Vaccination in Practice pack
(VIP pack)

Planning the flu immunisation campaign:
A Guide for General Practice

2014-15

The best way to read this guide is on a computer linked to the internet as further information is accessible via the hyperlinks underlined in the text. 
(Some hyperlinks are only available on NHS Wales intranet)

The pack is available to view and download at:

http://howis.wales.nhs.uk/fluVIPpack

Patients and staff whose comments or anecdotes have been included have been anonymised to protect their identities. We are grateful for their stories.
Preface

We are pleased to share with you the updated flu immunisation campaign guide for general practice in Wales (2014-15). The aim of this guide is to support health boards and general practices deliver an efficient, effective flu immunisation campaign to their local community. It provides a brief overview of the flu campaign, hyperlinks (underlined in blue) to available resources, examples of good practice, and innovative ideas for maximising the campaign.

Each health board and general practice is different. In some there is already a well planned structure and approach to the annual flu campaign. In others this is less so. We hope that all health boards and practices will find something of use to them in this pack.

Flu planning guides that have been produced locally have helped to inform and shape this one. Thanks are extended to colleagues across Wales for sharing their work, opinion, and expertise.

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Summary

Throughout the year
- Promote the benefits of the vaccine throughout the year to those at risk
- Keep disease registers up to date throughout the year and also through the flu season
- Use the year planner to help plan and deliver your campaign

Pre flu season
- Plan early!
- Arrange a whole team meeting early on to plan the campaign.
- Identify a lead individual within the practice
- Ensure all clinical staff have appropriate training
- Plan to write a report at the end of the campaign
- Order plenty of supplies of vaccine to achieve the target uptake levels
- Ensure you have adequate, appropriate storage facilities
- Let patients know when the flu clinics will be starting as soon as possible
- Engage with a wide group of healthcare professionals – they may be influential

When the flu immunisation season starts
- Offer vaccine to your staff with direct patient contact as a priority
- Encourage patients in a way that is appropriate to them, to have the flu vaccine: letters, personal recommendation, SMS texting, email, video messaging, local publicity etc
- Offer flexibility with flu immunisation appointments, at various times and days and encourage all clinical staff to offer the vaccine opportunistically
- Read code women who become pregnant during the flu season
- Identify uptake in each risk group, and plan how best to target groups where uptake could be better.
- Compare uptake with previous years, and with other general practices: reflect on this with the team.
- Ensure all data is recorded in an accurate and timely way, using appropriate Read codes.
- Maintain awareness levels with staff and patients and continue to offer the vaccine until the flu season is over.
Contents
Preface ......................................................................................................................... 2
Background ..................................................................................................................... 5
The groups recommended for flu vaccination ......................................................... 7
Routine flu vaccination for children ........................................................................... 7
Read codes, recording, and Audit+ ............................................................................ 8
Consent ........................................................................................................................ 9
Prescribing flu vaccine ............................................................................................... 10
Financial support ......................................................................................................... 11
Audit ............................................................................................................................... 14
Statistics/uptake ............................................................................................................ 15
Handling and Storage of Vaccines ............................................................................. 18
Training and updating staff .......................................................................................... 18
Bulletin and updates ........................................................................................................ 19
Working with healthcare colleagues .......................................................................... 20
Examples of good practice ............................................................................................. 25
Useful contacts ............................................................................................................... 32
Further reading & key sources of information ............................................................. 33
Year Planner ................................................................................................................... 35
Background

**Influenza** (flu) is a highly infectious respiratory illness, caused by a virus. In the UK, the majority of influenza infections occur between late autumn and early spring, with annual epidemics lasting around two months.

Influenza infection varies in severity. It may be mild in younger, healthy individuals, but can be very serious or fatal in older individuals, or pregnant women, those with a chronic disease or a suppressed immune system.

The aim of the influenza immunisation campaign is to minimise flu related morbidity, mortality, and hospital admissions. Influenza immunisation offers good protection against the strains of flu contained in the vaccine and is recommended on an annual basis for those at a higher risk of complications from flu infection.

In the 2013-14 flu season, free influenza immunisation was offered in Wales to:
- all individuals aged 65 years and over
- individuals between 6 months and 65 years in clinical risk groups
- all pregnant women
- residents of long-stay care homes
- health and social care workers with direct patient contact
- carers of elderly or disabled persons whose welfare may be at risk if the carer fell ill
- members of voluntary organisations providing planned emergency first aid

and for the first time, across the UK,

- flu immunisation was available routinely for children

The eligible clinical risk groups will remain the same for 2014-15. However a larger group of children will receive flu vaccine routinely this flu season in the second phase of the roll out of the children’s flu immunisation programme.

“...current evidence suggests that universal vaccination of children against influenza is not only beneficial for children themselves, but could produce significant health benefits and be cost saving to the community as a whole.”


From last flu season (2013-14), certain age groups were included as part of the phased implementation of the universal childhood influenza immunisation programme. Eventually routine flu immunisation will be available to all children aged 2-16 years of age.
In the 2014-15 flu immunisation season this will be extended to:

- Children aged 2, 3 and 4 years of age (on 31st August 2014), and
- Children in school year 7 (so generally aged 11-12 years)

The flu vaccine of choice for children is a nasal spray, so most children will not need it given as an injection. Each year more age groups will be included in the national programme. Eventually all children aged 2-16 years will be offered annual flu immunisation.

The ministerial letter (CMO (2014) 15) contains a more detailed list of the groups for whom flu immunisation is recommended (appendix 1). This list is indicative of the main groups at highest risk of complications of flu, but is not exhaustive, and clinical judgement is necessary in individual cases. Clinicians should take into account, on an individual basis, the risk of infection exacerbating any underlying disease that a patient may have as well as the risk of serious illness from flu itself, and then make a clinical judgement about vaccination. In those aged 6 months to 65 years, the groups identified as at increased risk to flu and its complications remain unchanged from last year (2013-14) apart from expansion of one group: children (CMO (2014) 15).

The flu immunisation uptake target for Wales is 75% in recommended risk groups, this reflects the World Health Organization (WHO) target.

Uptake of influenza immunisation in Wales continues on a long-term positive trend but there is wide variation in uptake achieved by general practices across Wales, and uptake remains suboptimum. In those aged 65 years and older uptake in 2013-14 was 68.3%, which is an increase of 0.6% from the previous year, and in those aged 6 months to 65 years in one or more clinical risk groups, uptake was 51.1% (compared to 49.7% the previous year). (These figures are based on data received from more than 95.1% of the 470 general practices in Wales Influenza vaccination uptake in Wales 2013/14, Public Health Wales)

You will find lots of influenza immunisation information on the VPDP Flu - 2014/15 Season page, this includes:

- The Ministerial letter and annex that recommend policy (CMO (2014) 15)
- Welsh Government seasonal flu plan 2014-2015 which sets out their vision for the season.
- Various useful resources, like leaflets, video links, and invitation template letters

This information pack is designed for general practices, as they plan and implement their annual flu campaign. It should be read online as it contains hyperlinks to further information and guidance. Some of the links are available on the NHS Wales intranet only.

The Year planner (appendix 1) offers a month by month guide to the flu campaign for general practices, highlighting ideas, actions and tips for the whole year, to best support you delivering a robust complete flu campaign, and best protect your staff and patients from flu.
The groups recommended for flu vaccination

Clinical risk groups identified as being at increased risk to complications of influenza and eligible for free flu vaccinations are (The Green Book Chapter 19):

<table>
<thead>
<tr>
<th>Clinical risk category</th>
<th>Examples (this list is not exhaustive and decisions should be based on clinical judgement)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic neurological disease (included in the DES directions for Wales)</td>
<td>Clinicians should consider an individual's clinical needs and decide on the basis of clinical judgement.</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Type 1 diabetes, type 2 diabetes requiring insulin or oral hypoglycaemic drugs, or controlled diabetes.</td>
</tr>
<tr>
<td>Immunocompromise (see contraindications and precautions section on live attenuated influenza vaccine)</td>
<td>Immunocompromise due to disease or treatment, including patients receiving chemotherapy.</td>
</tr>
<tr>
<td>Asplenia or dysfunction of the spleen</td>
<td>This also includes conditions such as homozygous sickle cell disease and coeliac syndrome that may lead to splenic dysfunction.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clinical risk category</th>
<th>Examples (this list is not exhaustive and decisions should be based on clinical judgement)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic respiratory disease</td>
<td>Asthma that requires continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospital admission.</td>
</tr>
<tr>
<td>Chronic heart disease</td>
<td>Congestive heart disease, hypertension with cardiac complications, chronic heart failure, individuals requiring regular medication and/or follow-up for ischaemic heart disease.</td>
</tr>
<tr>
<td>Chronic kidney disease</td>
<td>Chronic kidney disease at stage 3, 4 or 5, chronic kidney failure, nephrotic syndrome, kidney transplantation.</td>
</tr>
<tr>
<td>Chronic liver disease</td>
<td>Cirrhosis, biliary atresia, chronic hepatitis</td>
</tr>
<tr>
<td>Chronic neurological disease (included in the DES directions for Wales)</td>
<td>Stroke, transient ischaemic attack (TIA). Conditions in which respiratory function may be compromised due to neurological disease (e.g. polio syndrome sufferers).</td>
</tr>
</tbody>
</table>

A Cochrane review [Vaccines to prevent influenza in healthy adults](#) was published in 2014 and although evidence was limited, demonstrated the preventative effect of flu vaccine.

Routine flu vaccination for children

Flu immunisation is now routinely offered to some children who are not in a clinical risk group. In 2014-15, four age cohorts will be included as part of the phased implementation of the universal childhood influenza immunisation programme.

An intranasal preparation Fluenz® Tetra is the flu vaccine of choice for most children, as it is more effective than the injectable flu vaccines in this age group, so the majority of...
children will not need an injection to get protection from flu. Each year more age groups will be included in the national programme and eventually all children aged 2-16 years will be offered an annual flu immunisation in the UK.

In the 2014-15 flu season, flu immunisation will be routinely offered to all:

- Children aged 2, 3 and 4 years old on 31st August 2014 and
- those in school year 7 (so generally aged 11-12 years)

Children born between:

1 September 2009 and 31 August 2012 inclusive

will be offered flu vaccine routinely this year (2014-15)

For children aged 2, 3 and 4 years of age (on 31st August 2014) the vaccine will be given in general practice.

For year 7 pupils there will be a school-based delivery service across Wales. Children for whom the nasal flu vaccine is contraindicated should receive an injectable flu vaccine. Year 7 pupils for whom the nasal flu vaccine is contraindicated should receive an injectable vaccine in primary care.

Fluenz® Tetra will be procured centrally for use in the routine childhood schedule and supply will be in the same way as other childhood vaccines. This vaccine has a relatively short shelf life compared to injectable vaccines.


**Read codes, recording, and Audit+**

Flu immunisation uptake is monitored by Public Health Wales at a local and national level. This allows Public Health Wales, health boards and the NHS in general to monitor effectiveness of vaccination campaigns, assess numbers of at risk patients who are still susceptible to flu and this also helps in monitoring vaccine efficacy. Immunisation uptake data is collected automatically in Wales using Audit+ for Public Health Wales purposes, with the agreement of GPC Wales.

Flu immunisation uptake data can only be collected by Audit+ if it has been coded properly when entered onto your practice database, using the correct clinical codes (information entered onto your system using local codes, or using free text can’t be collected by Audit+). Each year advice is published on which Read codes should be used to record immunisations given and patients’ risk group status. These codes are compiled by Primis+, in collaboration with Public Health England, and a copy of the advice is available on the Public Health Wales
**Consent**

Obtaining valid, informed consent is a necessary step in the immunisation process. There is no legal requirement for consent for immunisation to be in writing.

