

Flu vaccination - increasing uptake

Consultation on draft guideline – deadline for comments 5PM on 04 August 2017 email: Influenza@nice.org.uk

Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly.

We would like to hear your views on the draft recommendations presented in the short version and any comments you may have on the evidence presented in the full version. We would also welcome views on the Equality Impact Assessment.

We would like to hear your views on these questions:

1. Which areas will have the biggest impact on practice and be challenging to implement? Please say for whom and why.
2. Would implementation of any of the draft recommendations have significant cost implications?
3. What would help users overcome any challenges? (For example, existing practical resources or national initiatives, or examples of good practice.)
4. For organisations impacted by the guideline, what percentage already have lead roles in place? What amount of whole-time equivalent and type of role or grade would typically be?
5. Are there any examples of offering bespoke 'flu-jab' outreach services via a homecare service?
6. How much lead time is needed to order or buy vaccine? Can a provider buy it at very short notice? Is there any guidance on the ImmFORM system?
7. Are there any models or pilots of doing this in a hospital, and what increase in vaccinations did this roll-out achieve?
8. Are there any examples of the costs of an outsourced occupational health provider or an outsourced private provider of flu vaccinations?

See section 3.9 of [Developing NICE guidance: how to get involved](#) for suggestions of general points to think about when commenting.

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Organisation name – Stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please leave blank):		Royal Pharmaceutical Society		
Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.				
Name of commentator person completing form:		Heidi Wright		
Type		[office use only]		
Comment number	Document (full version, short version or the appendices)	Page number Or 'general' for comments on the whole document	Line number Or 'general' for comments on the whole document	Comments
Insert each comment in a new row. Do not paste other tables into this table, because your comments could get lost – type directly into this table.				
1	Full	5	21	Community pharmacists should be included in this recommendation around education
2	Full	11	1	There should be an additional recommendation that NHS England and NHS Digital make it a priority to come up with a national IT solution that enables easy and timely sharing of information about flu vaccination to avoid duplication.
3	Full	12	3	Community pharmacists are particularly good at identifying informal carers and should be included in this recommendation. Utilising community pharmacists to identify carers, refer them to support services and ensure they are identified as a carer at their GP surgery has proven to work. The evaluation research suggests that the Carer-Friendly Pharmacy Pilot, undertaken in 2014/15, is an effective and pragmatic approach to identifying and supporting carers, with pharmacy staff being an invaluable resource.

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				(http://psnc.org.uk/wp-content/uploads/2015/02/20224-Evaluation-2015.pdf) In 2016/17 the London flu vaccination has made flu vaccinations available to carers via community pharmacies and 9000 carers have now been vaccinated via this service.
4	Full	13	13	The RPS agrees that all frontline staff should receive the flu vaccination and recommend that an additional exemption is added for this category. Currently staff working in community pharmacies are not recognised consistently as frontline staff and there needs to be national recognition that they are. The flu vaccination service delivered across London does enable the vaccination of community pharmacy staff as frontline staff. If community pharmacy staff are recognised as frontline workers and are not eligible for exemption then there would be significant costs to employers which would need passing back to the NHS through the contractual framework negotiations
5	Full	15	9	Whilst we realise that uptake among 65 and over is currently high (around 70%) and that is the reason for not including it within the scope of this guidance we would suggest that non-inclusion may lead to a reduction on focus on this group and thereby the current high uptake may reduce. We would recommend that it is included in the eligible groups.
6	Full	17	6	Whilst the RPS does not directly have guidance to encourage members of staff to have the flu vaccination we do have a seasonal influenza hub https://www.rpharms.com/resources/quick-reference-guides/seasonal-influenza-update-and-latest-news on our website where we signpost to other organisation documents which discuss frontline health and social staff having the immunisation (for example NHS England, DOH and Public Health England Flu Plan Winter 2016-2017).
7	Full	22	5	Whilst the vaccination of eligible groups most frequently occurs in general practice at the current time, as this is the most established route, it would be interesting to look at what proportion of vaccinations come through other providers over time as awareness of other providers' increases and they become more established and widespread.
8	General	General	General	We support the recommendations to increase uptake of flu vaccination in all settings as an important public health intervention. Pharmacists working in hospital, primary care and community pharmacy settings have a key role in raising awareness and encouraging uptake of flu vaccination in relevant patient groups.
9	General	General	General	Many of the practicalities which support implementation of this guidance need to be thought through such as the sharing of information and records as well as the multicomponent approach and providers working together to promote vaccine uptake which requires collaboration rather than competition at a local level.

Insert extra rows as needed

Checklist for submitting comments

- Use this comment form and submit it as a Word document (not a PDF).
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Include page and line number (not section number) of the text each comment is about.
- Combine all comments from your organisation into 1 response. We cannot accept more than 1 response from each organisation.

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- Do not paste other tables into this table – type directly into the table.
- Underline and highlight any confidential information or other material that you do not wish to be made public.
- Do not include medical information about yourself or another person from which you or the person could be identified.
- Spell out any abbreviations you use
- For copyright reasons, comment forms do not include attachments such as research articles, letters or leaflets (for copyright reasons). We return comment forms that have attachments without reading them. The stakeholder may resubmit the form without attachments, but it must be received by the deadline.

You can see any guidance that we have produced on topics related to this guideline by checking [NICE Pathways](#).

Note: We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate.

Comments received during our consultations are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.