

Flu vaccination - increasing uptake in clinical risk groups and health and care workers

Consultation on draft scope Stakeholder comments table

22/12/15 to 25/01/16

| ID | Type | Organisation name | Page no. | Line no. | Comments Please insert each new comment in a new row | Developer's response Please respond to each comment |
|----|------|--|----------|----------|---|--|
| 1 | SH | Association of the British Pharmaceutical Industry Vaccine Group | 3 | 56-58 | Anyone in receipt of carer's allowance or who is the main carer for an elderly or disabled person whose welfare may be at risk if the carer falls ill is eligible to receive the flu vaccine. Vaccination is given on an individual basis at the GP's discretion (ref Green Book). The vaccination of carers therefore relies heavily on carers being aware of their eligibility for NHS vaccination and requesting it from their GP, rather than being proactively called for vaccination. The ABPI Vaccine Group would recommend that carers are included in the scope as many of the questions on acceptability, awareness and access being asked in relation to clinical at-risk groups (section 1.5 of the scope) are also highly relevant to carers. In addition excluding carers from the scope ignores the potential that improving awareness and uptake of flu vaccination among carers could have a positive impact on improving uptake among clinically at-risk people for whom they are caring. | Thank you for your comment. The final scope for this guideline has been amended to include people who are in receipt of a carer's allowance, or those who are the main carer of an older or disabled person whose welfare may be at risk if the carer falls ill, as described in the Flu Plan (Flu Plan winter 2015/16 Public Health England). |
| 2 | SH | Association of the British Pharmaceutical Industry Vaccine Group | 4 | 91 | Consideration of the impact of on-site vaccination should include recommendations on how to maximise convenience for health and social care workers to access vaccination | Thank you for your comment. The Committee will carefully consider evidence of effectiveness, cost effectiveness and other factors (such as implementation) in developing recommendations. This could include consideration of how to maximise convenience for health and social care workers to access vaccination. |
| 3 | SH | Association of the British Pharmaceutical Industry Vaccine Group | 4 | 104 | While mandatory vaccination is generally contrary to UK practice there is precedent for healthcare workers where the evidence is strong (Hepatitis B). Vaccination rates among frontline health and social care workers of 55% must be improved and the ABPI Vaccine Group welcomes the inclusion of mandatory and opt-out policies in the scope so that the evidence and acceptability of all potential ways to improve vaccination rates will be considered. | Thank you for your comment. The final scope has been amended for clarity. The text "policies on mandatory vaccination and opt-out for flu vaccination for health and social care workers" has been replaced with "policies on conditions of employment (including use of surgical |

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| | | | | | | masks, where applicable) and opt-out for health and social care workers”. |
| 4 | SH | AstraZeneca | | 55 | <p>In 2012, JCVI recommended an extension of the influenza programme to all children aged two to less than seventeen years old (Ref: JCVI, 2012 & Green Book). The phased introduction of the extension began in 2013. Vaccination of two-four year olds takes place at GP surgeries and older children at school or community pharmacies (depending on local decisions). For parents of two-four year olds, awareness of the opportunity to have their child vaccinated is dependent on proactive communication from GPs.</p> <p>AstraZeneca would like to ask why the children eligible for vaccination are not included in the scope. Will a separate NICE guideline be published to include childhood flu vaccination? We are concerned that by focusing the scope specifically on clinical risk groups and health & social care workers, without producing a separate guideline for children, GP surgeries may deprioritise the childhood flu vaccination programme.</p> <p>AstraZeneca recommends that the childhood flu vaccination programme be included in the scope as many of the activities, services or aspect of care (Section 1.3) are extremely relevant to parents/guardians of children.</p> <p>The need to include children applies throughout the document</p> | <p>Thank you for your comment. The scope has been amended to include children 2-17 years as an eligible group.</p> |
| 5 | SH | AstraZeneca | | 60-63 | To support an increase in the uptake of the childhood flu programme schools should be included under Primary healthcare settings | Thank you for your comment. The list of examples is not intended to be exhaustive. The scope has been amended to include children 2-17 years as an eligible group. To note, schools-based flu vaccination programmes are excluded from the final scope. |
| 6 | SH | AstraZeneca | | 69-70 | Parents/guardians of children should be included in awareness-raising and acceptability of flu vaccination messages | Thank you for your comment. Parents/guardians will be captured as a target population for activities to improve uptake of flu vaccination in children within the review protocols and evidence |

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| | | | | | | reviews. |
| 7 | SH | AstraZeneca | | 71-81 | Information for schools & nurseries to provide parents/guardians could be included to support uptake of the childhood flu vaccination | Thank you for your comment. The guideline will consider relevant evidence on information campaigns in a range of settings relevant to the target populations for this guideline. To note, schools-based flu vaccination programmes are excluded from the final scope. |
| 8 | SH | AstraZeneca | | 239-243 | In 2012, JCVI recommended an extension of the influenza programme to all children aged two to less than seventeen years old (Ref: JCVI) | Thank you for your comment. The context section has been amended for clarity in line with your comment. |
| 9 | SH | British Thoracic Society | 2 | 39 | It is not clear why patients >64 and <6 months of age are not included as ensuring that there is increased uptake for those is also important. | <p>Thank you for your comment. The final scope for this guideline does not include people aged 65 years or older as the guideline focuses only on eligible groups with markedly low uptake.</p> <p>Children less than 6 months are not included as they are not recommended for flu vaccination by the Joint Committee on Vaccination and Immunisation (JCVI), as described in the 'Green Book'.</p> |
| 10 | SH | Carers' Trust | General | General | <p>Foreword</p> <p>Carers Trust is disappointed that carers have not been included within the scope of the NICE flu vaccination consultation, particularly since one of the committee's key objectives is to increase uptake amongst health and care workers. In our view, the vital role which England's 5.4 carers play in enabling vulnerable people to live in the community means that protecting carers from the flu should be considered as a key priority in future.</p> <p>Just like frontline health and care staff, carers are also in regular and close contact with people who are old, sick and disabled and at increased risk of catching the flu virus. Just like health and care staff, carers who don't have</p> | <p>Thank you for your comment. The final scope for this guideline includes carers as defined in the annual flu plan. The Committee will carefully consider evidence of effectiveness, cost effectiveness and other factors (such as implementation) in developing recommendations. This could include consideration of unpaid carers where evidence allows.</p> |

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| | | | | | <p>a flu vaccination are at increased risk of passing the virus on to the person with care needs. And just like health and care staff, if a carer is struck down by the flu it can leave them feeling completely incapacitated and facing a recovery period of days if not weeks.</p> <p>Unlike healthcare staff, however, carers cannot “phone in sick” in the knowledge that a colleague will take on their duties. Sudden illness in the carer can easily lead to a crisis and result in the person with care needs being admitted to hospital or residential care.</p> <p>In the light of our concerns, Carers Trust hopes that, given the committee’s overall objectives of improving the health and well-being of the population, due consideration will be given to our contribution to the issues under discussion as set out below.</p> | |
| 11 | SH | Carers' Trust | General | General | <p>About Carers Trust</p> <p>Carers Trust is a major charity for, with and about carers. We work to improve support, services and recognition for anyone living with the challenges of caring, unpaid, for a family member or friend who is ill, frail, disabled or has mental health or addiction problems.</p> <p>We do this with a UK wide network of quality assured independent partners, through our unique online services and through the provision of grants to help carers get the extra help they need to live their own lives. With locally based Network Partners we are able to support carers in their homes through the provision of replacement care, and in the community with information, advice, emotional support, hands on practical help and access to much needed breaks. We offer specialist services for carers of people of all ages and conditions and a range of individual tailored support and group activities.</p> <p>Our vision is of a world where the role and contribution of unpaid carers is</p> | Thank you for providing this information. |

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| | | | | | recognised and they have access to the trusted quality support and services they need to live their own lives. | |
| 12 | SH | Carers' Trust | General | General | <p>Background to Carers Trust's submission to the NICE consultation on flu vaccinations</p> <p><i>"I tried to get it (a flu jab) as a carer and they would not give it to me. Was firstly surprised and secondly decided it was stupid because I am more likely to catch flu than mum and so we paid for it for me from a pharmacy." Female caring for her mother.</i></p> <p>In theory, unpaid carers into whose care the NHS discharges some of its most frail and vulnerable 'at-risk' patients, are eligible for a free NHS flu vaccination. In practice, however, the vast majority of carers are missing out on this valuable, preventative service, putting themselves and those they care for at risk of considerable distress and avoidable harm.</p> <p>While figures from Public Health England show that vaccine uptake for carers identified by GP practices during the 2014/15 flu campaign was 45.1% it should be noted that this figure is the percentage of patients registered as a carer by their GP practice (estimated to be fewer than 10% of carers) and not the percentage of all carers. This leads us to conclude that only 3% of all eligible carers received a flu vaccination during this period, even when taking into account that some carers will be vaccinated because they are also in a clinical at-risk group.</p> <p>Low awareness amongst carers of their eligibility for a free flu vaccination, confusion amongst healthcare staff as to which carers are eligible and low uptake of the service by carers have been of real concern to Carers Trust and the carers we support for many years. While this has led to us developing creative solutions to compensate for the barriers carers face (for example, by joining forces with NHS Employers during their annual Flu-fighter campaign to ask frontline staff to encourage carers to have a flu vaccination), this does not address the core issues we consider to be at the heart of the problem.</p> | <p>Thank you for your comment. The final scope for this guideline includes carers as defined in the annual flu plan.</p> <p>The Committee will carefully consider evidence of effectiveness, cost effectiveness and other factors (such as implementation) in developing recommendations. This could include consideration of unpaid carers where evidence allows.</p> |

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| | | | | | <p>Carers Trust accepts that identifying unpaid carers can be challenging. Unlike diagnosing a patient with diabetes or asthma, determining that some is eligible for a flu vaccination because they are a carer is not an exact science. Compounding this issue is the fact that people do not always readily identify themselves as a carer to health and care professionals and therefore relying on GP practice databases when offering carers flu vaccinations is unsatisfactory.</p> <p>Some healthcare staff are confused as to what the term 'carer' actually means. And while some members of a GP practice team may be aware of the patient's caring situation, unless the team systematically records their 'carer status' on their medical records, others may not. The person with care needs may also be registered at a different GP practice and unknown to carer's GP. Also, carers themselves may be reluctant to self-identify. All of these factors point to the need to revisit the current eligibility criteria and create a more practical and inclusive solution.</p> | |
| 13 | SH | Carers' Trust | General | General | <p>The PHE Green Book definition</p> <p>The Green Book defines carers eligible for a free flu vaccination as: "Those who are in receipt of a carer's allowance, or those who are the main carer of an elderly or disabled person whose welfare may be at risk if the carer falls ill." To this definition it adds the qualifying statement: "Vaccination should be given on an individual basis at the GP's discretion in the context of other clinical risk groups in their practice."</p> <p>Carers Trust considers this definition to be narrow, impracticable and burdensome and one which leads to a significant number of carers being refused a flu vaccination by their GP practice when they request one. Carers tell us that it can take many years of looking after someone before they accept the need to look after their own health and well-being. Requesting a flu vaccination, therefore, can be an important first step on the</p> | <p>The eligibility criteria for flu vaccination are regularly reviewed by the Joint Committee on Vaccination and Immunisation (JCVI) and are beyond the remit of NICE. To note, the final scope for this guideline includes carers as defined in the annual flu plan.</p> <p>The Committee will carefully consider evidence of effectiveness, cost effectiveness and other factors (such as implementation) in developing recommendations. This could include consideration of unpaid carers where evidence allows.</p> |