Chapter 2 (Consent) of The Green Book (Immunisation against infectious disease, 2006) states:

"There is no legal requirement for consent to immunisation to be in writing and a signature on a consent form is not conclusive proof that consent has been given, but serves to record the decision and the discussions that have taken place with the patient or the person giving consent on a child's behalf."

"Those who are capable of giving consent may do so in writing, orally or by cooperation. Completion of a consent form is not a legal requirement..."


Young people under the age of 16 are legally able to give consent to treatment if they are deemed to be “Gillick Competent”, although involvement of
parents/guardians in the decision making should still be encouraged. To meet this criteria the young person must be assessed as having “sufficient understanding and intelligence to enable him/her to understand fully what is being proposed”.

Welsh Government has developed an advice leaflet for children and young people about health care, consent and their rights which can be downloaded.

Further Welsh Government guidance on consent is available: Good Practice in Consent Implementation Guide: consent to examination or treatment.

Prescribing flu vaccine

Patient Group Directions (PGDs) and Patient Specific Directions (PSDs)

As stated in The Green Book Chapter 5 (Immunisation by nurses and other health professionals), ‘the preferred way for patients to receive a prescription only medicine (POM) is for a health professional to prescribe for an individual patient on a one-to-one basis’. In some circumstances, this is not possible, so Patient Group Directions (PGDs) are written instructions that provide the legal framework for the supply and/or administration of medicines to groups of patients by a range of qualified health care professionals. A list of the registered health professions able to use PGDs is available on the Medicines and Healthcare products Regulatory Agency (MHRA) web-site at www.mhra.gov.uk.

Unregistered healthcare workers, such as health care support workers (HCSWs) or health care assistants (HCAs) may legally administer some vaccinations to adults, however they may not do so under a PGD. Further information on vaccination by unregistered healthcare staff is available from Healthcare support Worker Resources page (NHS Wales intranet).

A letter from the Welsh Government’s Chief Pharmaceutical Officer (Chief Pharmaceutical Officer - RW/GL 16 June 2011) offered clarification on the use of PGDs for patients who may be individually identifiable prior to attendance advising that this should not be a barrier to use of a PGD if it offers an advantage to patient care without compromising safety. This clarified guidance contained in previous Welsh Health Circulars WHC 2003 (79) and WHC 2000 (116).

The Vaccine Preventable Disease Programme (VPDP) and colleagues within Public Health Wales have developed a seasonal influenza vaccine PGD and a Fluenz® Tetra PGD that are offered as templates for adaptation and use by health boards. It is important that any PGD used in practice has been signed off locally and authorised for use. If in doubt, contact your Health Board Immunisation Coordinator.
Further guidance on the use of PGDs and PSDs is available in the National Prescribing Centre document Patient Group Directions 2009, and in the Green Book (2006) Chapter 5 Immunisation by nurses and other health professionals.

Financial support

GMS contract

The Quality and Outcomes Framework

Within the General Medical Services (GMS) contract Quality and Outcomes Framework (QOF) there is financial reward for the achievement of influenza immunisation uptake rates in the Coronary Heart Disease (CHD007), Stroke (STIA008W), Diabetes (DM010) and Chronic Obstructive Pulmonary Disease (COPD007) clinical domains. The percentage of patients in each risk group who have a record of flu immunisation in the preceding 1st August to 31st March are calculated and points awarded graduated according to percentage achieved (table 1).

Table 1. Immunisation indicators in QOF

<table>
<thead>
<tr>
<th>Domain</th>
<th>Staged targets</th>
<th>Maximum points</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHD007</td>
<td>53-93%</td>
<td>7</td>
</tr>
<tr>
<td>STIA008W</td>
<td>45-80%</td>
<td>2</td>
</tr>
<tr>
<td>DM010</td>
<td>52-92%</td>
<td>3</td>
</tr>
<tr>
<td>COPD007</td>
<td>54-94%</td>
<td>6</td>
</tr>
</tbody>
</table>

Source: Quality and Outcomes Framework Guidance for the GMS Contract Wales 2014/15

Exception reporting for influenza immunisation has caused some confusion in the past. This may be due to flu immunisation generating income via QOF for some clinical risk groups, and via a DES (Directed Enhanced Service) for others.

For QOF, the payment is based on the percentage of patients immunised in each relevant disease area (table 1). Exception reporting rules apply to the QOF indicators, and patients need to have been personally invited on at least three occasions that year to be excluded from the denominator for QOF payment purposes. The GMS contract includes detailed guidance on exception reporting. Exception reporting is only relevant to payment for those patients indicated for the vaccine within the QOF indicators. Patients may be exception reported for a number of reasons, one reason is that they are recorded as refusing to attend despite being invited three times. Those three invitations need to have taken place within the financial year in question (e.g. 1 April 2014 to 31 March 2015 if applying to the year 2014/15). There should be three separate invitations at three unique periods of time.
The following are examples detailed in the GMS contract as not considered acceptable when counting the number of personal invitations:

1. A generic invitation on the right hand side of the script to attend a clinic or an appointment e.g. influenza immunisation.

2. A notice in the waiting room inviting particular groups of patient to attend clinics or make appointments (e.g. influenza immunisation).

http://www.wales.nhs.uk/sites3/docmetadata.cfm?orgid=480&id=242834

Proposed amendments to the GMS contract for 2014-15 included advice on seasonal flu immunisation:

The timeframe for the 2014/15 seasonal flu indicators is 1 August to 31 March each year. Amend the indicators to allow GP practices to begin vaccinating from 1 August each year to commence the programme. Change to apply to CHD007, COPD007, DM010 and STIA008W. No change to points.


Directed enhanced services (DES)

A DES is a service that the health board must commission or provide for its population.

The Influenza and Pneumococcal Immunisation Scheme DES directions were updated in 2014, mainly to include two new groups that have been recommended for vaccination i.e. Community First Responders and Locum Doctors. This ensures practice income is generated for each flu vaccine administered to patients identified in these groups.

For the DES, payment is based on the number of at-risk patients immunised.

The DES has certain requirements of practices, including:
1) develop and maintain a register of all patients at increased risk of influenza and pneumococcal disease
2) the offer of immunisation during the period 1 August to 31 March, but should concentrate their programme on the period 1 September to 31 January
3) implement a proactive approach and a robust call and reminder system to contact eligible patients to maximise uptake
4) take all reasonable steps to ensure that the life-long records of patients immunised are kept up to date (to include refusal of vaccination),
5) ensure that any healthcare professional involved in administering a vaccine has the necessary experience, skills and training
6) ensure that all vaccines are stored in accordance with The Green Book guidance
7) supply information to the health board for the purposes of monitoring
8) supply information to Public Health Wales for the purposes of monitoring local and national uptake

**Local enhanced services (LES)**

In some areas local needs are met by the commissioning of a LES. In Wales an example of an LES is one that has been developed by a health board to support flu vaccination of frontline social care workers.

**Administration and reimbursement**

In Wales, flu vaccines are purchased by each general practice (or sometimes clusters/groups/consortia) for use with their practice population. Reimbursement of the cost of these vaccines is via the Prescribing Pricing Authority. The nasal flu vaccine for use in the childhood flu vaccination programme is supplied centrally.

Prescribing Services Unit Help Desk (Wales) Help desk 02920 503456
E-Mail: psuhelpdesk@wales.nhs.uk

Practices are often in a strong position to enable them to negotiate discounted rates for the flu vaccine they purchase. This can generate further income.

Practices also report negotiating with pharmaceutical companies for a percentage of their order on a sale or return basis, this seems to help practices feel more confident increasing their orders, as it reduces the risk of any financial loss if some vaccines are not utilised.
Audit

Clinical audit is simply an organised way of checking that you are doing something correctly in a clinical setting.

An example of something a general practice might want to audit is the management of the way vaccines are stored in the practice. One of the rules around management of cold chain and appropriate storage of vaccines is that the fridge temperatures must be recorded daily, therefore your audit should...
include a question which asks whether the temperatures have been recorded daily. Adding questions for each rule will help you create an audit tool.

Use the tool at regular intervals, put right the things you find are wrong and that’s it. You have a clinical audit process for the management of your vaccine fridge. Using the tool to identify areas where procedures are not being followed and putting measures in place to improve compliance will result in a clinical audit process for the management of your vaccine fridge.

Many clinical processes are more complex. However, often an audit tool has already been written. An example of a flu immunisation audit tool for General Practice can be found in Appendix 3. You can view guidance on cold chain and vaccines storage audit.

Public Health Wales’ Primary Care Quality (PCQ) has developed an All Wales Clinical Governance Practice Self Assessment Tool (CGPSAT) for General Practices. CGPSAT is a tool that addresses clinical governance issues across a wide range of issues and areas relevant to General Practice, including immunisation. All Practices in Wales have a user name and password to allow them to complete the assessment online.

Vaccine incident guidance is available for management of vaccine administration errors or adverse storage incidents/breaches of the cold chain.

For information about clinical audit see the National Institute for Health and Care Excellence website and the NHS handbook to help staff improve audit standards.

Statistics/uptake

Public Health Wales collects and collates influenza immunisation uptake data. Information on flu immunisation uptake is provided automatically from Practices through Audit+ in an aggregated manner. No patient identifiable data is transferred.

Uptake rates for patients aged 65 years and over (figure 1) and also those aged 6 months to 65 years in a risk group (figure 2) are published throughout the season on the Flu immunisation statistics pages of the Public Health Wales VPDP intranet site. At the end of the flu immunisation season a national report is published giving the final flu immunisation uptake figures, broken down by health board area.

The Vaccine Preventable Disease Programme (VPDP) also produces influenza immunisation uptake rates at general practice level; these can be downloaded from the VPDP intranet site (statistics/Health Board uptake reports pages). In most health board areas the practices appear in these reports as anonymous codes, so it is not possible to identify individual practices unless you have access to the identifier key – this is held by the Health Board Immunisation Coordinator and they will be able to help you identify which practice is yours. Assessing flu immunisation uptake at practice level can be a big help in identifying any
problems with your local campaign and can also highlight possible issues around data entry when recording immunisations given.

**Figure 1. Influenza immunisation uptake Patients aged 65y and older in Welsh Health Boards 2011/12 – 2013/14.**

![Graph showing influenza immunisation uptake for patients aged 65y and older in Welsh Health Boards 2011/12 – 2013/14.](image)

Source: Public Health Wales Seasonal Influenza vaccine uptake Wales – 2013-14

**Figure 2. Influenza immunisation uptake Patients aged 6 months to 64y at clinical risk in Welsh Health Boards 2011/12 - 2013/14.**

![Graph showing influenza immunisation uptake for patients aged 6 months to 64y at clinical risk in Welsh Health Boards 2011/12 - 2013/14.](image)

Source: Public Health Wales Seasonal Influenza vaccine uptake Wales – 2013-14
National level, health board level and practice level flu immunisation uptake statistics can all be accessed on the statistics pages of the Public Health Wales Vaccine Preventable Disease Programme NHS Wales intranet site. To help with understanding this data there is guidance available from VPDP on the NHS Wales intranet page understanding influenza immunisation uptake data.

Influenza Vaccination Online Reporting (IVOR) offers practices across Wales an opportunity to access a summary of their most recent immunisation data. Each practice in Wales has a page specific to their practice which includes trends and summary data (figure 3). Your Immunisation Coordinator has your practice identification number.

