

# **Berkshire Seasonal Influenza Campaign 2017-18; flu activity summary, final vaccine uptake figures and feedback from local partners**

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## Executive Summary

- 1. Background** - Seasonal influenza (Flu) is a key factor in NHS winter pressures. The National Flu Plan aims to reduce the impact of flu in the population through a series of complementary measures. Flu vaccination is commissioned by NHS England for groups at increased risk of severe disease or death should they contract flu.

Key aims of the immunisation programme in 2017-18 were to;

- Actively offer flu vaccine to 100% of people in eligible groups
- Immunise 60% of children, with a minimum 40% uptake in each school
- Maintain and improve uptake in over 65s and clinical risk groups with at least 75% uptake among people 65 years and over and 75% among health and social care workers

- 2. Role of local authorities** - the National Flu Plan states that role of local authorities in the flu programme is to provide advocacy and leadership through the Director of Public Health and to promote uptake of flu vaccination among eligible residents and among staff providing care for people in residential and nursing care. Local authorities are responsible for providing flu vaccine for frontline health and social care workers that are directly employed. Local authorities may also provide vaccine to staff members as part of business continuity arrangements.

- 3. Local uptake** - In 2017-18 uptake of vaccine among GP-registered patients in Berkshire was generally similar to or higher than in 2016-17. After observing an increase in uptake in 2016-17, uptake in Slough was slightly reduced in the 2017-18 flu season, with the exception of over 65's where uptake was slightly higher.

- **Patients in clinical risk groups** – uptake was reduced by between 0.9% and 3.1% in this group, with the exception of RBWM and West Berkshire where uptake was similar to the previous season. Nationally uptake was very similar to the previous season.
- **Over 65s** – Increased uptake of flu vaccine was observed in all Local Authorities within Berkshire. Uptake in West Berkshire reached 77.6%, exceeding the national 75% uptake ambition
- **Pregnant Women** – In line with the national picture, uptake in this group was increased compared to 2016-17 with the exception of Slough where a reduction in uptake of 4.9% was observed. Bracknell Forest exceeded the national ambition of 55%, achieving 57% uptake.
- **Children aged 2 and 3** – Uptake in two year olds increased in Reading, West Berkshire Wokingham and RBWM, but decreased slightly in Slough. A reduction was also observed in Bracknell Forest compared to the previous season. The uptake ambition was not reached in any local authority in Berkshire or nationally (3.9% increase resulting in 42.9% uptake). Among three year olds modest increases in uptake were observed in Bracknell Forest, West Berkshire and Wokingham, with small decreases observed in Reading and RBWM. Slough experienced a larger decrease in uptake. All areas with the exception of Reading and Slough achieved a higher uptake than the national figure of 44.2%
- **Children in school years 0- 4** – this programme was again highly successful in Berkshire, the uptake ambition of 40% was exceeded in all local authorities reaching as high as 80% in at least one area.
- **Healthcare workers** – Uptake among NHS staff increased compared to the 2016-17 season in all local Trusts with the exception of Berkshire Healthcare Foundation Trust, where uptake was slightly reduced on the previous season despite more vaccines being given. Uptake in local NHS Trusts ranged from 62.6%-72.1%

**Summary** - Local Authority public health teams actively promoted flu vaccination to eligible groups using a range of channels and worked with commissioners and providers during the season to identify issues. Whilst uptake among school children was good, uptake in other risk groups remains below the desired level; this is in line with other areas of the country. There remains considerable variation in uptake between GP practices, both within and between CCGs. There is scope to improve communicating uptake to practices throughout the flu season and to improve the way patients are invited for vaccination. Myths and misconceptions regarding vaccines remain an important barrier to uptake. Other barriers may include variation in access to GP flu clinics, lack of health literacy and inclusion of porcine element in the children's vaccine making it inappropriate for some groups. Uptake among front line local authority social care workers remains difficult to measure; there is scope to improve data collection in this area.

Despite introduction of an NHS funded flu vaccine offer for frontline social care staff in nursing and residential care, local intelligence suggest uptake in this group remains low. Without more robust data from the National programme it is not possible to evaluate the success of this approach. Without changes to the flu programme, provision of flu vaccine to this group remains an occupational health responsibility and is likely to remain challenging for Local Authorities and CCGs to influence.

Locally, CCGs and their commissioned providers responded well to flu outbreaks in care homes and closed settings following development and implementation of flu outbreak plans. Close partnership working proved key to the success of this approach and closer working at the planning stage is warranted for future success.

#### 4. Recommendations

##### **Systems leadership**

- Those in leadership roles should ensure Flu planning and in-season flu monitoring within Berkshire brings together both immunisation and outbreak response planning
- NHS England, Local authorities and CCGs should work together to ensure public messaging and communication to partners around flu is aligned

##### **Communication and engagement**

- Local authorities and CCGs should seek to upskill key community and voluntary sector champions and organisations to enable them to disseminate key messages.
- Local partners should consider holding local winter-themed workshop(s) specifically for community and voluntary groups to help embed flu vaccination and other health protection information into community group/s 'communication' plans/local forums and support them to directly access resources to support the groups they work with
- Local partners should develop an effective social media promotional plan via different media targeting priority groups locally
- Public communication and engagement should continue to focus on "myth busting" approach to the flu vaccinations, taking action to understand and act on key local barriers and enablers
- Organisational Senior managers and leaders should support staff flu vaccination by demonstrating their commitment and emphasising the importance of vaccination, where these do not already exist, supporting the development of internal Flu Teams has the potential to drive the campaign forward

### **Commissioning**

- Commissioners should consider taking steps to improve access to flu vaccination for people in eligible groups who receive care for their conditions in hospital
- Residential, nursing care and domiciliary care commissioners should seek to include provision of staff flu vaccine within quality metrics

### **Vaccine delivery**

- Practice staff should ensure all eligible groups are actively invited to take up their flu vaccine, using reminders is shown to be effective in increasing uptake
- All local partners should seek to improve links between medical specialties providing care for people in clinical risk groups to provide advocacy and improve signposting to primary care
- Local partners should work in partnership to support effective response to flu outbreaks in closed settings such as care homes, nursing homes
- Local partners should work in partnership to enable residents of care / nursing homes and those receiving domiciliary care to take up their offer of a flu vaccine
- Local Authority flu leads should work with internal partners to more effectively estimate offer and uptake of staff vaccination within different staff groups

### **Flu outbreak response (key recommendations from the Thames Valley workshop)**

- Communication between organisations should be effective: directed at the appropriate person, timely and clear
- Local partners should continue to have meetings which build on the learning from this meeting to plan and manage future flu seasons
- Flu leads to consider if plans, models and learning could effectively be shared across organisation
- Commissioning organisations should have robust and resilient plans in place for an effective response to flu outbreaks in all settings including closed communities both in and out of season
- All organisations should review and consider the suggested actions for prevention, response and recovery of flu outbreaks taking forward as appropriate for their organisation
- All organisations should work in partnership to improve flu vaccination uptake for all and particularly increase flu vaccination rates for care home / nursing home / domiciliary care home staff
- Local partners should provide support to care homes in preparing for, managing and recovering from flu outbreaks
- Commissioning organisations should have assurances from their commissioned services that they have systems in place for managing future flu seasons

## 1. Seasonal influenza

Seasonal influenza (Flu) is a key factor in NHS winter pressures. It impacts on those who become ill, the NHS services that provide direct care, and on the wider health and social care system that supports people in at-risk groups. Flu occurs every winter in the UK. The National Flu Plan aims to reduce the impact of flu in the population through a series of complementary measures. These measures help to reduce illness in the community and unplanned hospital admissions, and therefore pressure on health services generally and A&E in particular. The plan is therefore a critical element of the system-wide approach for delivering robust and resilient health and care services throughout the year. Successful local implementation of the flu plan depends on partnership working between stakeholders at National and local levels. Key stakeholders include Department of Health, NHS England, Clinical Commissioning Groups (CCGs), GP practices, Community Pharmacy, Public health England (PHE), Local Authorities and community groups.

## 2. Role of the local health and social care system

The [National Flu Plan](#)<sup>1</sup> states that;

Local authorities, through their DsPH, have responsibility for:

- providing appropriate advocacy with key stakeholders and challenge to local arrangements to ensure access to flu vaccination and to improve its uptake by eligible populations
- providing leadership, together with local resilience partners to respond appropriately to local incidents and outbreaks of flu infection

Local authorities can also assist by:

- promoting uptake of flu vaccination among eligible groups, for example older people in residential or nursing care, either directly or through local providers
- promoting uptake of flu vaccination among those staff providing care for people in residential or nursing care, either directly or through local providers

CCGs are responsible for

- quality assurance and improvement which extends to primary medical care services delivered by GP practices including flu vaccination and antiviral medicines

Additionally a letter to CCGs from the NHS England Head of Primary Care Commissioning on 12<sup>th</sup> June 2017 stated that 'CCGs will commission appropriate primary care clinicians to respond to flu outbreaks, by assessing exposed persons for the antiviral treatment or prophylaxis and completing a patient specific direction for this purpose'.

