

Influenza vaccination Programme 2020-21

London Borough of Bromley

Introduction

Influenza is a highly contagious, respiratory viral illness. It is an airborne disease of the respiratory tract that spreads via droplets with an incubation period of 1-3 days. In otherwise well people it is usually unpleasant but self-limiting. The risk of serious illness is higher in infants, older population and those with underlying health conditions; including those who are pregnant.

Influenza viruses change their external surface glycoproteins (haemagglutinin and neuraminidase) gradually from season to season producing different strains via a process known as antigenic drift. Influenza vaccines are prepared using strains in line with WHO recommendations and are tri or quadrivalent (acting against 3 or 4 strains).

Influenza immunisation has been recommended since the 1960s and is targeted at higher risk groups. Since 2005-06 uptake of the Influenza vaccine has gradually reduced in adults and those at risk in England from 75.3% to 70.5% in 2016-17

In 2012 the Joint Committee on Vaccine and Immunisation (JCVI) recommended that the programme should be extended to include children from 2 to 17. The cohort for vaccination was expanded to 50-64 year old patients in December 2020.

The 2020-21 National uptake target was 75% for all cohorts.

The Borough of Bromley increased its financial incentives to GP practices to promote an increase in uptake of influenza vaccines in 2020-21. This was done using several mechanisms:

- Increased Quality Outcomes Framework (QOF) points related to Influenza.
- Impact and Investment Funding (IIF) – addition funding for achieving uptakes over 70% in the over 65 cohort
- Personal Medical Services (PMS) premium uplift to ensure increased funding for those high performing practices whose uptake is in line with the national average and to ensure patients are invited at least twice to attend for their vaccine (this has been in place since 2017)

Given the importance of vaccinating those at risk against influenza, this report clearly and succinctly explains how we have reviewed performance at strategic and practice level to allow analysis and recommendations for further programmes to boost uptake to be undertaken.

Methodology

Strategic level data

Initial strategic data presented in the results section demonstrates the performance of the England as a whole, London as whole and then splitting out South East London and it's individual boroughs. This data was draw from an ImmForm report at the end of January 2021

Practice level data

Data drawn from GP reporting systems in February 2021 was able to demonstrate the proportion of their patients vaccinated against influenza in the season 2020-2021. This was split into adults and children.

The adult group was also categorised into over 65 years of age as a whole and those with conditions that made them at risk. The same was done for the under 65s and pregnant patients.

For the children's data the patients were separated into age-groups with the 2 and 3 year olds being split into all and at risk as the adult categories had been.

The difference in data produced for strategic and practice level reports can be explained by the difference in timing of reports. The strategic data was pulled from an ImmForm report in January 2021 before all practices had reported. The practice level data was from February 2021 when all practices had reported.

Analysis of data sets

The aim of analysis of the data was to clearly show differences in influenza vaccine uptake in the influenza seasons 2019-20 and 2020-21. It is hoped that this will allow us to further assesses practices performing well and those performing less well.

To allow for easier analysis it was decided to look at Adults in 3 groups (Over 65s, Under 65s and Pregnant patients). Children would also be reviewed in 3 groups (2 year olds, 3 year olds and other school aged children (4-11 year olds)).

NB. School age children may have been vaccinated in school and therefore records may be incomplete.

Results

Strategic Level Data

Figure 1 is a table showing the top level data from England, London and the South East London Boroughs. The figures in the table are the percentage uptake of influenza vaccine for the 2020-21 influenza season of different patient groups.

The data has undergone a Red Amber Green (RAG) analysis which assesses the following:

- Red – Percentage uptake is 5% or more below the regional percentage
- Amber – Percentage uptake is less than 5% below the regional percentage
- Green – Percentage uptake is equal or better than the regional percentage