Figure 3. An example of an IVOR practice web page
Handling and Storage of Vaccines

Incorrect storage of vaccines can mean patient safety and protection is compromised, it is also wasteful and costly to the NHS. Guidance on the correct ordering, handling and storage of vaccines is available from a number of sources.

Vaccines must be stored within the temperature range recommended by manufacturers (generally +2˚C to +8˚C). Failure to store vaccines correctly, can reduce vaccine effectiveness and cause vaccine failures. Freezing may also cause hairline cracks in the container, leading to contamination of the contents.

It is a statutory requirement that all refrigerators in which vaccines are stored have a maximum/minimum thermometer and that readings are recorded on all working days (The National Health Service (General Medical Services Contracts) (Wales) Regulations 2004).

The National Patient Safety Agency (NPSA) offer advice on management of the cold chain and supporting evidence and documentation including information on vaccine stability and examples of local guidance.

Ideally vaccine fridges should be wired directly to an electricity outlet. Where a vaccine fridge is connected using a plug “Don’t turn me off” stickers for fridge plugs may be used as a practical reminder that may help reduce the chances of a fridge being switched off.


The VPDP offers further information and resources on Ordering, Handling and Storage of vaccines that include links to guidance and various advisory documents.

Training and updating staff

A high level of knowledge and a positive attitude to immunisation in primary care staff are important determinants in achieving and maintaining high vaccine uptake. All health care professionals who have a role in immunising or providing immunisation advice should have good basic immunisation training.

Basic immunisation training should meet the National Minimum Standards for Immunisation Training and a National Core Curriculum. These standards offer a framework and aim to support the design and delivery of local immunisation training and continuing professional development. Annual updates should be accessed by all immunisers and staff who provide immunisation advice to ensure their knowledge base is kept up to date. Immunisers should also attend annual CPR and anaphylaxis training. Completion of immunisation training/annual
updates and annual CPR and anaphylaxis updates are requirements for registered nurses to administer vaccines via a Patient Group Direction/Patient Specific Direction.

Training events are published regularly on the [Public Health Wales immunisation training events](#) pages and will also be available from your [Health Board Immunisation Coordinator](#). E-learning is also available; staff can view the immunisation modules at: [www.wales.nhs.uk/immslearning](http://www.wales.nhs.uk/immslearning).

Suitably trained Healthcare Support Workers (HCSWs) administer flu and pneumococcal vaccinations to adults in some areas of Wales. [National Minimum Standards and Core Curriculum for Immunisation training of Healthcare Support Workers](#) were published in April 2012. These standards are currently under national review to include additional standards for HCSWs on the administration of shingles vaccine and live attenuated influenza vaccine (LAIV) to children. More detailed resources about the role of HCSWs in administering vaccines are available from the Public Health Wales – Vaccine Preventable Disease website. Training is available periodically in some health board areas for HCSWs who wish to extend their competency to administration specific vaccines. Details of events may be obtained from your [Health Board Immunisation Coordinator](#).

### E-learning is a new way to learn that is becoming increasingly popular

A short online module about flu that is suitable for all NHS staff has been developed in Wales:

- It is free
- It is easy to register
- The module only takes about 10 minutes to complete
- It is simple to work through and doesn’t involve any sort of test.
- The module contains some interesting information about flu and the flu vaccine
- You get a certificate when you complete it

When staff know more about flu and the benefits of flu vaccination they are much better equipped to encourage it in their colleagues and staff.

Register at [www.wales.nhs.uk/immslearning](http://www.wales.nhs.uk/immslearning)

**Should all your staff spend 10 minutes e-learning about flu?**

### Bulletins and updates

There is a monthly [immunisation e-bulletin from VPDP](#) that offers a regular update on immunisation issues throughout the year. It is shared with all health boards who then share within the area. If you wish to receive a copy please contact your [Immunisation Coordinator](#).
Flu bulletin updates from Public Health Wales are shared when evidence suggests that influenza is circulating within the community, and throughout the season until circulation ceases. When influenza is circulating, general use of the anti-viral medicines oseltamivir and zanamivir for treatment and prophylaxis is licensed in line with NICE guidance (TA168). At the end of the influenza season when flu is no longer circulating, general anti-viral use is no longer licensed, but their use should always be considered in outbreaks of influenza-like illness in high risk groups at any time of year. If you are considering using anti-viral medication, please contact your local Health Protection Team.

Working with healthcare colleagues

Midwives

There is good evidence that pregnant women and their unborn babies are at increased risk from complications if they contract flu. According to a report by experts at the World Health Organization (WHO) pregnant women should be the top priority for seasonal flu vaccination. Pregnant women have been a target group since 2009 in Wales.

The flu vaccine is safe and effective in pregnant women and provides protection for them and their young infants, in whom the disease burden is also high. A recent paper in the Journal of the American Medical Association (Pasternak B et al, 2012) further supports the safety profile of flu vaccine on the unborn child.

In the 2014-15 flu season, uptake in women who were coded in General Practices with Read codes associated with pregnancy was 43.7%. This figure encompasses any woman recorded as being pregnant during September 2013 to January 2014, including those whose pregnancy ended before they could be offered vaccination. In a separate five day survey of women giving birth during January 2014, 70.5% women reported that they had received influenza immunisation.

Every woman who is identified as pregnant during the influenza immunisation season should be offered flu vaccination. GP practices will need to work in their locality groups to agree procedures with their local midwives for identifying women who are not pregnant at the start of the flu immunisation season but become pregnant before the season is over.

Midwives have a key role in promoting flu vaccination to their clients. A study of 800 practices (Dexter et al 2012) found that those where the community midwives were active in administering flu vaccinations to pregnant patients achieved significantly higher rates of uptake in that group.

Practices may want to explore ways of linking best with midwifery services, so midwives can raise awareness of the flu vaccine and either refer to other practitioners or administer the flu vaccine. Where midwives administer flu vaccine it is important that GP records are updated in a timely way so are included in vaccine uptake data. Resources to support midwives to promote flu immunisation in pregnancy are available.
Health Visitors

Health Visitors are key healthcare workers for families with young children. They have an important role offering up to date advice on the influenza programme, signposting and directing their clients to where they may easily obtain flu vaccine in a timely manner. Good communication between Health Visitors and general practice regarding the children’s flu programme will be essential in the routine annual flu immunisation in two, three and four year old children this year.

School Nurses

Effective, timely communication is necessary between school nurses, the local child health department and general practice. The identification of children in clinical risk groups that are in school year 7, (so should this year receive vaccination as part of the schools based programme) is a component of the campaign that will require planning, discussion regarding management and good communication. As will the group of children in school year 7 for whom Fluenz® Tetra is contraindicated as these children will require injectable influenza vaccine at their GP practice.

School nurses may also be influential in sharing key immunisation messages with parents of children in their caseload, especially those with younger siblings or those in risk groups.

District Nurses

When considering how best to protect vulnerable housebound patients, discussions with the district nurse team are vital. Early planning will ensure this vulnerable group of people get best protection in a timely way.

In 2006 one Local Health Board (LHB) produced a report to advise members of the Board on the actions to be taken by the LHB to improve the uptake of the seasonal influenza vaccination programme for all eligible patients was developed.

This initiative included extending the input of district nurses in the area to deliver flu vaccines to hard to reach groups.

You can read the plan in full, it includes purpose, background, costing, achievements and conclusions.

Guidance supporting health professionals to conduct domiciliary immunisations to improve vaccine uptake has been developed Public Health Wales: Domiciliary Immunisations guidance
Corinne is an 89 year old retired school teacher, she lives in Swansea,
“I am housebound now, so the district nurse comes to the house to give me the
flu jab.
I have had it every year since it started and I used to go the surgery to get it.
Now they come to me, they like to do us older people first. That’s what they
told me anyway.
I don’t know if I could get to the surgery if they didn’t come to me..........maybe a taxi or something........... but it would be difficult.”

Long term conditions teams

Many patients who are eligible to receive free annual flu vaccination may be
under the care of a long term conditions team e.g. pulmonary rehabilitation
team. To liaise with them may be helpful and help ensure this group get
protection.

Template training resources are available to help teams deliver the flu
immunisation message to their patients.

Care homes and hospices

Residents of care homes are at increased risk of the complications of flu infection
and are eligible for free flu vaccination. In some nursing homes there are
qualified staff who are competent to immunise and will administer the vaccine,
whereas other care homes will require a clinician to visit and give the vaccines.
Early planning will help ensure this vulnerable group get best protection in a
timely way.

The National Minimum Standards for Care Homes for Older People includes
guidance for best health protection of staff and residents.

“The registered person takes all reasonable steps to protect and promote
the health, safety and welfare of service users and staff”

Standard 18.1, Page 17
National Minimum Standards for Care Homes for Older People
(Welsh Assembly Government)

The timely, accurate recording of any vaccinations given on the GP clinical
system will ensure they are captured in the uptake data. This also has a clinical
governance implication.
**Occupational health services**

Health care staff with direct patient care should have annual flu immunisation to protect themselves and their patients *(CMO (2014) 15)*

Front line healthcare staff should receive *flu immunisation as part of their occupational health care*, this is to protect the individual staff, their colleagues and their patients. Within the practice you may decide that the immunisation is best offered in-house or perhaps use an occupational health service for this.

Robust recording of all immunisations administered is a requirement in the General Medical Services contract and staff should inform their own GP when they have received an immunisation with their employer/occupational health service so their personal medical records are up to date and complete. It is also important that if staff have a flu vaccine with their own GP, that they advise their occupational health service/employer of this, so the employer can be certain to have a complete and accurate record of staff immunisation uptake.

Practices should actively encourage staff with direct patient contact to have the flu immunisation. This will help to protect themselves their families, colleagues and patients.

Posters and leaflets are available to promote flu immunisation to this group and offer more information. *Information literature (including posters) for health and social care workers* are available to download and adapt/adopt.

NHS Employers hold an annual flu campaign for NHS staff, and in 2013 it was commissioned for use in Wales for the first time. You can download resources from the *flu fighter* website, and the *flu fighter Wales* section contains a number of resources that are also available in Welsh.

Flu fighter resources are aimed at healthcare workers, to help positively influence flu immunisation in healthcare workers with direct patient contact. The *flu fighter website* includes guides to planning, running and evaluating a flu immunisation and healthcare worker campaign. They also have *short films for you to use when promoting flu immunisation to your staff* which are informative and sometimes even entertaining. They also have guides to *planning, running,* and *evaluating* the staff facing flu immunisation campaign.

"*Why would you not?*” is a short film from a general practice in South Wales, it captures the thoughts of members of the practice staff regarding flu immunisation.

Watch it in English at [www.publichealthwales.org/whywouldyounot](http://www.publichealthwales.org/whywouldyounot)

or in Welsh at [www.iechydcyhoedduscymru.org/pamnafyddech](http://www.iechydcyhoedduscymru.org/pamnafyddech)
Community Pharmacies

In 2013-14 Welsh Government continued to encourage and support health boards to involve community pharmacies in the delivery of flu immunisations in the vaccination programme, this was done with an aim to improve accessibility of the flu vaccine. In total 7,850 people received vaccinations from 195 community pharmacies across the 7 Health Boards representing around 1 in 4 pharmacies in Wales. Further information on the pharmacy flu programme will be published by the Welsh Government in its annual statistical release Community Pharmacy Services.