GP practices and community pharmacists are responsible for;

- educating patients, particularly those in at-risk groups, about the appropriate response to the occurrence of flu-like illness and other illness that might be precipitated by flu
- ordering the correct amount and type of vaccine for their eligible patients, taking into account new groups identified for vaccination and the ambition for uptake
- storing vaccines in accordance with national guidance
- ensuring vaccination is delivered by suitably trained, competent healthcare professionals who participate in recognised on-going training and development in line with national standards
- maintaining regular and accurate data collection using appropriate returns

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<sup>1</sup> [National Flu Plan - Winter 2017-18, PHE](#)

- encouraging and facilitating flu vaccination of their own staff
- In addition, GP practices are responsible for:
  - ordering vaccine for children from PHE central supplies through the ImmForm website and ensuring that vaccine wastage is minimised
  - ensuring that all those eligible for the flu vaccine are invited personally to receive their vaccine

Locally, Berkshire Healthcare Foundation Trust Schools Immunisation Team is commissioned to deliver the flu immunisation programme to children in school years Reception to year 4 through a schools-based delivery model.

### 3. 2016-17 Flu activity

The PHE report, [‘Surveillance of influenza and other respiratory viruses in the UK: Winter 2017 to 2018’](#) released on 24 May 2018, indicated that;

- In the 2017 to 2018 season, moderate to high levels of influenza activity were observed in the UK with co-circulation of influenza B and influenza A(H3), which is different to 2016-17 where H3N2 predominated.
- Indicators for GP consultation for flu-like illness in and out of hours and for NHS 111 calls were at higher levels than in 2016-17, patterns of activity were similar peaking in week 52.
- Peak admissions rates of influenza to hospital and intensive care were higher than seen in the previous 6 seasons.
- The majority of circulating A(H3N2) strains in the UK were genetically and antigenically similar to the Northern Hemisphere 2016/17 (H3N2)vaccine strain, this is in line with many Northern Hemisphere countries.
- The impact of this co-circulation was predominantly seen in older adults, with a consistent pattern of outbreaks in care homes noted. Reported outbreaks peaked in week 52 of 2017
- Levels of excess all-cause mortality were elevated particularly in the elderly, similar to the 2016 to 2017 season but were lower than in the 2014 to 2015 season in which influenza A(H3N2) also dominated.

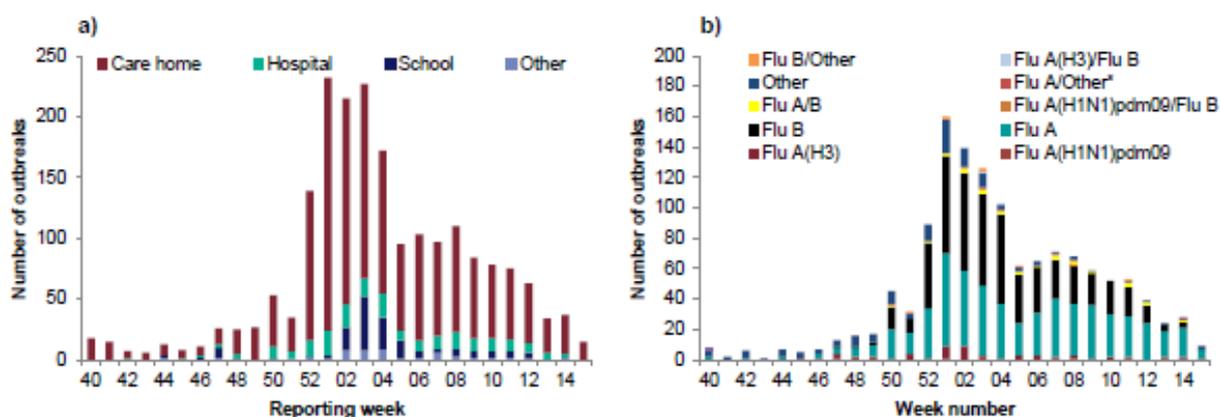
**Figure 1: Reported Outbreaks (National)**

Figure taken from [Surveillance of influenza and other respiratory viruses in the UK: Winter 2017 to 2018](#) (PHE, 2017)

In England a total number of 1,832 outbreaks of acute respiratory infection were reported to Public Health England between week 40 2017 and week 15 2018 compared to 1,009 in the 2016 to 2017 season. The majority of outbreaks were from care homes settings (79.7%) similar to the previous season. Hospital outbreaks accounted for 9.1% of outbreaks; this is slightly lower than in the 2016 to 2017 season (13.5%). School outbreaks accounted for 8.4% of all outbreaks compared to 5.9% in the 2016 to 2017.

#### 4. Local outbreaks

There were 51 outbreaks of influenza-like illness (ILI) reported in the Thames Valley between 1st September 2017 and 31st March 2018, of these 43 were in care, residential and nursing home settings. Three were in schools, three in hospitals and two in custodial institutions. 35 of the ILI outbreaks reported during this time period received laboratory confirmation for swabs taken. The results returned were for a mix of influenza A (9 outbreaks) and B (15 outbreaks), including a number of outbreaks where both flu A and flu B were co-circulating (9 outbreaks). There were two outbreaks in which laboratory confirmation was received but the typing is unknown. Flu B strains were associated with a higher proportion of care home flu outbreaks than observed in previous years, although Flu A H3N2 and Flu A H1N1 strains were also detected.

There were 9 outbreaks in which deaths were recorded with influenza-like-illness listed as a possible contributing factor (based on self-report from the care home and not death certificates). Hospitalisation of residents was required in 33 outbreaks.

Following the national direction from NHSE for CCGs to develop plans for responding to outbreaks of flu in closed settings both in and out of season, much closer working between CCGs, PHE and LAs developed over the 2017-18 flu season. A workshop was held in March 2018 to review this work across Thames Valley, a report is available from PHE South East (Thames Valley) Health Protection Team, (see embedded document at the end of this report).

## 5. Flu vaccine efficacy

At time of publication, final influenza vaccine efficacy estimates for 2017-18 had not been released.

Interim results from five European studies indicate that, in all age groups, 2017/18 influenza vaccine effectiveness in the early part of the 2017-18 flu season was 25 to 52% against any influenza, 36 to 54% against influenza B, 55 to 68% against influenza A(H1N1)pdm09 but only -42 to 7% against influenza A(H3N2).<sup>2</sup> In the UK for the period 1 Oct 2017 to 14 Jan 2018, interim vaccine efficacy against any medically attended influenza among all ages was estimated to be 25% (95% CI: -10 to 48) in the UK. Interim vaccine effectiveness of the quadrivalent children's nasal vaccine was reported to be 53% (95% CI: -56 to 86) and interim efficacy of the injected vaccine, 18% (95% CI: -23 to 45) in adults.

The higher burden of H3N2 among elderly people together with the lower VE of vaccines against this sub-type support the need for more effective interventions<sup>3</sup> and the UK Joint Committee on Vaccination and Immunisation has advised that use of adjuvanted trivalent inactivated vaccines (TIV) in those aged 65 years and older would be both more effective and cost-effective than the non-adjuvanted trivalent or quadrivalent vaccines currently in use<sup>4</sup>.

In February 2018, NHS England wrote to GP Practice and Community Pharmacies advising that they should offer the adjuvanted trivalent vaccine (aTIV) for all 65s and over and the quadrivalent vaccine (QIV) for those age 18 to 64 at risk<sup>5</sup>.

## 6. Groups eligible for vaccination

Flu vaccination remains the best way to protect people from flu. People in certain groups are at increased risk of severe symptoms and deaths if they contract flu, these groups were eligible for free flu vaccine in 2017-18.

