16 was the extension of the offer of live attenuated influenza vaccine (LAIV) to children of appropriate age for school year 3, in addition to those children in school years 1 and 2. This is in line with the principle for future extension of the programme to extend upwards through the age cohorts.

In Berkshire, children of appropriate age for school years 1, 2 and 3 were offered flu vaccine in school, with arrangements in place to ensure home-schooled children are also offered a vaccine.

7. Aims of the flu immunisation programme

The aims of the immunisation programme in 2016-17 were to;

- Actively offer flu vaccine to **100%** of people in eligible groups.
- Immunise 60% of children, with a minimum **40%** uptake in each school
- Maintain and improve uptake in over 65s and 6 months to 64 years in clinical risk groups with at least **75%** uptake for those aged 65 years and over and **75%** uptake for health and social care workers
- Improve uptake over and above last season among those in clinical risk groups and prioritise those with the highest risk of mortality from flu but who have the lowest rates of vaccine uptake (i.e. immunosuppression, chronic liver and neurological disease, including people with learning disabilities); achieving at least 55% uptake in all clinical risk groups and maintain higher rates where they have previously been achieved.

8. Communications and resources

In 2016-17, flu vaccine was for the second year running included as a component of the jointly coordinated PHE and NHS England “Stay well this winter” campaign.

Resources were available from the online PHE Campaign Resources Centre

Local authorities used their social media accounts to enforce national messages on flu vaccine as well as other winter health messages. A Berkshire press release template was prepared for local modification by local authority public health teams. Leaflets and posters from the national resource centre were distributed to local venues including Children’s centres, childcare settings and local shops by Berkshire public health teams. Easy-read versions of the leaflet were shared with LA Learning Disabilities colleagues for use with their clients. Flu vaccine was promoted to carers during national carer’s rights day (20/11/2015) and to those with long term conditions as part of national self-care week (16-22/11/2015)

9. Local plans

Across Berkshire residents were able to access flu vaccine in a number of ways **Table 1**

Table 1: Access to flu vaccine for eligible groups

Group	Provider
Children aged 2 to 4	Primary Care
Children in School years 1, 2 and 3	School based programme delivered by Berkshire Healthcare Trust
Special Schools	School based programme delivered by Berkshire Healthcare Foundation Trust
Adults aged 65 or above	Primary Care or Community Pharmacy
Adults in clinical risk groups	Primary Care or Community Pharmacy
Children in clinical risk groups	Primary Care (or through special school programme)
Paid and unpaid carers	Primary Care or Community Pharmacy
Pregnant Women	Maternity Unit at Royal Berkshire Hospital, Wexham Park Hospital or Primary Care
Health and social care workers	Via occupational health arrangements

A stakeholder workshop was held in June 2016, this was jointly delivered by Jo Greengrass (East Berks CCGs), Dr Chris Cook and Harpal Aujla, Screening and Immunisation Team NHS England South - South Central and Berkshire local authority public health teams. Participants from a range of stakeholder organisation attended, including representatives from Berkshire CCGs, GP practices, NHS provider organisations, Public Health England, drug and alcohol commissioners and providers and public health teams across Berkshire.

The aims of the workshop were to;

- hear NHS England commissioning intentions for 2016-17
- review campaigns and uptake for the previous 2015-16 season
- draw on learning to develop local plans for promotion of vaccine to all eligible groups in 2017-18

Outputs from the workshop enabled stakeholders in each locality to identify key actions for inclusion in their local 'Flu Action Plan', building on work done in the previous flu season.

