Evaluation of Public Health Interventions to Improve Vaccination Uptake in Cwm Taf Morgannwg in the 2023-2024 Season

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Research and Development Conference 2024

Vaccination Saves Lives

- Vaccination is a global health success story, saving millions of lives every year. Vaccines reduce risks of disease by working with your body's natural defences to build protection.
- We now have vaccines to prevent more than 20 life-threatening diseases, helping people of all ages live longer, healthier lives. Vaccination currently prevents 3.5 million to 5 million deaths every year from diseases like diphtheria, tetanus, pertussis, flu and measles.
- Vaccination is key to primary health care, an indisputable human right.
- Our vaccination programmes are delivered across many of our settings in CTMUHB and are a core element of our Health Protection function with overall responsibility sitting with Philip Daniels, Director of Public Health in CTMUHB.

Why is it important for us to better understand behaviours around vaccination?

- We have national vaccination uptake targets and aspirations that have been set with a view of protecting our most vulnerable populations.
- Understanding behaviours around vaccination helps us to work towards achieving the national targets and aspirations as well as reducing vaccine inequities.
- Vaccine Equity - Equity is the absence of unfair, avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, geographically or by other means. (World Health Organization)

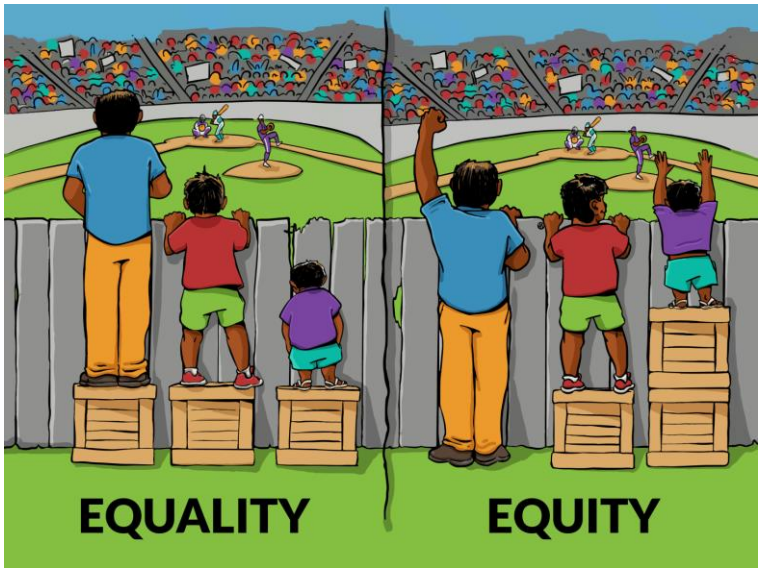
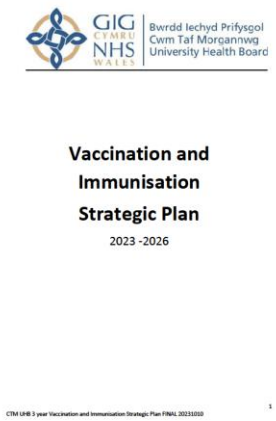


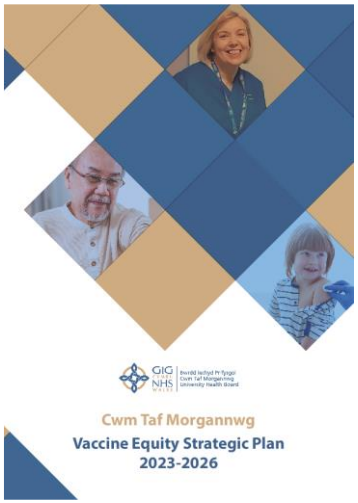
Image from: Interaction Institute for Social Change | Artist: Angus Maguire

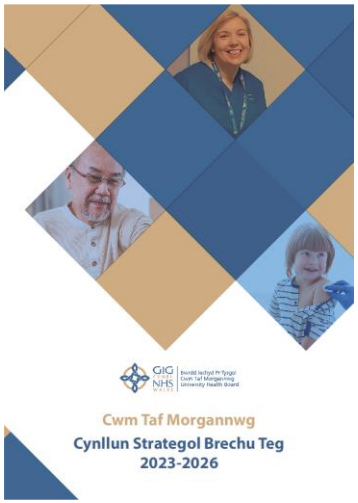
Vaccination strategy English (gov.wales)

Strategic Plan and Equity Plan

- Here in CTMUHB, we have our 3 year Strategic Plan and Vaccine Equity Strategic Plan to support equitable access to vaccination across CTMUHB:



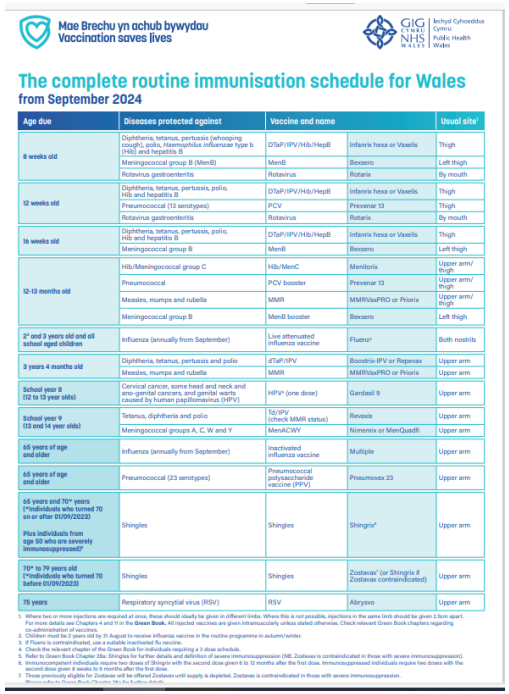




Click image for full report

Who is eligible for what vaccine?