The Welsh Government has confirmed that community pharmacies will continue to offer NHS flu vaccination in Wales in 2014-15 but GPs will continue to be the main provider of flu immunisation, with community pharmacists supporting this work to further increase uptake by helping make flu vaccine more accessible.

If vaccines are given in a pharmacy it is important that a mechanism is in place to ensure this data is recorded at the practice so is captured in a timely way. This will help to maintain complete, robust patient records and will also ensure these immunisations are included in uptake figures.

Integrated Care Teams

Integrated Care Teams offer care to vulnerable adults e.g. the housebound, nursing home residents. Many of their clients will meet the criteria for flu immunisation. Integrated care teams may be able to immunise their client group.

An accurate, timely recording of all immunisations given is important to maintain complete, robust patient records and will also ensure these immunisations are included in uptake figures.

Out Patients Departments

Many of the patients attending out patients departments at hospital may be eligible for free flu immunisation. If healthcare professionals in primary and secondary care offer consistent positive messages about the benefits of flu vaccination it may make the overall message more powerful.

Giving a positive flu immunisation message by trusted Doctors and Nurses may be a key influencing factor, and encourage some patients to make the decision to have the flu vaccine.

In one village in the Vale of Glamorgan the majority of the population is served by two general practices.

To best protect the elderly residents living in sheltered housing there, the practices combined efforts, and worked together to help patients access the flu vaccine more easily.

One clinic was held at the sheltered housing complex where patients from both practices were given the flu immunisation.
Examples of good practice

Interventions to increase influenza vaccination rates

A Cochrane review of the literature in 2010 considered interventions that may have a positive influence on uptake of flu immunisation in people aged 60 years and older in the community. Personalised postcards or phone calls were found to be effective, and home visits and facilitators may be effective.

A survey of general practice in England in the British Medical Journal (Dexter et al 2012) identified factors that had a positive impact on influenza vaccination rates, they were:

- Having a lead within the practice planning the campaign
- Having a lead within the practice to identify at risk patients
- Using a computer system to identify at risk patients
- Producing a written report at the end of the flu season to review vaccine uptake
- Sending personal invitations to all eligible patients
- Keep offering vaccination until the end of the flu season, don’t stop too early
- Midwives advising and offering flu vaccination to pregnant women

A practice in West Wales telephoned diabetic patients registered with them, who had not had a flu vaccine this season, to help identify why they are unvaccinated.

The most common reasons given (in descending order) were:

- Missed Saturday clinic
- Feeling well
- Fear of side effects
- Informed dissent
- Undecided
- Unwell & had a previous reaction

This has helped the practice making their flu plan robust, incorporating into it how best to address the factors identified by their patients as influential, and better protect their health.

Several general practices in Wales have used innovative and novel approaches to flu immunisation, many have been identified as part of a general practice grant scheme in Wales; The Flu VIP scheme.
A personal invitation to those registered patients eligible for flu immunisation is expected from general practices as part of their contractual agreement, and evidence indicates that following the initial invitation up with a second reminder/invitation may be a useful part of the flu campaign. The enhanced follow up scheme supporting practice to fund this intervention was launched in 2013, and run again in 2014-15.

Some top tips for a successful flu campaign

- Plan early, involving the whole practice team
- Invite patients for the vaccine
- Have clinics at convenient times and in accessible places
- Advertise clinics well in advance
- Be proactive
- A whole team approach helps
- Consistent, accurate messages from the whole team aid clarity and confidence
- Maximise opportunistic immunisations
- Remind those who haven’t had the vaccine how important it is
- Audit who is late to have the vaccine and actively contact them
- Record vaccines given in the practice or elsewhere in a timely, consistent way

Identification of individuals

- Early identification of those at increased risk to influenza is easier and more robust with accurate Read codes as this helps when searching the clinical system
- Running lists of those who are at increased risk but have not received the immunisation may help practices to focus their attention on groups with low uptake
- Using these lists to inform staff of the patients who may benefit from a reminder, and then phoning/writing/texting these patients may be useful in encouraging patients and highlighting to patients that the practice sees this as a priority in protecting their health
- If you identify a group that are proving more difficult to reach with flu immunisation, maybe those with a certain condition, living in a particular area, or with a specific lifestyle factor, a different strategy may be needed to better address any barriers

Invitations

- There is evidence that personalised post cards and written invitations improve flu immunisation uptake
- General template invitation letters are available to adapt/adopt
- Personal telephone calls can help address specific concerns of individuals who have not had their immunisation
- Phone calls have been demonstrated to be effective in improving flu immunisation uptake in the older age group

- SMS texting is another way to invite patients
- More people use email regularly and this is another way to possibly contact patients
- Following up an initial invitation with a further reminder/invite appears to have a positive effect on uptake

**Clinic timings/venue etc**

Accessibility of clinics and appointments can be an issue for some people. Offering flu clinics at different times and on different days seems logically to give the best opportunities for people to get to the surgery and have their flu vaccine:

- Saturday morning flu clinics are becoming increasingly common
- Lunchtime sessions, timed to coincide with local lunch/social clubs have been tried and feedback has been positive
- Evening or early morning clinics may be welcomed, especially by working people

John is 59 years old and lives in Flintshire. He was diagnosed with diabetes 4 years ago. He had the flu immunisation for the second time this year.

“I liked getting my flu jab in the Community Hall instead of the surgery. There was more space, plenty of seats. It was more organised and a better atmosphere and best of all there were no ill patients around!”

**Promoting the flu vaccination**

- In the practice lots can be done to raise awareness, including making sure posters and leaflets are up to date, eye catching and visible.
- Maybe key staff could encourage patients to discuss their issues with flu vaccine by wearing a badge “Ask me about flu vaccine?”
- **Radio advertising** has been used to promote flu immunisation over the airwaves of Wales
- In 2013-14 there was a national radio campaign promoting flu immunisation in Wales
- Local media can be used to help raise awareness. This might include radio stations, and local newspapers
- Pharmaceutical companies routinely provide promotional materials to practices where they supply the vaccine

A small rural practice championed flu vaccination in a novel way. They raised awareness in the local population by putting up posters and sharing leaflets in the community at places people often visited.

They put up posters in pubs, shops and local bus stops, as well as on buses.

They even put small notices in the car window of community nurses and practice staff.
An online game where you try to beat flu by bashing the flu bugs was launched at Techniquest® in Cardiff in 2013.

The game aims to raise awareness of flu in children and their parents, and can be played at www.beatflu.org or via www.facebook.com/beatflu and Twitter @beatflu

Have a go, it’s good fun..... can you beat flu???

Publicity

- Welsh Government publish various information leaflets and posters about flu every year. These are available to download from NHS Direct Wales and to order in hard copy by emailing hplibrary@wales.nhs.uk or phoning 0845 606 4050
- Public Health Wales also develop and share downloadable, printable information resources.
- Pharmaceutical companies routinely provide support materials to practices where they supply the vaccine.

Leaflets and posters

Flu leaflets and posters available in 2014-15 include:
- a general flu leaflet
- a flu immunisation for children leaflet
- a poster for schools to promote the vaccine to school year 7 pupils
- a poster promoting flu vaccine for children aged 2, 3 and 4 years old
- a poster promoting flu vaccination for pregnant women

Leaflets and posters available in hard copy can be ordered from hplibrary@wales.nhs.uk or 0845 6064050 or they may be viewed online at NHS Direct Wales and downloaded.

Some leaflets and posters are produced each year by VPDP to offer more support with targeted, focused messages so are available as download only from the VPDP NHS Wales intranet pages.

Health and Social care workers

The VPDP Flu-Occupational health page contains links to posters and leaflets for:
- Occupational health departments
- Midwives
- Health and social care workers

NHS employers offer lots of information about the benefits of flu immunisation for health care workers across NHS
England. They deliver the national seasonal flu campaign for NHS staff and are the home of the “flu fighter” and from August 2013 flu fighters have been commissioned for Wales.

http://www.nhsemployers.org/campaigns/flu-fighter/flu-fighter-wales

There are various downloadable resources available, highlighting the benefits of flu immunisation for health care workers by sharing information, ideas and innovative practice. Follow @NHSFlufighter for all the latest flu updates and developments across the NHS and join the conversation adding #flufighter

One health board identified common concerns held by their health care staff about getting the flu vaccination.

The health board produced an information sheet to help answer the most common questions. It can be downloaded and printed for sharing.

Staff seasonal flu vaccine: Answering your concerns

Individuals who work on a voluntary basis (are not paid for their time and effort) providing care on a frequent basis to one or more elderly, disabled or otherwise vulnerable people whose welfare would be at risk if the individual became ill. These should be identified by a letter from their parent organisation naming the person and confirming their membership of, and role in, the organisation.

More information for social care workers and those working in the third sector can be accessed via the Public Health Wales internet page www.publichealthwales.org/fluvaccineandsocialcareworkers

Working together

- Local media can help raise awareness
- Within the Primary Health Care Team flu immunisation is not the remit of the practice nurse alone. Opportunistic promotion of the immunisation, and also vaccination by other members of the team, helps present patients with consistent messages and can help optimise uptake.
One surgery in Gwent reported that working together as a team has been key in running annual flu clinics smoothly. They met to decide on their flu campaign in June.

Key factors in the campaign were:
* Promoting flu vaccine in the target groups by mentioning it at consultation and chronic disease management clinics with eligible patients throughout the year.
* Inviting people by letter and putting posters up in the surgery.
* Designated administration staff contacting eligible patients by telephone and arranged appointments.
* Satellite clinics for nursing and residential home patients.

The demand was such that they put on extra flu clinics to meet the need and that year flu vaccine uptake increased:
- in the aged 65 and over group it went up by 10%
- in the under 65 at risk groups it went up by nearly 20%

**Whole team approach**
- Inclusion of the practice nurse in initiatives has been reported as crucial to success in the flu immunisation campaigns in general practice ([Flu VIP schemes](#)).

Marian is a practice manager in a rural practice in Powys.

“In previous years the practice nurse gave the vaccines without any help or very much support from the practice manager or admin staff.

This year we felt it was more of a team effort and because of that we felt confident that our most vulnerable patients were given more information and also had more opportunity to receive the vaccine.”

**Hard to reach groups/individuals**
- **The housebound**
  Consider how your patients who are eligible for flu vaccination but housebound will get their flu vaccine this year. Incorporate discussions around how to protect this group early on in the planning process as it often involves a joined up approach between several individuals or teams.

- **Homeless people**
  To register with a GP for NHS care it is a requirement to have an address but if you have any patients registered with you whose address is not where they
currently live they will be difficult to target with invitations and information so you may wish to incorporate discussions around this into your planning.

- **Carers**
  People who care for someone whose health would be at risk if they became unwell with flu are eligible for flu vaccination but this group may not be easily identified using computer searches if they are not recorded as a carer using an appropriate Read code. The Carers Trust offer support and guidance to carers about flu vaccine and this includes promotional materials to help health care professionals identify this group and encourage them to be protected with flu vaccination. These flyers and promotional materials are available in English and Welsh.

  "Unfortunately, many people who care for a partner, relative or friend don’t see themselves as a carer, or are far too busy to think about their own health needs,“

  Dr Moira Fraser, Director of Policy at The Carers Trust

People who work as unpaid carers providing care on a frequent basis to one or more elderly, disabled or otherwise vulnerable people whose welfare would be at risk if the individual became ill should be offered flu vaccine. These should be identified by a letter from their parent organisation naming the person and confirming their membership of, and role in, the organisation. (Please note – this refers to individual carers entitled to a free flu vaccine on the NHS, not professional health and social care workers who should be vaccinated by their employer as part of an occupational health programme).