The plans set out key actions that LA teams would take to promote vaccine to each of the eligible groups. Actions included but were not limited to,

- promoting flu vaccine through joint communications initiatives with local CCGs
- use of corporate and public health social media channels to communicate with residents
- Internal comms to LA staff, including LA newsletters, intranet articles and internal screen-savers
- attending local events and workshops such as National Carers Day
- distributing national campaign materials to other local organisations such as children's centres, child minders and organisations supporting older people and people with learning disabilities
- promoting through LA newsletters and websites
- providing leaflets to older people at lunch clubs and when collecting a free bus-pass
- placing promotional materials in community settings used by older people and young families

- working with clinical leads in HIV and Neurology to include messages prompting those in specific clinical risk groups to attend GP or pharmacy for a free flu vaccine
- working with care staff to advocate to those with stable neurological conditions living in the community
- in collaboration with NHS England, working with Occupational Health leads in RBH and Wexham Park Hospitals to develop and distribute flyers prompting healthcare staff to promote flu vaccine to patients in clinical risk groups who receive care in hospital, e.g. people living with COPD, chronic liver disease, chronic kidney disease or receiving care for chronic heart disease or a neurological condition
- a letter was sent to Healthwatch asking for their support in making people aware of their eligibility and right to receive a free flu vaccine
- Using links into parish councils to communicate in other community settings and village events

All communications and promotional materials were part of the suite of 'Stay Well This Winter' materials provided nationally by NHS England, no locally produced campaign materials were produced, following guidance from NHS England South Central Flu leads.

In addition to the fortnightly Thames-Valley teleconferences led by NHS England, fortnightly teleconferences or meetings were held in East and West Berkshire to monitor flu levels, vaccine uptake and progress with local actions.

10. Uptake Figures 2017-18

Uptake of vaccine in primary care, community pharmacy and among healthcare workers is monitored by Public Health England. During Flu season NHS England commissioners of the vaccine programmes extracted and collated uptake data from GP practices on a weekly basis and nationally on a monthly basis. Data on numbers of vaccines provided to adults through community pharmacy and to pregnant women by NHS midwives was monitored by NHSE and shared with stakeholders.

10.1. GP registered patients by CCG

In keeping with the national and regional picture, uptake of vaccine among GP-registered patients in Berkshire was generally higher in 2016-17 than in 2015-16. Along with Bracknell and Ascot, Windsor Ascot and Maidenhead and Wokingham CCGs, Slough CCG reported improved uptake across all GP-registered patient groups, see Table 2.

In line with regional and national picture, no Berkshire CCG achieved the 75% target for patients aged 65 and above.

Among patients in clinical risk groups, uptake increased in all CCGs with the exception of South Reading.

Uptake among pregnant women was down on the previous flu season in Newbury & District, North & West Reading and South Reading, in contrast to uptake in this group in Thames Valley and at the national level, where uptake increased.

Uptake among 2 year olds increased in all Berkshire CCGs with the exception of North & west Reading and South Reading, uptake among 3 year olds increased or was maintained in all CCG areas. For four years olds, uptake increased in all CCGs except North & West Reading.

Table 2: Flu vaccine uptake among GP registered patients - Sept 1 2016 to Jan 31 2017 in comparison to 2015/16 time-point.*

CCG	Summary of Flu Vaccine Uptake %					
	65 and over	Under 65 (at-risk)	All Pregnant Women	2 Years old	3 Years old	4 Years old
NHS BRACKNELL AND ASCOT	70.9	54.0	51.1	49.5	50.5	41.0
2015/16 Variation	0.6	4.1	1.2	10.5	4.3	7.3
NHS NEWBURY AND DISTRICT	74.4	55.7	45.1	53.6	53.9	46.3
2015/16 Variation	0.5	6.0	-4.7	2.6	3.1	0.7
NHS NORTH & WEST READING	74.0	54.1	46.3	42.4	49.1	37.6
2015/16 Variation	-1.1	1.7	-3.1	-5.8	2.6	-2.0
NHS SLOUGH	68.2	50.6	40.8	26.7	33.2	25.4
2015/16 Variation	0.5	3.1	0.7	0.2	3.2	4.5
NHS SOUTH READING	68.9	46.4	39.3	35.7	39.6	30.1
2015/16 Variation	-1.6	-1.4	-5.2	-0.6	0.0	0.3
NHS WINDSOR, ASCOT & M'HEAD	68.4	47.0	44.5	37.0	44.2	32.3
2015/16 Variation	0.9	2.8	2.9	4.5	7.6	5.1
NHS WOKINGHAM	72.7	50.7	50.4	48.1	53.5	42.9
2015/16 Variation	1.1	4.9	2.1	1.1	3.5	1.6
Thames Valley Total	72.1	50.7	47.2	43.3	47.0	38.1
2015/16 Variation	0.6	4.1	1.0	3.1	4.4	3.2
England Total	70.4	48.7	44.8	38.9	41.5	33.9
	-0.6	3.6	2.5	3.9	3.8	3.9