- Adults aged 65 or above
- Children aged 2 to 4 years or in school years 1, 2 and 3
- Pregnant women
- Paid and unpaid carers
- Frontline health and social-care workers
- People living in long-stay residential care homes,
- Adults and children (6 months to 64 years) with one or more of the following conditions;
  - a heart problem
  - a chest complaint or breathing difficulties, including bronchitis, emphysema or severe asthma
  - kidney disease
  - lowered immunity due to disease or treatment (such as steroid medication or cancer treatment)
  - liver disease
  - stroke or a transient ischaemic attack (TIA)

<sup>2</sup> [http://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2018.23.9.18-00086#html\\_fulltext](http://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2018.23.9.18-00086#html_fulltext)

<sup>3</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/641162/Influenza\\_vaccine\\_effectiveness\\_in\\_primary\\_care\\_1617\\_final.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/641162/Influenza_vaccine_effectiveness_in_primary_care_1617_final.pdf)

<sup>4</sup> <https://www.gov.uk/government/publications/flu-vaccination-supporting-data-for-adult-vaccines/summary-of-data-to-support-the-choice-of-influenza-vaccination-for-adults-in-primary-care>

<sup>5</sup> NHS England gateway reference: 07648

- diabetes
- a neurological condition, e.g. multiple sclerosis (MS), cerebral palsy or learning disability
- Morbidly obese individuals (BMI>40)

The only change to the programme in 2017-18 compared to 2016-17 was the extension of the offer of live attenuated influenza vaccine (LAIV) to children of appropriate age for reception class (R) and school year 4, in addition to those children in school years 1, 2 and 3 and the corresponding removal of children aged 4 from the GP immunisation programme. This is in line with the principle for future extension of the programme to extend upwards through the age cohorts.

In Berkshire, children of appropriate age for school years R to 4 were offered flu vaccine in school, with arrangements in place to ensure home-schooled children are also offered a vaccine.

Although The Green Book had recommended that people with a BMI over more than 40 should have a flu vaccine<sup>6</sup>, 2017-18 was the first flu season where this group was included in the payment scheme for General Practice.

In October 2017, NHS England announced that £10M had been made available nationally to fund flu vaccination for residential, nursing and domiciliary care staff employed by a registered residential care/nursing home or registered domiciliary care provider, and who are directly involved in the care of vulnerable patients/clients at increased risk from exposure to influenza<sup>7</sup> (i.e., those patients or clients in a clinical risk group or aged 65 or over). This offer was available through community pharmacies and most GP Practices.

## 7. Aims of the flu immunisation programme

The aims of the immunisation programme in 2017-18 were to;

- Actively offer flu vaccine to **100%** of people in eligible groups.
- Immunise 60% of children, with a minimum **40%** uptake in each school
- Maintain and improve uptake in over 65s and 6 months to 64 years in clinical risk groups with at least **75%** uptake for those aged 65 years and over and **75%** uptake for health and social care workers
- Improve uptake over and above last season among those in clinical risk groups and prioritise those with the highest risk of mortality from flu but who have the lowest rates of vaccine uptake (i.e. immunosuppression, chronic liver and neurological disease, including people with learning disabilities); achieving at least 55% uptake in all clinical risk groups and maintain higher rates where they have previously been achieved.

## 8. Communications and resources

In 2017-18, flu vaccine was for the third year running included as a component of the jointly coordinated PHE and NHS England “Stay well this winter” campaign.

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<sup>6</sup> <https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19>

<sup>7</sup> <http://www.nhsemployers.org/news/2017/11/how-care-staff-can-get-free-flu-vaccine>

Resources were available from the online PHE Campaign Resources Centre.

Local authorities and CCGs across Berkshire used their social media accounts to enforce national messages on flu vaccine as well as other winter health messages. A Berkshire press release template was prepared for local modification by local authority public health teams. Leaflets and posters from the national resource centre were distributed to local venues including Children's centres, childcare settings and local shops by local authority public health teams. Easy-read versions of the leaflet were shared with LA Learning Disabilities colleagues for use with their clients. Flu vaccine was promoted to carers during national Carer's Rights Day (20/11/2017) and to those with long term conditions as part of National Self-Care Week (16-22/11/2017).

Following the announcement of the NHS-funded offer of flu vaccination for residential, nursing and domiciliary care staff, local authorities and CCGs communicated directly with local care providers to raise awareness of the offer and encourage staff to get vaccinated against flu.

## 9. Local delivery of flu vaccination programme

Across Berkshire, residents were able to access flu vaccine in a number of ways (Table 1).

**Table 1: Access to flu vaccine for eligible groups**

Group	Provider
Children aged 2 to 4	Primary Care
Children in School years 1, 2 and 3	School based programme delivered by Berkshire Healthcare Trust
Special Schools	School based programme delivered by Berkshire Healthcare Foundation Trust
Adults aged 65 or above	Primary Care or Community Pharmacy
Adults in clinical risk groups	Primary Care or Community Pharmacy
Children in clinical risk groups	Primary Care (or through special school programme)
Paid and unpaid carers	Primary Care or Community Pharmacy
Pregnant Women	Maternity Unit at Royal Berkshire Hospital, Wexham Park Hospital or Primary Care
Health and social care workers	Via occupational health arrangements and for nursing, residential and domiciliary care workers via GP and Pharmacy following the National announcement

A stakeholder workshop was held in June 2017 this was jointly delivered by Jo Greengrass (East Berks CCGs), Dr Chris Cook and Harpal Auja, Screening and Immunisation Team NHS England South - South Central and Berkshire local authority public health teams from Bracknell Forest, Reading, Slough, Windsor and Maidenhead, West Berkshire and Wokingham. Participants from a range of stakeholder organisation attended, including representatives from East Berkshire and Berkshire West CCGs, GP practices, NHS provider organisations, Public Health England, Residential and Nursing Care providers and public health teams across Berkshire.

The aims of the workshop were to;

- review and reflect on 2016-17 flu season
- understand commissioning intentions for 2017-18

- draw on learning to put in place actions to improve uptake and reduce practice variation between practices
- listen to what enables and blocks residential care providers to offer vaccine to staff

## 10. Local Communications and Engagement Activities

Recommendations for 2017-18 from the 2016-17 flu seasons are shown in Table 2 together with actions taken in response to these.

**Table 2: Recommendations and responses**

Recommendation	Action(s)
Establish a joint flu communications plan with CCG comms colleagues ahead of the flu campaign launch and ensure LAs provide regular updates on planned timing and nature of LA flu comms to the CCGs to improve the uptake of opportunities to share communications. Communications should take account of uptake in each eligible group and target appropriately.	Workshop held in June 2017 to establish partnership working. East and West Berkshire Flu Action groups met monthly from September to monitor uptake and tailor internal and external flu communication and engagement activities.
Ensure communication between all LAs in the summer period to establish model for staff flu vaccine offer in order to secure most cost-effective and accessible.	Although a single approach was not developed, LAs shared plans and approaches over the summer period.
Deliver a separate event/ specific publicity for training/planning for Care Agencies/ residential homes to advocate for provision of staff vaccines and support employers.	<p>Working with CCG colleagues a revised newsletter for Nursing and Residential care providers was developed and circulated together with the annual PHE guidance on managing outbreaks of influenza-like-illness</p> <p>Following the announcement of the national offer for care workers, LA and CCG partners engaged with providers to raise awareness of the campaign.</p> <p>In December a briefing for Directors of Adult Social Care, LA Consultants in Public Health, Lead Members, Health &amp; Wellbeing Board Chairs was developed to raise awareness and seek support in promoting flu vaccine to eligible care workers.</p>
Work with commissioners of residential, nursing and domiciliary care to include KPIs around staff flu vaccine and record keeping.	This is an important recommendation which was not taken forward in 2017-18, largely due to the short time frame following the workshop and the start of the flu season.
Liaise more closely with PHE colleagues to measure and communicate the impact of	Following the national direction from NHSE for CCGs to develop plans for responding to

Recommendation	Action(s)
suspected and confirmed flu outbreaks in care home and childcare settings.	<p>outbreaks of flu in closed settings both in and out of season, much closer working between CCGs, PHE and LAs developed over the 2017-18 flu season.</p> <p>A workshop was held in March 2018 to review this work across Thames Valley , a report is available from PHE South East (Thames Valley) Health Protection Team.</p>
Continue to engage with hospital specialists and local patient advocates to help promote flu vaccine to patients with clinical risk conditions.	<p>Building on the work achieved in 2016-17 has been challenging to sustain in 2017-18 and there is still opportunity to improve the way in which some patient groups are supported to access flu vaccine.</p> <p>The Team in the East of Berkshire have included flu vaccine reminders for patients with chronic respiratory disease and asthma on clinic letters.</p>
Continue to support the school immunisation team to communicate with schools and head-teachers on the flu programme ahead of the autumn term and throughout flu season.	<p>LA Public health flu leads have continued to support the Schools Immunisation Team to engage with schools and have facilitated discussions regarding information sharing and the need for nurses to have access to mobile devices in the school.</p> <p>LA teams have promoted mop-up clinic dates to local communities.</p> <p>It remains challenging for the School Immunisation Team to receive denominator data on eligible children prior to the school visit.</p>

In addition to the fortnightly Thames-Valley teleconferences led by NHS England, fortnightly teleconferences or meetings were held in East and West Berkshire to monitor flu levels, vaccine uptake and progress with local actions. Outputs from the workshop enabled stakeholders in each locality to identify key actions for inclusion in their local 'Flu Action Plan', building on work done in the previous flu season. Communications and engagement activities undertaken by local authority and CCG teams are summarised in Table 3.