More information for social care workers and those working in the third sector can be accessed via the Public Health Wales internet page www.publichealthwales.org/fluvaccineandsocialcareworkers

- **Those with poor literacy skills**
  If the way you generally invite patients is by letter, or the way you raise awareness is with text via SMS texting or on your website, or with words on a poster, those who have poor reading skills may not be receiving this information.
Useful contacts

People

- Health Board Immunisation Coordinator
- Local Child Health Office
- Health Protection Teams Immunisation Lead
- Director of Public Health
- Community pharmacies
- Health Board Primary Care Director
- Keep Well This Winter campaign team
- Vaccine Preventable Disease Programme
- Health Promotion library staff

Websites

- Vaccine Preventable Disease Programme (Public Health Wales, NHS Wales intranet)
- Public Health Wales (NHS intranet)
- Public Health Wales (internet)
- Health Promotion Library
- NHS Direct Wales
- Department of Health
- NHS Wales
- NHS Choices
- Flu fighters

VPDP maintain a clinical forum on HOWIS which is available to all NHS Wales intranet users.

When policy changes in-season, frequently asked questions (FAQs) are regularly posted on the Public Health Wales immunisation intranet site and can be a valuable source of information. A specific flu page for the current season is also provided which offers links to the current guidance and further information for health professionals.

Charities and support groups/programmes

- Age UK Cymru
- Asthma UK Cymru
- British Heart Foundation
- British Hypertensive Society
- British Liver Trust
- British Lung Foundation
- British Red Cross
- Carers Trust
- Carers UK Wales
- Children with Cancer UK

- Diabetes UK Cymru
- Expert Patient Programme (EPP) Cymru
- Kidney Wales Foundation
- LATCH. Welsh Children’s Cancer Charity
- MIND Cymru
- Multiple Sclerosis Society
- St John Cymru Wales
- Stroke Association
- Teenage Cancer Trust
- Tenovus
- Welsh Kidney Patients Association

Further reading & key sources of information

Joint Committee on Vaccination and Immunisation (JCVI)

Public Health Wales - Seasonal flu immunisation uptake

Immunisation against infectious diseases (The Green Book)

Public Health England - Quality criteria for an effective immunisation programme
http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1317135275261

Welsh Government seasonal flu website
Welsh Government Chief Medical Officer letters

NHS Employers


GMS contract revisions 2014/15

Vaccine Preventable Disease Programme, Public Health Wales 33
# Glossary

<table>
<thead>
<tr>
<th>Abbreviation</th>
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<tr>
<td>BMA</td>
<td>British Medical Association</td>
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<td>VPDP</td>
<td>Vaccine Preventable Disease Programme</td>
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<td>PCT</td>
<td>Primary Care Trust</td>
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<td>CMO</td>
<td>Chief Medical Officer</td>
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<td>General Practitioner Committee</td>
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<td>Patient Specific Direction</td>
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<td>MHRA</td>
<td>Medicines and Health products Regulatory Authority</td>
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<td>GMS</td>
<td>General Medical Services</td>
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<td>QoF</td>
<td>Quality and Outcomes Framework</td>
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<td>PQU</td>
<td>Primary Care Quality</td>
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<td>CGPSAT</td>
<td>Clinical Governance Practice Self Assessment Tool</td>
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<td>NPSA</td>
<td>National Patient Safety Agency</td>
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<td>HOWIS</td>
<td>Health of Wales Information Service</td>
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Appendix 1

Year Planner

A suggested timescale/plan and ideas for general practices and their annual flu immunisation campaign

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<thead>
<tr>
<th>Month</th>
<th>Staff Issues</th>
<th>Patients</th>
<th>Management</th>
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Vaccine Preventable Disease Programme, Public Health Wales
### January

#### Staff Issues

**Looking back on the current flu season:**
Congratulate on a job well done so far.

**Benchmarking:**
Compare the Practice uptake with
- Previous years
- Nearby practices
- Practices with similar population demographics
- Across your locality
- Across the health board
- Across Wales
- Across the UK

Encourage all of the team to reflect on:
- What is your uptake so far?
- Are you doing better than last year?
- Have you hit the targets?
  - If not...why?
  - What has worked well?
  - What could be improved?
- Are there any recurring problems?
- Are there groups of patients where uptake is poor so far?
- Get some ideas for how to do it better next flu season.
- Have all your staff with direct patient care had their flu jab this season?
- Consider uptake in your staff this year compared to previous years. Is it getting better?
- Are there any staff who want the vaccine now?

Show the "why would you not?" video to staff
www.publichealthwales.org/whywouldyounot

Have a whole team meeting:
- Invite as many of the team as possible
- Provide and request feedback from the team on the highs and lows of last seasons flu campaign
- Identify how well the practice has performed
- Engage people in starting to plan the next campaign
- Discuss the benefits of staff being immunised

Outline the flu campaign for the 2014/15 flu season year

**Looking forward to the 2014/15 flu season:**
Identify and designate lead(s) for next seasons flu programme.

Tap into new ideas from different members of the team.

Plan your end of campaign practice report

Encourage all of the team to contribute to planning a stronger campaign next season

Consider what you will want to put in your end of year reports, so you can be sure to gather all the information throughout the season

Are there any risk groups you could target with more detailed or targeted information and improve uptake?

| Under 65s in a clinical risk group |
| Parents of children in the target groups |
| Carers |
| The Carers’ trust has template letters and information sheets. |
| Pregnant women |
| **Staff.** |
| Guidelines for clinicians caring for those without a fully functioning spleen |
| The housebound |
## Patients

**Looking back on the current flu season:**
If flu continues to circulate continue to offer flu vaccination to eligible patients who have not yet had a flu vaccine this season

- Practice website
  - Update the practice website with interesting and relevant flu information

- Practice posters and information
  - Make sure your posters and leaflets are available and easy to see in the practice.
  - Do they make it clear that the flu vaccine is still available?

**Continue with your annual awareness raising campaign**

- Encourage staff to remind all eligible patients at every opportunity

## Management

**Looking back on the current flu season:**
Do you have any vaccine available to continue giving to eligible patients and staff whilst flu is still circulating?

- Flu vaccine should continue to be given to eligible individuals until flu is no longer circulating (this is often well into the spring)

**How can you continue to protect at risk patients?**

- Do you know where vaccines are available from?
  - Manufacturer?
  - Medical supplier?
  - Pharmacy?
  - Welsh Government contingency stock?

**Looking forward to the 2013/14 flu season:**
If you haven’t already placed your order for flu vaccine you need to be thinking about doing it soon

- Make sure you have ordered vaccines that are suitable for all your patients

**Order vaccines**

- Try to order from more than one supplier (this helps if there is a supply issue with one manufacturer)

- How many flu vaccines will you need/use next season?
- Can you improve uptake and increase the amount you order? (If yes, by what percentage/How many more?)
- Aim at the target uptake, not just what you managed to do last year.
- Have you ordered at least enough vaccines to give to 75% of your eligible patients and to 50% of your eligible staff?

**Is there anything different this year?**

- Does change in policy mean you will be vaccinating more people?
- With an increasingly proactive approach you can expect the number of vaccines you use to rise.
## February

### Staff Issues

- **Continue raising awareness with the whole team:** There is lots of useful information at [www.nhsdirect.wales.nhs.uk/immunisations](http://www.nhsdirect.wales.nhs.uk/immunisations), [www.nhs.uk/vaccinations](http://www.nhs.uk/vaccinations), [www.wales.nhs.uk/immunisation](http://www.wales.nhs.uk/immunisation).

- **Clinical staff training:** All clinical staff who have input in immunisation should attend [appropriate immunisation training](http://www.nhsdirect.wales.nhs.uk/immunisations) and have regular updates to ensure they are competent to deliver the service. This may include:
  - Practice nurses
  - GPs
  - District nurses
  - Health Care Support Workers
  - Health Visitors
  - Midwives

- **Continue with awareness raising:** Remind all eligible patients opportunistically

### Management

#### Vaccine supplies

- **Looking forward to the 2014/15 flu season:** Have you ordered enough vaccine? Have you ordered at least enough to hit the national targets?
  - 75% for all at risk groups
  - 50% for health care workers with direct patient contact

- **Management:**
  - Include various flu related topics in your practice meetings
  - Flu - the disease & the immunisation
  - Aims of the flu campaign
  - Who is recommended to have the flu immunisation? Appendix 2)
  - Immunisation recommendations for staff.
    - Show [Louise’s story](http://www.nhsdirect.wales.nhs.uk/immunisations), a video of a health care worker who didn’t have the flu jab.
  - How will you encourage people to have the vaccine:
    - Phone calls?
    - Birthday cards?
    - Personal letters?
    - Posters?
    - Opportunistically?
    - With a video message in the waiting room?
    - On the radio?
    - On the Practice website?
    - SMS texting?
    - emails?
    - Via the local press?

- Talk to other general practices. What did they do that worked well?
- Talk to your Immunisation Coordinator, most health boards offer support and facilitate sharing of good practice locally

- **Projects** have identified innovative ways of encouraging uptake of flu immunisation in general practices around Wales.

- **Training events** are available throughout Wales.

- You may wish to contact the Health Board Immunisation Coordinator to discuss training needs and identify appropriate events.

- Would clinicians benefit from attending the All Wales Immunisation conference this year? (normally held in the Spring)

- A Public Health Wales online training module providing basic information about flu will be available from 2013/14. Your staff can enrol at [http://www.mle.wales.nhs.uk/](http://www.mle.wales.nhs.uk/)

- **Flu leaflets and posters**
  - Update the practice website, add new messages and interesting graphics/images
## March

### Staff Issues

<table>
<thead>
<tr>
<th>Looking forward to the 2014/15 flu season: Are your clinical staff up to date with appropriate immunisation training?</th>
<th>Would clinicians benefit from attending the <a href="http://www.mle.wales.nhs.uk/">All Wales Immunisation conference</a> this year?</th>
</tr>
</thead>
<tbody>
<tr>
<td>You may wish to contact the <a href="http://www.mle.wales.nhs.uk/">Health Board Immunisation Coordinator</a> to discuss training needs and identify appropriate events.</td>
<td><strong>Training events</strong> are available throughout Wales.</td>
</tr>
<tr>
<td>An Public Health Wales online training module providing basic information about flu will be available from 2013/14. Your staff can enrol at <a href="http://www.mle.wales.nhs.uk/">http://www.mle.wales.nhs.uk/</a></td>
<td></td>
</tr>
</tbody>
</table>

### Clinical Staff

Are there some clinical staff who need more information?

Look at the [Information literature for healthcare workers](http://www.mle.wales.nhs.uk/). This includes:

- Key facts
- [Midwives information sheet](http://www.mle.wales.nhs.uk/)
- Protecting health and social care workers from flu. Downloadable leaflets, literature and evidence from [flu fighter Wales](http://www.mle.wales.nhs.uk/)

Share a [news article about a Doctor who regrets not having the flu jab](http://www.mle.wales.nhs.uk/)

### Non-clinical staff

Would non-clinical staff benefit from training on getting the most out of the practice software and Audit+?

There are a number of useful tools in [Audit+](http://www.mle.wales.nhs.uk/) (see section on [Audit+](http://www.mle.wales.nhs.uk/) in this document) that would help in identifying eligible patients and generating lists.

Are there some non-clinical staff who need more information?

[Flu leaflet](http://www.mle.wales.nhs.uk/)

[Key facts for healthcare workers](http://www.mle.wales.nhs.uk/)

[Information literature for health and social care workers](http://www.mle.wales.nhs.uk/)

### All staff

**Looking forward to the 2014/15 flu season:**

Build on what people already know and keep raising awareness.