Data source: [Seasonal influenza vaccine uptake amongst GP Patients in England](#)

* includes those GP-registered patients who were vaccinated through national community pharmacy scheme or by hospital midwives

10.2. Schools Campaign

In Berkshire, the children's nasal vaccine was delivered in primary schools by a team of school immunisation nurses from Berkshire Health Foundation Trust. The team arranged and carried out visits at nearly 300 schools across Berkshire, including special schools where all year groups were offered vaccine. The BHFT school immunisation team delivered over 23,000 doses of vaccine and succeeded in reaching and exceeding the 40% overall uptake target in every Berkshire LA.

Table 3: Uptake for year 1, 2 and 3 children[§], by local authority 2016-17

Local Authority	Year 1 (age 5 - 6 years)			Year 2 (age 6 - 7 years)			Year 3 (age 7- 8 years)		
	Estimated total number of children eligible for vaccination	No. of children vaccinated with at least 1 dose of influenza vaccine ¹	Vaccine uptake (%)	Estimated total number of children eligible for vaccination	No. of children vaccinated with at least 1 dose of influenza vaccine ¹	Vaccine uptake (%)	Estimated total number of children eligible for vaccination	No. of children vaccinated with at least 1 dose of influenza vaccine ¹	Vaccine uptake (%)
Bracknell Forest	1,575	1162	73.8	1618	1222	69.3	1601	1053	65.8
Reading	2097	1403	66.9	2068	1266	61.2	2011	1212	60.3
Slough	2432	1108	45.6	2445	1072	43.8	2469	987	40.0
West Berkshire	2129	1641	77.1	2063	1523	73.8	2026	1454	71.8
Windsor And Maidenhead	1937	1241	64.1	1976	1277	64.6	1853	1154	62.3
Wokingham	2316	1723	74.4	2353	1716	72.9	2210	1589	71.9
England	684,647	394,172	57.6	675,275	373,695	55.3	666,266	355,088	53.3

Data source: [Seasonal influenza vaccine uptake for children of primary school age, Provisional monthly data for 1 September 2016 to 31 January 2017 by Local Authority](#)

[§] Data is provisional and represents 100% of all Local Authorities (LAs) in England responding to the January 2017 survey. Where a total for England is quoted (e.g. sum of number of patients registered and number vaccinated) this is taken from the 100% of all LAs and is therefore NOT an extrapolated figure for all of England.

10.3. Pharmacy Campaign for adults

As in 2015-16, in 2016-17 pharmacies signed up to the National Advanced Service could offer flu vaccine to the following groups;

- People aged 65 and over.
- Pregnant women
- Adults in a clinical risk group

National data from the Pharmaceutical Services Negotiating Committee ¹ shows that at least 817,357 doses were delivered in pharmacies as part of the National Advanced Service. As not all pharmacies used Pharmoutcomes or the alternative system to record administration this is likely to be an underestimate of the total number nationally. Nationally¹, among pharmacies using Pharmoutcomes, 67% of doses were to people aged 65 or over, 3% to carers and 1.4% to pregnant women, with the remainder given to adults in clinical risk groups, people with diabetes accounted for 8% of the total doses recorded in Pharmoutcomes.