**Table 3: Local communications and engagement activities**

Organisation	Actions
<b>LA Public Health Teams</b>	<ul style="list-style-type: none"> <li>• promoting flu vaccine through joint communications initiatives CCG, increased use of targeted social media to promote vaccination to specific groups – see Section 13 for more detail.</li> <li>• use of corporate and public health social media channels to communicate with residents</li> <li>• targeted social media campaign to parents with young children through Children’s Centres and local nurseries</li> <li>• internal comms to LA staff, including LA newsletters, intranet articles and internal screen-savers</li> <li>• attending local events and workshops, such as National Carers Rights Day</li> <li>• distributing national campaign materials to other local organisations, such as children’s centres, child minders and organisations supporting older people and people with learning disabilities</li> <li>• promoting through LA newsletters and websites</li> <li>• providing leaflets to older people at lunch clubs and when collecting a free bus-pass</li> <li>• placing promotional materials in community settings used by older people and young families</li> <li>• working with care staff to advocate to those with stable neurological conditions living in the community</li> <li>• a letter was sent to Healthwatch asking for their support in making people aware of their eligibility and right to receive a free flu vaccine</li> <li>• series of communication to care home providers including a letter for HWB to go to residential care homes encouraging uptake of NHS-funded vaccine for care workers caring for vulnerable residents</li> <li>• resources for people with Learning Disabilities circulated to key organisations</li> <li>• using links into parish councils to communicate in other community settings and village events</li> <li>• participation in East of Berkshire Flu Action Group and TV Flu Teleconference and South East Flu Communications Teleconferences</li> <li>• working closely with BHFT School Immunisation Team to support delivery of programme, advertising school and mop up clinics through LA websites and directly with schools for onward promotion to parents</li> </ul>
<b>East Berkshire CCG</b>	<ul style="list-style-type: none"> <li>• numerous press releases have been issued locally featuring different target groups and shared with media, partners, stakeholders, on our websites and via social media</li> <li>• media interviews on BBC Radio Berkshire and on Asian Star radio station in Slough</li> <li>• three short flu videos starring local GP Dr Jim O’Donnell have been shared via social media, partners</li> <li>• two week radio campaign on Asian Star which contained key messages targeting parents of children aged 2-8 in both English and Hindi</li> <li>• an advert was placed in the Primary Times magazine which is delivered to parents of young children</li> </ul>

	<p>across Berkshire. This was financed by BCF.</p> <ul style="list-style-type: none"> <li>• working with Language Line, the national children’s flu poster was translated into Urdu, Punjabi, Hindi and Polish and shared with all local partners</li> <li>• the team has worked closely with the schools immunisation programme lead to advertise the extra flu clinics</li> <li>• flu updates for GP Practices across East Berkshire have been included in the weekly bulletins</li> <li>• the team has helped arrange and co-ordinate publicity for staff flu clinics which have been well attended this year</li> <li>• taking part in the NHSE flu comms call updating on local progress and sharing ideas</li> <li>• Included a piece on the importance being vaccinated in the new East Berkshire CCG quarterly stakeholder newsletter issued this month (Jan)</li> <li>• training sessions for practices on improving flu uptake and support offered particularly in WAM through BCF money - expert help to increase flu uptake</li> </ul>
<b>Berkshire West CCG</b>	<ul style="list-style-type: none"> <li>• NHS partners across the Berkshire West locality including West Berkshire CCGs, Royal Berkshire FT and Berkshire Healthcare FT developed a joint winter planning communications strategy that uses NHS England messaging throughout the period of September 2017 – the end of March 2018.</li> <li>• the Strategy was shared with and approved by the local A&amp;E Delivery Board.</li> <li>• Berkshire CCGs clinical leads and GPs have taken part in interviews with local broadcast channels, BBC Radio Berkshire and South TV during the campaign period</li> </ul>
<b>Community Pharmacy</b>	<ul style="list-style-type: none"> <li>• Pharmacy Thames Valley funded undertook a number of communications over the flu season including;</li> <li>• a local radio campaign for two weeks at the start of the season;</li> <li>• committee member was interviewed on local radio</li> <li>• flu stickers and badges were supplied for use by pharmacy teams to raise awareness of the service</li> </ul>

## **11. National Vaccine Uptake 2017-18**

Uptake of vaccine in primary care, community pharmacy and among healthcare workers is monitored by Public Health England. During Flu season, NHS England commissioners of the vaccine programmes extracted and collated uptake data from GP practices on a weekly basis and nationally on a monthly basis. Data on numbers of vaccines provided to adults through community pharmacy and to pregnant women by NHS midwives was monitored by NHSE and shared with stakeholders.

Influenza vaccine uptake in 2017 to 2018 in England was higher than the 2016 to 2017 season across all of the target groups in particular in the 65+ year olds (72.6%) and in (NHS) healthcare workers (68.7%). Uptake of the nasal flu vaccination among children increased from the previous year in England from 38.9% to 42.8% for two year olds and from 41.5% to 44.2% in three year olds. Overall uptake for children in school years reception, 1, 2, 3 and 4 age by LA ranged from 26.0% to 79.3%.

### **11.1. GP registered patients by CCG**

In keeping with the national and regional picture, uptake of vaccine among GP-registered patients in Berkshire was generally higher in 2016-17 than in 2017-18. The increased uptake observed in Slough CCG during 2016-17 was not sustained in 2017-18 with reduced uptake across all risk groups with the exception of over 65s, see Table 4.

Newbury & District and North and West Reading CCGs achieved the 75% target for patients aged 65 and above, something which was not achieved nationally.

The increased uptake among patients in clinical risk groups observed in 2016-17 was not sustained in 2017-18. Uptake decreased in the majority of CCGs with only South Reading and Windsor, Ascot & Maidenhead improving uptake on the previous year.

Uptake among pregnant women was increased in all CCGs with the exception of Slough where there was a decrease of 4.9%. Nationally, and across Thames Valley, uptake in this group remained similar to the previous season.

Uptake among 2 year olds increased in all Berkshire CCGs with the exception of Slough and Bracknell & Ascot, uptake among 3 year olds increased or was maintained in all CCG areas. For four years olds, uptake increased in all CCGs except Slough.

**Table 4: Flu vaccine uptake among GP registered patient by CCG - Sept 1 2017 to Jan 31 2018 in comparison to 2016-17 time-point.\***

	Risk Group				
	65 and over	Under 65 (at-risk)	All Pregnant Women	2 Years old	3 Years old
NHS BRACKNELL AND ASCOT 2017-18	73.5	53.8	55.8	47.0	51.9
2016-17	70.9	54.0	51.1	49.5	50.5
2016-17 Variation	2.6	-0.2	4.7	-2.5	1.4
NHS NEWBURY AND DISTRICT 2017-18	77.5	55.5	52.1	58.3	55.6
2016-17	74.4	55.7	45.1	53.6	53.9
2016-17 Variation	3.1	-0.2	7	4.7	1.7
NHS N & W READING 2017-18	75.0	50.4	48.1	47.8	49.4
2016-17	74.0	54.1	46.3	42.4	49.1
2016-17 Variation	1	-3.7	1.8	5.4	0.3
NHS SLOUGH 2017-18	69.9	47.5	35.9	26.3	28.1
2016-17	68.2	50.6	40.8	26.7	33.2
2016-17 Variation	1.7	-3.1	-4.9	-0.4	-5.1
NHS SOUTH READING 2017-18	70.4	47.8	43.9	37.1	40.5
2016-17	68.9	46.4	39.3	35.7	39.6
2016-17 Variation	1.5	1.4	4.6	1.4	0.9
NHS WINDSOR, ASCOT & M'HEAD 2017-18	70.8	47.5	49.4	44.1	44.5
2016-17	68.4	47.0	44.5	37.0	44.2
2016-17 Variation	2.4	0.5	4.9	7.1	0.3
NHS WOKINGHAM 2017-18	73.8	48.6	52.6	55.4	54.2
2016-17	72.7	50.7	50.4	48.1	53.5
2016-17 Variation	1.1	-2.1	2.2	7.3	0.7
<b>Thames Valley Total 2017-18</b>	<b>74.0</b>	<b>50.0</b>	<b>50.4</b>	<b>46.8</b>	<b>48.8</b>
2016-17	72.1	50.7	47.2	43.3	47.0
2016-17 Variation	1.9	-0.7	3.2	3.5	1.8
<b>England Total 2017-18</b>	<b>72.6</b>	<b>48.9</b>	<b>47.2</b>	<b>42.8</b>	<b>44.2</b>
2016-17	<b>70.4</b>	<b>48.7</b>	<b>44.8</b>	<b>38.9</b>	<b>41.5</b>
2016-17 Variation	<b>2.2</b>	<b>0.2</b>	<b>2.4</b>	<b>3.9</b>	<b>2.7</b>