Include topics:

- Flu - the disease & the immunisation
- Who is recommended to have the flu immunisation?
- Recommendations for staff with direct patient contact.
- How to encourage people to have the vaccine.
- Agree the aims of the flu campaign.

There is lots of flu immunisation information at [www.nhsdirect.wales.nhs.uk/immunisations](http://www.nhsdirect.wales.nhs.uk/immunisations)

[www.nhs.uk/vaccinations](http://www.nhs.uk/vaccinations)

[www.wales.nhs.uk/immunisation](http://www.wales.nhs.uk/immunisation)

The [NHS Employers](http://www.mle.wales.nhs.uk/) website [flu fighter campaign](http://www.mle.wales.nhs.uk/) has some helpful tips about increasing flu vaccination rates among staff.

[Flu fighter Wales](http://www.mle.wales.nhs.uk/) have information and resources specific to Wales.

[Information literature (including leaflets and posters) for health and social care workers](http://www.mle.wales.nhs.uk/)
### Patients

**Continue with your awareness raising campaign**

- Consider how you will vaccinate hard to reach groups. (e.g. housebound)
- Carers are eligible for flu vaccination. Do you know which of your patients fall into this category? How will you identify them? Which Read codes will you use?
- The Carers’ trust has template letters and information sheets.
- Continue to promote flu immunisation with leaflets and posters and with an up-to-date, informative practice website.

### Management

**Looking forward to the 2014/15 flu season:**

**Have you ordered enough vaccine?**

- Can you improve uptake?
- Should you increase the amount of vaccine you have ordered?
- Do you have enough vaccine ordered for at least 75% of your eligible patients and 50% of your eligible staff?

**Will you need other supplies?**

- Appointment cards?
- Cotton wool balls?
- Plasters?
- Sharps bins?
- Support literature?

**Do you have adequate and appropriate storage capacity?**

- See guidance within the section of this document on handling and storage of vaccines.
### April/May

#### Staff Issues

**Continue with awareness raising in whole team**

**Looking forward to the 2014/15 flu season:**

Remember to include **all** staff who could positively influence immunisation uptake.

- GPs?
- Practice Nurses?
- Community Nurses?
- Midwives?
- Health Visitors?
- Receptionists?
- Phlebotomists?
- Healthcare Support Workers?
- Pharmacist?
- Pharmacy technicians?

#### Patients

**Continue with your awareness raising**

**Looking back on the current flu season**

Continue to promote flu immunisation with leaflets and posters if flu is still circulating in the community.

**Looking forward to the 2014/15 flu season:**

Continue to advise patients on the benefits of annual flu immunisation and the best time of year to be vaccinated for best protection next winter.

#### Management

**Engage with a wider group of potential influencers and raise awareness**

**Looking forward to the 2014/15 flu season:**

Who else might positively influence uptake?

- Care home staff?
- Home care organisations?
- Community pharmacy teams?
- Family members?
- Carers?
- Community groups?
- Social networks?
- Local charities?
- The voluntary sector?
- Local interest groups?
- Secondary care?

**End of campaign practice report**

**Looking back on the current flu season:**

Complete your end of year practice report

- Key components of your report may include:
  - An outline of practice activity
  - Uptake in different groups
  - Staff uptake
  - Trends in uptake
  - Examples of good practice
  - Lessons learned

**Looking forward to the 2014/15 flu season:**

Plan your end of year report for next season

Consider the key components you wish to include in next season’s end of year report

Be sure to plan ways to best ensure that all data is recorded in a way that is easily searchable and complete
## June/July

**Staff Issues**

<table>
<thead>
<tr>
<th>Question</th>
<th>Action and Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are all staff aware of the flu immunisation recommendations for patients?</td>
<td>Continue to promote flu immunisation with <a href="#">leaflets and posters</a></td>
</tr>
<tr>
<td>Are all staff aware of the flu immunisation recommendations for NHS staff?</td>
<td>There is a lot of flu immunisation information at <a href="#">www.nhsdirect.wales.nhs.uk/immunisations</a> <a href="#">www.nhs.uk/vaccinations</a> <a href="#">www.wales.nhs.uk/immunisation</a></td>
</tr>
<tr>
<td>What are your plans for delivering the flu campaign this year?</td>
<td>There are a number of useful tools in Audit+ (see section on Audit+ in this document) that would help in identifying eligible patients and generating lists, and Audit+ training can be arranged free of charge. Consider when the vaccines will be available and when clinics are likely to be starting.</td>
</tr>
<tr>
<td>Make sure everyone is up to date with the latest guidance and policy</td>
<td>Check the up to date advice on policy: <a href="#">Green Book</a> <a href="#">Policy letters</a></td>
</tr>
<tr>
<td>Make sure everyone know which Read codes to use to ensure consistency</td>
<td>Share <a href="#">Read code guidance</a> with clinical staff and non clinical staff who may be inputting data</td>
</tr>
</tbody>
</table>

**Revisit the whole team awareness raising (is anything different this year?)**

- Could you do something different?
- Could you do something better?

**Patients**

| Continue to raise awareness | Can you print a message on your prescriptions reminding people when flu vaccinations will be starting roughly? “An early warning” |

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**VIP pack 2014-15 A Flu Campaign Guide for General Practice.**
### Management

**Plan your flu clinics**

Which are going to be the best days and times for your clinics?
- For the work place
  - Adequate room in the waiting area?
  - Enough consulting rooms?
  - Enough staff?
- For the patients
  - Times
  - Days
  - Locations

Try to ensure sessions will be accessible to all patients who need the vaccine.

Aim to be flexible with appointments so the people who need the vaccine can access it. (The fewer barriers the better)

Publicise and promote your flu clinics widely
- via posters in the waiting room
- the practice website
- local press
- maybe include detail in your invitation letters/texts/emails

**Plan your end of year report for next season**

Discuss at the practice meeting what data/information you will wish to collect during the forthcoming flu season

Key components of your report may include:
- Innovative practice
- What works well/not so well
- Examples of working well/not so well as a team
- Examples of working with other influencers and how to build on that
- Uptake in
  - children
  - those aged 65 and over
  - clinical risk groups
  - staff
- How to do it better

**Supplies and support material**

The pharmaceutical company (or companies) supplying your flu vaccines is likely to contact you regarding proposed delivery dates and schedules.

There may be an opportunity to review your order number and increase if you think you may be able to use more vaccine this year.
<table>
<thead>
<tr>
<th>August</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Staff Issues</strong></td>
</tr>
<tr>
<td>Support Reception Staff</td>
</tr>
<tr>
<td>Support clinical staff</td>
</tr>
<tr>
<td><strong>Patients</strong></td>
</tr>
<tr>
<td>Raise awareness</td>
</tr>
</tbody>
</table>

Vaccine Preventable Disease Programme, Public Health Wales
<table>
<thead>
<tr>
<th>Management</th>
<th>Identify those eligible for flu vaccination this year</th>
<th>Prepare to invite patients for a flu vaccine this year</th>
<th>Plan how to raise awareness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify a lead for searching and identifying eligible patients</td>
<td>Generate an up to date list using Audit+ to identify patients eligible for flu vaccination this year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ensure the lead for searching and identifying patients eligible for flu immunisation is aware of all the risk groups, and appropriate read codes</td>
<td>Do you have up to date records of which patients in the practice are pregnant? Liaise with your midwife so you can be sure to have an up to date list of pregnant women each month. This can be Read coded to help with call and recall, but also remember to read code when the pregnancy ends.</td>
<td>Prepare personalised letters and targeted information for patients who are eligible for a flu jab who didn’t have the vaccine last year, maybe include an information leaflet.</td>
<td>Support material from the pharmaceutical company who are supplying your vaccines will have arrived. (Please note this is likely to be available in English only)</td>
</tr>
<tr>
<td>Identify those eligible for flu vaccination this year</td>
<td>Prepare your letters and documentation so you may actively invite patients eligible for flu vaccination this year</td>
<td>There is evidence that written invitations and targeted ways of inviting eligible people improves uptake.</td>
<td></td>
</tr>
<tr>
<td>Prepare your letters and documentation so you may actively invite patients eligible for flu vaccination this year</td>
<td>Prepare your letters and documentation so you may actively invite patients eligible for flu vaccination this year</td>
<td></td>
<td>A small supply of leaflets are distributed to each practice in Wales, but more are available at no extra cost.</td>
</tr>
<tr>
<td>Decide how best to invite each group, tailoring the method to how the group are most likely to be able to receive, understand and action is an important part of getting the most benefit from invitations</td>
<td>Decide how best to invite each group, tailoring the method to how the group are most likely to be able to receive, understand and action is an important part of getting the most benefit from invitations</td>
<td>Have you ordered enough posters/leaflets etc?</td>
<td>Have you ordered enough posters/leaflets etc?</td>
</tr>
<tr>
<td>Identify those eligible for flu vaccination this year</td>
<td>Prepare your letters and documentation so you may actively invite patients eligible for flu vaccination this year</td>
<td>Where will you display the posters/bunting/promotional material to have the most impact?</td>
<td>Where will you display the posters/bunting/promotional material to have the most impact?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- On the front door?</td>
<td>- On the front door?</td>
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<tr>
<td></td>
<td></td>
<td>- At reception?</td>
<td>- At reception?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- In the waiting room?</td>
<td>- In the waiting room?</td>
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<tr>
<td></td>
<td></td>
<td>- In the pharmacy?</td>
<td>- In the pharmacy?</td>
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<tr>
<td></td>
<td></td>
<td>- In a community hall?</td>
<td>- In a community hall?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- In consulting rooms?</td>
<td>- In consulting rooms?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- In the toilets??</td>
<td>- In the toilets??</td>
</tr>
<tr>
<td>Prepare to invite patients for a flu vaccine this year</td>
<td>Prepare your letters and documentation so you may actively invite patients eligible for flu vaccination this year</td>
<td>Consider how best to share this information for patients who would like leaflets in another language (including Welsh)</td>
<td>Consider how best to share this information for patients who would like leaflets in another language (including Welsh)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>What about T-shirts and badges for your staff?</td>
<td>What about T-shirts and badges for your staff?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Or personal stickers to demonstrate staff have had the vaccine?</td>
<td>Or personal stickers to demonstrate staff have had the vaccine?</td>
</tr>
</tbody>
</table>
### Plan how to raise awareness (continued)

Have consistent messages in as many places as possible within the practice.

- Change the message on your prescriptions giving more detail of the plans for the forthcoming flu clinics.
- Can you raise more awareness via the practice website?
- Can you put a message on the electronic display board in the waiting room?
- Show the [promotional video](#) Flu and You in the waiting room?
- Put a message on your phones so if a patient is on hold they get information about flu and flu clinics.
- Set a reminder on your computer system so all clinicians will be prompted regarding flu immunisation status of eligible patients.
- Send out reminder letters/post cards/SMS texts to eligible patients.
- Put a message/banner on your electronic email signature so every time you send an email you also send a flu reminder.

### Plan your clinics

How will the clinics run this year?

- Start planning clinic schedules, staff cover etc.
- The whole team need to know when flu clinics are to be held.

#### Prescribing

- Do you have a Patient Group Direction (PGD) in place?

#### Prescribing

- Ensure health board authorised PGDs are in place and have been read and signed by all appropriate staff.