- Routine Immunisation Schedule- Available here



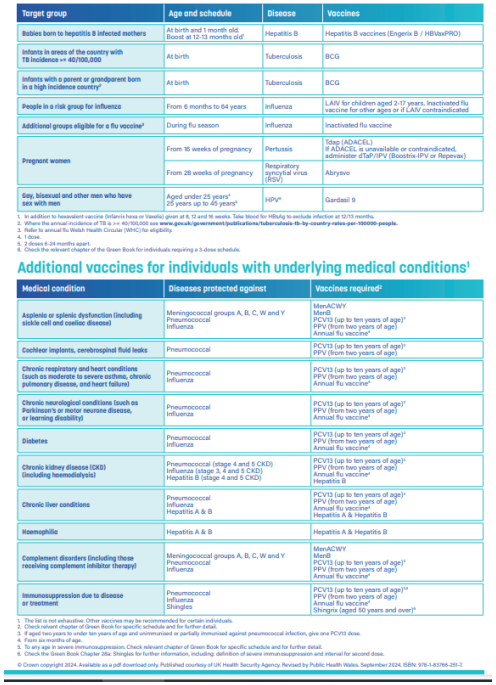
Mae Brechu yn achub bywydau
Vaccination saves lives

GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales

The complete routine immunisation schedule for Wales
from September 2024

Age due	Diseases protected against	Vaccine and name		Usual site[1]
8 weeks old	Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib) and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	Meningococcal group B (MenB)	MenB	Bexsero	Left thigh
	Rotavirus gastroenteritis	Rotavirus	Rotarix	By mouth
12 weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	Pneumococcal (13 serotypes)	PCV	Prevenar 13	Thigh
	Rotavirus gastroenteritis	Rotavirus	Rotarix	By mouth
16 weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	Meningococcal group B	MenB	Bexsero	Left thigh
12-13 months old	Hib/Meningococcal group C	Hib/MenC	Menitorix	Upper arm/ thigh
	Pneumococcal	PCV booster	Prevenar 13	Upper arm/ thigh
	Measles, mumps and rubella	MMR	MMRVaxPRO or Priorix	Upper arm/ thigh
	Meningococcal group B	MenB booster	Bexsero	Left thigh
2[2] and 3 years old and all school aged children	Influenza (annually from September)	Live attenuated influenza vaccine	Fluenz[3]	Both nostrils
3 years 4 months old	Diphtheria, tetanus, pertussis and polio	dTaP/IPV	Boostrix-IPV or Repevax	Upper arm
	Measles, mumps and rubella	MMR	MMRVaxPRO or Priorix	Upper arm
School year 8 (12 to 13 year olds)	Cervical cancer, some head and neck and ano-genital cancers, and genital warts caused by human papillomavirus (HPV)	HPV[4] (one dose)	Gardasil 9	Upper arm
School year 9 (13 and 14 year olds)	Tetanus, diphtheria and polio	Td/IPV (check MMR status)	Revaxis	Upper arm
	Meningococcal groups A, C, W and Y	MenACWY	Nimenrix or MenQuadfi	Upper arm
65 years of age and older	Influenza (annually from September)	Inactivated influenza vaccine	Multiple	Upper arm
65 years of age and older	Pneumococcal (23 serotypes)	Pneumococcal polysaccharide vaccine (PPV)	Pneumovax 23	Upper arm
65 years and 70* years (*individuals who turned 70 on or after 01/09/2023) Plus individuals from age 50 who are severely immunosuppressed[5]	Shingles	Shingles	Shingrix[6]	Upper arm
70* to 79 years old (*individuals who turned 70 before 01/09/2023)	Shingles	Shingles	Zostavax[7] (or Shingrix if Zostavax contraindicated)	Upper arm
75 years	Respiratory syncytial virus (RSV)	RSV	Abrysvo	Upper arm

1. Where two or more injections are required at once, these should ideally be given in different limbs. Where this is not possible, injections in the same limb should be given 2.5cm apart. For more details see Chapters 4 and 11 in the **Green Book.** All injected vaccines are given intramuscularly unless stated otherwise. Check relevant Green Book chapters regarding co-administration of vaccines.
2. Children must be 2 years old by 31 August to receive influenza vaccine in the routine programme in autumn/winter.
3. If Fluenz is contraindicated use a suitable inactivated flu vaccine.
4. Check the relevant chapter of the Green Book for individuals requiring a 3 dose schedule.
5. Refer to Green Book Chapter 28a: Shingles for further details and definition of severe immunosuppression (NB: Zostavax is contraindicated in those with severe immunosuppression).
6. Immunocompetent individuals require two doses of Shingrix with the second dose given 6 to 12 months after the first dose. Immunosuppressed individuals require two doses with the second dose given 8 weeks to 6 months after the first dose.
7. Those previously eligible for Zostavax will be offered Zostavax until supply is depleted. Zostavax is contraindicated in those with severe immunosuppression.