Data source: [Seasonal influenza vaccine uptake amongst GP Patients in England. Provisional monthly data for Sept 31 2017 - Jan 2018](#)

\* includes those GP-registered patients who were vaccinated through national community pharmacy scheme or by hospital midwives

**Table 5: Flu vaccine uptake among GP registered patient by LA - Sept 1 2017to Jan 31 2018 in comparison to 2016/17time-point**

	Risk Group				
	65 and over	Under 65 (at-risk)	All Pregnant Women	2 Years old	3 Years old
<b>Bracknell Forest 2017-18</b>	73.5	53.9	57.0	46.3	51.7
2016-17	71.7	54.9	52.5	50.4	50.6
2016-17 Variation	1.8	-1	4.5	-4.1	1.1
<b>Reading 2017-18</b>	72.3	47.0	45.2	38.8	40.9
2016-17	71	48.5	41	35.8	41.6
2016-17 Variation	1.3	-1.5	4.2	3	-0.7
<b>Slough 2017-18</b>	69.9	47.5	35.9	26.3	28.1
2016-17	68.2	50.6	40.8	26.7	33.2
2016-17 Variation	1.7	-3.1	-4.9	-0.4	-5.1
<b>West Berkshire 2017-18</b>	77.6	55.3	52.1	58.1	56.6
2016-17	74.9	56.2	46.9	54.1	54.8
2016-17 Variation	2.7	-0.9	5.2	4	1.8
<b>Windsor and Maidenhead 2017-18</b>	71.6	48.6	49.7	44.4	45.1
2016-17	68.7	47.6	44.7	38	45.8
2016-17 Variation	2.9	1	5	6.4	-0.7
<b>Wokingham 2017-18</b>	73.3	48.6	52.4	58.5	57.7
2016-17	72.3	50.5	50.0	49.8	55
2016-17 Variation	1	-1.9	2.4	8.7	2.7
<b>England Total 2017-18</b>	<b>72.6</b>	<b>48.9</b>	<b>47.2</b>	<b>42.8</b>	<b>44.2</b>
2016-17	<b>70.5</b>	<b>48.6</b>	<b>44.9</b>	<b>38.9</b>	<b>41.5</b>
2016-17 Variation	<b>2.1</b>	<b>0.3</b>	<b>2.3</b>	<b>3.9</b>	<b>2.7</b>

Data source: [Seasonal influenza vaccine uptake amongst GP Patients in England. Provisional monthly data for Sept-31 2017 - Jan 2018](#)

## 11.2. Schools Campaign

In Berkshire, the children's quadrivalent live attenuated intra-nasal vaccine (LAIV) was delivered in primary schools by a team of school immunisation nurses from Berkshire Health Foundation Trust. The team arranged and carried out visits at around 300 schools across Berkshire, including special schools where all year groups were offered vaccine. The BHFT school immunisation team delivered over 40,000 doses of vaccine and succeeded in reaching and exceeding the 40% overall uptake target in every Berkshire LA, see Table 6.

**Table 6: Uptake for school year R, 1, 2, 3 and 4 children<sup>8</sup>, by local authority 2017-18**

		Bracknell Forest	Reading	Slough	West Berks	RBWM	Wokingham	South Central	England
<b>Reception (age 4-5)</b>	Estimated no. eligible children	1,402	1,906	2,164	1,981	1,665	1,974	42,971	656,251
	Estimated no. of children vaccinated	1,110	1,330	1,157	1,575	1,370	1,820	30,923	410,565
	% influenza vaccine uptake	79.2	69.8	53.5	79.5	82.3	92.2	72.0	62.6
<b>Year 1 (age 5-6)</b>	Estimated no. eligible children	1,610	2,094	2,504	2,026	1,944	2,400	45,617	680,602
	Estimated no. of children vaccinated	1,179	1,297	1,132	1,620	1,325	1,799	31,064	414,317
	% influenza vaccine uptake	73.2	62.2	45.2	80.0	68.2	75.0	68.1	60.9
<b>Year 2 (age 6-7)</b>	Estimated no. eligible children	1,557	2,081	2,515	2,098	1,963	2,282	46,019	682,256
	Estimated no. of children vaccinated	1,159	1,314	1,177	1,627	1,309	1,756	31,339	411,375
	% influenza vaccine uptake	74.4	63.1	46.8	77.6	66.7	77.0	68.1	60.3
<b>Year 3 (age 7-8)</b>	Estimated no. eligible children	1,598	2,036	2,495	2,051	1,989	2,373	45,564	674,105
	Estimated no. of children vaccinated	1,093	1,206	1,079	1,539	1,275	1,745	29,335	387,648
	% influenza vaccine uptake	68.4	59.2	43.2	75.0	64.1	73.5	64.4	57.5
<b>Year 4 (age 8-9)</b>	Estimated no. eligible children	1,624	1,995	2,452	2,010	1,975	2,262	44,119	668,153
	Estimated no. of children vaccinated	1,081	1,155	1,031	1,492	1,222	1,606	27,662	371,927
	% influenza vaccine uptake	66.6	57.9	42.0	74.2	61.9	71.0	62.7	55.7

**Data source:** [Seasonal influenza vaccine uptake for children of primary school age, Provisional monthly data for 1 September 2017 to 31 January 2018 by Local Authority](#)

<sup>8</sup> Data is provisional and represents 100% of all Local Authorities (LAs) in England responding to the January 2017 survey. Where a total for England is quoted (e.g. sum of number of patients registered and number vaccinated) this is taken from the 100% of all LAs and is therefore NOT an extrapolated figure for all of England.

### 11.3. Pharmacy Campaign for adults

As in 2015-16, in 2016-17 pharmacies signed up to the National Advanced Service could offer flu vaccine to the following groups;

- People aged 65 and over.
- Pregnant women
- Adults in a clinical risk group

Similarly to 2016-17, national data from the PharmOutcomes Sonar Informatics and Healthi systems indicates that the majority of those receiving a flu vaccine in community pharmacy were aged over 65, with over two thirds of the vaccines provided via this service being given to people over 65 years of age. Nationally, among pharmacies using PharmOutcomes, 66.5% of doses were to people aged 65 or over, 3.6% to carers and 1.4% to pregnant women, with the remainder given to adults in clinical risk groups, people with diabetes accounted for 7.3% of the total doses recorded in PharmOutcomes, this is a very similar pattern to that observed in 2016-17. Further breakdown of the risk groups receiving their vaccine in community pharmacy is given in Table 7.

It should be noted that this data shows the eligibility groups of patients who have been recorded as receiving flu vaccination in community pharmacy (to 5th April 2018). Some Pharmacy contractors are not able to use or have decided not to use electronic systems to record administration of vaccines. Therefore this data does not cover all patients vaccinated in community pharmacy during the 2017/18 flu season.

National data from the Pharmaceutical Services Negotiating Committee<sup>9</sup> shows that at least 1,199,264 doses were delivered in pharmacies as part of the National Advanced Service. This figure is generated from the NHS BSA and so include all those vaccinations claimed for and not just those that use the electronic systems so is likely to be accurate.

Pharmacies in Berkshire provided 37,318 doses of vaccine (Table 8), an increase of 4597 (14%) compared to the number of doses recorded in the previous flu season, the majority of Berkshire pharmacies used the PharmOutcomes system to record the number of vaccines given.