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| | | | | | road to self-care for a group of people who often put their own needs in second place. | |
| 14 | SH | Carers' Trust | General | General | <p>Analysing the eligibility criteria in more detail</p> <ul style="list-style-type: none"> • Patients in receipt of carer's allowance. This would involve the carer bringing a document to the practice and is relatively straightforward, providing the carer can readily access the necessary document. However, many carers do not qualify for this benefit, such as young adult carers attending college or carers earning more than £110 a week. • Main carers. Unpaid care may be provided by more than one person, each of whose role may be significant and bring them into regular, close contact with the person who has care needs. Without carrying out a holistic assessment of the caring situation, how can the time-pressed GP be expected to decide that someone is a main carer? And how does the group of people providing support decide which of them is the main carer? The Green Book, however, does suggest that GPs should give consideration to vaccinating the whole household of the person with care needs, but as far as we understand this falls outside the current contractual agreement covering flu vaccinations in general practice. • Carers of an elderly or disabled person. While many people with care needs could be categorised as being older or disabled, there are many other conditions which fall outside these categories but cause someone to rely on a partner, relative or friend for support. And while health and care professionals may consider a person with cancer or a severe and enduring mental health condition to be 'disabled', many people who live with these conditions (and their carers) do not. • (The person with care needs') welfare may be at risk if the carer falls ill. Once again the guidance suggests that, to make a decision, the GP will need to carry out an informed, holistic assessment of the 'caring situation' and the risk to a (possibly unknown) third party if the carer were to contract the flu. • Vaccination should be given on an individual basis at the GP's discretion in the context of other clinical risk groups in their practice. | <p>The eligibility criteria for flu vaccination are regularly reviewed by the Joint Committee on Vaccination and Immunisation (JCVI) and are beyond the remit of NICE. To note, the final scope for this guideline includes carers as defined in the annual flu plan.</p> <p>The Committee will carefully consider evidence of effectiveness, cost effectiveness and other factors (such as implementation) in developing recommendations. This could include consideration of unpaid carers where evidence allows.</p> |

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| | | | | | Carers Trust considers that this introduces yet another layer of decision-making to the process of assessing an individual carer's eligibility and one which adds further nuances to the difficulties of determining who is eligible. | |
| 15 | SH | Carers' Trust | General | General | <p>Increasing flu vaccination uptake amongst carers: Carers Trust's recommendations</p> <ul style="list-style-type: none"> • All carers* should be proactively offered a free NHS flu vaccination; • There should be strong leadership messages across health and social care in support of vaccinating carers; • All guidance to GP practices and community pharmacies commissioned to provide flu vaccinations should include advice on how to engage with and identify carers so that they can be offered a free NHS flu vaccination; • Carers should continue to be offered a choice of venues e.g. both GP surgeries and community pharmacies in recognition of the nature of their caring role and the demands on their time; • Communications materials to support the seasonal campaign should give greater prominence to carers as one of the eligible groups; <p>*Compared to the benefits of vaccinating many more carers in future, the risk that, as a result of a more inclusive eligibility criteria, someone could 'pretend' to be a carer in order to acquire a free flu vaccination fraudulently, is of very minor significance.</p> | <p>The eligibility criteria for flu vaccination are regularly reviewed by the Joint Committee on Vaccination and Immunisation (JCVI) and are beyond the remit of NICE. To note, the final scope for this guideline includes carers as defined in the annual flu plan.</p> <p>The Committee will carefully consider evidence of effectiveness, cost effectiveness and other factors (such as implementation) in developing recommendations. This could include consideration of unpaid carers where evidence allows.</p> |
| 16 | SH | Combined comments - NHS England (Central Mids), PHE (South East), PHE Screening & Immunisation (Greater Manchester) | General | | There is no mention of how performance data is extracted from primary care for uptake of flu immunisation. The implication is that the data can be accepted as an accurate reflection of uptake. In fact, PRIMIS, who write the query, are explicit that their methodology should not be used for performance management of flu immunisation but that is exactly what it is used for. It would therefore be appropriate for NICE to consider the appropriateness and accuracy of the data that is collected prior to any consideration that is based on using the data. The issues relate predominantly to the denominator and affect uptake in the at risk groups aged 6 months to 65 years. | Thank you for your comment. The committee will carefully consider evidence of effectiveness, cost effectiveness and other factors (such as implementation) in developing recommendations. This could include consideration of the appropriateness and accuracy of interventions related to data systems where evidence allows. The final scope will consider provider-based systems and process related |

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| | | | | | | interventions for identifying, contacting, and inviting target groups. |
| 17 | SH | Combined comments - NHS England (Central Mids), PHE (South East), PHE Screening & Immunisation (Greater Manchester) | 2 | 48 | Should also state 'including individuals who are diagnosed with a learning disability' | Thank you. The scope has been amended in line with your comment. |
| 18 | SH | Combined comments - NHS England (Central Mids), PHE (South East), PHE Screening & Immunisation (Greater Manchester) | 2 | 52 | Needs to have clarity regarding obese patients, as this year's flu plan includes obese patients if they fall into another clinical risk group not as obesity alone. | Thank you for raising this issue. The scope has been amended for clarity. |
| 19 | SH | Combined comments - NHS England (Central Mids), PHE (South East), PHE Screening & Immunisation (Greater Manchester) | 2 | 53 | Should also state 'Including GP practice staff who have direct patient contact such as receptionists' as there is a risk of transmission of the virus and there has been confusion re term "patient care" with being interpreted as vaccination is for clinical staff only | Thank you for your comment, noted. The scope is inclusive of all healthcare and social care workers in direct contact with risk groups eligible for flu vaccination. Definitions of health and social care workers will be defined in the guideline. |
| 20 | SH | Combined comments - NHS England (Central Mids), PHE (South East), PHE Screening & Immunisation (Greater | 2 | 93 | Identification and contact should include health and social care workers not just clinical risk groups. Indeed they are a kind of clinical risk group themselves – a risk to others. | Thank you for your comment. The scope of the guideline assumes health and care workers will be identified by their employer given employers have a responsibility to offer flu vaccination as part of their occupational health duties, in accordance with the Health and Safety at Work Act (1974). Interventions to |

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| | | Manchester) | | | | improve uptake of flu vaccination in health and social care workers are covered within section 1.3 paragraph 4 and paragraph 5 of the scope. Identification and contact of health and social care workers in a clinical risk group are covered within section 1.3 section paragraph 3 of the scope. |
| 21 | SH | Combined comments - NHS England (Central Mids), PHE (South East), PHE Screening & Immunisation (Greater Manchester) | 5 | 123-125 | In order to demonstrate that interventions are effective there needs to be discussion of data recording systems, particularly in relation to new services such as those in pharmacies, maternity and other alternative settings. | Thank you for your comment. Noted – the Committee will carefully consider evidence of effectiveness, cost effectiveness and other factors (such as implementation) in developing recommendations. This could include consideration of the appropriateness and accuracy of interventions related to data recording systems in relation to new settings where evidence allows. The final scope will consider provider-based system and process related interventions for identifying, contacting, and inviting target groups. |
| 22 | SH | Combined comments - NHS England (Central Mids), PHE (South East), PHE Screening & Immunisation (Greater Manchester) | 5 | 133-135 | Need clarity on mandatory vaccination and also on mandatory recording of vaccinations such HCW ImmForm survey | Thank you for your comment. The scope has been amended in line with your comment for clarity. The text “policies on mandatory vaccination and opt-out for flu vaccination for health and social care workers” has been replaced with “policies on conditions of employment (including use of surgical masks, where applicable) and opt-out for health and social care workers”. |

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| | | | | | | The Committee will carefully consider evidence of effectiveness, cost effectiveness and other factors (such as implementation) in developing recommendations. This could include consideration of the appropriateness and accuracy of interventions related to data recording systems. |
| 23 | SH | Combined comments - NHS England (Central Mids), PHE (South East), PHE Screening & Immunisation (Greater Manchester) | 5 | 142 | Needs to be more information regarding attitudes and beliefs around flu vaccinations and details of actions that may address attitudes particularly of HCW | Thank you for your comment. Information on behavioural factors which lead to uptake of flu vaccination among target groups will be addressed in more detail in the review protocols and evidence reviews. |
| 24 | SH | Combined comments - NHS England (Central Mids), PHE (South East), PHE Screening & Immunisation (Greater Manchester) | 8 | 206 | For more clarity should read 'frontline health and social care workers involved in direct patient care contact' | Thank you for your comment. The scope has been amended for clarity. |
| 25 | SH | Combined comments - NHS England (Central Mids), PHE (South East), PHE Screening & Immunisation (Greater Manchester) | general | general | This guidance does not look at the efficacy of flu (recently queried but outside the scope of this document). As such, it is a guideline about implementation of any vaccine programme in various settings and for various groups and labelling it as flu is to miss the generalizability of the guideline. It would be better if the guideline acknowledged this and could be used for other vaccines. The principles are simple <ul style="list-style-type: none"> a) Is it mandatory? We know the answer is no but for staff it should be just like Hep B is. b) Can one get a register and track individuals and gather data on them (like Tesco Clubcard) to use in future? If yes can they be | Thank you for your comment. The final scope of the guideline is based on a referral from The Department of Health in England to produce a guideline on flu. This guideline will also be used to develop the NICE quality standard for flu. The aim of the guideline is not to provide a "how to" guide but rather identifies interventions which are effective and |

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| | | | | | <p>personally invited and reminded and if so how?</p> <p>c) Can one offer it through many channels and if so can it be coordinated and brought back into one record?</p> <p>d) What personal information and general publicity is useful?</p> <p>e) What management information assures us that processes are carried out in NHSE, PHE, LAs, CCGs and providers? Who holds the system to account?</p> | <p>cost-effective in increasing uptake of flu vaccine among target groups. The Committee will carefully consider evidence of effectiveness, cost effectiveness and other factors (such as implementation) in developing recommendations.</p> |
| 26 | SH | Combined comments - NHS England (Central Mids), PHE (South East), PHE Screening & Immunisation (Greater Manchester) | 2 | | <p>The national childhood flu immunisation programme is not a pilot anymore. I am not sure why this programme will not be covered. The HCW and social care workers are covered because this protects the at risk patients. The national childhood flu programme is supposed to do the same thing. We struggle to get good uptake in the healthy 2, 3 & 4 year olds and guidelines which included this group might help to improve uptake.</p> | <p>Thank you for your comment. The scope has been amended to include children 2-17 years as an eligible group.</p> |
| 27 | SH | Combined comments - NHS England (Central Mids), PHE (South East), PHE Screening & Immunisation (Greater Manchester) | 3 | 82 | <p>It would be useful to include in this section the impact on vaccination uptake for specific groups by specific professionals, eg does a midwife giving a flu vaccination lead to a better vaccination uptake than if offered by the practice nurse?</p> | <p>Thank you for your comment. Where the evidence allows, development of the guideline will consider the impact on effectiveness and cost-effectiveness of interventions according to who delivers it.</p> |
| 28 | SH | Combined comments - NHS England (Central Mids), PHE (South East), PHE Screening & Immunisation (Greater Manchester) | 2 | | <p>Section 1:1, vaccinating obese patients is not currently commissioned this doesn't mean it can't be in the guidelines but may be difficult to implement if not in the flu letter or commissioned.</p> | <p>Thank you for your comment. The aim of the guideline is to identify interventions which are effective and cost-effective in increasing uptake of flu vaccine among target groups. The Committee will carefully consider evidence of effectiveness, cost effectiveness and other factors (such as implementation) in developing recommendations. The context section of the scope has been</p> |

