Gaining assurance of immunisation services to improve coverage rates and reduce inequalities in access and uptake: a toolkit for local systems

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About this Toolkit

This toolkit contains a series of resources for local Directors of Public Health and their teams, commissioners, and Immunisation Leads within Integrated Care Systems, Local Pharmaceutical Committees, and Primary Care Networks. It aims to help leaders in local health systems to improve immunisation overall coverage in their area and reduce inequalities in access and uptake. It does this by supporting leaders in:

- Gaining assurance from commissioners and providers in their area through the use of data and constructive challenge
- Working collaboratively with a range of stakeholders
- Improving access to immunisations
- Improving awareness of, and confidence in, vaccinations

There is no set order in which the resources within the toolkit should be used, and not all resources will be appropriate for all local system leaders. We have brought them together, however, because of the value of all partners being familiar with each other's roles and responsibilities regarding immunisation programmes. This should facilitate partnership-working as a system, which in turn is crucial to improving coverage rates.

Whatever your role within the system, we recommend you:

- Work collaboratively and transparently as a system, bringing together primary and secondary healthcare, social care, public health, health visitors, and the VCSE sectors
- Begin by collating recent data and intelligence on local vaccination coverage rates, and using this to identify areas for further investigation and action.
- Share data and intelligence across the system, continuing the precedent initiated by Covid-19
- Engage with the local community to build public understanding of, and confidence in vaccinations
- Proactively support underserved groups and those who experience health inequities to access vaccinations

Methodology

RSPH was sponsored by MSD to produce a toolkit to support local public health teams in their role in the local immunisation system. We also partnered with two local authorities – Cheshire West and Chester Council and Birmingham City Council – to co-host workshops with local providers, commissioners, and professionals from a range of health and care services about how immunisation coverage in their areas could be improved. From these events, we produced case studies, local action plans, and identified needs which we could meet through this toolkit. Guidance on holding a similar workshop for your area is included here.

The content of the resources within the toolkit have also been informed by:

- A review of existing literature, resources and policy documents
- A survey of local public health teams about their assurance activities
- Expert interviews and reviewers

- The resources have been reviewed by both Local Authority's public health teams and several other national and local stakeholders.

We are grateful to the following for their time, advice and insights:

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Statutory Roles and Responsibilities within the UK's Immunisation System

It is important for all organisations involved in immunisations at a local level to be familiar with each other's responsibilities and roles. This will enable partnership-working and ensure that data and intelligence is shared with whichever parties are in a position to act on it to support vaccination uptake locally.

The Department for Health and Social Care (DHSC)

- Responsible for national strategic oversight, policy and finance for immunisation programmes.
- Publishes the annual public health functions agreement, known as Section 7a, which sets out the commissioning intentions and budget requirements for the immunisation and screening programmes for that year.

The UK Health Security Agency (UKHSA)

- An executive agency of the DHSC, responsible for health protection activities in England, with central and regional teams
- Provides oversight and surveillance of vaccine-preventable diseases
- Produces policy and service specification development
- Undertakes research and analysis
- Produces communications and information about all of the vaccinations in the routine schedule, including the Green Book
- Commissions travel health services, including travel vaccinations, to the National Travel Health Network and Centre (NaTHNaC)

The Joint Committee on Vaccination and Immunisation (JCVI)

- Independent Departmental Expert Committee and a statutory body which, as outlined in its Code of Practice, exists to advise the Department for Health and Social Care on the provision of immunisation and vaccination services based on considering evidence regarding the burden of disease, on vaccine safety and efficacy and on the impact and cost effectiveness of immunisation strategies.
- Also offers considers advice on strategies on implementing immunisation programmes, and identifies knowledge gaps for further research and surveillance.
- The DHSC is not bound to act on the advice of the JCVI.

NHS England & NHS Improvement (NHSEI)

- Accountable and responsible for the routine commissioning of national immunisation programmes under the terms of the Section 7a agreement and the national service specifications that support it.
- Also responsible for identifying, leading and evaluating quality improvement programmes on immunisation activities.
- 14 Screening and Immunisation Teams (SITs) across England are responsible for the operational delivery of immunisation programmes. They provide local leadership, support commissioning, provide advice to the public

and health professionals, and monitor the performance of community and primary care providers.

Providers

- NHSEI commissions the delivery of vaccination services to various providers including General Practice, Community Pharmacies, School Immunisation Teams, Maternity Services, Outreach Services.
- In England, the majority of vaccines that form part of the routine schedule are given in primary care by practice nurses working in General Practitioner (GP) led surgeries.
- The GP contract, which includes immunisation activities, is updated annually by national NHS England primary care commissioners.