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<sup>9</sup> [Flu vaccination data from PharmOutcomes, Sonar Informatics and Healthi for 2017-18](#)

**Table 7: Flu vaccinations given in Community Pharmacy in England, by risk group**

Vaccination eligibility group	PharmOutcomes	Sonar	Healthi
Aged over 65	66.5%	57.4%	81%
Asplenia/splenic dysfunction	0.2%	0.2%	0.3%
Carer	3.6%	4.1%	1.9%
Chronic heart disease	2.8%	3.8%	3.1%
Chronic kidney disease	0.4%	0.4%	0.6%
Chronic liver disease	0.2%	0.2%	0%
Chronic neurological disease	1.3%	1.2%	1.2%
Chronic respiratory disease	12.8%	13%	5%
Diabetes	7.3%	13%	3.7%
Household contact of immunocompromised individual	0.6%	0.7%	0.6%
Immunosuppression	2.2%	3%	1.9%
Morbid obesity	0.2%	0.1%	0%
Person in long-stay residential or home	0.2%	0.3%	0%
Pregnant woman	1.4%	2.7%	0.6%
Social care workers	0.5%	0.1%	0%

**Data source:** [Flu vaccination data from PharmOutcomes, Sonar Informatics and Healthi for 2017/18](#)

**Table 8: Berkshire Pharmacies and Flu vaccine doses 2017-18 compared with 2016-17**

CCG	Vaccines claimed to March 2017	Vaccines claimed to March 2018
BRACKNELL AND ASCOT CCG	2,023	1,742
NEWBURY AND DISTRICT CCG	1,825	1,441
NORTH & WEST READING CCG	1,060	1,415
SLOUGH CCG	1,492	1,089
SOUTH READING CCG	1,439	2,028
WINDSOR, ASCOT AND MAIDENHEAD CCG	2,767	2,383
WOKINGHAM CCG	2,728	3,208
<b>Berkshire CCGs</b>	<b>13,334</b>	<b>13,306</b>
<b>Thames Valley</b>	<b>32,721</b>	<b>37,318</b>

Data source: PharmOutcomes data, Thames Valley LPC

#### 11.4. Healthcare workers (NHS Flu Fighters)

Nationally uptake of flu vaccine among front line healthcare workers in NHS Trusts is reported by Trusts and uptake among healthcare workers in Primary Care and ISHCP.

Frontline HCWs involved in direct patient care in acute trusts, ambulance trusts, mental health trusts, foundation trusts, primary care, and independent sector health care providers are encouraged to receive seasonal influenza vaccination annually to protect themselves and their patients from influenza. In NHS South Central uptake in 2017-18 was 66.1%. This cannot be compared with previous figures for Thames Valley.

Nationally, uptake among healthcare workers with direct patient care (based on 98.9% of NHS Trusts) was 68.7%, an increase from the 2016-17 figure of 63.4% and 50.8%, 2015-16.

Uptake for frontline healthcare workers in Berkshire overall and by staff group is outlined in Table 9. Uptake in Royal Berkshire Foundation Trust, Frimley Health Foundation Trust and South Central Ambulance Trust improved compared to the previous flu season.. Although Berkshire Healthcare Trust did not increase their percentage uptake, they did maintain a consistent level and managed to vaccinate more healthcare staff this year than in previous years.

It should be noted that for the 2017-18 flu season NHS England published clarification around the requirements for the CQUIN data collection. This included removing leavers, addition of new starters and addition of students, bank, agency and third party organisation staff that have patient contact into the denominator data. This required the denominator data to be updated each month prior to submission to reflect the dynamic nature of the workforce being vaccinated. As a result to percentage uptake each month could go down as well as up as the campaign progressed.

**Table 9: Vaccine uptake among front line healthcare workers**

Organisation	2016-17				2017-18		
	All HCWs in direct patient care	Seasonal flu doses given since 1 Sept 2016	Vaccine uptake (%)		All HCWs in direct patient care	Seasonal flu doses given since 1 Sept 2016	Vaccine uptake (%)
Royal Berkshire NHS Foundation Trust	4,714	2,855	60.6	↑	4,860	3,043	62.6
Berkshire Healthcare Foundation Trust	2,971	2,264	76.2	↓	3,395	2,423	71.4
Frimley Health NHS Foundation Trust*	9,263	3,577	38.7	↑	6,947	5,006	72.1
South Central Ambulance Trust	2,484	1,358	54.7	↑	2,559	1,612	63.3
<b>NHS South Central</b>					<b>60,447</b>	<b>39,981</b>	<b>66.1</b>
<b>England</b>	<b>974,568</b>	<b>618,275</b>	<b>63.4</b>	↑	<b>1,025,547</b>	<b>704,242</b>	<b>68.7</b>

**Source:** [Seasonal influenza vaccine uptake amongst frontline healthcare workers \(HCWs\) in England, February Survey 2017-18](#)

\*Data for Frimley Health includes staff at all hospital sites including Wexham Park and Heatherwood Hospitals in Berkshire and Frimley Hospital in Surrey. Frimley Health figures are not included in the Thames Valley total.

### 11.5. LA Health and Social Care staff and others

Local authorities are responsible for providing flu vaccine for frontline health and social care workers that are directly employed. Local authorities may also provide vaccine to staff members as part of business continuity arrangements.

The majority of residential care provision in Berkshire is through privately run care homes and nursing homes. Employers are responsible for providing flu vaccine to their employees under occupational health arrangements, in addition, NHS England funded flu vaccination for workers employed by a registered residential care/nursing home or registered domiciliary care provider, and be directly involved in the care of vulnerable patients/clients at increased risk from exposure to influenza from December 2018.

There is currently no data available regarding the uptake of this offer as no definitive denominator population data is available. Data on the numbers of doses provided to workers under this scheme in GP practices and pharmacies is expected to become available at a later date.

During the 2017-18 flu season, LAs provided flu vaccine to their directly employed social care workers and to some other groups of staff for business continuity reasons. An outline of how schemes were funded, and delivered together with uptake or doses given is shown in Table 10.

**Table 10: LA Business Continuity and Health and Social Care staff vaccine schemes**

Local Authority	Vaccination scheme description
RBWM	No information provided.
Bracknell Forest	<p>Free flu vaccinations are offered to all staff who fall under the categories of Business Critical, providing personal care or are front line, as well as all members of the departmental management team.</p> <p>A total of 146 vaccinations were given, 65 within Adult Social Care Health &amp; Housing, 55 of which were given to front line staff and / or those providing personal care. Within the Children Young People and Learning directorate, 34 vaccines were given. Forty two doses were given to staff within the resources directorate. A number of those receiving vaccine were both front line and business critical staff.</p>
Slough	<p>Flu vaccine is directly promoted to care workers where they are in charge of vulnerable adults. Other staff are risk assessed based on need for the Flu vaccination. There is a direct link with HR and Internal comms</p> <p>A total of 60 vaccinations were given, this is a 233% increase on the previous year when only 18 staff received a flu vaccine.</p>
Reading	<p>Staff were able to receive a free flu vaccination by presenting a valid RBC Staff ID at participating local pharmacies. Free vaccinations were offered to all staff who worked in services considered essential for business or were frontline working with vulnerable adults/children.</p> <p>Eligible staff were once again identified via RBCs business continuity plan. This approach was supported by all DMT's across the Council. DMT's were provided with an opportunity to provide feedback on this approach, as well as content of planned communications. Once approved, these were sent to key contacts i.e. Heads of Services to disseminate to staff in the most appropriate way for their business.</p> <p>57 staff received a vaccine, this is a 20% increase on the 2017/18 but still markedly lower number than in 2016/17 when vaccinations were delivered onsite at the Civic Centre using the occupational health suite.</p>

<p>West Berkshire</p>	<p>WBC offer a free seasonal flu vaccine to personnel not already eligible for an NHS-provided seasonal flu vaccine, with a view to increasing uptake year-on-year. Vaccine was offered to the following groups through a mixture of vouchers and clinics. Vaccines were offered to front-line staff including adult social care and children and family services staff, early years staff, and staff self-identifying as in need of a flu vaccine</p> <ul style="list-style-type: none"> <li>• business critical staff, eg civil contingency staff</li> <li>• staff in special schools (three out of four special schools' staff in West Berkshire take up the offer)</li> <li>• our partner Third Sector groups, eg Volunteer Centre, Soup Kitchen, Healthwatch, Homestart.</li> <li>• Unpaid carers that are brought to our attention by colleagues/partners who have not been eligible to an NHS flu vaccine, are considered.</li> </ul> <p>309 flu vouchers were given out to staff. In addition, 166 people received a vaccine in a WBC clinic. 410 doses of vaccine were recorded on Pharmoutcomes, suggesting that not all vouchers were redeemed.</p>
<p>Wokingham</p>	<p>The campaign was supported by internal communications to all staff and social media messages.</p> <p>Staff were offered vaccinations at an on-site drop in clinic at various times over a number of days, this was delivered by a local pharmacist. A total of 254 WBC staff took up the offer of the vaccination an increase of 30% on the previous year.</p> <p>On-site staff clinics have been running in Wokingham for a number of years and have become 'part of the norm' with staff enquiring as early as September as to when the flu clinics will be running.</p> <p>Feedback from staff at Induction sessions identified free staff flu clinics as an employee benefit.</p>

## 12. Summary of local flu campaign activities - feedback from LA, CCG and NHS provider partners

### Did you do anything new to promote flu vaccination this year? If so what and how did you measure success?

#### Reading

A new approach in Reading was the change to the RBC Staff Flu Vaccination Programme following feedback from 2016/17 – the aim was remove unnecessary barriers to improve uptake. The 2018/19 was designed so as to remove the need for staff to print vouchers. This was measured by the uptake of the staff offer. There was a 20% increase in uptake – 57 vaccination compared to 47 in 2016/17. As the numbers are so low it is difficult to say that the increase was as a direct result of these changes.