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| | | | | | | amended for clarity. |
| 29 | SH | Combined comments - NHS England (Central Mids), PHE (South East), PHE Screening & Immunisation (Greater Manchester) | 3 | | Section 1:2, Setting should say schools – especially special schools for vaccinating children in at risk groups (just taking about community venues I don't think covers this) | Thank you for your comment. The list of examples is not intended to be exhaustive. The scope has been amended to include children 2-17 years as an eligible group. To note, school-based flu vaccination programmes are excluded from the final scope. |
| 30 | SH | Combined comments - NHS England (Central Mids), PHE (South East), PHE Screening & Immunisation (Greater Manchester) | 4 | 101 | Will audit and feedback on uptake rates, including weekly statistics cover data sharing and information sharing between NHSE, PHE, CCGs, Local authorities and others? | Thank you for your comment. The 'activities, services or aspects of care' section of the scope has been amended in line with your comment. |
| 31 | SH | Combined comments - NHS England (Central Mids), PHE (South East), PHE Screening & Immunisation (Greater Manchester) | 5 | | Section 1.5 – The key issues and questions seem about right and would be invaluable if the questions were answered through the scope. | Thank you for your comment. |
| 32 | SH | Combined comments - NHS England (Central Mids), PHE (South East), PHE Screening & Immunisation (Greater Manchester) | | | <ul style="list-style-type: none"> • “Groups that will not be covered” should explicitly include over 65s • Scope should consider awareness-raising for clinical staff involved in the care of people in clinical risk groups • Scope should consider improve access to flu vaccination for people in clinical risk groups in secondary care (inpatients and outpatients), for example renal outpatient clinics, renal dialysis units and care of the elderly wards • Scope should consider potential for Department of Health / NHS England to offer flu vaccination to social care staff employed | <p>Thank you for your comment. The scope follows a standard template and “Groups that will not be covered” does not include obvious exclusions.</p> <p>The final scope for this guideline does not include those aged 65 years and over. The guideline focuses only on eligible groups with markedly low uptake.</p> |

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| | | | | | Please insert each new comment in a new row outside the public sector. | Please respond to each comment |
| | | | | | | The context section has been amended for clarity. |
| | | | | | | The scope for this guideline includes access to flu vaccination for people in clinical risk groups in secondary care (inpatients and outpatients). The scope has been amended for clarity. |
| | | | | | | The scope is inclusive of all healthcare and social care workers in direct contact with risk groups eligible for flu vaccination. Definitions of health and social care workers will be defined in the guideline. |
| 33 | SH | Department of Health | General | General | I wish to confirm that the Department of Health has no substantive comments to make, regarding this consultation. | Thank you for taking the time to read and comment on the draft scope. |
| 34 | SH | NCT | General | General | Vaccination programmes are an area where it may be useful to approach first pregnancies and subsequent pregnancies differently as pregnant women's social contacts are likely to be very different. For primips, infection is more likely at work but for multips it may come via toddlers, playgroups, other families, etc. In the same way, strategies for promoting vaccination to pregnant women should be different, and possibly points of access. | Thank you for your comment and for raising this issue, noted. The Committee will carefully consider evidence of effectiveness, cost effectiveness and other factors (such as implementation) in developing recommendations. Where evidence allows, approaches to first and subsequent pregnancies will be considered. |
| 35 | SH | NCT | General | General | Separate consideration needs to be given to women who do not attend antenatal care, eg travellers, refugees, asylum seekers | Thank you for your comment, noted. The NICE Equality Impact Assessment has been updated in line with your comment. Access issues for women who do not attend antenatal care will be noted in the review protocols and any evidence relevant to these groups will be extracted, highlighted to and discussed |

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| | | | | | | by the committee during development of recommendations. |
| 36 | SH | NCT | 9 | 229-230 | <p>“they should be vaccinated by their employer as part of an occupational health programme.”</p> <p>NCT practitioners deliver antenatal courses on a self-employed, contracted basis, and many may be reluctant to pay for vaccination themselves. Would it be possible to include self-employed healthcare workers in the list of those eligible for free vaccination through their GP?</p> | Thank you for your comment. Groups recommended as eligible for free flu vaccination is beyond the remit of NICE. The Committee will carefully consider evidence of effectiveness, cost effectiveness and other factors (such as implementation) in developing recommendations. Where evidence allows, consideration will be given to self-employed healthcare workers. |
| 37 | SH | NHS Employers | 4 | 90 - 92 | Improving access to flu vaccination for health and care workers can include much more than on site and peer vaccination. For example 24 hour access clinics, mobile clinics, reimbursing staff who have their vaccine elsewhere eg. Local pharmacy or gp. | Thank you for your comment. The scope has been amended in line with your comment. To note, local resourcing decisions are outside the remit of NICE. |
| 38 | SH | NHS Employers | 4 | 104 – 105 | We have done work with Capsticks on mandating the flu vaccination for healthcare workers. This could be very complex and we have some experience of this. We would like to contribute further to this. | Thank you for highlighting this work. The committee will consider the need for a call for evidence or expert testimony should particular gaps in the evidence emerge. All stakeholders will be notified when a date has been set should a call for evidence be agreed. The committee will identify experts for testimony in line with the NICE methods manual (2014) . |
| 39 | SH | NHS Employers | 5 | 128 – 129 | <p>Who is the audience for this question? There are many elements to increase vaccination uptake in healthcare workers. For example we have published (based on research over 5 years of running the flu fighter programme) that there are 7 elements to a successful campaign. These are:</p> <ul style="list-style-type: none"> • Balanced flu team • Communication • Mythbusting | Thank you. The ‘activities, services or aspects of care’ section of the scope has been amended in line with your comment. |

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| | | | | | <ul style="list-style-type: none"> • Accessibility • Reward • Peer Vaccination • All hands on deck <p>(see our infographic here)</p> | |
| 40 | SH | NHS Employers | 5 | 142 – 143 | There is already a lot of research that should be looked at before developing this guidance any further. This season Research Works (on behalf of PHE) have undertaken research and NHS Employers have done an attitudinal survey with 715 responses; both provide really interesting and useful information. We would be happy to share these and support further work on this. | Thank you for highlighting this research. The committee will consider the need for a call for evidence or expert testimony should particular gaps in the evidence emerge. All stakeholders will be notified when a date has been set should a call for evidence be agreed. The committee will identify experts for testimony in line with the NICE methods manual (2014). |
| 41 | SH | NHS Employers | 7 | 179 | Throughout the flowchart public and healthcare workers are in the same boxes and linked. The final step of the flowchart has separated boxes for public and healthcare workers. They should still be together at this point. There is learning from both campaigns which are applicable to each other. | Thank you for your comment, noted. The pathway has been updated to reflect amendments to the ‘activities, services or aspects of care’ section of the scope. |
| 42 | SH | NHS Employers | General | General | Health and care workers, children and at risk groups should be looked at together. The ultimate aim is to reduce the spread of flu. Should we be looking at areas, rather than different groups? For example how protected is Leeds, looking at the percentage uptake of health and care workers, children and at risk groups overall what is the risk for the area. | <p>Thank you for your comment. The scope has been amended to include children 2-17 years as an eligible group.</p> <p>The Committee will carefully consider evidence of effectiveness, cost effectiveness and other factors (such as implementation) in developing recommendations. The issue of local implementation is beyond the role of the committee.</p> |
| 43 | SH | NHS Employers | General | General | NHS Employers have run the flu fighter programme in England for 5 years to support NHS trusts to run a successful campaign to increase the uptake of the flu vaccination in healthcare workers. We have a wealth of knowledge and contacts and would be interested to support the development of this | Thank you for your comment. The committee will consider the need for a call for evidence or expert testimony should particular gaps in the evidence |

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| | | | | | guidance further. Helen Bogan, Programme Lead, Flu Fighter Helen.bogan@nhsemployers.org | emerge. All stakeholders will be notified when a date has been set should a call for evidence be agreed. The committee will identify experts for testimony in line with the NICE methods manual (2014). |
| 44 | SH | NHS England | 4 | 93 | Needs to include vaccination via external partners e.g. Boots | Thank you. The scope has been amended in line with your comment. |
| 45 | SH | NHS England | 5 | 135 | Is the uptake of flu vaccinations by patient facing staff or is it by non patient facing staff, what impact does this have on sickness and absence? | Thank you for your comment. The guideline aims to identify interventions which are effective and cost-effective in increasing uptake of flu vaccine among target groups. The scope is inclusive of all healthcare and social care workers in direct contact with risk groups eligible for flu vaccination. Definitions of health and social care workers will be defined in the guideline. |
| 46 | SH | NHS England | general | general | Need to include some information on training of health care professionals on how to deliver the public health messages re the benefits of flu vaccination to both staff and patients. | Thank you for your comment. While NICE recognises the importance of training for health and social care professionals, training and the delivery of training is not the focus of this guideline. However, we would expect any recommendations to be delivered by people with the appropriate skills and competencies, often defined by relevant professional or membership organisations. |
| 47 | SH | NHS England | 3-4 | | Suggest adding in the opportunity to vaccinate individuals who regular attend for outpatient treatment, e.g. patients receiving in centre haemodialysis | Thank you. The scope has been amended in line with your comment. |
| 48 | SH | NHS England - Yorkshire | 2 | 40 | There has been an emphasis on people with LDs. As this covers a broad spectrum of conditions, this eligibility needs specifying i.e. all LDs or just | Thank you for your comment. The scope |

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| | | | | | those at the severe end of the spectrum, | of the guideline is inclusive of all people with a learning disability. The scope has been amended for clarity in line with your comment. |
| 49 | SH | NHS England - Yorkshire | 2 | 55 | The children's flu vaccination programme is in the main no longer a pilot (only certain year groups), this is from 2015/16 being rolled out as part of the national programme. | Thank you for your comment. The final scope for this guideline has been amended to include children 2-17 as an eligible group. The scope has been amended for clarity in line with your comment. |
| 50 | SH | NHS England - Yorkshire | 3 | 56 | Carers are included in the annual flu plan and tripartite letter, and therefore should be included in this guidance | Thank you for your comment. The final scope for this guideline includes carers as defined in the annual flu plan. |
| 51 | SH | NHS England - Yorkshire | 3 | 64 | Should include long stay facilities that are part of secondary care providers (not just clinics) | Thank you for your comment. The scope has been amended in line with your comment. |
| 52 | SH | NHS England - Yorkshire | 4 | 101 | Timeliness and quality of data needs to be considered and ensured - requirement for practices to upload accurately and timely and work with Clinical System Suppliers to ensure quality. Also consideration as to how this data might be issued to practices without having to do out from local Screening and Immunisation Teams (SITs). This data is currently used by SITs but is not routinely issued to individual practices – this process needs to be automated where possible. | Thank you for your comment. Noted – the Committee will carefully consider evidence of effectiveness, cost effectiveness and other factors (such as implementation) in developing recommendations. This could include consideration of the appropriateness and accuracy of interventions related to data recording systems where evidence allows. The final scope will consider provider-based system and process related interventions for identifying, contacting, and inviting target groups. |

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| 53 | SH | NHS England - Yorkshire | 4 | 102 | Discussed with colleagues and disagree with both proposals – practices should not receive additional payments for services they are commissioned to provide, Flu vaccination uptake already contributes to QOF payments. Individuals should not receive ‘rewards’ (or bribes) for an intervention that is aimed at protecting their health – the focus needs to be on communication, encouraging and ensure the correct information on risks/benefits. Also need to recognise that uptake may be impacted upon by the childhood programme, if effective in breaking transmission and reducing the amount of circulating flu (this will change people’s perception of the importance of vaccination) | Thank you for your comment. The Committee will carefully consider evidence of effectiveness, cost effectiveness and other factors (such as implementation) in developing recommendations. |
| 54 | SH | NHS England - Yorkshire | 4 | 104 | Mandatory vaccination is good in principle but may be difficult to manage/enforce in large organisations. | Thank you for your comment. The scope has been amended in line with your comment. The text “policies on mandatory vaccination and opt-out for flu vaccination for health and social care workers” has been replaced with “policies on conditions of employment (including use of surgical masks, where applicable) and opt-out for health and social care workers”. |
| 55 | SH | NHS England - Yorkshire | 10 | 242 | Morbid obesity was added as a clinical condition but was not covered by NHS England funding – There needs to be consistency between PHE recommendations/guidelines and NHS England policy with funding and clinical recommendations being aligned – failure to do this a) causes conflict for commissioners (the recommendation is there, the clinical systems identify individuals in searches etc but providers cannot be paid) and b) if providers are not be remunerated then they are likely to omit inviting key individuals) | Thank you for raising this issue. The context section of the scope has been amended for clarity in line with your comment. |
| 56 | SH | NHS England - Yorkshire | 11 | 263 | Community pharmacists are now commissioned by the national team under the national advanced agreement, with sign up managed by the NHHS BSA – local teams oversee but do no longer have any direct input into the commissioning of this service. | Thank you, the scope has been amended in line with your comment. |
| 57 | SH | NHS England - | 11 | 263 | Need to be clear NHS England are only responsible for the commissioning | |