Target group	Age and schedule	Disease	Vaccines
Babies born to hepatitis B infected mothers	At birth and 1 month old. Boost at 12-13 months old[1]	Hepatitis B	Hepatitis B vaccines (Engerix B / HBVaxPRO)
Infants in areas of the country with TB incidence >= 40/100,000	At birth	Tuberculosis	BCG
Infants with a parent or grandparent born in a high incidence country[2]	At birth	Tuberculosis	BCG
People in a risk group for influenza	From 6 months to 64 years	Influenza	LAIV for children aged 2-17 years. Inactivated flu vaccine for other ages or if LAIV contraindicated
Additional groups eligible for a flu vaccine[3]	During flu season	Influenza	Inactivated flu vaccine
Pregnant women	From 16 weeks of pregnancy	Pertussis	Tdap (ADACEL) If ADACEL is unavailable or contraindicated, administer dTaP/IPV (Boostrix-IPV or Repevax)
	From 28 weeks of pregnancy	Respiratory syncytial virus (RSV)	Abrysvo
Gay, bisexual and other men who have sex with men	Aged under 25 years[4] 25 years up to 45 years[5]	HPV[6]	Gardasil 9

1. In addition to hexavalent vaccine (Infanrix hexa or Vaxelis) given at 8, 12 and 16 weeks. Take blood for HBsAg to exclude infection at 12/13 months.
2. Where the annual incidence of TB is >= 40/100,000 see www.gov.uk/government/publications/tuberculosis-tb-by-country-rates-per-100000-people.
3. Refer to annual flu Welsh Health Circular (WHC) for eligibility.
4. 1 dose.
5. 2 doses 6-24 months apart.
6. Check the relevant chapter of the Green Book for individuals requiring a 3-dose schedule.

Additional vaccines for individuals with underlying medical conditions[1]

Medical condition	Diseases protected against	Vaccines required[2]
Asplenia or splenic dysfunction (including sickle cell and coeliac disease)	Meningococcal groups A, B, C, W and Y Pneumococcal Influenza	MenACWY MenB PCV13 (up to ten years of age)[3] PPV (from two years of age) Annual flu vaccine[4]
Cochlear implants, cerebrospinal fluid leaks	Pneumococcal	PCV13 (up to ten years of age)[3] PPV (from two years of age)
Chronic respiratory and heart conditions (such as moderate to severe asthma, chronic pulmonary disease, and heart failure)	Pneumococcal Influenza	PCV13 (up to ten years of age)[3] PPV (from two years of age) Annual flu vaccine[4]
Chronic neurological conditions (such as Parkinson's or motor neurone disease, or learning disability)	Pneumococcal Influenza	PCV13 (up to ten years of age)[3] PPV (from two years of age) Annual flu vaccine[4]
Diabetes	Pneumococcal Influenza	PCV13 (up to ten years of age)[3] PPV (from two years of age) Annual flu vaccine[4]
Chronic kidney disease (CKD) (including haemodialysis)	Pneumococcal (stage 4 and 5 CKD) Influenza (stage 3, 4 and 5 CKD) Hepatitis B (stage 4 and 5 CKD)	PCV13 (up to ten years of age)[3] PPV (from two years of age) Annual flu vaccine[4] Hepatitis B
Chronic liver conditions	Pneumococcal Influenza Hepatitis A & B	PCV13 (up to ten years of age)[3] PPV (from two years of age) Annual flu vaccine[4] Hepatitis A & Hepatitis B
Haemophilia	Hepatitis A & B	Hepatitis A & Hepatitis B
Complement disorders (including those receiving complement inhibitor therapy)	Meningococcal groups A, B, C, W and Y Pneumococcal Influenza	MenACWY MenB PCV13 (up to ten years of age)[3] PPV (from two years of age) Annual flu vaccine[4]
Immunosuppression due to disease or treatment	Pneumococcal Influenza Shingles	PCV13 (up to ten years of age)[3][5] PPV (from two years of age) Annual flu vaccine[4] Shingrix (aged 50 years and over)[6]

1. The list is not exhaustive. Other vaccines may be recommended for certain individuals.
2. Check relevant chapter of Green Book for specific schedule and for further detail.
3. If aged two years or under ten years of age and unimmunised or partially immunised against pneumococcal infection, give one PCV13 dose.
4. From six months of age.
5. To any age in severe immunosuppression. Check relevant chapter of Green Book for specific schedule and for further detail.
6. Check the Green Book Chapter 28a: Shingles for further information, including: definition of severe immunosuppression and interval for second dose.