#### Plan your end of campaign practice report

- Have you planned for all the key components to be included in the report?
- Have you considered:
  - How to identify key influencers on uptake
  - How to learn from previous seasons?
  - How best to optimise the season?
### September

#### Staff Issues

| Are all staff aware of which groups of patients are eligible for flu vaccination? | Check if there are any changes to policy.  
Share updated information on any changes with all of your staff. |
|---|---|
| Are all staff aware of the flu immunisation recommendations for healthcare staff? | Remind staff of all the eligible groups and why the flu vaccine is recommended for these people.  
Remind staff why flu immunisation is recommended for healthcare workers: To protect yourself, your colleagues, your family and your patients |
| Share key information with staff about the benefits of flu immunisation for them and their patients.  
Offer flu vaccination to your staff as a priority. | Raise awareness by flagging payslips with a brief message.  
Show [Louise’s story](#), a video of a health care worker who didn’t have the flu jab.  
If staff decline flu immunisation, explore why and help direct them to appropriate information: [Information literature (including posters) for health and social care workers](#)  
Would they benefit from the online flu module providing basic information about flu (available from 2013/14). Your staff can enrol at [http://www.mle.wales.nhs.uk/](http://www.mle.wales.nhs.uk/)  
When key clinical staff in the practice have the flu immunisation, encourage them to be “flu champions” and share that with staff. It may have a positive influence on uptake.  
Promote flu immunisation to staff at all practice meetings.  
Could your staff wear badges or T-shirts to remind patients?  
“Ask me about flu” badges for staff are good prompters |
| Be clear on how important each individual’s role is and encourage ownership/commitment to the campaign. | Share key information about flu with clinical and non-clinical staff to help raise awareness and encourage promotion of the vaccine.  
Make sure you have adequate appointments available for flu clinics. |
| Have a supply of leaflets etc for receptionists to hand out. | [Flu leaflets](#) (one general and one focussing on childrens flu: Welsh Government)- do you need to order more from hplibrary@wales.nhs.uk  
Direct patients to [www.nhsdirect.wales.nhs.uk/immunisations](http://www.nhsdirect.wales.nhs.uk/immunisations) or [www.nhs.uk/vaccinations](http://www.nhs.uk/vaccinations) for more information |

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**Reinforce whole team awareness.**  
(Is anything different this year?)  
**Protect your staff and their patients as soon as possible**

Vaccine Preventable Disease Programme, Public Health Wales
### Accurate data
Make sure that staff who will be carrying out data entry are up to date with any changes in the national recommended Read codes for flu immunisations and risk groups. **Audit+** has useful tools which can help you keep an eye on how successful your flu immunisation campaign is.

### Patients
Start vaccinating patients as soon as the vaccine is available. Have appointments available at various times to allow accessibility and choice.

- **Protect your patients** Utilise all opportunities to promote the flu immunisation. Show a promotional video in the waiting room?

- **Raise awareness** Inform patients when the vaccine will be available. Make sure your practice posters are up to date, complete, accurate and visible.

- **Raise awareness** Remind patients who should have the flu vaccine and why. Have a good supply of leaflets in each consultation room, at reception and in the waiting room.

- **Raise awareness** Share information about clinics and appointments as soon as possible. Put a new message on prescriptions.

- **Raise awareness** Put an up to date, positive, reminder message on the phone so when patients are on hold they get this automatically.

- **Raise awareness** Consider putting a short press release in the local press.

### Management
Remember to invite the whole team so everyone knows they are important to the campaigns success. Include clinical and non clinical staff.

- **Whole team meeting to outline plans** Vaccines will probably have started being delivered. The supplying pharmaceutical company/companies should confirm delivery dates and amounts.

- **Whole team meeting to outline plans** Make sure plans are in place to ensure vaccines are correctly stored.
### Plan how to identify and vaccinate hard to reach groups

<table>
<thead>
<tr>
<th></th>
<th>Are these groups accurately read coded on the practice system?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housebound: List the housebound people registered with the practice (are they <strong>read coded</strong> correctly?)</td>
<td></td>
</tr>
<tr>
<td>Plan who will be vaccinating this group of patients.</td>
<td></td>
</tr>
<tr>
<td>Carers: List the people in your practice who are carers (are they <strong>read coded</strong> correctly?)</td>
<td></td>
</tr>
<tr>
<td>• How will you invite these carers?</td>
<td></td>
</tr>
<tr>
<td>• How can you best encourage this group to be vaccinated?</td>
<td></td>
</tr>
<tr>
<td>People with poor literacy skills: How will you invite people in at risk groups with poor reading skills?</td>
<td></td>
</tr>
<tr>
<td>• How can you best encourage this group to be vaccinated?</td>
<td></td>
</tr>
<tr>
<td>People with poor English: How will you invite people in at risk groups who have poor English language skills?</td>
<td></td>
</tr>
<tr>
<td>• How can you best encourage this group to be vaccinated?</td>
<td></td>
</tr>
</tbody>
</table>

### Support your staff to record data accurately

<table>
<thead>
<tr>
<th></th>
<th>Make sure all of your clinical staff are familiar with appropriate recording standards and requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Record flu vaccine given using an appropriate read code (see <strong>recording section of this document</strong>).</td>
<td></td>
</tr>
<tr>
<td>Child Health Department should be notified of any immunisation administered to an individual under the age of 19 years (using a scheduled or unscheduled form).</td>
<td></td>
</tr>
</tbody>
</table>

### Plan your end of campaign practice report

<table>
<thead>
<tr>
<th></th>
<th>Make sure you are recording all the information you will require to complete your end of season report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are there any components of the report that you had not thought of before?</td>
<td></td>
</tr>
<tr>
<td>Reflect on what has worked well/not so well, and what you might be able to improve on next year.</td>
<td></td>
</tr>
<tr>
<td>Give examples of good practice.</td>
<td></td>
</tr>
<tr>
<td>What about staff uptake and work that is done in the practice to positively influence this?</td>
<td></td>
</tr>
</tbody>
</table>
## October

### Staff Issues

| Protect your staff and your patients | Continue to offer flu vaccination to your eligible staff  
If staff decline flu immunisation, explore why and help direct them to appropriate information | Share the Information literature for health care workers. This includes:  
- Key facts  
- Midwives information sheet  
- Summary of evidence around interventions to improve uptake in health workers  
- A downloadable leaflet  
  
Share a news article about a Doctor who regrets not having the flu jab  
  
Would any of your staff benefit from the online flu module providing basic information about flu (available from 2013/14). Staff can enrol at [http://www.mle.wales.nhs.uk/](http://www.mle.wales.nhs.uk/) |

### Patients

| Continue to promote the flu immunisation and continue to vaccinate patients. | All clinical members of the practice team who are competent to immunise may offer immunisation opportunistically so no opportunity to vaccinate is missed.  
Encourage staff to be flexible and proactive in offering the vaccine. | Revise the message on prescriptions but keep it running.  
Revise the message on the phone.  
Revise the message on your practice website perhaps around Halloween time “Don’t be scared of the flu jab!” |

| Keep reminding patients of the benefits and when they can get the vaccine. | Delivery of the vaccine will continue if you are having staged delivery. | Is storage appropriate for forthcoming deliveries?  
Will you have enough vaccine? If you think you are going to run out contact your vaccine supplier. |

### Management

| Keep an eye on supplies especially if you are having staggered delivery. | Make sure vaccines are correctly stored |

### Supplies and Access

| Make sure all clinical staff have access to up to date information | Ensure all immunisers have access to current Summary of Product Characteristics (SPCs) for influenza products used. Available from [http://www.medicines.org.uk/emc/glossary#SPC](http://www.medicines.org.uk/emc/glossary#SPC) |
| Have vaccines readily available for all the clinicians in the team who are competent to vaccinate so they can offer opportunistic immunisation | Make sure vaccines are correctly stored during consultations. |
| Optimising uptake in all eligible groups | Towards the end of the month, consider auditing vaccine uptake in patients who are eligible for flu vaccine but have not yet been vaccinated and contact them. |
| Keep an eye on the national flu rate – if there is a lot of coverage in the media and the flu rate is high, you may get more patients enquiring about vaccination. Keeping abreast of flu activity in the community can help you be prepared for this. | Consider how best to contact patients, what is the most suitable and likely to be most effective method of contact? |
| (The best method for one group may not be the best method for another) | Do you need to make more appointment slots? |
| Do you have enough vaccine? | Do you have enough vaccine? |
| • Do you need to order more? | • Do you need to order more? |
| • Do you need to find out about getting a top up from the contingency supply (via your Immunisation Coordinator)? | |
| Appointments | Are there still enough appointments? |
| Are the appointments still available at times when it is convenient for different groups of people? | |
| Plan your end of campaign practice report | Make sure you are recording all the information you will require to complete your end of season report |
| Do you have a timescale for your end of season report? Are you on target for this? | Do you have a timescale for your end of season report? Are you on target for this? |
**November**

### Staff Issues

**Continue to vaccinate staff**

Flu vaccination of your healthcare staff with direct patient contact should now be complete.

- Can you modify your email signature to reflect you have had the flu jab and promote it this way?
- Are there other members of staff who could modify their email signature to reflect they have had the flu jab and promote it too?
- Are there any new staff that should be offered vaccination?
  - New staff may have limited insight into the benefits of flu immunisation.
  - You may wish to direct them to the Public Health Wales flu e-learning, which will be available from 2014/15 at [http://www.mle.wales.nhs.uk/](http://www.mle.wales.nhs.uk/)
- Are there any staff who have declined the flu immunisation?
  - You may wish to explore their reasons and encourage them to reconsider and offer more information.
  - Would any staff benefit from the online flu module providing basic information about flu (available from 2013/14). Your staff can enrol at [http://www.mle.wales.nhs.uk/](http://www.mle.wales.nhs.uk/)

### Patients

**Continue to vaccinate patients**

- Are there any vulnerable patient groups that may benefit from a targeted approach?
- Are there any groups of at risk where uptake is poor?
- How can you best share key information with these groups?
- Housebound?
- Homeless?
- People who don’t engage with the service regularly?
- People with poor literacy skills?
- Carers?
- Parents of children being offered routine flu immunisation for the first time
- Parents of children at increased risk?
- Pregnant women?
<table>
<thead>
<tr>
<th><strong>Continue to raise awareness</strong></th>
<th>Keep reminding patients of the benefits of flu vaccination and how they can get the vaccine.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Optimise uptake</strong></td>
<td>Revise the message on prescriptions but keep it running.</td>
</tr>
<tr>
<td></td>
<td>Revise the message on the phone but keep it running.</td>
</tr>
<tr>
<td></td>
<td>Update your practice website</td>
</tr>
<tr>
<td></td>
<td>- can you share with your practice population how many staff have had the flu vaccine to help protect their patients?</td>
</tr>
<tr>
<td></td>
<td>- could you possibly share your practice uptake so far?</td>
</tr>
<tr>
<td></td>
<td>Keep your supplies of leaflets topped up.</td>
</tr>
<tr>
<td></td>
<td>Advertise when your clinics/appointments</td>
</tr>
<tr>
<td></td>
<td>“Ask me about flu” badges for staff are good prompters</td>
</tr>
<tr>
<td></td>
<td>Report back to the practice team on uptake in the different risk groups.</td>
</tr>
<tr>
<td></td>
<td>Share information about trends and patterns as well as groups where uptake is suboptimum</td>
</tr>
<tr>
<td></td>
<td>Make a plan regarding how to optimise uptake</td>
</tr>
<tr>
<td></td>
<td>- Contact patients by phone?</td>
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<tr>
<td></td>
<td>- Do you need to put on an extra clinic at a different time to be accessible to this group?</td>
</tr>
<tr>
<td><strong>Management</strong></td>
<td>Repeat the audit of patients who are eligible but have not yet been vaccinated and consider further contact.</td>
</tr>
<tr>
<td></td>
<td>Could you contact patients in a different way to be more effective in sharing key messages?</td>
</tr>
<tr>
<td><strong>What about next year?</strong></td>
<td>Looking forward to the 2014/15 flu season: Pharmaceutical companies will start approaching you about ordering next year.</td>
</tr>
<tr>
<td></td>
<td>Consider if you are going to hit the 75% target in the at risk groups of patients, and the 50% target for staff with direct patient contact.</td>
</tr>
<tr>
<td></td>
<td>Start thinking about your order for next year? Should you increase it so you can reach these targets?</td>
</tr>
<tr>
<td><strong>Plan your end of campaign practice report</strong></td>
<td>Are you on target to complete your end of season practice report?</td>
</tr>
<tr>
<td></td>
<td>Consider how you will wish to collect the data and information to include in the report.</td>
</tr>
</tbody>
</table>
### December

#### Staff Issues

- **Keep the flu profile high with your staff**
  
  If some staff with direct patient contact have not been immunised yet, they may need more information to help them decide on whether they wish to have the flu vaccine.

