

Flu vaccination: increasing uptake

Quality standard

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This standard is based on NG103.

This standard should be read in conjunction with QS145.

Quality statements

Statement 1 Providers use a range of different methods to invite people in eligible groups for flu vaccination.

Statement 2 People in eligible groups receive invitations for flu vaccination that include information about their situation or clinical risk.

Statement 3 Non-general practice providers notify the relevant GP practice when they vaccinate their eligible patients.

Statement 4 Health and social care staff who have direct contact with people using services receive flu vaccination from their employer.

NICE has developed guidance and a quality standard on patient experience in adult NHS services (see the [NICE Pathway on patient experience in adult NHS services](#)), which should be considered alongside these quality statements.

Other quality standards that should be considered when commissioning or providing flu vaccination services include the [NICE quality standard for vaccine uptake in under 19s](#).

A full list of NICE quality standards is available from the [quality standards topic library](#).

Quality statement 1: Invitation for vaccination

Quality statement

Providers use a range of different methods to invite people in eligible groups for flu vaccination.

Rationale

Invitations for flu vaccination are more effective when a range of different methods are used to suit people's needs. Initial invitations and reminders for overdue vaccinations can be in writing (letter, email or text message), by phone or social media, and during face-to-face interactions if the opportunity arises, or using a combination of methods to maximise vaccine uptake. The person's eligible group and any other demographic information should be taken into account when determining the most suitable type of invitation. Follow-up invitations in a different format to the initial invitation can help to prompt people who are eligible for vaccination but have not yet taken up the offer.

Quality measures

Structure

a) Evidence of local arrangements to ensure that providers have systems in place to invite people in eligible groups for flu vaccination using a range of different methods.

Data source: Local data collection, for example, service level agreements.

b) Evidence of local arrangements to ensure that providers have systems in place to identify eligible groups when inviting them for flu vaccination.

Data source: Local data collection, for example, service level agreements.

Outcome

Flu vaccine uptake in eligible groups.

Data source: [Public Health England Seasonal flu vaccine uptake in GP patients annual data](#).

What the quality statement means for different audiences

Service providers (GP practices, primary care services) have systems in place to enable staff to identify people who are eligible for flu vaccination. They ensure that staff are aware of the different methods they can use to invite people for flu vaccination, for example, by writing (letter, email or text message), by phone, through social media or through a combination of methods. Providers deliver training for staff on how to use methods where appropriate and have clear messages on what combination of methods will be most effective.

Healthcare practitioners (such as practice nurses, midwives, doctors, GP support staff, pharmacists and health visitors) invite people who are eligible for flu vaccination by writing (letter, email or text message), by phone, through social media or through a combination of methods. They take in to account a person's eligible group and any other demographic information available when considering the invitation method.

Commissioners (NHS England) monitor whether the services they commission have systems in place to use a range of methods to invite people who are eligible for flu vaccination. They share best practice between providers where appropriate.

People who should have the flu vaccine receive invitations to attend for vaccination in a way that suits them. This may be by letter, email, text message, phone call, through social media or through a combination of these methods.

Source guidance

[Flu vaccination: increasing uptake. NICE guideline NG103 \(2018\), recommendations 1.4.1 and 1.4.4](#)

Definitions of terms used in this quality statement

Eligible groups

People who are eligible for flu vaccination in the NHS, as outlined in [Public Health England's Immunisation against infectious disease](#) (known as the 'Green Book') and the [National flu immunisation programme annual flu letter](#). For this quality standard, the eligible groups are:

- children and adults aged 6 months to 64 years in a clinical risk group (as listed in the [annual flu letter](#))
- children and adults aged 6 months to 64 years in long-stay residential care homes
- pregnant women
- people receiving carer's allowance
- close contacts of immunocompromised people
- the main informal carer of an older adult or disabled person whose welfare may be at risk if the carer falls ill
- children and young people aged 2 to 17 years who are not in a clinical risk group (as part of the ongoing phased roll-out of the flu vaccination programme for this age group).

[Adapted from [NICE's guideline on flu vaccination: increasing uptake](#) and [Public Health England's Green Book](#), chapter 19: Influenza]

Range of different methods

Methods including written reminders (such as text messages, letters and email), phone calls from staff or an auto dialler, social media, or any combination of these methods.

[Adapted from [NICE's guideline on flu vaccination: increasing uptake](#), recommendation 1.4.4]

Equality and diversity considerations

Healthcare professionals should consider the literacy levels and the preferred language of people they are inviting for vaccination. Information should be culturally appropriate, and in some cases, a phone call may be preferable to a letter or text message.

