



Research into the under 65 years at risk flu programme: Summary

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People aged under 65 who live with a long-term condition are more likely to suffer serious illness or complications from influenza, but just 49.1% of people in this cohort received a seasonal influenza vaccine in England in 2022-23.¹ Differences in vaccination coverage vary according to clinical risk group, region of residence, and ethnicity.

NHS England (London Region) commissioned the NIHR Health Protection Research Unit in Vaccines & Immunisations to conduct an in-depth qualitative study to explore:

- I. **Why people in clinical risk groups decline seasonal influenza vaccines**, based on interviews with people who missed one or more influenza vaccines in the previous 3 years and have one of the following conditions: Diabetes; chronic liver disease; chronic respiratory disease.
- II. **The feasibility of integrating influenza vaccine delivery in patient pathways**, based on interviews with primary and secondary healthcare providers, vaccine programme managers and commissioners.

What is known so far? The likelihood of accepting influenza vaccines increases with the frequency of contact with healthcare providers and services.²

What is the added value of this study? Patient pathways include varying opportunities to discuss influenza vaccination or receive vaccines opportunistically. However, these opportunities vary according to patient pathways due to performance-based incentives and commissioning arrangements (e.g. diabetes compared to liver disease). Integrating influenza vaccination in non-primary care settings requires careful attention to these differences.

OVERVIEW OF RESULTS

Phase I: Patients groups reported several barriers and enablers to vaccination:

- Access was not reported to be the primary issue underlying influenza vaccine decisions.
- Engagement with health professionals about the relevance of influenza vaccination for clinical condition/s and informed consent about influenza vaccination was perceived to be insufficient.
- Patients felt that GP surgery teams did not have the time to *discuss* vaccination – only to *administer*.

- Communications that explain why influenza vaccines are relevant for long-term condition management, without resorting to scare tactics, were valued.
- Communications that offer condition-specific information could be co-produced with charity or community groups.
- Community pharmacies are acceptable and accessible delivery points – especially for people in full time employment.
- Integrating influenza vaccine delivery in secondary care was viewed as acceptable.

Phase II: healthcare providers and commissioners reported:

- Capacity and stock management could limit opportunistic vaccination in GP surgery teams.
- GP surgery teams indicated stressing influenza vaccine recommendations for patients with particular underlying long-term conditions.
- GP surgery teams may be better supported by including vaccine recommendations in consultant letters, and noting the relevance of vaccination for the patient's condition.
- Community pharmacies could be better supported to efficiently identify people in clinical risk groups for vaccination.
- Influenza vaccination was rarely discussed or recommended with patients in secondary care.
- Barriers and enablers to discussing and delivering influenza vaccination in secondary care.

Healthcare providers perceived integrating influenza vaccination via secondary care as being acceptable and feasible subject to:

- Delivering vaccines via dedicated roving or pharmacy teams rather than ward staff.
- Assessing the most appropriate site for delivery, e.g. wards, outpatients or point of discharge.
- Designing conducive commissioning and reimbursement frameworks and being able to align cost arrangements with vaccines for healthcare workers.
- Ensuring resources to train healthcare professionals across the patient pathway on influenza vaccine benefits for people in clinical risk groups.

DISCUSSION AND RECOMMENDATIONS

Integrating influenza vaccines in non-primary care settings was considered by patients and providers to promote convenience among working age cohorts. Yet, the feasibility and sustainability of integrating vaccine delivery in non-primary care settings rests on assessing performance and incentive schemes, commissioning frameworks, and data sharing to identify eligible patients for vaccination and report back to primary care quickly and easily. Integrated delivery models require an assessment of costs balanced against the goal of reducing inequalities and admissions among those most at-risk. Integrated Care Boards may benefit from assessing current practices around integration of vaccine messaging/delivery across patient pathways in their region, and assessing how to expand current practices based on the recommendations in this study. Key recommendations for stakeholders include:

Supporting dedicated vaccination teams

Vaccination teams may serve as an effective resource to integrate delivery in secondary care settings. While dedicated teams are trained and confident to administer vaccines, they require support from several staff levels. These include senior clinical or hospital management to sustain a culture of influenza vaccination in secondary care, and outpatient clinic teams to signpost people to vaccine delivery points.

Making vaccination central to patient care outcomes

Hospital consultants and operational managers need to view secondary care influenza vaccine delivery as integral to the patient care pathway, to manage the condition that patients present with, and to prevent future admissions.

Improving data management and sharing

People eligible to receive influenza vaccination need to be easily and efficiently identified. However, data management systems across primary/secondary care are not always linked-up, which results in additional labour for vaccination teams.

Strengthening vaccine recommendations

Including influenza vaccine recommendations in consultant letters may help to reinforce messages delivered via primary care pathways. Receiving this recommendation from a specialist consultant may help to reassure participants

that influenza vaccines are safe and effective for people managing long-term conditions.

Integrating influenza vaccination recommendations across patient pathways

Develop communications in a way that is specifically tailored to clinical conditions, with clear information on the clinical relevance of influenza vaccination and effectiveness of vaccinations. There are significant opportunities to include influenza vaccine reminders in all steps of the patient care pathway during the winter season to consolidate messages delivered via primary care. Annual reviews for patient groups (diabetes/asthma/COPD) can be more effectively used to pivot vaccine decliners towards acceptance.

This summary is intended to be read alongside the full report.

THE NIHR HEALTH PROTECTION RESEARCH UNIT IN VACCINES & IMMUNISATION

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