

National Institute for Health and Care Excellence

Flu vaccination: increasing uptake

Consultation on draft quality standard – deadline for comments 5pm on 03/09/19

Please email your completed form to: QSconsultations@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 these questions:

1. Does this draft quality standard accurately reflect the key areas for quality improvement?
2. Are local systems and structures in place to collect data for the proposed quality measures? If not, how feasible would it be for these to be put in place?
3. Do you think each of the statements in this draft quality standard would be achievable by local services given the net resources needed to deliver them? Please describe any resource requirements that you think would be necessary for any statement. Please describe any potential cost savings or opportunities for disinvestment.
4. Do you have an example from practice of implementing the NICE guideline(s) that underpins this quality standard? If so, please provide details on the comments form

Organisation details

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 person completing form	Heidi Wright
Supporting the quality standard Would your organisation like to express an interest in formally supporting this quality standard? More information.	
Type	[Office use only]

Comments on the draft quality standard

Comment number	Section	Statement number	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.
<i>Example 1</i>	<i>Statement 1 (measure)</i>	<i>1</i>	<i>This statement may be hard to measure because...</i>
1	Statement 1 (measure - process)	1	Currently if a community pharmacy contacts a person regarding their flu vaccination and invites them to have one, this data is not necessarily collected and collated locally or nationally. Processes would need to be put in place to enable this to happen in a structured way. Such processes should be electronic, easy to access, embedded within the pharmacy systems and not place undue burdens on those working in a community pharmacy or remove them for proactively engaging with people
2	Statement 2 (measure – process)	2	If a community pharmacy provides tailored information to a person eligible for flu vaccination, this information is currently not captured. Processes will need to be put into place so that this information can be captured and shared in a timely manner, see above.
3	Statement 3 (process)	3	For information sharing to take place there needs to be electronic processes in place that enable this to happen in a safe and effective way, e.g. from a community pharmacy to a GP practice. These are being progressed by NHS Digital and The Professional Records Standards Body and need to be embedded into pharmacy systems to ensure ease of use. GP systems need to be enabled to accept the information that is being shared with them.
4	Statement 4	4	Employers of pharmacists should offer the vaccine to their staff free of charge.

5	General	General	For all statements, groups of people who are underserved by flu vaccination programmes are listed. Community pharmacists and their teams are more likely to see these people than in any other healthcare setting, so consideration should be given as to how to support community pharmacies to ensure these people receive their flu vaccinations.
6	General	General	Overall, we welcome the fact that the role of community pharmacists in providing flu vaccination and increasing the number of eligible people who are vaccinated is recognised in this quality standard.

Insert more rows as needed

Checklist for submitting comments

- Use this form and submit it as a Word document (not a PDF).
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Combine all comments from your organisation into 1 response. We cannot accept more than 1 response from each organisation.
- 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
- Please provide concise supporting information for each key area. Provide reference to examples from the published or grey literature such as national, regional or local reports of variation in care, audits, surveys, confidential enquiries, uptake reports and evaluations such as impact of NICE guidance recommendations
- For copyright reasons, do not include attachments of **published** material such as research articles, letters or leaflets. However, if you give us the full citation, we will obtain our own copy
- Attachments of unpublished reports, local reports / documents are permissible. If you wish to provide academic in confidence material i.e. written but not yet published, or commercial in confidence i.e. internal documentation, highlight this using the highlighter function in Word.

Please return to QSconsultations@nice.org.uk

NICE reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion of NICE, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.

Comments received from registered stakeholders and respondents during our stakeholder engagements 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.