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| | | Yorkshire | | | of the patient programme, not health or social care staff programme. | Thank you, the scope has been amended in line with your comment. |
| 58 | SH | NHS England - Yorkshire | 11 | 268 | Can/do commission secondary care to deliver to all eligible groups not just midwifery services. | Thank you, the scope has been amended in line with your comment. |
| 59 | SH | NHS England - Yorkshire | 11 | 270 | Would suggest NHS service providers rather than the 'NHS' as this is generic and too broad and will potentially lead to lack of ownership. | Thank you, the scope has been amended in line with your comment. |
| 60 | SH | NHS England - Yorkshire | General | | There needs to be greater emphasis on the role/responsibility independent social care (in terms of both patients and staff) and also needs to consider data collection for this group of staff, for which there is currently no national system – hence limited knowledge of uptake in this group. | Thank you for your comment. Noted – the Committee will carefully consider evidence of effectiveness, cost effectiveness and other factors (such as implementation) in developing recommendations. This could include consideration of the appropriateness and accuracy of interventions related to data recording systems for independent social care settings where evidence allows. |
| 61 | SH | NHS England - Yorkshire | General | | There needs to be an emphasis on improving clinical searches – from local knowledge some practices use QOF disease registers to search rather than the PRIMIS business rules and so miss identifying a significant number of patients. Also there is limited knowledge of staff of how to conduct searches. | Thank you for your comment. Noted – the Committee will carefully consider evidence of effectiveness, cost effectiveness and other factors (such as implementation) in developing recommendations. The 'activities, services or aspects of care' section of the scope has been amended in line with your comment. |
| 62 | SH | NHS England - Yorkshire | General | Section 1.3 | Items 1-4 there is nothing additional to existing practices (all carried out to varying degrees) and so difficult to see how this guideline would result in increased uptake – would be better to offer innovative practices/campaigns to increase uptake | Thank you for your comment. Noted – the Committee will carefully consider evidence of effectiveness, cost effectiveness and other factors (such as |

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| | | | | | | implementation) in developing recommendations. This could include consideration of innovative practices/campaigns to increase uptake where evidence allows. |
| 63 | SH | NHS England Public Health Commissioning | General | General | <p>It may be better to separate out health and social care workers from clinical risk groups into a separate guidance document.</p> <p>We recognise there are pros and cons to one guidance document however it would be helpful if each guidance document could be considered in relation to funding flows (i.e. the commissioning funding and legal responsibility for healthcare worker delivery are different to provision to the general public and at-risk patients). There is a requirement to make sure that delivery responsibilities are explicit to the provider organisations and the recipient of the vaccine.</p> <p>Commissioning and the associated delivery of the flu vaccine for health and social care workers is not the responsibility of NHS England. Health and social care workers flu vaccination is the responsibility of a workers employer.</p> <p>NHS England is responsible for commissioning services for at risk patient, persons over 65 years and children (phased rollout to children) (as reflected in the Public health Functions Agreement between the DH and NHS England: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/486444/S7A_1617.pdf or https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/389168/S7A_1516_FINAL.pdf)</p> <p>The following Enhanced Service Specification is the contract for GP delivery: https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/03/chldhd-seasnl-inflnza-15-16.pdf</p> <p>The Service Specification for the flu vaccination Advanced Service</p> | <p>Thank you for this comment and information. The scope of the guideline covers health and social care workers and people in clinical risk groups. However, it is anticipated that the recommendations will be specific to each population where evidence allows. It is intended that the final guideline document recommendations will be set out to reflect delivery responsibilities explicitly to both provider organisations and the recipients of the vaccine.</p> |

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| | | | | | describes the requirements for provision of the service: http://psnc.org.uk/wp-content/uploads/2015/08/Flu-Vaccination-Service-specification.pdf The annual flu plan and letter summarises all eligible groups funded by the NHS: https://www.gov.uk/government/publications/flu-plan-2015-to-2016 | |
| 64 | SH | NHS England Public Health Commissioning | General | General | Other stakeholders who may wish to comment on inclusion of health and social care workers are NHS Employers, the Faculty of Occupational Medicine, the Academy of Medical Royal Colleges, NHS Improvement, the Royal Pharmaceutical Society and the Association of Pharmacy Technicians. | Thank you for this comment and information. |
| 65 | SH | NHS England Public Health Commissioning | General | General | In 2015 a National Pharmacy Advance Service was agreed enabling patients over the age of 18 years to also access the flu vaccination via their community pharmacy. This may need to be reflected explicitly in the scope. The Service Specification for the flu vaccination Advanced Service describes the requirements for provision of the service: http://psnc.org.uk/wp-content/uploads/2015/08/Flu-Vaccination-Service-specification.pdf | Thank you for this comment and information. The text has been incorporated into the context section of the scope. |
| 66 | SH | NHS England Public Health Commissioning | General | General | Page 6 in the Annual Flu Plan (https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/418038/Flu_Plan_Winter_2015_to_2016.pdf) provides a useful summary of the Roles and responsibilities in the NHS and public health system for the flu programme in accordance with the Health and Social Care Act 2012. However, the overall responsibility for delivery and implementation of the National Flu Programme rests with NHS England via the Section 7A agreement (please refer to the S7A links above in comment 1). The S7A specifies what NHS England must commission and what the DH has funded. This, in turn also specifies what is included in the GP enhanced service specification. | Thank you for this comment and information. The scope has been amended in line with your comment. |
| 67 | SH | NHS England Public Health Commissioning | 1 | 14 | A guideline should also be for community pharmacy, perhaps explicitly highlighted in point 15 | Thank you for your comment. The scope has been amended in line with your |

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| | | | | | | comment. |
| 68 | SH | NHS England Public Health Commissioning | 1 | 23 | <p>May also be relevant for CQC. CQC have intimated that they could look at uptake rates among health and social care staff when they inspect providers.</p> <p>Flu immunisation is also now included in the code of practise for the prevention of infection, (2015).</p> <p>The General Pharmaceutical Council (GPhC) is the independent regulator for pharmacists, pharmacy technicians and pharmacy premises in Great Britain. This may also be relevant for them.</p> | Thank you for your comment. The scope has been amended in line with your comment. |
| 69 | SH | NHS England Public Health Commissioning | 1 | 22 | NHS England teams – please delete the word ‘regional’ this is not the correct name | Thank you for your comment. The scope has been amended in line with your comment. |
| 70 | SH | NHS England Public Health Commissioning | 2 | 28 | CCGs should be included as a key audience in ‘ who is this for section’ given their duties in respect of improving health at place base (see line 260-261) | Thank you for your comment. The scope has been amended in line with your comment. |
| 71 | SH | NHS England Public Health Commissioning | 2 | 48 | Which chronic neurological diseases should be defined as some community pharmacies have struggled to know whether certain patients are eligible or not e.g. those with ME | Thank you for your comment. The definition of chronic neurological disease has been amended in line with terminology in the PHE, DH and NHSE Flu Plan: winter 2016 to 2016. |
| 72 | SH | NHS England Public Health Commissioning | 2 | 55 | <p>Suggested rewording “Extension of the programme to children aged 2-17 years (phased rollout)”</p> <p>This is a rolling programme where additional birth years are being added</p> | Thank you for your comment. The scope has been amended to include children 2-17 years as an eligible group. To note, |

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| | | | | | each year. For example in 16/17 season children of school year 3 age will be included. | school-based vaccination programmes are excluded from the final scope. The scope has been amended for clarity. |
| 73 | SH | NHS England Public Health Commissioning | 2 | 52 | The morbidly obese while clinically recommended in the Green Book are not currently included in the GP contract for delivery or the pharmacy advanced service and are, in terms of the Section 7a agreement an unfunded group. They should be omitted or reference made to the JCVI advising the group be included not recommending | Thank you for your comment. The context section of scope has been amended for clarity. |
| 74 | SH | NHS England Public Health Commissioning | 2 | 55 | <p>We're not sure why the childhood element of the programme is being excluded. The childhood element of the programme includes an offer to children aged 2-4 via GP and 5-6 and 6-7 year olds via school based delivery (2015/16). At the least the 2-4 year old element of the programme should be included as this delivery is via GP so many of the likely organisational recommendations to improve uptake will be the same. There is scope for improvement in practice for the GP delivered cohorts of the programme; there are wide variations in uptake by GP providers.</p> <p>It may be helpful to focus the guideline on GP as a setting. Although currently the extension to children of primary school age is relatively new there may be scope in the future to improve delivery in this cohort too.</p> <p>Please note: Children aged 2-4 yrs can receive the vaccine via their GP. 2-3 year olds have been able to do this for the past 3 years, 4 years have now been able to access for 2 years.</p> <p>The pilot for the national childhood flu programme is now finished and Phase 2 of the national rollout commenced in 15/16 with all children of school year 1 and 2 age being offered the vaccine; primarily via a school based provider. It is incorrect to refer to the 'pilot programme'.</p> | Thank you for your comment. The scope has been amended to include children 2-17 years as an eligible group. |
| 75 | SH | NHS England Public Health Commissioning | 3 | 59 | School based delivery is also a setting for primary health care; for example this includes the childhood element of the programme but also this setting is used to offer vaccination to children with learning disabilities and other at | Thank you for your comment. The list of examples is not intended to be |

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| | | | | | risk groups. | exhaustive. The final scope of this guideline does not include school-based flu vaccination programmes. |
| 76 | SH | NHS England Public Health Commissioning | 3 | 69 | <p>Suggest retitling this so it reads: "Education and acceptability of flu vaccination for people in....".</p> <p>The following bullet points may need to be separated to provide clarity between commissioners and providers; and the public. We believe it would be helpful to focus on the evidence for providers and commissioners. Line 71 – 81 may be clearer if categorised.</p> <p>Awareness-raising is something undertaken by the national communications campaign and to the likely user of this document may be confusing.</p> <p>A review of the evidence of need for /or gaps in education for the providers and commissioners would be helpful.</p> <p>There is little evidence that educating and awareness-raising for the public changes health behaviour. NICE might want to consider the evidence themselves.</p> <p>It would be helpful to have a section on the importance of programme leadership in provider organisations.</p> | Thank you for your comment. The 'activities, services or aspects of care' section of the scope has been amended in line with your comment. |
| 77 | SH | NHS England Public Health Commissioning | 3 | 71 | NICE could gather the evidence and provide a position on whether mass media is effective and cost effective. | Thank you for your comment. Mass media has been removed from the final scope in response to the stakeholder meeting comments between DH, PHE NHSE and NICE to reflect comments on mass media at this meeting. |
| 78 | SH | NHS England Public Health Commissioning | 3 | 82 | The issue of access is a priority and should be highlighted more prominently. | Thank you for your comment. The 'activities, services or aspects of care' section of the scope has been amended in line with your comment. |