 ISBN: 978-1-83765-251-2

Who is eligible for what vaccine?

Influenza Vaccination Eligible Groups 2024/25	COVID Vaccination Eligible Groups 2024
• children aged two and three years on 31 August 2024 • school aged children from reception to year 11 (inclusive) • people aged 6 months to 64 years in a clinical risk group • people aged 65 years and older (age on 31 March 2025) • all adult residents in Welsh prisons • pregnant women • carers of a person whose health or welfare may be at risk if the carer falls ill • frontline health and care workers • people experiencing homelessness • household contacts of the immunocompromised Influenza vaccines and eligible cohorts for the 2024 to 2025 season (WHC/2023/047) [HTML] | GOV.WALES	• People aged 6 months to 64 years in a clinical risk group • Residents in a care home for older adults • People aged 65 years and older (age on 31 March 2025) • All adult residents in Welsh prisons • Unpaid carers • Frontline health and social care workers • Staff working in care homes for older adults COVID-19 vaccination programme | GOV.WALES

Overview

- Three service evaluations:

1. *CTM UHB Winter Respiratory Vaccination Programme Debrief 2023/2024 (Including Community Pharmacy Brief Intervention)*
2. *Service evaluation of Influenza (Flu) and Measles, Mumps and Rubella (MMR) vaccination mop-up clinics for children aged 2-11 years, following provision of set appointments*
3. *A pilot evaluation of set appointment date and times for those coded with a Learning Disability for influenza vaccination in GP practices in Cwm Taf Morgannwg University Health Board*

1) CTM UHB Winter Respiratory Vaccination Programme Debrief (WRVP) 2023/2024

(Including Community Pharmacy Brief Intervention)

Background and Aim

- Critically reviewing the implementation of Winter Respiratory Vaccination Programmes (WRVP) at the end of the season is essential for identifying successes, strengths & challenges, as well as providing recommendations for future seasons.
- Whilst national debrief exercises have been undertaken previously, they have yielded limited response rates, highlighting a need to undertake a local debrief of the WRVP to inform future planning and delivery.

Aim: To undertake a local debrief to understand barriers & facilitators to staff delivery of the WRVP 2023/2024 across CTM UHB. An evaluation of a behaviourally informed script & FAQs to support Community Pharmacy staff with holding vaccination conversations with respiratory patients, was also included.

Methodology

- End of season vaccination uptake data for CTM UHB for both influenza and COVID-19 vaccinations was reviewed based on national targets and uptake in previous years.
- A mixed methods approach was used employing survey methods to gather quantitative & qualitative insight.
- Feedback was sought on the planning & delivery of the programme from all stakeholders (including GP practice staff, university health board staff and community pharmacy staff).
- The quantitative data was analysed using SmartSurvey and Excel, enabling responses to be quantified and easily collated. Qualitative data was thematically analysed and reported as broad themes.

Influenza Vaccination Uptake Data

	Uptake CTM 23/24 (%)	Uptake Wales 23/24 (%)	Uptake CTM 22/23 (%)	Uptake Wales 22/23(%)
Patients aged 65 and over	72.2% ⏬	72.4%	74.9%	76.3%
Patients aged 6months to 64 at risk	37.7% ⏬	39.1%	42.3%	44.2%
Children aged 2&3*	46.7% ⏫	42.9%	45.8%	44.0%
Primary School Children Aged 4-10**	66.2% ⏫	61.9%	60.1%	63.9%
Secondary School Children Aged 11-15**	49.0% ⏫	49.7%	47.2%	54.4%
NHS Staff***	41.1% ⏬	38.2%	49.3%	46.5%
NHS Staff with direct patient contact**	41.4% ⏬	38.3%	50.0%	47.2%

COVID-19 Vaccination Uptake Data

		Uptake CTM 2023/24 % (95% CI)	Uptake Wales 2023/24 % (95% CI)
Patients aged 65+	Male	72% (71.6-72.4%)	69.7% (69.5-69.9)
	Female	68.1% (67.7-68.5)	67.9% (67.7-68)
Patients aged 6months to 64 at risk	Male	34.5% (34-35)	31.8% (31.5-32)
	Female	32.8% (32.3-33.4)	31.0% (30.8-31.2)
Frontline health and social care workers	Male	38.5% (37.3-39.8)	38.8% (38.3-39.3)
	Female	32.0% (31.4-32.6)	33.5% (33.2-33.7)
Residents in a care home for older adults	Male	72.2% (69-75.2)	70.2% (69.1-71.3)
	Female	76.8% (74.7-78.8)	73.7% (72.9-74.4)
Other staff working in care homes for older adults	Male	24.5% (21.7-27.5)	26.0 (25-27.2
	Female	18.0% (16.9-19.1)	20.9% (20.5-21.4)
People aged 16-64 who are carers	Male	50.1% (45.8-54.3)	62.7% (61.1-64.3)
	Female	49.9% (46.9-52.9)	58.7% (57.4-59.8)

Results (Quantitative)

54 responses were received from staff who worked in GP Practices (n=19), Community Pharmacy (n=10) and the UHB (n=25)

The most frequent population group selected by respondents as needing additional support to increase uptake were those in a **clinical risk group under 65 & health and social care staff**

Development of social media templates, sharing of case studies & leaflets/posters were the most frequently selected resources needed by respondents for futures seasons.