A total of 132 pharmacies in Berkshire signed up to deliver the service, providing 13,334 doses of vaccine (Table 4).

Table 4: Berkshire Pharmacies and Flu vaccine doses 2016-17

CCG	Pharmacies signed up	Vaccines claimed to March 2017
BRACKNELL AND ASCOT CCG	23	2023
NEWBURY AND DISTRICT CCG	15	1825
NORTH & WEST READING CCG	14	1060
SLOUGH CCG	20	1492
SOUTH READING CCG	21	1439
WINDSOR, ASCOT AND MAIDENHEAD CCG	20	2767
WOKINGHAM CCG	19	2728
Berkshire CCGs	132	13,334
Thames Valley	311	32,721

Across Thames Valley, over two thirds of the vaccines provided via this service were given to people over 65 years of age and just over a quarter to adults in clinical risk groups, further breakdown is given below.

- 65 years and over: 17949 (68.2%)
- 18 to 64 years at risk: 7086 (26.9%)
- Pregnant: 420 (1.6%)
- Carers: 681 (2.6%)
- Person in long-stay residential care home 63 (0.2%)
- Household contact of immunocompromised individual 113 (0.4%)

¹ [Flu vaccination data from PharmOutcomes and Sonar Informatics for 2016/17](#)

10.4. Healthcare workers (NHS Flu Fighters)

Nationally uptake of flu vaccine among front line healthcare workers in NHS Trusts is reported by Trusts and uptake among healthcare workers in Primary Care and ISHCP

Frontline HCWs involved in direct patient care in acute trusts, ambulance trusts, mental health trusts, foundation trusts, primary care, and independent sector health care providers are encouraged to receive seasonal influenza vaccination annually to protect themselves and their patients from influenza. In Thames Valley uptake in 2016-17 was 65.4% compared to 55.0% in 2015-16, and an increase from the 57.9% in 2014-15.

Nationally, uptake among healthcare workers with direct patient care (based on 98.9% of NHS Trusts) was 63.4%, an increase from the 2015-16 figures of 50.8%, and 54.9% in 2014-15

Uptake for frontline healthcare workers in Berkshire overall and by staff group is outlined in Table 5. Uptake in both Royal Berkshire Foundation Trust and Berkshire Healthcare Foundation trust improved compared to the previous flu season. Berkshire Healthcare Foundation Trust achieved a 76.2% uptake rate, which was the highest in Thames Valley.

Table 5: Vaccine uptake among front line healthcare workers

Organisation	2016-17				2015-16		
	All HCWs in direct patient care	Seasonal flu doses given since 1 September 2016	Vaccine uptake (%)		All HCWs in direct patient care	Seasonal flu doses given since 1 September 2016	Vaccine uptake (%)
Royal Berkshire NHS Foundation Trust	4714	2855	60.6	↑	4669	2271	48.6
Berkshire Healthcare Foundation Trust	2971	2264	76.2	↑	3098	1985	64.1
Frimley Health NHS Foundation Trust*	9263	3577	38.7	↓	6730	3321	49.3
South Central Ambulance Trust	2484	1358	54.7	↑	1858	567	30.5
Thames Valley	28,294	18,516	65.4	↑	31,388	17,256	55.0
England	974,568	618,275	63.4	↑	966,131	490,881	50.8

Source: [Seasonal influenza vaccine uptake amongst frontline healthcare workers \(HCWs\) in England, February Survey 2016/17](#)

*Data for Frimley Health includes staff at all hospital sites including Wexham Park and Heatherwood Hospitals in Berkshire and Frimley Hospital in Surrey. Frimley Health figures are not included in the Thames Valley total.

10.5. LA Health and Social Care staff and others

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 majority of residential care provision in Berkshire is through privately run care homes and nursing homes. Employers are responsible for providing flu vaccine to their employees under occupational health arrangements, however it has proved challenging to engage care home providers around the benefits of staff immunisation.