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| 79 | SH | NHS England Public Health Commissioning | 3 | 85 | Suggest this is reworded to read "Dedicated flu vaccination clinics" as "mass flu" will have connotations of pandemic activity for the reader. | Thank you for your comment. The text has been amended to "Dedicated flu vaccination clinics or, mass vaccination clinics in community or other settings".in line with your comment and additional comments from PHE. |
| 80 | SH | NHS England Public Health Commissioning | 4 | 93 | Should this read "Identifying, contacting and inviting eligible people..." | Thank you for your comment. The scope has been amended in line with your comment. |
| 81 | SH | NHS England Public Health Commissioning | 4 | 95 | It might be better if this was worded as "Local provider-based programme and an assigned organisational lead...." | Thank you for your comment. The scope has been amended in line with your comment. |
| 82 | SH | NHS England Public Health Commissioning | 4 | 98 | Requests from care homes to vaccinate residents can also be received by community pharmacy | Thank you, noted. |
| 83 | SH | NHS England Public Health Commissioning | 4 | 102 | It would be helpful to review the evidence for incentive schemes for both patients and/or providers | Thank you for your comment. The scope has been amended in line with your comment. |
| 84 | SH | NHS England Public Health Commissioning | 4 | 104 | <p>There are no policies on mandatory vaccination in the UK. Some employers may make immunisation a condition of employment. The DH has been legally advised against pursuing the notion of mandatory immunisation.</p> <p>A PHE recent qualitative study with HCWs has revealed that including flu vaccination for staff in infection prevention and control processes may be an effective way of improving uptake and acceptance.</p> | Thank you for your comment. The scope has been amended in line with your comment. The text "policies on mandatory vaccination and opt-out for flu vaccination for health and social care workers" has been replaced with "policies on conditions of employment (including use of surgical masks, where applicable) and opt-out for health and social care |

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| | | | | | | workers”. |
| 85 | SH | NHS England Public Health Commissioning | 4 | 108 | Type of vaccine will impact on economic aspects of the programme. It would be helpful to review the cost-effectiveness evidence for the use of higher valent vaccines (Quadrivalent vs Trivalent Inactivated vaccines) | <p>Thank you for your comment. The cost-effectiveness of vaccines is the remit of the Centre for Health Technology Appraisal at NICE and is outside the remit of public health guidelines. Economic aspects of the flu vaccination programme, including the costs of different flu vaccines will be considered within the economic modelling where evidence allows and taken into account by NICE when make recommendations.</p> <p>We will not be reviewing ‘the cost effectiveness of the vaccine’ that is the work of the CHTE directorate in NICE not the public health guidelines.</p> |
| 86 | SH | NHS England Public Health Commissioning | 4 | 110 | Suggested rewording: “We will take economic aspects into account when NICE make recommendations...” JCVI also review economic aspects so it would be helpful to be clear. | Thank you. The scope has been amended in line with your comment. |
| 87 | SH | NHS England Public Health Commissioning | 5 | 123-135 | Could the interventions also be considered in terms of feasibility and deliverability | Thank you for your comment. The Committee will carefully consider evidence of effectiveness, cost effectiveness and other factors (such as implementation) in developing recommendations. |
| 88 | SH | NHS England Public Health Commissioning | 5 | 133 | There are no policies on mandatory vaccination in the UK | Thank you for your comment. The scope |

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| | | | | | | has been amended in line with your comment. The text “policies on mandatory vaccination and opt-out for flu vaccination for health and social care workers” has been replaced with “policies on conditions of employment (including use of surgical masks, where applicable) and opt-out for health and social care workers”. |
| 89 | SH | NHS England Public Health Commissioning | 5 | 137 | Please be explicit and state that case studies and grey literature are also considered/ reviewed | Thank you for your comment. The scope follows a standard template. Review protocols developed for reviewing the evidence-base contain specific details to guide the systematic review of the literature. |
| 90 | SH | NHS England Public Health Commissioning | 5 | 143 | Changes in behaviour also need to be considered | Thank you. The scope has been amended in line with your comment. |
| 91 | SH | NHS England Public Health Commissioning | 5 | 144 | Please be congruent and observant of JCVI modelling | Thank you for your comment. The economic lead for the guideline is aware of and has already reviewed the JCVI economics. |
| 92 | SH | NHS England Public Health Commissioning | 6 | 152 | Should NICE guidance PH 21 also be included here: https://www.nice.org.uk/guidance/PH21 | Thank you for your comment. The scope follows a standard template and this section does not include related NICE guidance unless it specifically relates to the experience of people using NHS services. |
| 93 | SH | NHS England Public Health | 6 | 164 | What is this? | |

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| | | Commissioning | | | | Thank you for your query. For clarification, NICE are scheduled to develop a quality standard on flu. This will commence following completion of this guideline. |
| 94 | SH | NHS England Public Health Commissioning | 7 | 179 | Uptake isn't just about patient offer systems but also about ensuring there are robust data collections systems and processes in place. Availability of data for provider performance management needs to be considered. E.g. the availability of data for local public health commissioners, CCGs and LAs and sharing this data between organisations appropriately | Thank you for your comment. The 'activities, services or aspects of care' and 'NICE pathway' sections of the scope have been amended for clarity. |
| 95 | SH | NHS England Public Health Commissioning | 8 | 191 | There may be more up to date data. PHE may have more recently updated data on relative risks, as this was published after the swine flu pandemic. | Thank you for your comment. The data has been checked and we have not identified any updated information. |
| 96 | SH | NHS England Public Health Commissioning | 9 | 210 | PHE have recently commissioned a study on this | Thank you for your comment. |
| 97 | SH | NHS England Public Health Commissioning | 9 | 221 | The national flu programme is commissioned by NHS England and healthcare workers are not a funded group. Suggest this first sentence is reworded: "All those who are at clinical risk are offered the flu vaccination as part of the national flu programme run by PHE and delivered by NHS England. For health and social care workers flu vaccination is an occupational health responsibility and should be provided via their employer's occupational health service". We are not familiar with the 75% healthcare worker target and wonder where this is published? It may need to be referenced. | Thank you. The scope has been amended in line with your comment. The sentence "the aim is to vaccinate at least 75% of eligible healthcare workers and improve uptake for all those in clinical risk groups" has been deleted. |
| 98 | SH | NHS England | 9 | 230 | Suggested additional wording... "In accordance with the Health and Safety | |

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| | | Public Health Commissioning | | | at Work Act (1974)" This may also need to be included in the legislation section of the document. Of note the references are all quite old – is there nothing more recent? | Thank you. The scope has been amended in line with your comment. The references have been updated in line with your comment. |
| 99 | SH | NHS England Public Health Commissioning | 10 | 233 | Uptake figures are recorded via ImmForm by Public Health England on behalf of the DH. | Thank you. The scope has been amended in line with your comment. |
| 100 | SH | NHS England Public Health Commissioning | 10 | 240 | In 2000, the recommendation was extended to include... please note that policy is not the correct term. There is some confusion in the terms, recommendation, policy and advice. In 2014 there was 'advice' from JCVI that morbidly obese patients should be included but this was not a 'recommendation' and is unfunded and not DH policy. | Thank you. The scope has been amended in line with your comment. |
| 101 | SH | NHS England Public Health Commissioning | 10 | 242 | Obesity is JCVI advice and not a recommendation. (This is an important distinction since the Sec of State for Health is obliged to implement 'recommendations' but not advice.) | Thank you. The context section of the scope has been amended for clarity in line with your comment. |
| 102 | SH | NHS England Public Health Commissioning | 10 | 244 | Please add the Public Health Functions Agreement and the Health and Safety at Work Act (1974). | Thank you for your comment. These documents have been added to the context section of the scope in line with your comment. |
| 103 | SH | NHS England Public Health Commissioning | 11 | 260-261 | Replace "Clinical (260) commissioning groups are responsible for quality assurance and improving flu vaccination services" with "NHS England, working with Clinical Commissioning Groups, is responsible for quality assurance and improving flu vaccination services". Please note; in general CCGs have a remit to improve primary care services. Local authorities, through their director of public health, have responsibility for providing independent scrutiny and challenge to the | Noted, thank you. The scope has been amended in line with your comment. |

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| | | | | | arrangements of NHS England, PHE and local authority employers of frontline social care staff and other providers of health and social care. Please note; community pharmacy cannot currently send out personal invites as they do not hold a registered patient list. This might be possible in the future with future IT connections to Summary Care Records etc. | |
| 104 | SH | NHS England Public Health Commissioning | 11 | 265 | The correct terms for NHS England terminology is "NHS England teams" | Thank you. The scope has been amended in line with your comment. |
| 105 | SH | NHS England Public Health Commissioning | 11 | 268 | The correct terms for NHS England terminology is "NHS England teams" | Thank you. The scope has been amended in line with your comment. |
| 106 | SH | NHS England, Cheshire and Merseyside | 1 | 14 | Primary and secondary health care services, including maternity providers. | Thank you for your comment. The scope has been amended in line with your comment. |
| 107 | SH | NHS England, Cheshire and Merseyside | 1 | 18 | Independent providers of NHS (including maternity providers) and social care funded services. | Thank you for your comment. The scope has been amended in line with your comment. |
| 108 | SH | NHS England, Cheshire and Merseyside | 2 | 28 | This guidance is for CCGs, CCGs should be listed under 'who the guideline is for'. | Thank you for your comment. The scope has been amended in line with your comment. |
| 109 | SH | NHS England, Cheshire and Merseyside | 7 | 179 | Please consider a specific NICE pathway for pregnant women supporting women's choice in receiving flu vaccination in settings other than GP practice. | Thank you for your comment. To note, this is currently a draft pathway. The final pathway is dependent on the recommendations made following a systematic review of the literature and committee discussion. If |

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| | | | | | | recommendations on specific settings for pregnant women to receive vaccinations are made, the final pathway will be amended to reflect this. |
| 110 | SH | NHS England, Cheshire and Merseyside | 1 | 23 | Healthcare worker regulatory bodies i.e. GMC, NMC. | Thank you for your comment. The scope has been amended in line with your comment. |
| 111 | SH | NHS NSS Health Protection Scotland | 3 | 60 | It needs to be recognized that change in contract to enable community pharmacists to provide NHS flu immunisation only applies in England and Wales but review may be useful to consider whether should be extended to Scotland | Thank you. The context section of the scope has been amended for clarity in line with your comment. |
| 112 | SH | NHS NSS Health Protection Scotland | 4 | 90 | The role of flu champions would be useful | Thank you for your comment. The 'activities, services or aspects of care' section of the scope has been amended for clarity. Flu vaccination champions are included within the final scope. |
| 113 | SH | NHS NSS Health Protection Scotland | 4 | 98 | Advocacy role of community pharmacists for patients receiving relevant chronic medication | Thank you. The scope has been amended in line with your comment. |
| 114 | SH | NHS NSS Health Protection Scotland | 4 | 106 | Should training be considered? | Thank you for your comment. While NICE recognises the importance of training for health and social care professionals, training and the delivery of training is not the focus of this guideline. However, we would expect any recommendations to be delivered by people with the appropriate skills and competencies, often defined by relevant professional or membership organisations. |
| 115 | SH | NHS NSS Health Protection | 7 | 178 | Role of feedback and audit would be useful. Our local pilot study looking at self audit with individualized feedback identified support for this approach | Thank you for your comment and for raising this issue, noted. |

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| | | Scotland | | | but no resource available to formally evaluate | |
| 116 | SH | NHS Stockport CCG | | 39-53, 93/94, 126/27 | On eligibility: The definition of target groups is really complicated, and determining whether someone is eligible outside of the age range criteria is complex, without access to and analysis of the patient's full record and medical history. Immunisation should be mandatory for children, health workers, and anyone who is receiving in or out-patient hospital care during the immunisation period. | Thank you for raising these issues, noted. The Committee will carefully consider evidence of effectiveness, cost effectiveness and other factors (such as implementation) in developing recommendations. To note, the text "policies on mandatory vaccination and opt-out for flu vaccination for health and social care workers" has been replaced with "policies on conditions of employment (including use of surgical masks, where applicable) and opt-out for health and social care workers" for clarity. |
| 117 | SH | NHS Stockport CCG | | 59-66, 93-103, 130-132 | <p>Settings. Nationally we've failed at this simple task for a health system, to immunise all at risk, because it's not given the importance it deserves. There is an opportunity for "every contact counts" at the point of immunisation and this will need to be commissioned explicitly. Outside of general practice, it is only possible with a shared health record for providers of the service.</p> <p>Our Stockport success has been multi factorial despite poor national political and commissioning support from NHSE. A passionate local respected medical leader, a population strongly and repeatedly encouraged to be socially responsible, systematic planning, incentivised GP led implementation and a system wide consistency of approach. We are advocating for this approach to be replicated and don't think that a service delivered by multiple providers will be as effective for the reasons outlined.</p> | Thank you for raising these issues, noted. The Committee will carefully consider evidence of effectiveness, cost effectiveness and other factors (such as implementation) in developing recommendations. The 'activities, services or aspects of care' section of the scope has been amended in line with your comment. |
| 118 | SH | NHS Stockport CCG | | 68-81, 123-125 | <p>Raising awareness: The public doesn't understand how influenza is different to a cold and don't believe immunisation works or is safe.</p> <p>Despite 25 years of myth busting GPs still have the same conversations</p> | Thank you for raising these issues, noted. The Committee will carefully consider evidence of effectiveness, cost effectiveness and other factors (such as |