Development of invitation templates, and FAQs for GP practices and community pharmacies were also suggested.

Results (Qualitative)

- ✓ Successes included collaborative working, early & regular planning, improving clinic access, & early stock delivery (for some).
- ✓ Pharmacy staff highlighted success from walk in clinics & vaccine based conversations.

"All departments worked together to ensure the process was as smooth as possible"

"planning well in advance."

"managed to get early delivery date so were able to plan well & call patients at the end of August."

"evening sessions have been very popular & well received as it enables patients in at risk groups better access. This is particularly the case for patients who are employed."

Results (Qualitative)

- A key barrier to delivery was perceived vaccine fatigue amongst many eligible population groups

"Patients are vaccine fatigued & it has been much more difficult to get patients to have flu this year. Many are saying 'no more jabs for me now I have had enough', trying to talk them around is hard"

- Uptake in the U65 group was frequently highlighted as a challenge

"The only issue we had was trying to get the under 65's in, it was really difficult this year"

- Administrative processes were highlighted as requiring improvement.

"Unworkable spreadsheets"

"Paper consents- it is imperative e-consent is in place"

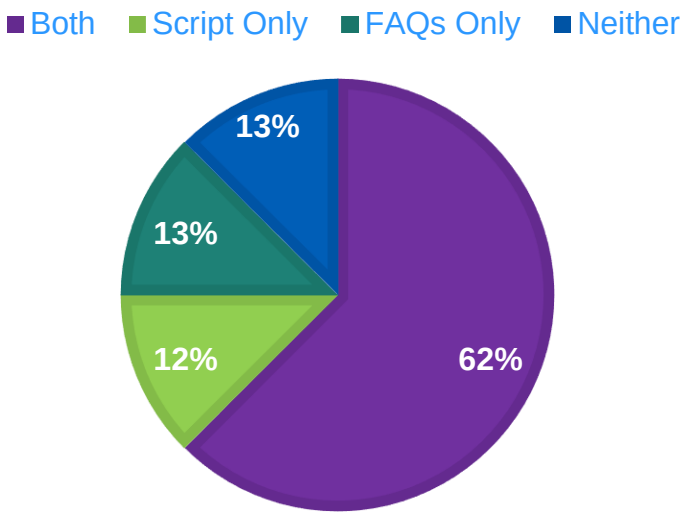
Community Pharmacy Intervention

- Data from the 2022/23 season illustrated that within CTM, vaccine uptake for our under 65 population who are clinically at risk was sub-optimal (42.3% as of the 2022/2023 season, national target 75%). This low uptake was particularly prominent in the under 65 chronic respiratory patients.
- Subsequently, a Task and Finish group was established to determine a targeted intervention to support uptake in this population group for the 2023/24 season.
- Following a review of the evidence and feedback and discussion with pharmacy colleagues, a behaviourally informed conversational script and Frequently Asked Questions (FAQ) document to support staff with holding vaccination-based conversations were developed.

Community Pharmacy Results

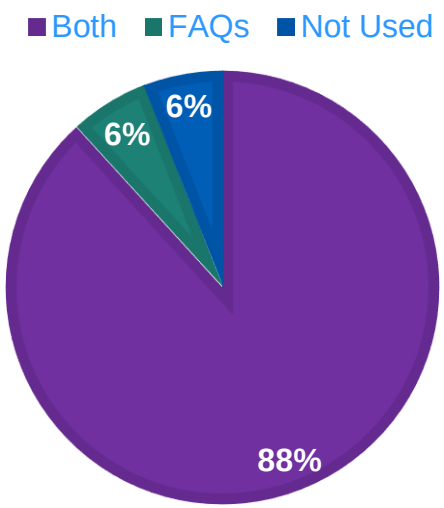
- For those who reported working in a Community Pharmacy in the Debrief survey, there were 7 additional questions included in the survey, which evaluated the use and effectiveness of these resources in practice.

AWARENESS OF RESOURCES



N = 10

UTILISATION OF RESOURCES



N = 7

Community Pharmacy Results

- Respondents who had not used the script in practice were asked why; the main reason reported was that staff already felt comfortable with holding vaccination-based conversations.
- Respondents were asked why they had not used the FAQs in practice; time constraints and the resource not being in sight were highlighted.
- Four respondents also left open text responses as to what additional support or resources they felt would be beneficial. Responses included – targeted leaflets, posters and a supply of leaflets to attach to the prescription bag of every patient who falls into an 'at risk' group.

Debrief Limitations

- Whilst responses were received from 54 staff, representing many of the key staff groups involved with delivering the winter respiratory vaccination programmes, this still reflects a small proportion of staff who work on the programme across CTM
- As insight was gathered via an online survey, completion was reliant on staff being able to access electronically. This may have been challenging for staff predominantly in patient facing roles/those less confident in using technology, or with difficulty accessing the internet.
- Whilst the survey links and QR codes were shared with colleagues and networks across the CTM region, the full reach is unknown.

