Influenza Vaccination

# Incentive scheme 2017/18 – proposal for inclusion of children

## Background

* 1. Influenza is a disease that rises in prevalence usually in the winter and causes significant morbidity and mortality in at risk groups of people. This can put significant pressure on the hospital service during the winter. Given Stockport’s performance with accident and emergency targets and in the interests of the health of the population it is important to reduce the impact of this disease. The strain of the disease changes each year and therefore the vaccine changes too.
  2. There are recommended groups for vaccination in adults who are at risk of the disease do to a range of factors and children who are spreaders of the disease aged 2,3 and 4 years old.
  3. NICE has recently published a guideline for consultation “Flu vaccination: increasing uptake” which states, “increasing vaccination uptake in children decreased the number of cases of flu, flu like illness, acute respiratory infection, deaths, GP consultations and hospitalisations, in both adults and children. At baseline, 13,067,472 children are vaccinated. Increasing this by 10% to 13,973, 271 averts 872,015 cases of flu; 122 deaths; 55,634 GP consultations and 956 hospitalisations.”

## Current situation

* 1. There has been an incentive scheme in place for adults requiring influenza vaccine for some years in Stockport and this has led to some of the highest levels of vaccination in England. Vaccination recommendations have extended to include children aged 2,3 and 4 years old. There have also been some amendments to the adult vaccination recommendations.
  2. There is a community pharmacy scheme in place run by NHS England. This has been difficult in Stockport with the GP scheme in place.

## Options and considerations

* 1. Consideration was given to vaccination of the 2 and 3 year old children in local nurseries but it was considered to be too late to set this up for this winter. There would need to be people identified to visit the nurseries who could vaccinate children from any practice. Communication back to the practice would have to be good to prevent double vaccination. The vaccine would have to be offered at each nursery on every working day as many children are only there part time. There would still need to be another route for children not attending nursery probably through the practice. This has been piloted in Salford in one neighbourhood. There were a number of issues;
     + - sign up from GP practices,
       - parents wanting the vaccine who were not in the GP catchment area,
       - governance and
       - cold chain.

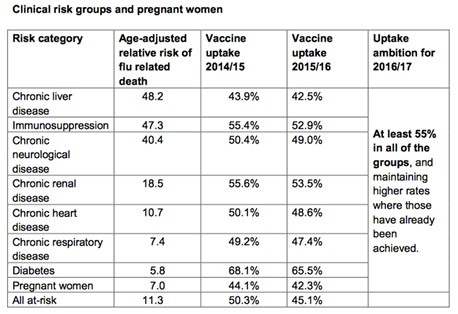
However these issues could be overcome with more time to plan the programme.

* 1. Communication around particularly childhood vaccination is complex as the vaccination is in the main not to protect the child but to prevent them from spreading the disease to more at risk populations. It is however important that the parents bring children for vaccination so communication is important. It should be noted that the childhood vaccination is inhaled and not injectable making it more acceptable to some.

## Proposal

* 1. An evidence base review is being completed by the Consultant for Communicable Disease Control. The early view is that there is evidence for this action but this work requires completion. The level of target required would be in excess of 80% but given starting levels of just over 40% it is likely that achievement of this level would be staged over two to three years.

### Adults

* + - 1. The current adult specification is attached in the appendix with a budget of £90K. In the 2017/18 winter practices will no longer vaccinate the 4year old children but will be asked to include the obese in the at risk group. There is no proposal to change the scheme other than as above
      2. There are increased risks of mortality from flu in certain risk groups
      3. By increasing the number of immunisations given to those with chronic liver disease (highest risk of flu related death) by 10% (based on 15/16 figures) there is the potential that there will be a decreased number of flu cases, flu like illness, deaths, GP consultations and hospitalisations, with large QALY gains from avoiding cases of flu and mortality. NICE state that the net monetary benefit for increasing vaccination by 5% in clinical risk groups is £4.00 per targeted person.