During the 2016-17 flu season, CCGs and LA public health worked together to produce and distribute a newsletter for care home managers which aimed to provide information on the responsibility of employers to protect staff against infectious diseases including flu, benefits to staff, residents and the wider community of staff vaccination, links to national guidance and ways that organisations could access flu vaccine and implement a staff vaccine campaign.

A short survey was circulated to care homes at the end of the flu season asking whether the newsletter had been received and seeking to assess knowledge of guidance and regulation in relation to staff vaccine as well as asking if flu vaccine was provided.

Results are summarised below:

A link to a short electronic survey was cascaded to care home managers by local flu leads; the survey was live from 12 April to 17 May 2017. There were 28 responses in total, 22 provided information on the LA in which they were based, of these 11 were from RBWM, five from Slough, three from Reading, two from Wokingham and one from Bracknell Forest.

The largest number of employees the respondents had was 400+ and the smallest was 10. The average number employed (not including the organisation with 400+) was 42.

Three quarters of respondents said they had received the newsletter, however only ten respondents (37%) said they had received any training on the potential impact on staff and patients/clients within the health and social care sector if staff do not receive flu vaccination.

Awareness of regulatory requirements was high, with 100% reporting they were aware of the CQC requirement for staff to be supported, and to have their rights and wellbeing protected, 96% aware of the CQC requirement for organisations to have enough staff to keep patients safe. 96% reported being aware that the Health and Social Care Act 2008 Code of Practice for Health and Adult Social Care on the prevention and control of infections and related guidance requires organisations to keep a record of relevant staff immunisations.

Despite awareness of this last point, only 15 respondents reported keeping an up to date record of staff immunisations. 26 respondents indicated that their organisation had an up to date infection control policy, with two not completing this question. Of the 26 who reported having an infection control policy, 24 said the policy included information on provision of vaccinations to staff as per Health and Safety Executive guidance.

Twenty two respondents answered the question "Did your organisation provide staff flu vaccinations or reimburse staff for flu vaccinations as part of occupational health during the winter 2016-17 flu season?". Seven respondents said they did not provide flu vaccine for their staff, six said that staff could access at work, six said that staff were reimbursed if they had paid for a flu vaccine (e.g. at local pharmacy) and five said that staff were provided flu

vaccine in another way – this included arranging a local pharmacy to give flu vaccinations, staff receiving vaccine at Boots The Chemist, and through a local charity. One respondent said that staff were given the opportunity to get a flu vaccine in various locations supplied by the borough, and another reported that staff who agreed to have the Flu injection were supported in doing so and others who were entitled to the vaccination with their GP were encouraged to do so. One larger organisation, employing 400+ employees, provided flu vaccine via local pharmacy.

12 respondents provided residential care; 7 of which offered flu vaccine. 6 provided nursing care; 5 offered vaccine. 5 respondents provided both residential and nursing care; 4 offered flu vaccine.

Free text box at the end of the survey invited additional comments. 5 responded. 2 mentioned difficulty in accessing the vaccine; 1 suggested on-site option for shift workers. 1 requested information on where to go for staff training.

Please contact ph.information@bracknell-forest.gov.uk if you require a full copy of the survey results.

Table 6: LA Business Continuity and Health and Social Care staff vaccine schemes

Local Authority	Vaccination scheme description
RBWM	<p>Each directorate in RBWM takes responsibility for offering flu vaccine to business continuity staff. There was a mix of providers.</p> <p>No data is available on numbers of doses or on the number of eligible staff in the denominator.</p>
Bracknell Forest	<p>BFBC business continuity staff were able to access vaccine through BFBC occupational health with numbers of doses broadly similar to the previous flu season.</p> <p>In October and November 2016, 173 employees had a flu vaccination with Occupational Health.</p> <p>The majority of these were employed in Adult Social Care Health and Housing (74), with others being staff from Children’s Services (52), Children Young People and Learning (43) and Environment, Culture and Communities (4). Staff were offered flu vaccine if their role involved personal care (20), contact with residents or clients that was not considered personal care (99), or if their role was defined as business critical within the BFBC business continuity plan (54).</p> <p>It is not possible to calculate uptake as no denominator information on the number of eligible staff is available.</p> <p>There was no BFBC and / or CCG scheme to provide free flu vaccine to front line care home staff in 2016-17.</p>