Recommendations

- Scope interventions to address sub-optimal uptake in those in a clinical risk group under 65, and health and social care staff.
- Consider what can be done to address vaccine hesitancy/fatigue, which is perceived to exist across many population groups.
- Consider development of resources as needed, including social media templates, sharing of case studies, & leaflets/posters, invitation templates & FAQs.
- To explore further reasons for low uptake of COVID-19 vaccinations among care home staff, and pilot evidence based interventions to increase this uptake.

Key recommendations have been taken forward for planning of the WRVP 2024/25. The debrief highlighted the distributed vaccination delivery model in CTM, and the importance of pro-active regional planning.

2) Service evaluation of Influenza (Flu) and Measles, Mumps and Rubella (MMR) vaccination mop-up clinics for children aged 2-11 years, following provision of set appointments

Background

- The Welsh Health Circular 2023 (029) regarding the 2023/24 winter respiratory vaccination programme, stressed the need to increase influenza (flu) vaccination uptake.
- Analysis of influenza vaccination uptake trend data in CTM UHB (2014-2023) showed vaccination rates were significantly below the 75% target for children aged 2- 3. Whilst higher uptake rates were seen for children aged 4-10, these rates were also still below the national uptake target.

	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23 (Updated Nov 23, 2023)
2 years old	38.1%	46.7%	39.9%	49.1%	43.9%	42.5%	40.3%	44.6%	43.1%
3 years old	37.9%	42.0%	47.3%	56.9%	57.6%	58.2%	54.5%	40.0%	48.5%
School aged children (4-10 years)	N/A	64.6%	74.1%	72.2%	69.5%	73.8%	71.6%	71.6%	60.1%

Aim

To explore the impact of undertaking influenza vaccination mop up clinics (and opportunistic Measles, Mumps and Rubella (MMR) vaccination) for children aged between 2 and 11 years on uptake data and the CTM Health Protection System, following the provision of set appointment dates and times.

Intervention

In December 2023, 20,890 children were identified as outstanding their influenza vaccination and invited via a personalised letter to an allocated vaccination appointment at their nearest Community Vaccination Centre (CVC) during December 2023/January 2024:

CVC location	Number of invites
Dewi Sant	6,046
Glanrhyd	6,363
KHHP	2,960
Maesteg	1,015
YCC	3,394
YGT	1,112

These vaccinations are usually administered via a nasal spray (Fluenz) at a GP practice, or school venue.

Methodology

Evaluation included a mixed methods approach:

1) Quantitative reporting of engagement with clinics by number of children receiving vaccinations and percentage uptake of those invited.
2) Qualitative interviews to gain views/opinions from staff involved in the planning and/or delivery of mop-up clinics.

Results (Quantitative)

- Of the 20,890 invites sent, the following table shows the number of influenza vaccinations given (and opportunistic MMR vaccinations) at each location. Additionally, a number of adult influenza and adult COVID-19 vaccinations were administered to attending adults, some of whom were parents and carers of children attending for vaccination:

	Dewi Sant	YCC	YGT	KHHP	Glanrhyd	Maesteg	Total
Children's Influenza	173	93	43	89	269	13	**680**
Children's MMR	26	1	0	1	11	0	**39**
Adult Influenza	11	5	11	6	11	0	**44**
Adult COVID-19	29	19	34	18	31	0	**131**

Results (Quantitative)

- The following data, extracted from the National Influenza Immunisation Summary - Update 25 (25 Apr 2024) shows that influenza vaccine uptake for 2-3 year olds and 4-10 year olds has increased. It is important to note that the increase is not solely due to the provision of the mop up clinics:

Uptake of influenza immunisation in children aged 2 & 3 years, Cwm Taf University Health Board

Date	Immunised (n)	Denominator (n)	Uptake (%)	Number needed to reach 75%
12/12/2023	3,306	9,033	36.6	3,469
23/04/2024	4,291	9,147	46.9	2570

Uptake of influenza immunisation in primary school children aged 4-10y in school immunisation sessions

Date	Immunised (n)	Denominator (n)	Uptake (%)	Number needed to reach 75%
12/12/2023	21,766	33,395	65.2	3,281
07/04/2024	22,458	33,915	66.2	2,979

Results (Qualitative)

What went well?

- Collaborative approach – having a planning lead and networking with other teams
- Staff update training
- Learning – including Notify
- Operational Delivery at CVCs

What could have been improved?