* + - 1. In 15/16 there were 1,152 registered 16 to under 65 with Chronic Liver Disease and 654 vaccinated (56.8%), 65 extra patients need to be vaccinated to achieve an increase of 10%, whilst 164 extra patients need to be vaccinated to achieve an increase of 25% (this is approx. 4 patients per practice).
      2. The community pharmacy service will continue and may extend to include health care workers. It does not however include children.

### Children

* + - 1. It should be noted the children’s vaccine is not purchased by the practice but obtained through the usual childhood vaccination route. This means that the practice do not have the opportunity to negotiate an advantageous purchase price as they can with the adult vaccines that are paid for through the NHS prescription system. The children’s vaccines are not therefore a profitable to administer as the adult vaccines.
      2. NICE state that it would be cost effective to spend up to £5.50 per targeted child to increase uptake by 10%, or spending up to £11.48 per targeted child to increase uptake by 25%.
      3. Therefore to increase uptake in the approximately 90,000 2 and 3 year old children by 10% would be a cost of £25,000, and aiming for 25% increase across the 2 and 3 year olds would cost £130,000
      4. It is not reasonable to anticipate a rise of greater than 10% in a year so it is proposed to set a 5 year increasing target recognising the increasing difficulty in gaining and increase each year:
      * Year 1: 10% increase
      * Year 2: 7% increase
      * Year 3, 4 and 5: 6% each year (35% over 5 years)
      1. There would need to be an initial amount to pump prime practices to ensure that they had the resources to work on the first year’s target. This would be £35 per 500 two and three year old children on the practice list approx. £6300 repeated in each of the remaining 4 years if the targets have been achieved.

## Request

* 1. The committee is asked to support the variation of the current scheme pending:
  2. Assurance from the clinical director for Public Health that the evidence supports the activity
  3. The Director of Finance working with Public Health can identify £35,000 to support the extension to the current scheme.

## Roger Roberts June 2017

## Appendix

**SCHEDULE 2 – THE SERVICES**

1. **Service Specifications**

Mandatory headings 1 – 4: mandatory but detail for local determination and agreement

Optional headings 5-7: optional to use, detail for local determination and agreement.

All subheadings for local determination and agreement

|  |  |
| --- | --- |
| **Service** | Flu locally enhanced service |
| **Commissioner Lead** | NHS Stockport CCG |
| **Provider Lead** | Senior GP partner |
| **Period** |  |
| **Date of Review** | August 2017 |