#### West Berkshire

Invested time in trying to persuade LA adult care settings (4), and LA adult care resource settings (3) and family hubs (3) to have on-sight flu clinics, 3 out of the 10 took up this offer. Providing the clinics was expensive through the service level agreement (though within budget) and would consider making an arrangement with pharmacies providing the clinics outside of the SLA next year.

Flu lead had her photo taken having a flu vaccine and posted on social media and invited people to comment on their experience of flu jabs. Pharmacist video clip.

Increased and persistent messages via social media on encouraging people to have a flu vaccine coupled with stay well this winter messages and encouraging people to look out for the welfare of vulnerable neighbours; trying to make the messages varied - eg addressing different vulnerable groups - and arresting and calling to action. In addition, weaving flu vaccine messages into cold winter weather alerts.

End of flu season survey monkey with a view to harnessing greater insight into what persuades people to go ahead and get vaccinated.

#### Bracknell Forest

Engaged with different valuable groups through their leads, using the leads to access their social media forums, for example through the GRT (BF Gypsy, Roma Travellers) forum/Newsletter and Polish Facebook pages via PCSO (BF and Berkshire Wide). Measuring success from the feedbacks from the leads.

#### Slough

The PH team has entered into the digital world with the launch of twitter (@SloughPH) and a monthly e-newsletter. We have also established more formal communication channels with a range of local community groups, providers and businesses to help expand our reach. The flu vaccination promotion featured heavily in all our outward facing promo work from August through to February. This was then expanded on through the normal channels i.e. Council main twitter account and the various other internal departments which have social media.

A variety of paid and unpaid Facebook adverts promoting the vaccine uptake to key groups, as well as producing hard resources (Flyers and posters) with tailored letters to other audiences , some of which involved tailored presentations to their user groups and all of which were followed up on a monthly update with flu progress and vaccination updates

e.g.

- Young Carers
- Social care groups
- Care Homes and domiciliary care providers
- Children Centres
- Libraries
- All GP practices
- Children Services
- Healthwatch
- Home Start Slough
- Family Information services

**Wokingham:**

- The Staff Flu Vaccination Clinics which are generally popular were extended to include other satellite venues rather than just offering them at Shute End. Locations including Children’s Centres and The Forge. However, these were subsequently cancelled due to low numbers. This will be reviewed for 2018/19.
- We promoted campaigns through numerous social media channels, e.g. corporate communications, Children’s Centres, Community Warden and local community group channels to increase the reach and enable targeted messages to be sent to vulnerable groups.
- Our list of key contacts has grown which enabled us to send targeted messages out to key audiences and promote the flu campaign.

**What worked well this year?**

**Reading**

- Wellbeing Officers were contacted in advance of the national and local offer launching. This demonstrates that people are starting to recall the offer and there are individuals who are seeking to proactively protect themselves and those they work with against flu. This is likely linked to the consistency of messaging and the relationships/partnerships that have being built on since 2013 and this should continue.
- There was high interaction on social media information posted which specifically related to catching up on school immunisations – this was for both Facebook and Twitter. This indicated that people in the community are being motivated to interact with this form of messaging.
- A piece of work completed by Reading Learning Disability Partnership which was a collation of case studies from people with learning disabilities about having a flu vaccinations. This provided important insight in the experiences of people with learning disabilities and shared key learning points for people to consider about having vaccinations or supporting someone to decide and have a vaccination.

The Reading Learning Disability Partnership used this in local forums and permitted it to be shared with health and social care colleagues, as well as across other partners in Berkshire

### **West Berkshire**

Paper or electronic flu and stay well this winter materials and messages were sent early in the flu season and at appropriate times throughout the flu season to stakeholders

- Chief Executive and local MP both photographed receiving their flu vaccines from the Leader of the Council, (who is also a pharmacist). Excellent coverage on the news feed of West Berkshire Council; tweeted and Facebooked.
- The clinics were organised early in the season.
- The vouchers were redeemable from opted-in pharmacies in West Berks and Reading and payment was made via Pharmoutcomes.
- Increased uptake flu vaccine figure for the LA offer (the local scheme as outlined in table 10 above), highest since scheme began in 2013-14

### **Bracknell Forest**

Engagements with local partners, internally staff engagement with the Flu programme and colleagues from various directorates supported the engagement activities, for example, School admission team, Social Care, Commissioning and contract teams.

### **Slough**

Gradually expanding on our reach into the community and increasing in our partner base and awareness. Working with Occupational Health to review staff uptake.

### **Wokingham**

- Staff vaccination clinics are now becoming part of the norm and staff were enquiring as early as September as to when the flu vaccination clinics would be running. This year a total of 254 WBC were vaccinated, an increase of 30% on the previous year. Flu vaccination clinics are often cited as an employee benefit at staff induction sessions.
- We improved our social media reach and were able to tailor messages to key vulnerable groups.
- Flu and winter health are now an established seasonal agenda item within key local forums, including Carers, Safeguarding Adults, Provider forums and the local Learning Disability Partnership Board. This helps us deliver key messages to these target groups as well as providing us with information on how to improve future campaigns.

### What was the biggest challenge?

#### Reading

- Limitations to resource will continue to be a challenge to understanding what the local barriers are for individuals/communities. Conflicting pressures within organisations also have an impact on flu promotion work.
- It was recognised that inclusion of KPIs for offering and recording staff and resident flu vaccinations could be a useful tool, but also that this approach has limitations.

#### West Berkshire

- ensuring that staff in clinics where eligible groups go, eg COPD, CKD, etc are giving persistent messages throughout the seasonal flu season to get a flu vaccine
- reaching underserved groups who are eligible and at risk, e.g. homeless people, gypsies and travellers
- making best use of 'Flu Champions'

#### Bracknell Forest

- Promoting Free Social Care staff immunisation, as the national agreement came in later during the flu season.

#### Slough

- Converting promotion and engagement with the local community to actual vaccinations! i.e. potentially related to behaviour change. Following on from feedback from various community groups there is still the belief that:
  - "We don't ACTUALLY need the vaccination"
  - "The vaccination doesn't actually work"
  - "Flu isn't a big deal"
  - "It's a live vaccination so I will catch the flu after the vaccination"
  - "I'm not part of the vulnerable groups, therefore can't get the vaccination"
  - "I can only get the vaccination at my GP"
  - By December – "It's too late now to get the vaccination"
- Being down on certain school vaccinations due to challenges from some Faith schools due to the content of the vaccination i.e. Pork content. Also down in 65+ bracket, which will form imminent review for 2018/2019

#### Wokingham

- Social care staff and providers remain a challenge, this needs to be addressed for 2018/19 as we had a number of outbreaks in local care homes.
- Myths surrounding flu vaccinations remain an issue

## Plans for 2018-19 to address challenges

### Reading

- Shared learning and joining up of resources will continue to be a priority for Reading. We will continue to seek new and innovation ideas and solutions to disseminate key information and messages – particularly to those in clinical risk groups.
- There will be a change to the RBC Staff Programme but local decisions are yet to be ratified with regards to if and how vaccinations will be made available.
- Engaging with the Care Quality Commission around the offer, uptake and recording of flu vaccinations in residential care and nursing home settings at a Berkshire or Regional level during the planning phase.

### West Berkshire

- Provide more flu clinics, if possible, at different locations where staff are based

### Bracknell Forest

- Work with existing partners and new partners and plan for the new activities
- Look for new opportunities internally and externally to further Flu promotional activities

### Slough

- Survey work with top and bottom GP practices to review patients approach/views on vaccinations
- Additional social media campaign work for this coming year – More on Facebook, potentially short videos detailing the importance, which can be used on twitter etc.
- Internal 'flu steering group' to be established within the council to start in Summer 2018. Formed of key stakeholder departments within the council to see how we can better reach the local community with flu information and better provide for the council staff itself

### Wokingham

- Review Staff Flu Vaccination clinics for non-Shute End Staff with a particular focus on social care staff.
- Learn lessons from flu outbreaks in care homes.
- Enhance and strengthen social media opportunities to promote the campaign and dispel myths.