Slough	<p>SBC Flu plan is directly promoted to care workers where they are in charge of vulnerable adults. Other staff are risk assessed based on need for the Flu Jab. Direct link with HR and Internal comms</p> <p>18 SBC staff were vaccinated through a drop-in clinic run by Occupational Health. Internal comms was provided with emphasis on front line staff to utilise the national programme via their local pharmacy where eligible</p>
Reading	<p>Staff were able to access a vaccine through a voucher scheme redeemable at participating local pharmacies. Vaccine was made available to all staff who worked in services considered essential for business.</p> <p>Eligible staff were identified via RBCs business continuity plan. This approach was supported by all DMT's across the Council. DMT's were provided with an opportunity to provide feedback on this approach, as well as content of planned communications. Once approved, these were sent to key contacts i.e. Heads of Services to disseminate to staff in the most appropriate way for their business.</p> <p>Where we were able to be identified, key business support roles were copied into communications and received advice on ways in which they could influence uptake in teams i.e. printing and handing out vouchers, discussion in team meetings.</p> <p>47 staff received a vaccine, this is markedly lower number than in 2016/17 when vaccinations were delivered onsite at the Civic Centre using the occupational health suite.</p> <p>Advance bookings for vaccinations in 2016/17 were low, however through business support actively seeking opportunistic discussions with staff and having the list of appointments available (either on the day or the next day) there was a positive impact on uptake, although this was time intensive</p>
West Berkshire	<p>WBC operated a voucher scheme to offer flu vaccine to particular groups outside of the NHS offer; including, health and social care staff, council staff who work in any capacity with the public, business critical staff, staff in adult care settings commissioned by the council, Children's Centre staff and staff in early years settings (that get the Government grant). Vaccine was also offered to staff working in Special Schools through in-school clinics provided by a pharmacist as part of this offer.</p> <p>In 2016-17, 321 doses were given with the estimated number of eligible staff being 1591, an uptake of 20%. The number of doses declined from 384 in the previous flu season, it is not clear if the numbers of staff eligible changed.</p>

Wokingham	<p>Wokingham Borough Council promoted the campaign through presentations to provider and carer forums and the Learning Disabilities Partnership Board. The campaign was supported by internal communications to all staff and social media messages.</p> <p>Staff were offered vaccinations at an on-site drop in clinic at various times over a number of days, this was delivered by a local pharmacist. A total of 198 WBC staff took up the offer of the vaccination. Twenty care staff from Optalis were vaccinated at the Tesco pharmacy under an agreement between WBC PH and Tesco.</p>
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11. Summary of local flu campaign activities

Did you do anything new to promote flu vaccination this year? If so what and how did you measure success?

- Specific engagement with shopping centre in Slough and local community ‘fun’ events,
- Placing posters and promotional materials in community venues such as children’s play-parks in order to “target people where they go”
- Promoting the children’s flu vaccine campaign at events for registered child-minders and identifying benefits and addressing myths and queries with the aim of empowering child minders to ask parents if children have received their vaccine
- Targeted work in special schools
- Established processes with home-education teams and agreed a process that supported BHFT to disseminate vaccination information to parents of all eligible children
- Worked with Quality & Performance Monitoring Team and provided information and advice on what the national priorities and messages were for local adult social care providers (nursing, residential, supported living, extra-care sheltered housing, community care).
- Inclusion of flu vaccine information and advice with cold weather alerts, utilising the link to the Stay Well This Winter resources
- Executive member of Adult Social Care Health and Housing was the Flu Campaign Champion and ran some publicities with local practices in B&A CCG
- increased use of social media to promote flu vaccine
- Reading & West Berks had a joint contract for flu vouchers with local pharmacies for their staff (RBC) and staff plus wider eligible groups (WB) with a view to reducing the unit cost. Payment was only due once vouchers were redeemed.