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| **1. Population Needs** |
| * 1. **National/local context and evidence base**   Flu immunisation is one of the most effective interventions that immunisers can provide to reduce harm from flu and pressures on health and social care service during the Winter. Stockport CCG has been running an incentive scheme to increase flu vaccination rates for a number of years dating back before its inception. This has led to the achievement of some of the best vaccination rates in the country. The introduction of the community pharmacy vaccination programme is an appropriate time to review this. |
| **2. Outcomes** |
| **2.1 NHS Outcomes Framework Domains & Indicators**   | **Domain 1** | **Preventing people from dying prematurely** | **X** | | --- | --- | --- | | **Domain 2** | **Enhancing quality of life for people with long-term conditions** | **X** | | **Domain 3** | **Helping people to recover from episodes of ill-health or following injury** |  | | **Domain 4** | **Ensuring people have a positive experience of care** |  | | **Domain 5** | **Treating and caring for people in safe environment and protecting them from avoidable harm** |  |   **2.2 Local defined outcomes**  Maximum number of patients registered with Stockport GP practices entitled to receive the flu vaccine are vaccinated. This could be either via their GP surgery or local pharmacies participating in community pharmacy vaccination service. |
| **3. Scope** |
| **3.1 Aims and objectives of service**   * At risk patients aged six months to 64 years: practices should strive to ensure that 100% of all those who fall into a risk group and eligible for the vaccine are offered it * Pregnant women: practices are encouraged to offer flu vaccination as part of the routine care provided to pregnant women * Over 65s**:** practices should strive to ensure 100% of patients over 65 are offered and encouraged to have the flu vaccination * Community pharmacies:practices should link with their local pharmacies and work together to ensure that maximum numbers of patients eligible for the flu vaccine are offered and receive it   **3.2 Service description/care pathway**  This locally enhanced scheme is in addition to the National scheme and is designed to encourage practices to achieve high levels of flu vaccination through joint work with their local pharmacies.  As with the previous specification funding is associated with a points system. There are two points available for the joint work with local pharmacies. These have been created by a pro-rata reduction of the points in other elements. The evidence required to support that this has taken place is:   * A record of the conversation and the information obtained i.e. when will the pharmacy be offering the vaccination and the practice can refer appropriate people * A report of the number of people referred to the pharmacy for the vaccine and the number of people vaccinated on referral from the pharmacy   If data is not submitted the points will be left as in the original specification. See below.    Pharmacy contractors will ensure that a notification of the vaccination is sent to the patients GP practice on the day that the vaccine is administered or the next working day. This can be via post, hand delivery, fax or secure email i.e. NHS mail. The information sent to the practice as a minimum should include the following:   * Patient name, address, date of birth, NHS number (if know) * The date of the vaccination * The applicable Read code  | Code Type | Code | Description | | --- | --- | --- | | CTV3 | XaZfY | Seasonal influenza vaccination given by pharmacist |  * Any adverse reaction to the vaccination and the action taken/recommended to manage the adverse reaction   Points availability and allocation  With pharmacy evidence submitted (5.5 points available)  -2 points for pharmacy collaboration  -At risk uptake >80% achieves 1.275 points  -At risk uptake between 60% and 80% achieves 0.6355 point  -Pregnant uptake >80% achieves 0.475 point  -Pregnant uptake between 60% and 80% achieves 0.32 point  -Over 65 uptake >80% achieves 0.75% point  -Over 65 uptake between 60% and 80% achieves 0.6355 point  Without pharmacy collaboration submitted (5.5. points available)  -At risk uptake >80% achieves 2 points  -At risk between 60% and 80% achieves 1 point  -Pregnant uptake >80% achieves 0.75 point  -Pregnant uptake between 60% and 80% achieves 0.5 point  -Over 65 >80% achieves 2.75Points  -Over 65 between 60% and 80% achieves 1 point  The CCG will send practices a collection book for completion. This will contain flu vaccination information up until a specific date. This data will have been taken from immform. Practices will then be able to add any additional vaccinations performed after this date. Practices will also be expected to include evidence of collaboration with local pharmacies. This could include the Minutes of meetings with pharmacies or copies of emails.  **3.3 Population covered**  All patients registered with a Stockport GP practice.  **3.4 Any acceptance and exclusion criteria and thresholds**  The acceptance criteria is patients who are eligible for the NHS flu vaccination.  Patients not eligible for the NHS flu vaccination are excluded from this scheme  **3.5 Interdependence with other services/providers**  Communication and cooperation between the relevant groups in this work is the key to ensuring that the objectives of this work are achieved.  Key elements of the whole system relationship are:   * Patients * GP practices including GPs, Practice nurses and Practice Managers * Pharmacies * Care/Nursing homes * NHS Stockport CCG |
| **4. Applicable Service Standards** |
| **4.1 Applicable national standards (eg NICE)**  **4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)**  **4.3 Applicable local standards** |
| **5. Applicable quality requirements and CQUIN goals** |
| * 1. **Applicable Quality Requirements (See Schedule 4A-C)**   2. **Applicable CQUIN goals (See Schedule 4D)** |
| **6. Location of Provider Premises** |
| This service will be provided at the GP practice premises. Premises used should be fully accessible in line with the Equality Act, 2010. (Formerly DDA). However the service may also be offered in patient’s homes and care homes. Every opportunity should be taken to offer and provide the flu vaccination. |