There are some groups that are under-served by flu vaccination programmes such as:

- people who are homeless or sleep rough
- people who misuse substances
- asylum seekers
- Gypsy, Traveller and Roma people
- people with learning disabilities
- young people leaving long-term care.

Consideration needs to be given to the best methods to invite people from these groups for flu vaccination and how best to enable their access to vaccination services.

For people with additional needs related to a disability, impairment or sensory loss, information should be provided as set out in [NHS England's Accessible Information Standard](#).

Quality statement 2: Information on vaccination

Quality statement

People in eligible groups receive invitations for flu vaccination that include information about their situation or clinical risk.

Rationale

The uptake of flu vaccination is lower overall than desired among people in eligible groups, and varies across these groups. Receiving information and advice tailored to their individual situations or clinical risk will help people in eligible groups to understand the benefits of having the flu vaccine. Information can be given using different methods, including in writing, by phone or social media, and during face-to-face interactions, if the opportunity arises.

Quality measures

Structure

a) Evidence of local arrangements to identify groups eligible for the flu vaccine by their situation or clinical risk.

Data source: Local data collection, for example, service level agreements.

b) Evidence of local arrangements to create information that is tailored to different groups eligible for the flu vaccine.

Data source: Local data collection, for example, educational resources (leaflets, posters, FAQs).

c) Evidence of local arrangements to give tailored information through a variety of different methods to eligible groups when inviting them to receive the flu vaccine.

Data source: Local data collection, for example, service level agreements.

Process

Proportion of people eligible to receive the flu vaccine who receive an invitation that includes information about their situation or clinical risk.

Numerator – the number of people in the denominator who receive information about their situation or clinical risk on invitation for vaccination.

Denominator – the number of people eligible to receive the flu vaccine.

Data source: Local data collection, for example, GP records.

Outcome

Flu vaccine uptake in eligible groups.

Data source: [Public Health England Seasonal flu vaccine uptake in GP patients annual data](#).

What the quality statement means for different audiences

Service providers (GP practices) have systems in place to enable staff to identify people eligible for flu vaccination and to supply information and advice that is relevant to their situation or clinical risk, including the benefits of flu vaccination. Advice can be given by writing (letter, email or text message), by phone, through social media and through face-to-face interactions, if the opportunity arises. They consider using IT systems to help identify eligible groups and to ensure they receive the appropriate information and advice.

Healthcare practitioners (such as practice nurses, midwives, doctors, pharmacists and health visitors) invite people in eligible groups to receive flu vaccination and include information and advice in the invitation that is relevant to their individual situation or clinical risk. Information is given using a range of methods, including face-to-face interactions, if the opportunity arises.

Commissioners (NHS England) monitor whether the services they commission have

systems in place to invite people who are eligible to receive flu vaccination, and that information and advice is supplied with the invitation that can be tailored to a person's individual situation or clinical risk. They share best practice between providers where appropriate.

People who should have the flu vaccine receive information and advice when they are invited for vaccination. The information outlines why it is important for them to have the vaccine and why getting flu could be particularly risky for them.

Source guidance

Flu vaccination: increasing uptake. NICE guideline NG103 (2018), recommendations 1.4.1 and 1.4.3

Definitions of terms used in this quality statement

Eligible groups

People who are eligible for flu vaccination in the NHS, as outlined in Public Health England's Immunisation against infectious disease (known as the 'Green Book') and the National flu immunisation programme annual flu letter. For this quality standard, the eligible groups are:

- children and adults aged 6 months to 64 years in a clinical risk group (as listed in the annual flu letter)
- children and adults aged 6 months to 64 years in long-stay residential care homes
- pregnant women
- people receiving carer's allowance
- close contacts of immunocompromised people
- the main informal carer of an older adult or disabled person whose welfare may be at risk if the carer falls ill

- children and young people aged 2 to 17 years who are not in a clinical risk group (as part of the ongoing phased roll-out of the flu vaccination programme for this age group).

[Adapted from [NICE's guideline on flu vaccination: increasing uptake](#) and [Public Health England's Green Book](#), chapter 19: Influenza]

Situation

Eligibility for flu vaccination that is not classed as a clinical risk, for example, pregnancy or receiving carer's allowance. [Expert opinion]

Equality and diversity considerations

There are some groups that are under-served by flu vaccination programmes such as:

- people who are homeless or sleep rough
- people who misuse substances
- asylum seekers
- Gypsy, Traveller and Roma people
- people with learning disabilities
- young people leaving long-term care

Consideration needs to be given to the best methods to invite people from these groups for flu vaccination and how best to enable their access to vaccination services.

For people with additional needs related to a disability, impairment or sensory loss, information should be provided as set out in [NHS England's Accessible Information Standard](#).

Quality statement 3: Information sharing

Quality statement

Non-general practice providers notify the relevant GP practice when they vaccinate their eligible patients.