What worked well this year?

- Establishing a link with Quality Performance & Monitoring Officers and BHFT Reading Care Home Support Team. Both teams supported us to raise awareness of staff vaccinations to local providers during their visits.
- The QPM/Contracts & Commissioning team’s business support officers also helped us disseminate the national campaign information and Berkshire newsletter produced for care homes.
- Promoting flu vaccine at School admission events, staff highlighted Childrens’ Flu campaign
- Working with the virtual school to promote flu vaccination in BFBC

- Roll out of the pharmacy voucher scheme was simple, services were offered vouchers redeemable at pharmacies that had opted in across West Berks and Reading.

What was the biggest challenge?

- Evaluating the impact of social media and other engagement activities on vaccine uptake is very challenging
- Faith schools engaging with vaccination due to porcine / animal elements (Nasal spray)
- Establishing how communications would be shared across NHS and LA organisations was challenging at times, there is a need to establish a joint communications plan with CCG comms colleagues ahead of the flu campaign
- Getting local media to pick up press release on flu (it's not 'news')
- Developing and agreeing a staff vaccine offer was challenging, there was a relatively short lead in time for making arrangements for staff flu offer within a protected budget
- Enabling school immunisation teams to engage with head-teachers ahead of the school visits in order to address queries or myths – this was addressed by including information in schools bulletin rather than enabling providers to attend headteachers forums in some areas.
- Agreeing the model for staff and wider flu vaccine offer in West Berks took some time, there was also a delay in engaging a pharmacist to deliver vaccine to staff in Special Schools in West Berkshire as part of their offer (no other LAs offer vaccine to this group)
- Misconceptions and myths around the need for and the benefits of having a vaccination remain a barrier to uptake.

Plans for 2017-18 to address challenges

- Working more closely with our key partners and networks (Such as Children Centres, School networks) to ensure the messages are widely received.
- Review how we can better use digital platforms in the borough to expand on the readership and audience
- Targeted engagement work with faith schools, sharing best practise of other schools that have similar demographic make-up and who are well engaged.
- Begin planning a staff vaccine offer earlier, engaging with other Berkshire LAs to scope out potential for jointly commissioning staff vaccines, if using a pharmacist to deliver vaccines on site, engage early to ensure delivery within the flu season, bearing in mind that vaccine is most effective when delivered in the autumn.
- Build on growing use of social media to engage with local communities on a more personal level to promote flu vaccine
- Proactively engage and update local CCGs on LA Action Plan and with the aim of reducing duplication and supporting them with targeting messages and work. If we can provide regular updates to the CCGs this might improve the uptake of opportunities to share communications.

Recommendations

- Establish a joint flu communications plan with CCG comms colleagues ahead of the flu campaign launch and ensure LAs provide regular updates on planned timing and nature of LA flu comms to the CCGs to improve the uptake of opportunities to share communications. Communications should take account of uptake in each eligible group and target appropriately
- Ensure communication between all LAs in the summer period to establish model for staff flu vaccine offer in order to secure most cost-effective and accessible
- Deliver a separate event/ specific publicity for training/planning for Care Agencies/ residential homes to advocate for provision of staff vaccines and support employers
- Work with commissioners of residential, nursing and domiciliary care to include KPIs around staff flu vaccine and record keeping
- Liaise more closely with PHE colleagues to measure and communicate the impact of suspected and confirmed flu outbreaks in care home and childcare settings
- Continue to engage with hospital specialists and local patient advocates to help promote flu vaccine to patients with clinical risk conditions
- Support the school immunisation team to communicate with schools and head-teachers on the flu programme ahead of the autumn term and throughout flu season
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