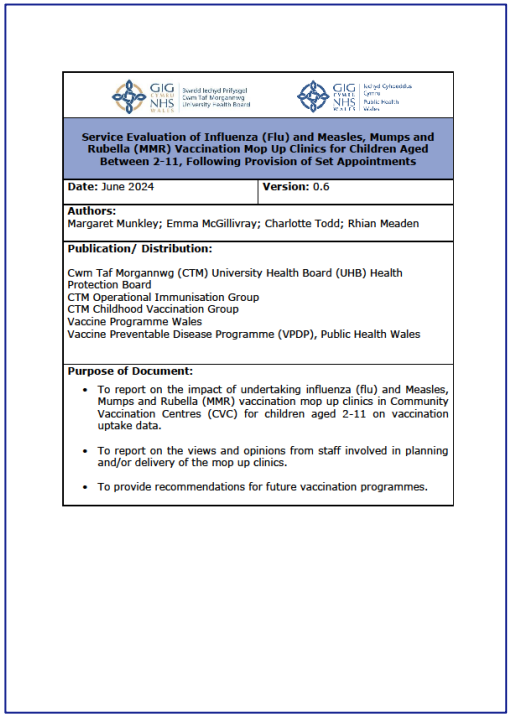
- Timescales – less rushed
- Staffing levels – overstaffing and understaffing
- Data processes and handing – timely sharing of vaccination uptake from Primary Care to Child Health, internal spreadsheets

Future Planning

- Extra time and planning needed
- Inclusion of e-consent
- Changes to/expansions of locations for mop ups
- Ongoing staff training
- Enhanced communications around clinics

Conclusions

- The provision of personalised appointment times (using Notify) has shown to be a cost-effective system for invitation.
- When organising mop up clinics, consideration should be given to planning lead-in time; location and timing of sessions, and anticipated uptake rates, given these are children who previously have been invited for vaccination.



Service Evaluation of Influenza (Flu) and Measles, Mumps and Rubella (MMR) Vaccination Mop Up Clinics for Children Aged Between 2-11, Following Provision of Set Appointments

Date: June 2024 | **Version:** 0.6

Authors:
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Publication/ Distribution:

Cwm Taf Morgannwg (CTM) University Health Board (UHB) Health Protection Board
CTM Operational Immunisation Group
CTM Childhood Vaccination Group
Vaccine Programme Wales
Vaccine Preventable Disease Programme (VPDP), Public Health Wales

Purpose of Document:

- To report on the impact of undertaking influenza (flu) and Measles, Mumps and Rubella (MMR) vaccination mop up clinics in Community Vaccination Centres (CVC) for children aged 2-11 on vaccination uptake data.
- To report on the views and opinions from staff involved in planning and/or delivery of the mop up clinics.
- To provide recommendations for future vaccination programmes.

Click image for full report

3) A pilot evaluation of set appointment date and times for those coded with a Learning Disability for influenza vaccination in GP practices in Cwm Taf Morgannwg University Health Board

Background and Aims

- Data from the 2021-2022 season highlighted concerningly low influenza vaccination uptake (45.7%) amongst patients (aged 12+) coded with a learning disability in CTM UHB, significantly below the national target of 75%.
- In contrast, COVID-19 vaccination uptake for the same group was notably higher (83.6%).
- Aim: to increase influenza vaccination uptake amongst individuals coded with a learning disability within Cwm Taf Morgannwg University Health Board (CTM UHB) for the 2023/24 season.

Health Board	Denominator (n) 21/22	Immunised (n) 21/22	Uptake (%)21/22	Denominator (n) 22/23	Immunised (n) 22/23	Uptake (%)22/23
CTM UHB	1,998	913	45.7	2,079	971	46.7
Wales	12,331	5,782	46.9	12,983	6,017	46.3

Methodology

- A mixed methods evaluation was undertaken to explore the effect of sending patients coded with a learning disability (aged 18+) personalised letters with set appointment dates & times for their influenza vaccination.
- Quantitative data was gathered from involved practices, in the form of patient denominator (patients 18+ coded as having a learning disability), influenza vaccination uptake for the 2022/2023 season (baseline data), and 2023/24 season (post intervention data).
- Each practice was contacted by a Local Public Health Team member prior to clinics to establish qualitative information, including previous processes used for appointing influenza vaccination for those (aged 18+) coded with a learning disability, previous methods of recall, if procedures had changed since the COVID-19 pandemic & whether the practice had any significant disruption which may have affected uptake.
- All practices were also contacted in March 2024 to complete a follow up informal interview with a member of the Local Public Health Team to complete a post-intervention data collection template.

Results (Quantitative)

- Two of the three pilot Practices submitted their baseline and post-intervention data. Data for those with a learning disability is not readily available at a local level so therefore had to be self-reported by practices. In addition, it is a potentially transient population group as patients are subjectively coded and this may differ from practice to practice and patient to patient. The data showed mixed results with one practice increasing their uptake from last year and one practice decreasing their uptake:

Practice Code	2022/23 Denominator	2022/23 Uptake	2023/24 Denominator	2023/24 Uptake
A	59	66.1% (n=39)	58	20.9% (n=14)
B	*	*	67	*
C	36	38.9% (n=14)	37	45.9% (n=17)

*Practice B did not report a baseline denominator or uptake data for the years 2022/23 or 2023/24.

Results (Qualitative)

- Qualitative data provided mixed results, with some practices experiencing increased efficiency & others facing challenges due to technical difficulties and the perceived higher administrative burden associated with the pilot approach. Feedback from practices indicated that the Notify platform, though generally manageable, did not lead to increased vaccination uptake and was seen as time-consuming compared to traditional methods.