Figure 1

	Practices uploaded	65+	<65 at risk	Pregnant	2 year olds	3 year olds	50-64
Bexley	91%	76.2%	47.7%	40.3%	48.4%	50.9%	34.3%
Bromley	98%	78.8%	50.3%	42.7%	55.1%	58.5%	37.3%
Greenwich	88%	69.9%	44.4%	39.1%	46.2%	47.0%	31.3%
Lambeth	98%	64.3%	41.2%	38.9%	45.0%	43.5%	28.0%
Lewisham	88%	65.7%	41.7%	40.5%	45.9%	45.9%	30.3%
Southwark	94%	69.8%	44.8%	41.1%	46.8%	50.1%	32.7%
SEL CCG	93%	72.1%	44.6%	40.4%	48.0%	49.4%	32.3%
London	-	71.5%	44.7%	37.1%	45.8%	47.4%	-
England	-	80.8%	52.5%	43.7%	55.2%	57.8%	-

As stated previously and as can be seen in figure 1, this does not contain 100% of the practices in the area. The practice level data does have 100% of collected data.

The data clearly shows that London is below the national average for all age groups. South East London as a whole is slightly above the London average while Bromley as a borough is significantly above the London average and is more in line with the National level.

Practice level data - Adult

The results for the 2020-21 influenza vaccination programme regarding the uptake of influenza vaccine in adults are shown in Figure 2. This shows percentage uptake by 3 headline groups – the over 65s, the under 65 and the patients who are pregnant.

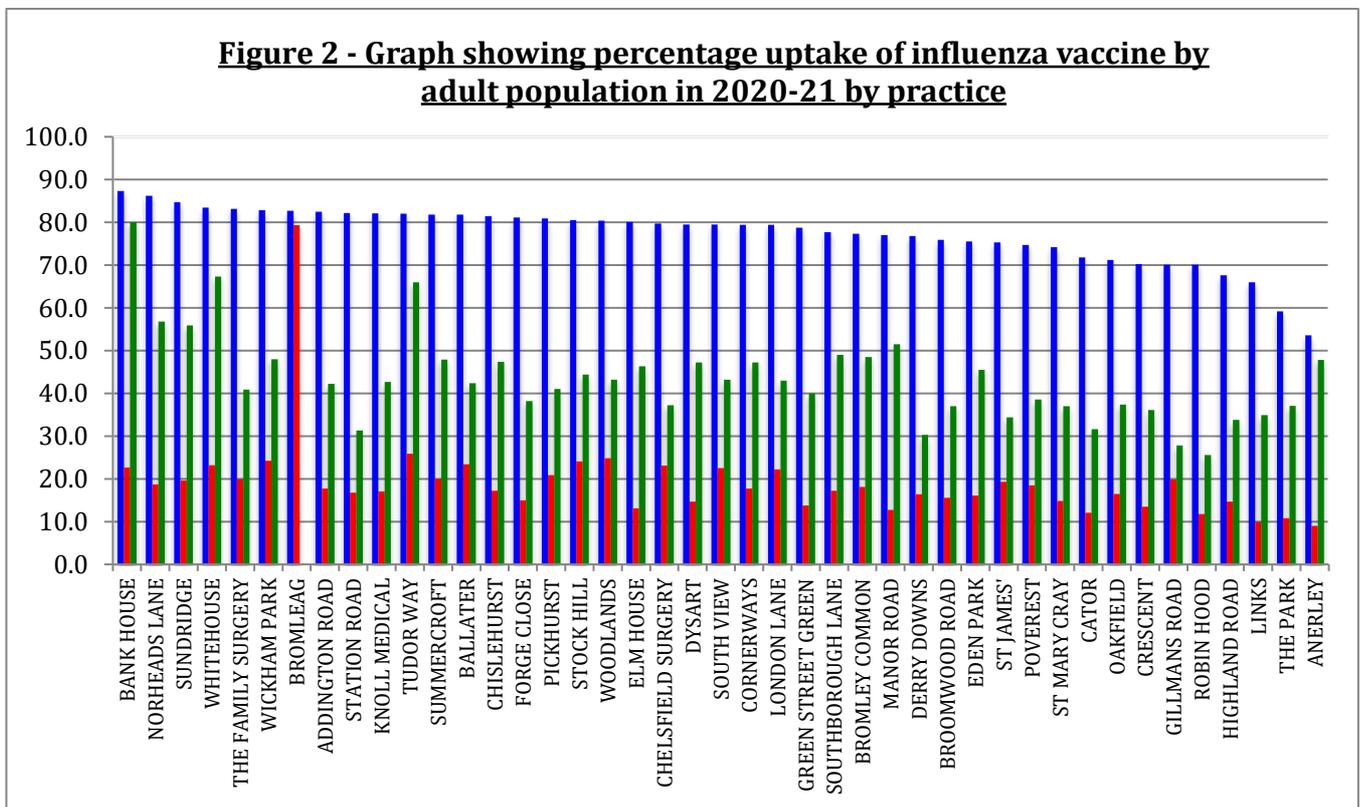
Figure 2 illustrates that practices have various percentage uptakes throughout the Borough of Bromley. Those practices where uptake has been least are in areas of greater social deprivation. In the analysis section we will go into why