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| | | | | | <p>about risk, safety, efficacy etc. today as 25 yrs. ago.</p> <p>When even trained clinicians refuse immunisation and sometimes deliberately incorrectly advise those at risk (like some midwives telling pregnant women not to have immunisation) then there needs to be a fundamental societal shift. Not being vaccinated should be the same as drink driving.</p> | <p>implementation) in developing recommendations. The 'activities, services or aspects of care' section of the scope has been amended in line with your comment.</p> <p>To note, the text "policies on mandatory vaccination and opt-out for flu vaccination for health and social care workers" has been replaced with "policies on conditions of employment (including use of surgical masks, where applicable) and opt-out for health and social care workers" for clarity.</p> |
| 119 | SH | NHS Stockport CCG | | 90-92, 104-105, 128-129, 133-135 | Health and social care workers: Immunisation should be mandatory for health and social care workers | Thank you for your comment. To note, the text "policies on mandatory vaccination and opt-out for flu vaccination for health and social care workers" has been replaced with "policies on conditions of employment (including use of surgical masks, where applicable) and opt-out for health and social care workers" for clarity. |
| 120 | SH | NHS Stockport CCG | | General | <p>General practice impact: With extended hours, 7 day general practice now coming into place there's no credibility to the argument of multiple providers.</p> <p>Practices have lost the opportunity of using the repeat prescription as a reminder because with electronic prescription reminders Practices have to rely on the Pharmacist transmitting the message with the attendant risk of the same Chemist "taking the business" from the Practice.</p> <p>Competition in this area may adversely impact quality. Without providers inputting to a shared healthcare record, GPs will not have up to date information on immunisation status.</p> | <p>Thank you for raising these issues, noted. The Committee will carefully consider evidence of effectiveness, cost effectiveness and other factors (such as implementation) in developing recommendations.</p> <p>The 'activities, services or aspects of care' section of the scope has been amended in line with your comment.</p> |

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| | | | | | We believe that contracting with one GP provider, as the only organisations in a position to identify the cohort for immunisation, who may then subcontract to other local providers, ensures that responsibility for achieving the targets is clear. | |
| 121 | SH | PHE West Midlands Centre and NHS England WM Local Office | 1 | 18 | Would be good to mention 'Care Homes' specifically perhaps as an example of the bullet point in line 18 or in line 19 | Thank you for your comment. The scope has been amended in line with your comment. |
| 122 | SH | PHE West Midlands Centre and NHS England WM Local Office | 1 | 19 | Would be good to mention 'Care Homes' specifically perhaps as an example of the bullet point in line 18 or in line 19 | Thank you for your comment. The scope has been amended in line with your comment. |
| 123 | SH | PHE West Midlands Centre and NHS England WM Local Office | 2 | 55 | Not sure the word 'pilot' is warranted as this is now a national programme. Also we would include children in the programme with at-risk conditions. Suggest change to 'eligible children aged 2 to 17 without at-risk conditions' | Thank you for your comment. The final scope for this guideline has been amended to include children 2-17 as an eligible group. The scope has been amended for clarity in line with your comment. |
| 124 | SH | PHE West Midlands Centre and NHS England WM Local Office | 3 | 71 | I wonder if 'competitions' could be assessed. Many NHS employers will enter all HCWs who get a flu jab into a competition to win a prize or a day's annual leave. | Thank you for your comment, noted. The Committee will carefully consider evidence of effectiveness, cost effectiveness and other factors (such as implementation of incentives) in developing recommendations |
| 125 | SH | PHE West Midlands Centre and NHS England WM Local Office | 4 | 90 | Could 'voucher schemes' be assessed? Many NHS employers improve access by giving employees flu vouchers that can be used in a participating pharmacy. | Thank you for your comment, noted. The Committee will carefully consider evidence of effectiveness, cost effectiveness and other factors (such as implementation) in developing recommendations |
| 126 | SH | PHE West | 8 | 206 | The statement is misleading as the 55% refers to HCWs only but the | |

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| | | | | | Please insert each new comment in a new row | Please respond to each comment |
| | | Midlands Centre and NHS England WM Local Office | | | sentence suggests that refers to health & social care workers. | Thank you for your comment. The scope has been amended in line with your comment. |
| 127 | SH | PHE West Midlands Centre and NHS England WM Local Office | 10 | 232 | It is <i>best practice</i> for Occupational Health services to try and collect info on HCWs who have received the immunisation via their GP practice due to at-risk conditions. The current statement is slightly misleading. | Thank you for your comment. The scope has been amended in line with your comment. |
| 128 | SH | PHE West Midlands Centre and NHS England WM Local Office | general | general | Guidance should recognise that any evidence based recommendations that are produced may need extra funding to implement | Thank you for your comment. The Committee will carefully consider evidence of effectiveness, cost effectiveness and other factors (such as implementation) in developing recommendations. Local resourcing decisions are outside the remit of NICE. |
| 129 | SH | RCGP | General | General | In general all the points are covered but the emphasis should be different and the lines of responsibility and accountability more clearly delineated. The GP and the patient are responsible for their care plans for those who are pregnant or with chronic diseases. The GP and patient need to be held responsible for having and recording the immunisation. A personal invitation and reminders always seem to work the best, but the patient must tell the GP and record it in their own care plan when they have it, if elsewhere. It's not the same as Ebola type diseases where mass immunisation for prevention is needed. Flu protection needs to be yearly and is somewhat predictable. There are capacity and supply issues. It is crucial that employers are responsible for their workforce immunisation in health and social care. (JA) | Thank you. The Committee will carefully consider evidence of effectiveness, cost effectiveness and other factors (such as implementation) in developing recommendations. The context section of the scope has been amended for clarity in line with your comment. |
| 130 | SH | RCGP | General | General | A helpful approach, it might be helpful to indicate that teachers should be included and particular emphasis on NHS staff like Ambulance and Nursing staff. Arguably flu vaccination should be a condition of employment. | Thank you for your comment, noted. The scope is inclusive of all healthcare and social care workers directly involved with people's care. This includes ambulance and nursing staff. Definitions of health |

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| | | | | | <p>Relatives sharing a home or in close contact with high risk groups should be considered. (PS)</p> | <p>and social care workers will be defined in more detail in the review protocols and evidence reviews. To note, the final scope of this guideline does not include school-based flu vaccination programmes.</p> <p>The scope has been amended in line with your comment. The text “policies on mandatory vaccination and opt-out for flu vaccination for health and social care workers” has been replaced with “policies on conditions of employment (including use of surgical masks, where applicable) and opt-out for health and social care workers”.</p> <p>The final scope for this guideline includes carers as defined in the annual flu plan and tripartite letter.</p> |
| 131 | SH | RCGP | General | General | <p>Many of the clinicians in primary care and secondary care are not convinced of the value because they doubt</p> <ol style="list-style-type: none"> a. the evidence base b. the benefits to themselves c. whether better to fight off the infection when fit and young d. the vaccine may harm and have side effects e. it doesn't work as well in older people <p>It would be appropriate to understand</p> <ol style="list-style-type: none"> a. the evidence for efficacy b. the reasons why clinicians (including quite a few lead clinicians) are not engaged before we start to look at how we can advertise it better. (SH) | <p>Thank you for your comment. The scope of the guideline is focused on effective and cost-effective approaches to increasing uptake of seasonal flu vaccination in eligible groups. The 'activities, services or aspects of care' section of the scope covers interventions related to acceptability of flu vaccination for target groups.</p> <p>The Committee will carefully consider evidence of effectiveness, cost effectiveness and other factors (such as implementation) in developing recommendations.</p> |

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| 132 | SH | RCGP | 2 | 40 | It would be useful to include 65-year old and over in the Guideline. (GK) | Thank you for your comment. The final scope for this guideline does not include those age 65-years and over. The scope of the guideline focuses only on eligible groups with markedly low uptake. The context section has been amended for clarity. |
| 133 | SH | RCGP | 2 | 40 | Why not cover those over 65 years – the many who are asked to have the immunisation and wonder about its effect on their health and its benefits? (SH) | Thank you for your comment. The final scope for this guideline does not include those age 65-years and over. The scope of the guideline focuses only on eligible groups with markedly low uptake. The context section has been amended for clarity. |
| 134 | SH | RCGP | 2 | 53 | It will be interesting to see how the health and social care professionals are divided – which are included (nursing home, residential, district nurses, primary care practices, hospital, outpatient clinics, different specialities, radiologists etc.) (SH) | Thank you for your comment. The scope is inclusive of all healthcare and social care workers in direct contact with people's care. Definitions of health and social care workers will be defined in more detail in the review protocols and evidence reviews. The results may be synthesised and further analysed by setting or population as applicable, for example, hospital, general practice or local authority setting. |
| 135 | SH | RCGP | 3 | 60 | Seems to have missed quite a lot of the research about people being admitted to hospital and acquiring influenza whilst in patients (acute medical and surgical) – agree maternity important and primary care and residential care. (SH) | Thank you for your comment. The scope of the guideline is focused on effective and cost-effective approaches to increasing seasonal uptake of flu vaccination in eligible groups. Research related to people being admitted to hospital and acquiring influenza whilst in |

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| | | | | | | patients (acute medical and surgical) is beyond the scope of this work. |
| 136 | SH | RCGP | 3 | 69 | It is important to recognise that many clinicians are worried about the evidence base for its effectiveness in both clinical conditions and as age changes. This should be addressed if feasible too. (SH) | <p>Thank you for raising this issue. The effectiveness of vaccines is the remit of the Centre for Health Technology Appraisal at NICE and is outside the remit of public health guidelines.</p> <p>The Committee will carefully consider evidence of effectiveness, cost effectiveness and other factors (such as implementation) in developing recommendations to increase uptake of flu vaccination among target groups.</p> |
| 137 | SH | RCGP | 3 | 82 | Compared with the selling and a NICE guideline on the evidence base the access is very easy for the majority (if the clinicians and carers believed it was important). (SH) | Thank you for your comment, noted. |
| 138 | SH | RCGP | 5 | 123 | <p>Currently does not appear to stress clinical leadership. There needs to be a named lead GP and lead nurse in a practice, a named lead midwife in each practice a named pharmacist in pharmacy. Every encounter needs to count and midwives should give flu vaccinations to pregnant women to ensure compliance</p> <p>Public Health Devon and Devon County council www.england.nhs.uk/south/wp-content/uploads/sites/6/2014/08/influe-vacc-lit-rev.pdf did a literature review in 2014 and the main findings from the research identify generic influences on vaccination uptake in three categories:</p> <p>1. Demographic and lifestyle factors reported to be associated with vaccination uptake are:</p> <ul style="list-style-type: none"> - Age: there is evidence of a greater uptake with increasing age until lack of mobility causes problems with access; - Gender: some studies show no significant gender differences, others show evidence of a greater uptake among women than men generally, with higher compliance among men in the over 75 age group; | <p>Thank you for your comment and the information provided. The 'activities, services or aspects of care' section of the scope has been amended in line with your comment.</p> <p>To note, findings from the Public Health Devon and Devon County council literature review informed the NICE equality impact assessment published at consultation.</p> |