  Do some staff still need vaccinating?
  
  Have some staff changed their mind?
  
  Do you have any new staff?
  
  Is there a training need? Would staff benefit from the online flu module providing basic information about flu (available from 2013/14). Your staff can enrol at [http://www.mle.wales.nhs.uk/](http://www.mle.wales.nhs.uk/)

  Consider if your staff are adequately protected. Are you going to hit more than the 50% target in staff with direct patient contact. If not, discuss within the practice what the issues are, and try to help staff address those issues.

  Is there a need for more information?
  
  [Information literature (including posters) for health and social care workers](#)

#### Patients

- **Continue to vaccinate patients**
  
  Keep reminding patients of the benefits and when they can get the vaccine.

  Keep reminding staff that flu immunisation should continue until flu is no longer circulating in the community

  Do you have adequate appropriate appointments still available?

  Do you still have vaccines in stock?

  Do you need to secure more so you can continue to vaccinate?

  Revise the message on prescriptions but keep it running.

  Revise the message on the phone.

- **Continue to raise awareness**
  
  Advertise when your last flu clinic before Christmas will be. *Don’t let flu spoil your Christmas*
| **Management** | **Who is eligible but still hasn’t been vaccinated?** | **Look forward to the 2015/16 flu season:** Ensure all those who have refused are coded as refusing, so you can action next year. | **Report back to the Practice team and decide on course of action.**
- Could you invite them in a different way?
- Could you utilise other health care workers to influence them or offer the vaccine? |
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<thead>
<tr>
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</thead>
<tbody>
<tr>
<td><strong>Order vaccines for next year</strong></td>
<td><strong>Look forward to the 2015/16 flu season:</strong> Have you placed your order for next year yet?</td>
<td><strong>How many vaccines will you need/use?</strong></td>
<td></td>
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</tbody>
</table>
| **End of campaign practice report** | Ensure you can access all the data you require (qualitative and quantitative).
Do you know how staff feel about strengths and weaknesses of the campaign so far this year? | **Discuss with staff how the campaign has gone so far.**
Document actions taken and staff opinion.
Consider good practice and lessons learned |

Vaccine Preventable Disease Programme, Public Health Wales
Appendix 2
The Green Book Chapter 19 Influenza. Table 19.5 Clinical risk groups who should receive the influenza immunisation. Influenza vaccine should be offered to people in the clinical risk categories set out below
[accessed 20 August 2014]

<table>
<thead>
<tr>
<th>Clinical risk category</th>
<th>Examples (this list is not exhaustive and decisions should be based on clinical judgement)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic respiratory disease</td>
<td>Asthma that requires continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospital admission. Chronic obstructive pulmonary disease (COPD) including chronic bronchitis and emphysema; bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis and bronchopulmonary dysplasia (BPD). Children who have previously been admitted to hospital for lower respiratory tract disease. <a href="#">see precautions section on live attenuated influenza vaccine</a></td>
</tr>
<tr>
<td>Chronic heart disease</td>
<td>Congenital heart disease, hypertension with cardiac complications, chronic heart failure, individuals requiring regular medication and/or follow-up for ischaemic heart disease.</td>
</tr>
<tr>
<td>Chronic kidney disease</td>
<td>Chronic kidney disease at stage 3, 4 or 5, chronic kidney failure, nephrotic syndrome, kidney transplantation.</td>
</tr>
<tr>
<td>Chronic liver disease</td>
<td>Cirrhosis, biliary atresia, chronic hepatitis</td>
</tr>
<tr>
<td>Chronic neurological disease (included in the DES directions for Wales)</td>
<td>Stroke, transient ischaemic attack (TIA). Conditions in which respiratory function may be compromised due to neurological disease (e.g. polio syndrome sufferers). Clinicians should offer immunisation, based on individual assessment, to clinically vulnerable individuals including those with cerebral palsy, learning difficulties, multiple sclerosis and related or similar conditions; or hereditary and degenerative disease of the nervous system or muscles; or severe neurological disability.</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Type 1 diabetes, type 2 diabetes requiring insulin or oral hypoglycaemic drugs, diet controlled diabetes.</td>
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</tbody>
</table>
### Immunosuppression (see contraindications and precautions section on live attenuated influenza vaccine)

Immunosuppression due to disease or treatment, including patients undergoing chemotherapy leading to immunosuppression, bone marrow transplant, HIV infection at all stages, multiple myeloma or genetic disorders affecting the immune system (e.g. IRAK-4, NEMO, complement deficiency).

Individuals treated with or likely to be treated with systemic steroids for more than a month at a dose equivalent to prednisolone at 20mg or more per day (any age), or for children under 20kg, a dose of 1mg or more per kg per day.

It is difficult to define at what level of immunosuppression a patient could be considered to be at a greater risk of the serious consequences of influenza and should be offered influenza vaccination. This decision is best made on an individual basis and left to the patient’s clinician.

Some immunocompromised patients may have a suboptimal immunological response to the vaccine.

### Asplenia or dysfunction of the spleen

This also includes conditions such as homozygous sickle cell disease and coeliac syndrome that may lead to splenic dysfunction.

### Pregnant women

Pregnant women at any stage of pregnancy (first, second or third trimesters).

see precautions section on live attenuated influenza vaccine
Appendix 3
Audit Tool for Vaccination Sessions in General Practice

Purpose and Summary of Document:
The audit tool has been developed by the Public Health Wales, Vaccine Preventable Disease Programme for use by General Medical Practices for the purpose of self audit. Health Boards may also find it useful as part of a wider audit process in immunisation.

Aim
To provide General Practice with a tool that will help them audit the process and practice of influenza immunisation.

Name of Practice Date of audit

Summary of action points

Name of auditor..............................................................
**Next audit due on**

**Clinician training audit**

<table>
<thead>
<tr>
<th>Clinician</th>
<th>2 day immunisation training</th>
<th>Last theoretical immunisation update</th>
<th>Last anaphylaxis update</th>
<th>Last basic/advanced life support update</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Role</td>
<td>Yes/No</td>
<td>Date</td>
<td>Less than 12 months ago</td>
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**Actions:**

Signed........................................................................ Name of auditor........................................................................

Vaccine Preventable Disease Programme, Public Health Wales
## Equipment audit

<table>
<thead>
<tr>
<th></th>
<th>Check for evidence</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>E1</td>
<td>Are the appropriate patient records available for every patient seen?</td>
<td></td>
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<tr>
<td>E2</td>
<td>Are immunisation leaflets available?</td>
<td></td>
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<tr>
<td>E3</td>
<td>Are adverse reaction cards (yellow cards) available (either hard copy or an electronic version/website link)?</td>
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<tr>
<td>E4</td>
<td>Is there a yellow bag for waste?</td>
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<tr>
<td>E5</td>
<td>Is a “sharps bin” available?</td>
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<tr>
<td>E6</td>
<td>Are cotton wool balls available?</td>
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<tr>
<td>E7</td>
<td>Are hand washing/drying facilities accessible with warm water, liquid soap and paper towels?</td>
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<tr>
<td>E8</td>
<td>Is resuscitation equipment available?</td>
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<tr>
<td>E9</td>
<td>Adrenaline 1 in 1000 x 2 doses in date</td>
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<tr>
<td>E10</td>
<td>23g needles and 1ml syringes x 4</td>
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<tr>
<td>E11</td>
<td>Laerdal or equivalent masks suitable for ages of clients to be seen</td>
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<tr>
<td>E12</td>
<td>Up to date dosage chart for adrenaline</td>
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<tr>
<td>E13</td>
<td>Instructions for the treatment of anaphylaxis</td>
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<tr>
<td>E14</td>
<td>Instructions on resuscitation</td>
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<tr>
<td>E15</td>
<td>Telephone - working</td>
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<tr>
<td>E16</td>
<td>Access to up to date Green Book</td>
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</tbody>
</table>
Flu Immunisation process (observe a minimum of 5 vaccinations)

<table>
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<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
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</thead>
<tbody>
<tr>
<td>P1</td>
<td>Patient is greeted appropriately</td>
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<td>P2</td>
<td>Patient has an appropriate area to wait for appointment</td>
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<td>P3</td>
<td>How long does the patient wait?</td>
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<td>P4</td>
<td>Patient is called into clinician appropriately</td>
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<td>P5</td>
<td>Informed consent is obtained before vaccine is given</td>
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<td>P6</td>
<td>Check prescription (WP10/PGD/PSD) is correct</td>
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<td>P7</td>
<td>Clinician notes that vaccine has been stored at appropriate temperature before vaccine is given</td>
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<tr>
<td>P8</td>
<td>Checks there are no contraindications to vaccines before vaccine is given</td>
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<td>P9</td>
<td>Vaccine name and type checked for accuracy before vaccine is given</td>
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<td>P10</td>
<td>Vaccine checked for expiry date before vaccine is given</td>
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<td>P11</td>
<td>Immunisation history checked before vaccine is given</td>
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<td>P12</td>
<td>Practitioner observed to cleanse hands between clients.</td>
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<td>P13</td>
<td>Correct immunisation technique</td>
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<td>P14</td>
<td>Correct disposal of all waste</td>
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<tr>
<td>P15</td>
<td>Provide client with aftercare leaflet/advice.</td>
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Comments/Actions:

Vaccine Preventable Disease Programme, Public Health Wales
## Documentation audit

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<tbody>
<tr>
<td>D1</td>
<td>Type of vaccine given is recorded legibly</td>
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<td>D2</td>
<td>Name of vaccine given is recorded legibly</td>
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<td>D3</td>
<td>Batch number of vaccine given is recorded legibly</td>
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<td>D4</td>
<td>Expiry date of vaccine given is recorded legibly</td>
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<td>D5</td>
<td>Site of immunisation is recorded legibly</td>
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<tr>
<td>D5</td>
<td>Name of immuniser is recorded legibly</td>
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<td>D6</td>
<td>Date administered is recorded legibly</td>
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<tr>
<td>D7</td>
<td>Read code used (or computer code)</td>
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<tr>
<td>D8</td>
<td>If a vaccine is administered to a child/young person (under 19 years old) a scheduled or unscheduled form is completed and returned to the Child Health Department</td>
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**Comments/Actions:**

Signed......................................................... Name of auditor..........................................................

Date......................................................