this might be. The recent inclusion of under 65s being vaccinated has led to a reduced uptake across the results and we would expect this to improve in future years. Uptake in pregnant patients has persistently been below 50% when looking at data from The Green Book.

For those at higher clinical risk; the over 65s at risk showed a mean uptake of 82.9% (91.5 – 66.0) while the under 65s at risk showed a mean of 50% (80-36.5).

Figure 3 illustrates the difference in percentage uptake in the 65 and older group for the 2019-20 and 2020-21 vaccination programmes. This shows that all practices apart from one have improved their uptake of influenza vaccine over the last year. Notable The Family Surgery shows an improvement of around 14% in their patient uptake. Anerley, where a reduction in uptake has occurred will be looked into in more detail in our analysis section.

Figure 2 - Graph showing percentage uptake of influenza vaccine by adult population in 2020-21 by practice



Key for Figure 2:

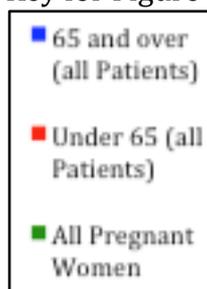
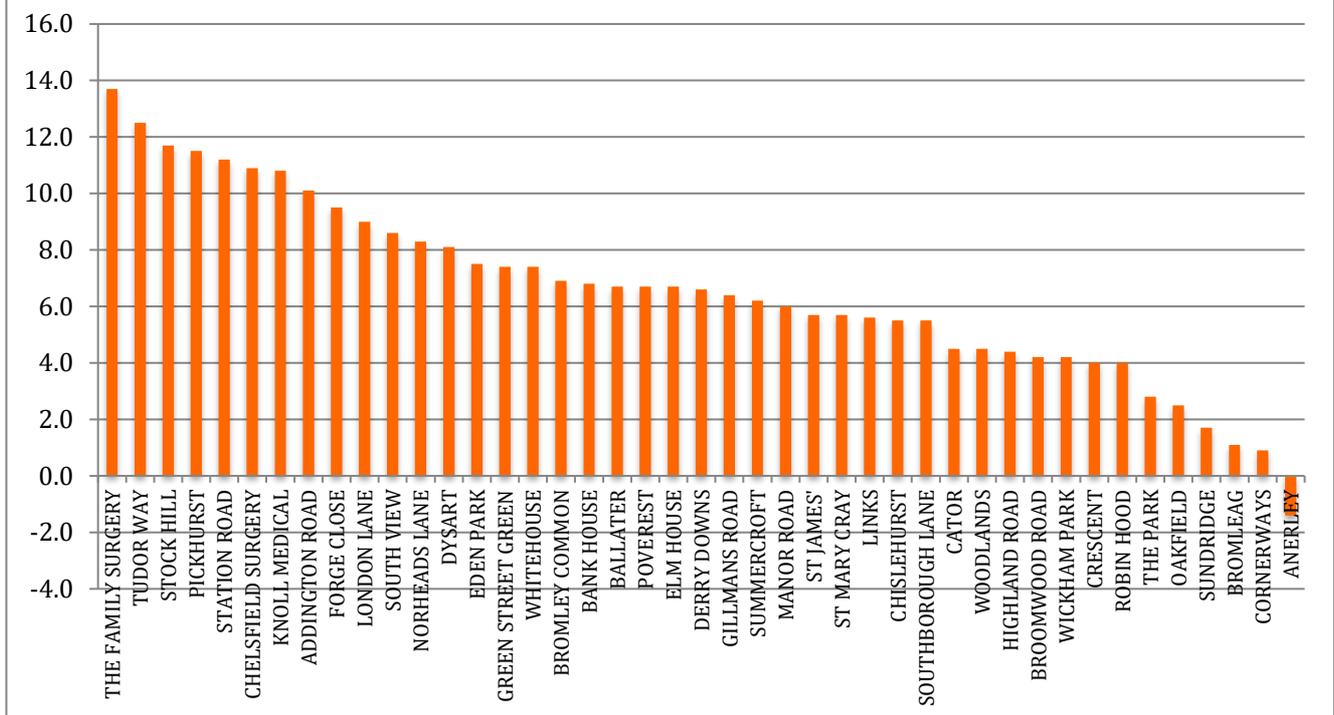