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| | | | | | <ul style="list-style-type: none"> - Ethnicity: there is some evidence of an association with ethnicity, with some studies reporting lower uptake in ethnic minority groups, although in some cases this was mediated by lower health literacy levels. - Socio-economic status: international studies report conflicting findings. UK study findings appear to show a difference in uptake, with both high and low income groups less likely to be immunised. This finding is not differentiated between different type of vaccination and it is possible that socio-economic status is a more influential factor in some programmes (eg MMR) than others. - Education & health literacy: higher educational attainment is associated with higher vaccination rates but education is measured in different ways in different studies and findings are potentially confounded by higher socio-economic status and health literacy, which are also associated with higher uptake rates; - Marital status/social capital: some studies reported higher vaccination rates among those who were either married or had some form of social support network; - Long term conditions: those with chronic diseases are more likely to be vaccinated than the general population but this might reflect the fact that they are more actively targeted. There is also a difference between disease groups, with uptake higher for those with diabetes than heart disease or respiratory disease; - Occupation: those in occupations more at risk of an illness are more likely to be vaccinated against it (this may reflect occupational health targeting); - Unhealthy lifestyles: there is evidence of an association between lower vaccination uptake and unhealthy lifestyle behaviours (eg smoking). <p>2. Personal and cultural perceptions and beliefs are associated with vaccination uptake although it is difficult to draw general conclusions. There is evidence that personal beliefs may have an impact in both directions – increasing or reducing uptake – depending on the prevailing health beliefs of the community and the age of individuals. Particular factors are: (continues)</p> | |
| 139 | SH | RCGP | 5 | 123 | <p>(continued)</p> <ul style="list-style-type: none"> - Scepticism, fear or distrust of the need, effectiveness or safety of the vaccine; | Follows on from above |

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| | | | | | <ul style="list-style-type: none"> - Level of trust in the person recommending the vaccine (doctor or other health professional preferred); - Understanding of the severity of consequences of the illness and of not being vaccinated; - Belief of personal susceptibility to the illness; - Previous negative experiences of vaccination; - Misconceptions about the illness or the vaccination programme (eg perceived communicability or side-effects); - Personal/healthcare professional recommendation or discommendation. <p>3. A number of structural factors are reported to be associated with vaccination uptake. These factors are reflected in the success criteria for effective programmes below. Specific findings from the studies include:</p> <ul style="list-style-type: none"> - IT: electronic transfer of records between practices and central databases is associated with increased coverage; - Size of organisation: interestingly there is some evidence that smaller practices achieve higher coverage than practices with more than four GPs. There is no information about the ratio of GPs to catchment population. Crucially, the ratio of practice nurses to patients is linked to vaccination uptake. (MH) | |
| 140 | SH | RCGP | 5 | 123 | <p>Actions to increase uptake of vaccination are widely discussed. The key factors in almost all of the research are largely consistent with those set out in the NICE guidance on reducing inequalities in uptake of vaccines in children published in 2009. These are summarised below, grouped by generic good practice and additional specific measures for target groups.</p> <p>Leadership</p> <ul style="list-style-type: none"> - Effective leadership; - Clear responsibilities and named individuals for each part of the vaccination pathway across the healthcare system; - Positive, motivated staff, who are vaccinated themselves; <p>Organisation</p> <ul style="list-style-type: none"> - Effective, comprehensive organisation of vaccine programmes supported by robust IT systems; - Ordering vaccine stocks based on anticipated target uptake levels rather than previous year's uptake; <p>Clinics</p> | <p>Thank you for your comment. 'The 'activities, services or aspects of care' section of the scope has been amended in line with your comment. We cannot pre-empt the deliberations of the Committee responsible for developing the guideline but recommendations will be based on the best available evidence of effectiveness and cost effectiveness.</p> <p>To note, while NICE recognises the importance of training for health and social care professionals, training and the delivery of training is not the focus of this guideline. However, we would expect any recommendations to be</p> |

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| | | | | | <ul style="list-style-type: none"> - Offering vaccination in a variety of settings including dedicated clinics, ad hoc patient visits, domiciliary visits, 'mobile clinics' and opportunistic appointments; - Ensuring clinics are notified well ahead, with sufficient spaces and are welcoming, family friendly, and not overbooked; <p>IT</p> <ul style="list-style-type: none"> - Local electronic data records, linked to national databases; - Regular data cleansing to reconcile duplicate records and identify incomplete records; - Literature review – factors influencing vaccination uptake June 2014; - Use of adapted national IT search programmes, or in-house systems, to identify eligible patients; (continues) | delivered by people with the appropriate skills and competencies, often defined by relevant professional or membership organisations. |
| 141 | SH | RCGP | 5 | 123 | <p>(continued)</p> <p>Training</p> <ul style="list-style-type: none"> - Training for staff in information-giving, data recording and use of the electronic records as well as delivery of vaccination programmes; <p>Information for patients & invitation for vaccination</p> <ul style="list-style-type: none"> - Personal invitations for vaccination and delivery of vaccination that take into account people's understanding, preferences (including language), and ability to access clinics; - Patient information designed to increase knowledge & understanding of the programme, explaining the rationale, risks associated with the illness, and the personal need for vaccination, appropriate for all levels of patient understanding; - Reminder/recall systems (reminders are effective for increasing uptake; telephone reminders are more effective than letters; multiple reminders are more effective; text message reminders are reportedly effective); <p>Communications</p> <ul style="list-style-type: none"> - Consistent, positive recommendation and reminding of the need for flu vaccination by healthcare professionals in all contacts with relevant groups; - A mixture of population and individual communications; - Professional design of mass communications programmes; - Use of credible and trusted 'champions'; - A positive, proactive attitude to vaccination in healthcare staff; - Consistent messages at all levels, with front line staff aware of all | Follows on from above |

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| | | | | | <p>communications being given;</p> <ul style="list-style-type: none"> - Targeting of locations people are likely to access (antenatal clinics, surgeries); <p>Monitoring & feedback for action</p> <ul style="list-style-type: none"> - Very importantly, real time monitoring and regular, timely feedback of information to managers and front line staff, during the programme, enabling remedial action to be taken; - Inclusion of flu vaccination monitoring in wider health monitoring programmes (ie not considered in isolation); - Inclusion of immunisation data in needs assessment and equity audit; <p>Regular follow up & remedial action during the programme</p> <ul style="list-style-type: none"> - Follow up of non-attendance and exploration of the causes so that low uptake in certain groups or individuals can be understood and vaccination or catch up programmes targeted accordingly. <p>Under 65 clinical risk groups</p> <ul style="list-style-type: none"> - Personal (face to face as well as written) pharmacy reminders or alerts when patients collect prescriptions; - Consideration of innovative approaches eg. vaccination in pharmacies, care homes, special schools; - Reminder systems in case notes, hospital notes, school records; - Special arrangements for those who have transport or mobility difficulties; (MH) <p>(continues 2)</p> | |
| 142 | SH | RCGP | 5 | 123 | <p>(continued 2)</p> <p>Pregnant women</p> <ul style="list-style-type: none"> - Collaboration between GP practices and midwifery services to plan and deliver the service, with midwives taking a central role; - Informed, motivated midwifery services promoting the importance of vaccination; - Maternity services provide flu vaccination as part of routine care, offered at the time of booking where possible; - Clear vaccination pathway with defined responsibilities. (MH) | Follows on from above |
| 143 | SH | RCGP | 5 | 125 | Every encounter needs to count and midwives should give flu vaccinations to pregnant women to ensure compliance. (MH) | Thank you for your comment. We cannot pre-empt the deliberations of the Committee responsible for developing |

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| | | | | | | the guideline but recommendations will be based on the best available evidence of effectiveness and cost effectiveness. The 'activities, services or aspects of care' section of the scope has been amended in line with your comment. |
| 144 | SH | RCGP | 5 | 127 | The GMC advise doctors that as part of their duty of care, they need to protect themselves and their patients from infection. GMC core guidance, Good medical practice (www.gmc-uk.org/guidance/good_medical_practice.asp), makes clear that unless otherwise contraindicated doctors should be immunised against common serious communicable diseases. This could be checked at annual appraisal. Similarly all nurses midwives and pharmacist should be required to protect themselves and their patients from infection. (MH) | Thank you for your comment, noted. The context section of the scope refers to both the 'Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance' and a hyperlink to good medical practice in support of your comment. |
| 145 | SH | RCGP | 5 | 128 | With pharmacists and school nurses giving flu vaccinations and recording in separate systems to GP systems there are no mechanism to check full coverage in a local area. There needs to be electronic data interchange to ensure vaccinations are captured centrally. (MH) | Thank you for your comment. The 'activities, services or aspects of care' section of the scope has been amended in line with your comment. |
| 146 | SH | RCGP | 5 | 132 | No as there is no mechanism for recording this. I think it may be important to record in appraisal systems for professionals and their regulatory bodies. (MH) | Thank you for your comment. The Committee will carefully consider evidence of effectiveness, cost effectiveness and other factors (such as implementation) in developing recommendations. |
| 147 | SH | RCOG | General | General | Thank you for asking the RCOG to comment on this scope. We are pleased that the guideline will particularly include pregnant women as highlighted by the MBBRACE report in 2014. We look forward to reviewing the full guideline when the draft is available for consultation. | Thank you for taking the time to read and comment on the draft scope. |
| 148 | SH | Redbridge CCG | 1 | 24 | It may be better doing a separate guideline for patients as if the document contains information around incentive schemes and talking about increasing uptake at provider level this isn't really relevant for the patients. In my past experience when doing health promotion some patients have | Thank you for your comment, noted. The 'activities, services or aspects of care' section of the scope has been amended in line with your comment for clarity. |

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| | | | | | made comments like "I don't want to have screening just so that you could meet your targets." | |
| 149 | SH | Redbridge CCG | 2 | 39 | It would be nice to also have a section for the over 65's even if it's a few lines just to say they are a part of the cohort. If an immunisation provider was to read the guidelines they would have all the information to hand in this one document. | The final scope for this guideline does not include those aged 65 years and over. The scope of the guideline focuses only on eligible groups with markedly low uptake. The context section has been amended for clarity. |
| 150 | SH | Redbridge CCG | 2 | 55 | It would be good to also include the eligible group for the national childhood flu immunisation programme just so immunisation providers have all the eligible cohorts in one document. In Redbridge we have had queries from practices about who should be immunising 5 and 6 year olds. If the document can specify if it is the GPs responsibility, school health team etc. | Thank you for your comment. The scope has been amended to include children 2-17 years as an eligible group. To note, the final scope of this guideline does not include school-based flu vaccination programmes. |
| 151 | SH | Redbridge CCG | 4 | 90 | Would be good to include employer's responsibilities for providing flu vaccination to their staff. | Thank you for your comment. The context section of the scope has been amended for clarity in line with your comment. |
| 152 | SH | Redbridge CCG | 4 | 94-103 | Could we also add opportunistic vaccinations | Thank you for your comment. The 'activities, services or aspects of care' section of the scope has been amended in line with your comment. |
| 153 | SH | Redbridge CCG | 4 | 98-99 | Could we provide a sample GP endorsement letter | Thank you for your comment. The committee will consider the need for a call for evidence or expert testimony should particular gaps in the evidence emerge. All stakeholders will be notified when a date has been set should a call for evidence be agreed. The committee will identify experts for testimony in line with the NICE methods manual (2014). |
| 154 | SH | Redbridge CCG | 4 | 102 | Maybe a contentious issue if some CCG's provide Incentives and others do not. | Thank you for your comment. The Committee will carefully consider |