Rationale

Timely, accurate and consistent recording of vaccination status in health records improves the accuracy of uptake figures and reduces unnecessary invites to people who have already had the vaccine. It is also important clinically, to avoid adverse events and inadvertently vaccinating a person twice. Accurate uptake figures help providers to plan future vaccination programmes and to meet their targets. Agreeing notification arrangements between commissioners and non-general practice providers means that GP practices receive information when their patients are vaccinated and allows them to maintain accurate records.

Quality measures

Structure

a) Evidence of local agreements for sharing information about flu vaccination status between non-general practice providers of flu vaccination and commissioners.

Data source: Local data collection, for example, data-sharing agreements.

b) Evidence that providers of flu vaccination give timely, accurate and consistent notification to GP practices when they vaccinate their eligible patients.

Data source: Local data collection, for example, data-sharing agreements.

c) Evidence of the use of audit and monitoring systems by providers within a local health economy to review uptake data or vaccination status in health records.

Data source: Local data collection, for example, annual reports.

d) Evidence of arrangements for GP practices to make timely, accurate and consistent updates to patient records with auditable codes when notified that their eligible patients have received flu vaccination from another provider.

Data source: Local data collection, for example, published data.

Outcome

Flu vaccine uptake in eligible groups.

Data source: Public Health England Seasonal flu vaccine uptake in GP patients annual data.

What the quality statement means for different audiences

Service providers (primary care services, secondary care services, pharmacies, providers of school aged immunisation, occupational health services) have written information-sharing protocols in place between themselves and GP practices so that health records have up-to-date information on patient flu vaccination status. Providers of flu vaccination should work with GP practices to ensure the information is shared in a timely, accurate and consistent way. GP practices should make timely, accurate and consistent updates to patient records with auditable codes. Providers have processes in place to ensure that the person's consent is obtained before their information is shared with their GP practice.

Health and social care practitioners (such as practice nurses, midwives, doctors, pharmacists, health visitors, social care practitioners and care workers) who give the flu vaccine in a setting other than a GP practice provide information on people's vaccination status to their GP practice in a timely and accurate way. They do this in line with established protocols and agreements, including obtaining the person's consent.

Commissioners (NHS England) commission flu vaccination services using service specifications that detail information-sharing protocols for notifying a person's GP practice when a person is vaccinated. They also ensure that services follow good practice for patient data management.

People who have the flu vaccine somewhere other than their GP practice are asked if their GP practice can be told that they have had their vaccination. This will mean that their GP has up-to-date records and they will not get more invitations to have the vaccine.

Source guidance

Flu vaccination: increasing uptake. NICE guideline NG103 (2018), recommendation 1.5.3

Definitions of terms used in this quality statement

Settings other than the GP practice

The flu vaccine may be given somewhere other than a person's GP practice, or by a healthcare practitioner who does not work at the person's GP practice. This can include receiving the vaccine in secondary care, at a community pharmacy, at school or through an employer's occupational health provider. [Adapted from NICE's guideline on flu vaccination: increasing uptake, recommendation 1.5.3, and the National flu immunisation programme 2019/20]

Eligible groups

People who are eligible for flu vaccination in the NHS, as outlined in Public Health England's Immunisation against infectious disease (known as the 'Green Book') and the National flu immunisation programme annual flu letter. For this quality standard, the eligible groups are:

- children and adults aged 6 months to 64 years in a clinical risk group (as listed in the annual flu letter)
- children and adults aged 6 months to 64 years in long-stay residential care homes
- pregnant women
- people receiving carer's allowance
- close contacts of immunocompromised people

- the main informal carer of an older adult or disabled person whose welfare may be at risk if the carer falls ill
- children and young people aged 2 to 17 years who are not in a clinical risk group (as part of the ongoing phased roll-out of the flu vaccination programme for this age group).

[Adapted from [NICE's guideline on flu vaccination: increasing uptake](#) and [Public Health England's Green Book](#), chapter 19: Influenza]

Quality statement 4: Vaccinating health and social care staff

Quality statement

Health and social care staff who have direct contact with people using services receive flu vaccination from their employer.

Rationale

Vaccinating front-line health and social care staff reduces the risk of transmission of flu to vulnerable people and can protect staff from the effects of flu. It is the responsibility of employers to enable staff who have direct contact with people using services to have flu vaccination, including making vaccination accessible to shift workers and people who work remotely.

Quality measures

Structure

a) Evidence of local arrangements to make flu vaccination available to health and social care staff who have direct contact with people using services.

Data source: Local data collection, for example, staff health policy.

b) Evidence of local arrangements to use audit and monitoring systems to plan flu vaccine delivery to health and social care staff.