Figure 3: Graph showing percentage change in uptake of influenza vaccine by adult population from Season 2019-20 to 2020-21 by practice



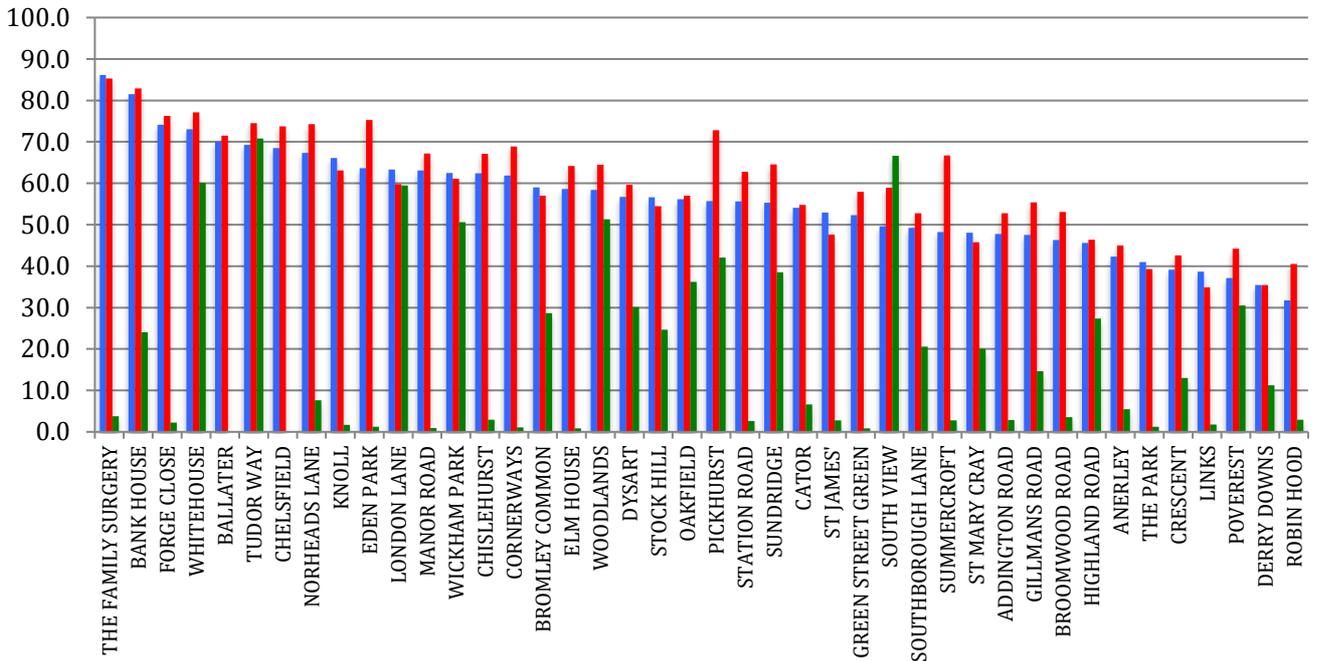
Practice Level Data – Children

The results of the data collected for the 2020-21 vaccination programme showing the uptake by children are shown in Figure 4. This shows ages 2 and 3 as groups and then school age children (4-11) as one group.