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| | | | | | Also if this document is also going to be aimed at patients then again could raise issues of motive for providing the vaccine. | evidence of effectiveness, cost effectiveness and other factors (such as implementation) in developing recommendations. This could include consideration of variation in practice and motivation for vaccine where evidence allows. |
| 155 | SH | Redbridge CCG | 7 | 178 | Would be good to separate clinical risks group and health and social care workers in to two different boxes and then tailor the following boxes specific to the group. The last box on the left should also have GP alerts; practices doing patient search lists and developing an effective call/ recall system. | Thank you for your comment. The pathway has been updated for clarity. |
| 156 | SH | Redbridge CCG | | General | It would also be beneficial to include the risks of being jabbed twice as this can sometimes occur. | Thank you for your comment. The scope of the guideline is focused on effective and cost-effective approaches to increasing seasonal uptake of flu vaccination in eligible groups. Risks associated with multiple vaccinations is beyond the focus of the scope. However, any unintentional outcomes identified in the literature will be captured and discussed by the committee. |
| 157 | SH | Royal College Nursing | General | General | We welcome the scope to support wider accessibility for flu vaccination for those who need it and promote higher uptake. | Thank you. |
| 158 | SH | Royal College Nursing | General | General | There needs greater acknowledgement of the issues for health and social care staff. The document acknowledges the issue but it needs to stress more on the importance, particularly in smaller organisations and community rural providers to ensure their staff receive vaccination. | Thank you for your comment. The Committee will carefully consider evidence of effectiveness, cost effectiveness and other factors (such as implementation) in developing recommendations. This could include consideration of smaller organisations and community rural providers where evidence allows. |
| 159 | SH | Royal College | Gene | Gene | Vaccination on site is easier to manage in larger trusts and particularly | Thank you for your comment. The |

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|-----|------|-----------------------------------|----------|----------|--|--|
| | | | | | Please insert each new comment in a new row | Please respond to each comment |
| | | Nursing | ral | ral | secondary care. It should be acknowledged that the same accessibility is more difficult to achieve in smaller organisations and those where the staff bases are more wide spread. | Committee will carefully consider evidence of effectiveness, cost effectiveness and other factors (such as implementation) in developing recommendations. This could include consideration of size of organisations and community rural providers where evidence allows. |
| 160 | SH | Royal College Nursing | 9 | 3.2 | While we acknowledge that influenza vaccination for health and social care staff should be provided by occupational teams there could be commissioning with wider providers (including both general practitioners (GPs) and pharmacy) particularly for non NHS staff; care homes, independent, 3 rd sector. | Thank you for your comment, noted. The Committee will carefully consider evidence of effectiveness, cost effectiveness and other factors (such as implementation) in developing recommendations. This could include consideration of commissioning arrangements where evidence allows. |
| 161 | SH | Royal College Nursing | General | General | In addition greater push of vaccination for health and social care students in front line training is essential. This would help promote the importance of vaccination throughout their careers. | Thank you for your comment. While NICE recognises the importance of training for health and social care professionals, training and the delivery of training was not the focus of this guideline. However, we would expect any recommendations to be delivered by people with the appropriate skills and competencies, often defined by relevant professional or membership organisations. |
| 162 | SH | Royal College of Midwives | General | General | The RCM considers the draft scope of this guideline to be broadly comprehensive and has no further comment to make at this stage in its development. | Thank you for taking the time to read and comment on the draft scope. |
| 163 | SH | Royal College of Physicians (RCP) | general | general | The RCP is grateful for the opportunity to respond to the above consultation. We have liaised with our Joint Speciality Committee for Genitourinary Medicine and would like to make the following comments: | Thank you. |

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|-----|------|-----------------------------------|----------|----------|--|--|
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| 164 | SH | Royal College of Physicians (RCP) | general | general | Our experts noted the value in determining what percentage of health care workers in HIV and other 'high risk' specialties are vaccinated. | Thank you for your comment, noted. |
| 165 | SH | Royal College of Physicians (RCP) | general | general | Our experts agree that having a walk-in service attached /easily accessible to clinical areas where high risk patients attend increases uptake in flu vaccination. In an HIV clinic the pharmacy offered a free walk-in service which patients could access whilst waiting for their scripts as opposed to making a separate GP appointment. | Thank you for your comment, noted. |
| 166 | SH | Sanofi Pasteur MSD | 2 | 53 | Consideration to define and include allied health care staff e.g. speech and language therapist and optometrists | Thank you for your comment, noted. The scope is inclusive of all healthcare and social care workers directly involved with people's care. This includes, allied health professionals. Definitions of health and social care workers will be defined in more detail in the review protocols and evidence reviews. |
| 167 | SH | Sanofi Pasteur MSD | 3 | 60 | The increasing use of pharmacy as a setting for the delivery of immunisations is resulting in a number of issues that need to be addressing; i) double ordering for a local population by both the GP and pharmacy has resulted in a higher vaccine return rate, wastage and increase destruction costs; ii) Increased incidence of extra dose medication errors; iii) poor record communication between pharmacists and GP – need a system that enables the GP / pharmacist to share patient immunisation data to reduce medication errors. | Thank you for your comment. The Committee will carefully consider evidence of effectiveness, cost effectiveness and other factors (such as implementation) in developing recommendations. |
| 168 | SH | Sanofi Pasteur MSD | 3 | 64 | Consideration should be given to including regular visitors in care and residential settings to reduce transmission rates. | Thank you for your comment. The scope focuses only on eligible groups with markedly low uptake. To note, the final scope for this guideline includes carers as defined in the annual flu plan. |
| 169 | SH | Sanofi Pasteur MSD | 3 | 66 | Consideration should be given to breaking down occupational health to include public and private sector service providers such as agencies, prisons, asylum centres etc. | Thank you for your comment. The Committee will carefully consider evidence of effectiveness, cost effectiveness and other factors (such as |

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| | | | | | | implementation) in developing recommendations. This could include consideration of different occupational health providers where evidence allows. |
| 170 | SH | Sanofi Pasteur MSD | 3 | 73 | Consideration is given to further HCW education with regards to their role in flu transmission and the fact that they can be asymptomatic, but still transmit the virus. HCWs need to understand the importance of being vaccinated to protect their patients. | Thank you for your comment. The Committee will carefully consider evidence of effectiveness, cost effectiveness and other factors (such as implementation) in developing recommendations. This could include consideration of educational content where evidence allows. |
| 171 | SH | Sanofi Pasteur MSD | 3 | 82 | Consideration for all types of access in terms of geographical/physical (e.g. community pharmacies); health service (e.g. walk-in clinics); social (e.g. peer vaccination); economic (travel cost to clinic) | Thank you. The scope has been amended in line with your comment. To note, the Committee will carefully consider evidence of cost effectiveness in developing recommendations. |
| 172 | SH | Sanofi Pasteur MSD | 4 | 90 3 | Consider implementing contractual levers for HCWs flu vaccination, similar to those for Hepatitis B | Thank you. The scope has been amended in line with your comment. The text "policies on mandatory vaccination and opt-out for flu vaccination for health and social care workers" has been replaced with "policies on conditions of employment (including use of surgical masks, where applicable) and opt-out for health and social care workers". |
| 173 | SH | Sanofi Pasteur MSD | 4 | 98 | Consider jointly signed letters by both the patients consultant and GP recommending that they receive an annual flu vaccine. This may be more impactful in explaining the importance of having a flu vaccine and may increase their willingness to consider vaccination. | The 'activities, services or aspects of care' section of the scope has been amended in line with your comment. |
| 174 | SH | Wigan borough CCG | section 1.2 settings | line 60 and line | seems to have forgotten schools where flu vacs are given | Thank you for your comment. The list of examples is not intended to be exhaustive. To note, the final scope of this guideline does not include school- |

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|-----|------|-------------------|-------------|----------|--|--|
| | | | | 86 | | based flu vaccination programmes. |
| 175 | SH | Wigan borough CCG | section 1.3 | line 90 | no mention of being done via normal gp, only occy health or work | Thank you for your comment. The flu plan states that health and social care staff should not routinely be referred to their GP for vaccination, unless they are in one of the clinical risk groups. Rather, their employers have a responsibility to offer flu vaccination as part of their occupational health duties, in accordance with the Health and Safety at Work Act (1974). Access for health and social care workers in a clinical risk group are covered within section 1.3 paragraph 2 of the scope. |
| 176 | SH | Wigan borough CCG | | line 93 | identifying eligible people section - no mention proactively chasing none responders | Thank you for your comment. The 'activities, services or aspects of care' section of the scope has been amended in line with your comment. |
| 177 | SH | Wigan borough CCG | | line 107 | mistake to not mention availability of vaccines this is a recurring theme (although not this year) equally now with the opening of the market to community providers and the low take up this year I suspect for next year GP's will start to order less vaccine as they will not wish to be left with any as has happened this year for some. | Thank you for your comment. The availability of vaccines is beyond the remit of NICE public health guidelines. The Committee will carefully consider evidence of effectiveness, cost effectiveness and other factors (such as implementation) in developing recommendations. |
| 178 | SH | Wigan borough CCG | | Line 141 | there also needs to be some feedback on recording of vaccine given and how to gain a true national record of how many given. I suspect part of the reason why numbers have "dropped" this year is because not all of patients vaccinated in chemist is being matched to the patient record at the gp which is where the national numbers come from. the same problem already happens for occy health given jabs to health workers who are "at risk" for health reasons too | Thank you for your comment. The 'activities, services or aspects of care' section of the scope has been amended in line with your comment. |

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|-----|------|-------------------|---------------------|-----------------------------|---|--|
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| 179 | SH | Wigan borough CCG | 1.5 key questions | | need to address the differences between QoF making no mention of asthmatics needing vaccination, best practice saying asthmatics using inhaled steroid need to be vaccinated and recording of data which simply records have ALL asthmatics had vaccination, not all at risk asthmatics. (think this is broadly correct) | Thank you for raising this issue. The Committee will carefully consider evidence of effectiveness, cost effectiveness and other factors (such as implementation) in developing recommendations. This could include consideration of differences between QOF targets where evidence allows. |
| 180 | SH | Wigan borough CCG | Section 1.1 | Groups that will be covered | No mention over over 65s being covered or not covered. Although there is the best uptake in this group there are still many non-responders and work to engage these patients may be of benefit | Thank you for your comment. The final scope for this guideline does not include people aged 65 years or older as the guideline focuses only on eligible groups with markedly low uptake. The context section has been updated for clarity. |
| 181 | SH | Wigan borough CCG | <u>69.1</u> | | Raising public awareness, LA and CCG Comms teams were again this year slow to act with their campaigns. We suggested last year that Sept would be the time to start raising awareness with the public as most GP practices send out the first invites at this time. We felt this should be followed by a continued campaign through out the winter months. Unfortunately the LA/CCG campaigns only started Nov /Dec. Following on the success of a story line in Coronation Street concerning Cervical cytology the GM Immunisation and Screening team approached Granada Studios asking if they would consider including the flu campaign topic in their story lines. Granada said they would discuss it with the programme makers but we didn't hear anything more. Maybe this is something that could be suggested by NICE at a national level as many of the patients they are trying to reach are viewers of many of the Soaps. We felt this would be an alternative approach to Public Health education rather than the traditional format. | Thank you for raising this issue. We cannot pre-empt the deliberations of the Committee responsible for developing the guideline but the Committee will carefully consider evidence of effectiveness, cost effectiveness and other factors (such as implementation) in developing recommendations. |
| 182 | SH | Wigan borough CCG | <u>90.3 and 227</u> | | Improving access to Health and Social Care Workers. The LA provided many additional sessions for staff this year but this did not include staff from non-LA care and Nursing homes as it is the responsibility of the employer to | Thank you for raising this issue, noted. Resourcing decisions are outside the remit of NICE public health guidelines. |

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| | | | | | do this. Changes to the guideline 227 making it possible for GP practices to vaccinate these workers may help to reduce the problem. Practice staff frequently have to decline requests from this group for vaccination. I realise this is a funding issue. | |

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