## 13. Use of social media in flu campaigns

### 13.1. Reading Borough Council

Social media formed a large part of the 2017/18 campaign, as it is a quick and easy method to share simple key messages. NHS England produced social media messages which local authorities were asked to use on local forums. Officers are able to gather the analytics behind social media (Facebook and Twitter) however there are limitations to our ability to measure the direct impact this type of health promotion has on local uptake. Reading Borough Council has 20.1k followers on Twitter and 2,671 on Facebook. The social media activity posted by Reading Borough Council throughout the season showed:

#### Twitter

- 12 Tweets (including 2 NHS re-tweets) from the start of November to end of January.
- Average Tweet impressions<sup>10</sup> was just over 1,500 – total was over 18,000.
- Average number of engagements<sup>11</sup> was 10 per tweet – total was 139.

The key messages covered:

- November: Flu Jab for pregnant women, immunisations for children age 2 and 3, Long Term health conditions
- December: immunisations for children age 2 and 3, School immunisation catch up
- January: Long term /Chronic health conditions, School immunisation catch up, Catch it/Kill it / Bin it.

The most popular Tweet was by far the info on the school immunisation catch ups - this had 2,551 impressions and 16 engagements. This appeared in the top ten most popular tweets that month. Information on catch up clinics in January had the most engagement overall, with 21 and it was children related vaccination information that had the most retweets.

Most of the activity on Twitter is replicated on Facebook. Analytics behind Facebook include:

- 8 posts from the start of November to end of January.
- Average reach<sup>12</sup> was just over 700 – total was over 5737.
- The average reach is skewed by the post which related to children missed vaccinations – this recorded nearly 3,000 reaches which is more than half of all Facebook activity.
- Average number of interactions<sup>13</sup> was 5 per post – total was 40.
- The average reach and interactions are skewed by the post about missed school vaccinations catch up clinics – this post alone had more than 50% of all activity (reaches and interactions) on Facebook.

The key messages on Facebook were mostly the same as on Twitter and at the same time.

*Facebook traffic mirrored that on Twitter – with information targeting parents about children's vaccination registering the most interactions.*

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<sup>10</sup> The total number of times that your content is displayed in the news feed of anyone.

<sup>11</sup> Total number of times a user interacted with a Tweet re-tweets, click on tweet, comments, likes etc

<sup>12</sup> Reach represents the number of unique people who saw the content posted.

<sup>13</sup> Total number of times a user interacted with the post through likes, comments or shares.

### **13.2. West Berkshire Council**

24 items promoting flu vaccination were posted on the West Berkshire Public Health Facebook from 4-08-17 to 26-1-2018.

- The total reach was 7137, with an average reach per post of 297
- In total there were 193 clicks or actions, with an average number of 8 per post
- The post with the most reach was: "We recommend that you get your flu vaccine as soon as you can from your pharmacy or your GP! " at a reach of 1200.
- The most clicks/actions were achieved for a post featuring a local MP getting his flu jab (90 clicks or actions following this post)

Twitter was also used by the West Berkshire Team, which is likely to have increased the reach.

### **13.3. Wokingham Borough Council**

Wokingham Borough Council used Twitter to promote flu vaccination.

Children's Centres account

- Flu vaccination - 561 people reached, 2 likes, 4 link clicks
- Catch it. Bin it. Kill it – 409 people reached

Corporate Comms account

- Ask your GP about flu jab – 1 retweet
- Is your child 2-3 – 5 retweets, 1 favourite
- Free nasal flu spray – 127 retweets, 45 favourite
- Flu clinic catch-up – no retweets
- Catch it. Bin it. Kill it – no retweets

### **13.4. Bracknell Forest Council**

Bracknell Forest Public Health Facebook account ran four posts during flu season. These resulted in a total reach of 5,575;

- 1,737 reached (pregnancy)
- 977 reached (Children's Flu )
- 1,552 reached (painless Flu BBC News)
- 1,309 reached (Children need the right vaccine)

Content was also shared with a closed FaceBook group used by the Polish community in Bracknell Forest and resulted in discussion.

### **13.5. Royal Borough of Windsor & Maidenhead**

No data received.

### 13.6. Slough Borough Council

A flu article and local/national update featured in the SBC Public Health monthly e-newsletter in Aug/Sept/Oct/Nov/Dec. Readership is fairly small at present, around 400, but this is aimed at our key partners, organisations and local community groups as oppose to the general public; this achieved;

- 50 click throughs for “More info” from our e-newsletter for NHS choices
- 18 tweets from our PH twitter account with just over 13,000 impressions (720 average impressions per tweet)

Where other proactive twitter accounts were tagged they have been shared and retweeted well. Especially where we have started the tweet with “NEWSFLASH” or “URGENT”

### 13.7. Berkshire East CCG

**Twitter** – data taken from Slough account (all 3 accounts mirror each other so results are very similar):

- 52 posts between November 1<sup>st</sup> and January 31<sup>st</sup>
- Average Tweet impressions 371 total was 19,303
- Average number of engagements 3.17 per tweet total 165

Key messages covered:

- November: long term health conditions, children flu jab information, career flu jab and learning difficulty flu jab information.
- December: flu jab for school age children, Asian star advert regarding flu jabs (children)
- January: catch it bin it kill it

Most popular tweet included information on children of school age flu jabs; this had 1751 impressions with 26 engagements. Overall the communications regarding children’s vaccines got the most retweets with the most being 4.

**Facebook** – one account for all 3 CCG’s

- 48 posts from start of October to end of February
- Average reach was over 300 – total was over 14,428. The post with the most reach was in relation to pregnant women getting the flu jab; this has 4.6K reach with 70 clicks/actions.

The average number of interactions was over 7 per post – total was 356

## 14. Recommendations for 2018-19 flu season

### Systems leadership

- Those in leadership roles should ensure Flu planning and in-season flu monitoring within Berkshire brings together both immunisation and outbreak response planning
- NHS England, Local authorities and CCGs should work together to ensure public messaging and communication to partners around flu is aligned

### Communication and engagement

- Local authorities and CCGs should seek to upskill key community and voluntary sector champions and organisations to enable them to disseminate key messages.
- Local partners should consider holding local winter-themed workshop(s) specifically for community and voluntary groups to help embed flu vaccination and other health protection information into community group/s 'communication' plans/local forums and support them to directly access resources to support the groups they work with
- Local partners should develop an effective social media promotional plan via different media targeting priority groups locally
- Public communication and engagement should continue to focus on "myth busting" approach to the flu vaccinations, taking action to understand and act on key local barriers and enablers
- Organisational Senior managers and leaders should support staff flu vaccination by demonstrating their commitment and emphasising the importance of vaccination, where these do not already exist, supporting the development of internal Flu Teams has the potential to drive the campaign forward

### Commissioning

- Commissioners should consider taking steps to improve access to flu vaccination for people in eligible groups who receive care for their conditions in hospital
- Residential, nursing care and domiciliary care commissioners should seek to include provision of staff flu vaccine within quality metrics

### Vaccine delivery

- Practice staff should ensure all eligible groups are actively invited to take up their flu vaccine, using reminders is shown to be effective in increasing uptake
- All local partners should seek to improve links between medical specialties providing care for people in clinical risk groups to provide advocacy and improve signposting to primary care
- Local partners should work in partnership to support effective response to flu outbreaks in closed settings such as care homes, nursing homes
- Local partners should work in partnership to enable residents of care / nursing homes and those receiving domiciliary care to take up their offer of a flu vaccine
- Local Authority flu leads should work with internal partners to more effectively estimate offer and uptake of staff vaccination within different staff groups

### Flu outbreak response (key recommendations from the Thames Valley workshop)

- Communication between organisations should be effective: directed at the appropriate person, timely and clear
- Local partners should continue to have meetings which build on the learning from this meeting to plan and manage future flu seasons
- Flu leads to consider if plans, models and learning could effectively be shared across organisation
- Commissioning organisations should have robust and resilient plans in place for an effective response to flu outbreaks in all settings including closed communities both in and out of season

- All organisations should review and consider the suggested actions for prevention, response and recovery of flu outbreaks taking forward as appropriate for their organisation
- All organisations should work in partnership to improve flu vaccination uptake for all and particularly increase flu vaccination rates for care home staff
- Local partners should provide support to care homes in preparing for, managing and recovering from flu outbreaks
- Commissioning organisations should have assurances from their commissioned services that they have systems in place for managing future flu seasons

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May 2018