Figure 4 shows a variation in uptake across the borough of Bromley. We will analyse why these variations may occur in our analysis section. At risk groups 2 year of age showed a mean vaccination uptake of 59% while at risk 3 year olds showed a mean uptake of 62%.

Figure 5 shows the difference between uptake in the vaccination programme 2019-20 and 2020-21. This data shows an increase in uptake across the whole of the borough however some practices have increased their uptake by around 45% while others have struggled to increase their uptake. This could be for a number of reasons which we will go into in our analysis.

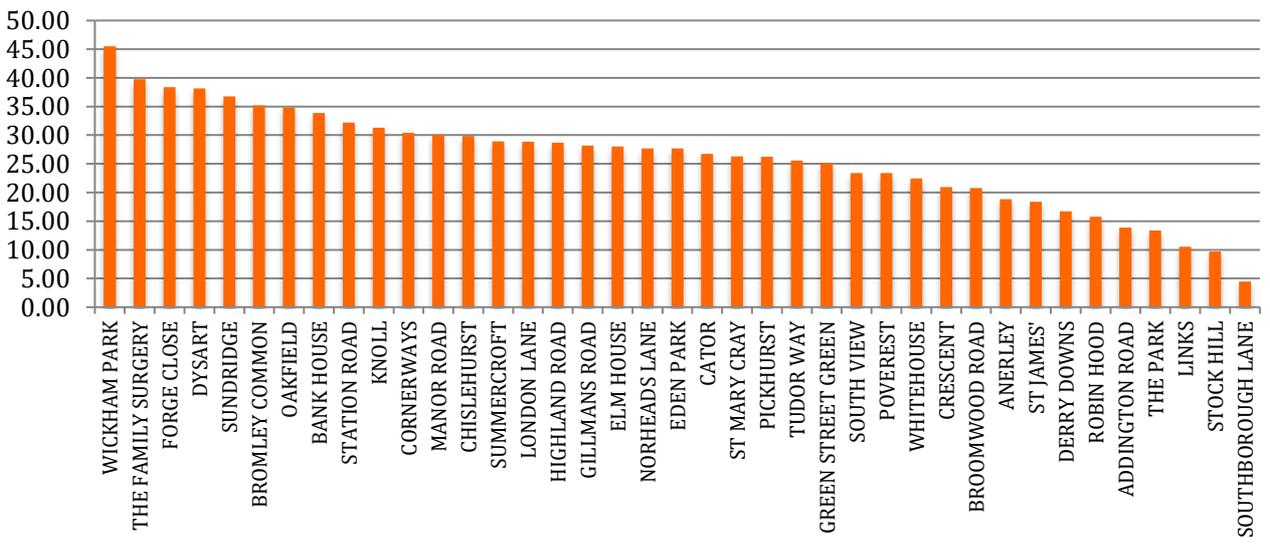
Figure 4 - Graph showing percentage uptake of influenza vaccine in children in 2020-2021 by practice



Key for figure 4:



Figure 5: Graph showing increase in percentage uptake of influenza vaccine in children from 2019-20 to 2020-21 by practice



Discussion and Analysis

Influenza vaccination uptake is important. It is an enduring priority because it reduces the risk of morbidity and mortality particularly in at risk groups. It also prevents admissions to hospitals and thus reduces the stress felt yearly on the National Health Service (NHS). From searched literature it was shown that seasonal influenza places the NHS under considerable pressure each winter. It was estimated a figure of up to 18,000 additional daily emergency admissions and approximately over 4000 hospital beds occupied daily by patients with influenza in years 2017-2018.

In comparing the flu vaccine uptake across all London Boroughs, Bromley was the top for the 'over 65's' group. In addition to this, in comparison to South-East London, Bromley was top for the 'under 65's at risk group'.

In terms of flu vaccination uptake comparing between 2019-20 to 2020-21 there was an overall increase in influenza vaccine uptake in all practices but one (Anerley) for the adults. For the children there was an overall improvement as well. When comparing the data, it had revealed that this was a significant improvement for flu vaccination or the Borough overall.