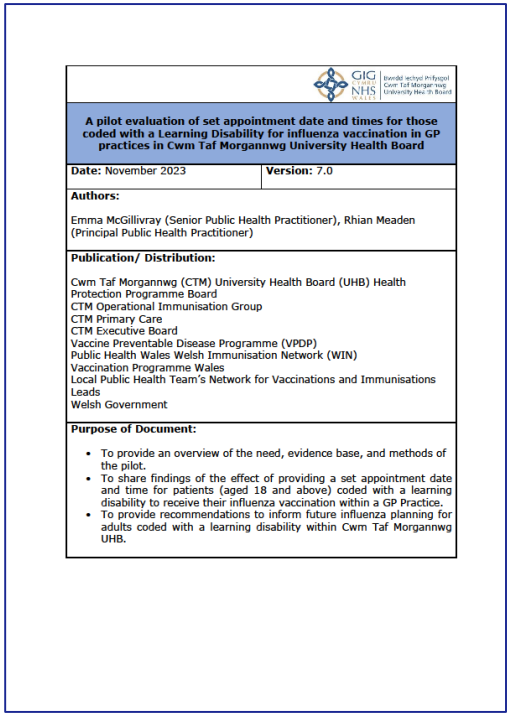
"Previous years we did not send out individual pre-booked appointments. Booking these and sending individual letters with each appointment took more time." (Practice A)

"Clinical time was wasted due to high DNA rate" (Practice C)

"Do test runs to avoid technical errors" (Practice C)

Conclusion

- Whilst the pilot's approach offered valuable insights, its overall impact was inconclusive and limited.
- Future efforts should build on these findings by addressing the identified issues, and incorporating recommended improvements to better support vaccination uptake amongst individuals with learning disabilities.
- Further evaluation and refinement of the intervention will be essential for achieving the desired increase in vaccination coverage.



A pilot evaluation of set appointment date and times for those coded with a Learning Disability for influenza vaccination in GP practices in Cwm Taf Morgannwg University Health Board

Date: November 2023 **Version:** 7.0

Authors:

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Publication/ Distribution:

Cwm Taf Morgannwg (CTM) University Health Board (UHB) Health Protection Programme Board
CTM Operational Immunisation Group
CTM Primary Care
CTM Executive Board
Vaccine Preventable Disease Programme (VPDP)
Public Health Wales Welsh Immunisation Network (WIN)
Vaccination Programme Wales
Local Public Health Team's Network for Vaccinations and Immunisations Leads
Welsh Government

Purpose of Document:

- To provide an overview of the need, evidence base, and methods of the pilot.
- To share findings of the effect of providing a set appointment date and time for patients (aged 18 and above) coded with a learning disability to receive their influenza vaccination within a GP Practice.
- To provide recommendations to inform future influenza planning for adults coded with a learning disability within Cwm Taf Morgannwg UHB.

Click image for full report

Combined Learning

Reviewing administrative processes across the vaccination system will enable future enhancement of services in line with the digital transformation element of the NIF

Early & timely planning of evidence based, targeted interventions is crucial, whether this be research and/or behavioural insight, with evaluation plans considered from the outset

Targeted work is needed to address vaccine fatigue across many of our eligible population groups

Collaboration is key to the success of vaccination programme delivery given the shared delivery model

Next Steps

- The establishment of the new health protection function within the health board has created a multidisciplinary team combining the work of the local authority and the health board.
- To utilise the knowledge/learning gained from service evaluations to inform future planning, refinement of approaches, and identification of interventions to be more responsive to the needs of each priority group (e.g. location and timing for clinics, streamlined resources for staff).
- To continue identifying opportunities for sharing our experiences, and to determine further research opportunities.

Useful Sources of Information

- **Information & Resources on vaccinations & immunisations**: Immunisation SharePoint page, or Public Health Wales' Vaccination page and Public Health Wales Asset Bank
- **Vaccination uptake data by** Practice/Cluster: Surveillance of Vaccines, Vaccine Preventable Diseases and Respiratory Infections (sharepoint.com)
- **LPHT developed FAQ sheets-** Health professionals & Parents (MMR): Childhood Immunisations - Cwm Taf Morgannwg University Health Board (nhs.wales)
- **PHW Asset Bank -** Public Health Wales Asset Library
- **UK Notify platform**, which can be used to send letters, text messages and emails (GOV.UK Notify (notifications.service.gov.uk)),
- **Queries** in relation to vaccination and immunisation, please contact the Health Protection Operational Team via CTM_ImmunisationService@wales.nhs.uk

Learning & Development

Optimising Vaccine Uptake: Using motivational interviewing for better conversations - Public Health Wales

How to talk about vaccines (who.int)

Flu for Health and Social Care Staff E-learning

Making Every Contact Count Training (MECC) –

PHW-MECC.CTM@wales.nhs.uk

Acknowledgements

Thanks to all those who were involved in the reported service evaluations.

Local Public Health Team (Rhian Meaden, Margaret Munkley)

Health Protection Team (Rhianydd Davey, Hayley Gale, Jane Williams)

Learning Disability Liaison Nurse (Helen Thompson)

Primary Care Team (Bella Spear)

Participating GP Practices

Vaccination delivery teams across all programmes.

Any Questions?

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