Data source: Local data collection, for example, staff health policy.

Outcome

a) Flu vaccine uptake rates for healthcare staff who have direct contact with people using

services.

Data source: Public Health England Seasonal flu vaccine uptake in GP patients annual data.

b) Flu vaccine uptake rates for social care staff who have direct contact with people using services.

Data source: Local data collection, for example, employment records.

What the quality statement means for different audiences

Employers of health and social care staff (such as NHS organisations, independent contractors, local authorities, and private and voluntary sector employers of health and social care staff) ensure that they use a multicomponent approach to make flu vaccination available to health and social care staff who have direct contact with people using services. They ensure that their staff know about their eligibility, and the benefits and importance of vaccination for different staff groups. They use various means to encourage and enable uptake and make vaccination accessible to all front-line staff, including those working shifts and working remotely. To enable ease of access to vaccination services, employers use peer vaccinators from occupational health services when available.

Health and social care staff who have direct contact with people using services (such as nurses, midwives, doctors, pharmacists, health visitors, clinical support staff, social care practitioners and care workers) are aware that they can have flu vaccination, and know how this benefits the people they care for, their co-workers, their families and themselves.

Commissioners (such as local authorities, clinical commissioning groups and NHS England) commission services that provide flu vaccination to the front-line health and social care staff they employ. They specify that leaders of services prioritise flu vaccination programmes for their staff.

Source guidance

Flu vaccination: increasing uptake NICE guideline NG103 (2018), recommendation 1.7.1

Definitions of terms used in this quality statement

Direct contact with people using services

Providing care or assessments in person in GP practices, hospitals, community-based care services (to people in their own homes), or in residential care homes or other long-stay care facilities. [Adapted from [NICE's guideline on flu vaccination: increasing uptake, recommendation 1.7.1](#)]

Employer of health and care staff

An organisation that employs health or social care staff. This includes NHS organisations, independent contractors, local authorities, and private and voluntary sector employers of social care staff. [Adapted from [NICE's guideline on flu vaccination: increasing uptake recommendation 1.7.1](#)]

Update information

Minor changes since publication

April 2020: A change was made in the description of what the statement means for different audiences in statement 3 to include providers of school aged immunisation and clarify that NHS England commission flu vaccination services. Additional information was added to the description of what the statement means for employers of health and social care staff in statement 4.

About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, this may not always be appropriate in practice. Taking account of safety, shared decision-making, choice and professional judgement, desired levels of achievement should be defined locally.

Information about [how NICE quality standards are developed](#) is available from the NICE website.

See our [webpage on quality standard advisory committees](#) for details of standing committee 1 members who advised on this quality standard. Information about the topic experts invited to join the standing members is available from the [webpage for this quality standard](#).

This quality standard has been included in the [NICE Pathway on influenza](#), which brings together everything we have said on a topic in an interactive flowchart.

NICE has produced a [quality standard service improvement template](#) to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

NICE produces guidance, standards and information on commissioning and providing high-quality healthcare, social care, and public health services. We have agreements to provide certain NICE services to Wales, Scotland and Northern Ireland. Decisions on how NICE guidance and other products apply in those countries are made by ministers in the Welsh government, Scottish government, and Northern Ireland Executive. NICE guidance or other products may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

Improving outcomes

This quality standard is expected to contribute to improvements in the following outcomes:

- disease burden on NHS services
- health and social care staff sickness absence rates
- school absence rates
- flu-associated morbidity
- flu-associated mortality.

It is also expected to support delivery of the Department of Health and Social Care outcome frameworks:

- [NHS outcomes framework](#)
- [Public health outcomes framework for England](#)
- [Quality framework for public health.](#)

Resource impact

NICE quality standards should be achievable by local services. The potential resource impact is considered by the quality standards advisory committee, drawing on resource impact work for the source guidance. Organisations are encouraged to use the [resource impact products for the NICE guideline on flu vaccination: increasing uptake](#) to help estimate local costs.

Diversity, equality and language

During the development of this quality standard, equality issues were considered and [equality assessments for this quality standard](#) are available. Any specific issues identified during development of the quality statements are highlighted in each statement.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this

quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

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Endorsing organisation

This quality standard has been endorsed by Department of Health and Social Care, as required by the Health and Social Care Act (2012)

Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- [Asthma and Lung UK](#)
- [British Infection Association](#)
- [British Thoracic Society](#)
- [Public Health England](#)
- [Royal College of Nursing \(RCN\)](#)
- [Royal College of Paediatrics and Child Health](#)
- [Royal College of Physicians and Surgeons of Glasgow](#)
- [Skills for Care](#)
- [Carers Trust](#)
- [Diabetes UK](#)