Anerley is one of the areas within the Borough of Bromley, which has a higher level of deprivation. The cause of this reduced vaccine uptake is likely to be multifactorial, however we will attempt to analyse some of the possible causes.

One of these could be related to vaccine hesitancy. Vaccine hesitancy is defined by the World Health Organisation as a "delay in acceptance or refusal of vaccines despite availability of vaccine services". On reviewing current literature there is not just a single causative belief or reason for vaccine hesitancy and again it is rather more multifactorial as a behaviour.

Potential causes could be due to concerns regarding lack of information and understanding regarding flu vaccine and for different cultural beliefs and opinions. This could be additionally be worsened by a contributing factor of language barriers in some patients.

Other factors could be related also the false information portrayed on social media and throughout local communities which can sway patients from getting their vaccine. This has been seen over the last year in the delivery of COVID-19 vaccines and has become a big obstacle to presenting the facts to patients.

Another factor could be related due to access for patients for vaccination, this could be related due to not being able to attend vaccination dates due to work or other reasons, thus causing a reduction and delays in uptake.

Finally, we must take into consideration the COVID-19 Pandemic. COVID-19 has resulted in 127,500 deaths to date in the UK. The Pandemic has caused an escalated workload and increased pressure within healthcare structures especially leading up to winter. This has cause an increased pressure on the NHS

overall and on each primary care provider and normal practice has been highly challenging to sustain.

The data presented in this report supports the fantastic achievement of The Borough of Bromley and its individual practices in sustaining effectiveness both to manage day to day patient care and in delivering an influenza vaccination programme in the midst of a pandemic caused by another viral pathogen.

What can we do to make improvements in uptake?

In the final part of this report we will look at possible ways to take forward the influenza vaccine programme and sustain increased uptake year on year.

An initial recommendation would be increasing public awareness regarding the flu vaccination and the importance behind it. Some literature had explained common reasons for reduced uptake is the lack of information and understanding surround influenza and flu vaccination importance. This would be through using communication networks and different channels such a social media to disseminate good quality communications with regard to why we vaccinate and why it is important. Social media would be useful in terms of targeting specific groups and correct misinformation which is currently widespread. False portrayal of the facts by other individuals or groups is widespread and people sometimes prefer to get their information from these platforms rather than their local healthcare professionals.

In terms of incentives to the practices; these seem to be working and should remain.

Another avenue would be looking at how we can improve access for all. This would be exploring options such as satellite clinics or “pop-up” vaccination stations in addition to those clinics arranged by practices, this way individuals would have more opportunities for access.

In terms of looking at specific areas where vaccine uptake is poor there are a few solutions that could be explored. One area would be looking at more health promotion via local community leaders involved and outreaching to local faith leaders for the communities. This would aid in improving the awareness and importance of flu vaccines for the targeted groups and has been seen to be effective in COVID-19 vaccine promotion.

Another solution could be exploring specific surveys for the target groups, whereby a series of questions and concerns are asked about in a survey and there is a section whereby people could request a call back to explore avenues more with local healthcare teams. This would be beneficial in terms of gaining insight into individuals understanding and concerns regarding vaccination.

There is a lot of learning we can gain from the COVID vaccination programme and how it has evolved as well as the ways to increase uptake. The use of satellite

clinics and “pop-up” vaccination hubs would aid in increasing access for patients and increased coverage of areas.

Finally, the benchmarking of practices and sharing good practice with others less well performing practices is an integral part of improving. From the data presented in this report it was shown that there were many practices that had an increase in vaccination uptake. This improvement and the systems employed to deliver it should be explored further. By reviewing and understanding what was done to make such an improvement other practices may be able to learn from their experiences. This is something that is already disseminated and shared widely through Bromley Practice Bulletin, particularly highlighting good ways of working from high performing practices.

It is also important to discuss directly with those areas felt to be under performing as to whether they had any obvious barriers to progress, which they can be supported to overcome. Direct liaising with these practices may be more efficient than indirect bulletin articles, which a practice under pressure or being overworked may not interact with.