Local Authority Public Health Teams

- Each Local Authority, via its Director of Public Health, is required by the 2012 Health and Social Care Act, to assure themselves that all relevant organisations in the area have appropriate plans in place to protect the health of the population and that all necessary action is being taken.
- Directors of Public Health, supported by their teams, have a mandated function to assure themselves that, in their area, the arrangements for immunisation are fit for purpose, are delivering high quality services, are responsive to local needs, and that there is equitable access to immunisation services.
- Many Local Authorities exercise this responsibility via a health protection board as a sub-group of their Health and Wellbeing Board.
- The Director of Public Health is also expected to provide appropriate challenge to arrangements and advocate for commissioners and providers to work proactively to reduce health inequalities and improve access for disadvantaged groups.
- Knowledge of the local community and relationships with leaders makes them an important partner in efforts to improve uptake rates.
- Other departments (e.g. Social Services, Housing & Homelessness, Education and Young People) within a Local Authority can also help the system increase uptake and reduce inequalities.

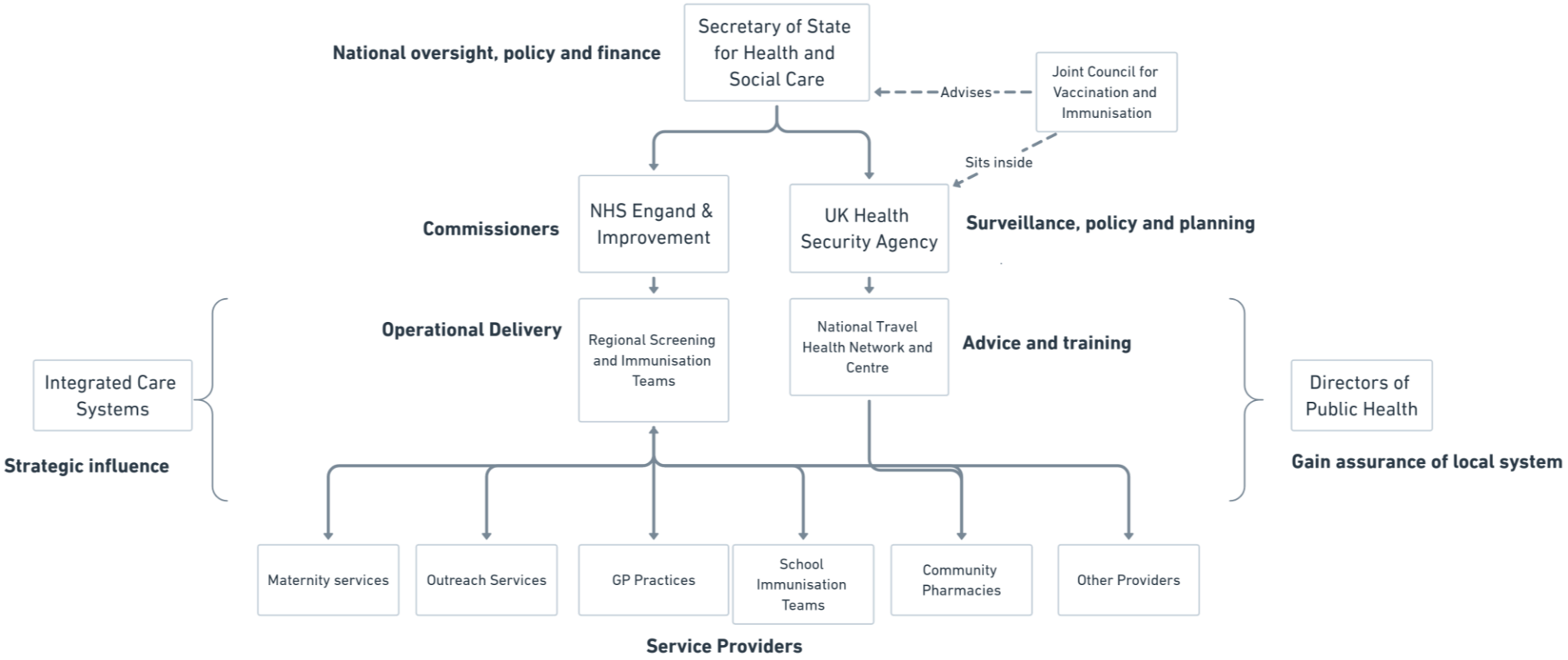
Integrated Care Systems

- Integrated Care Systems (ICSs), which replace Clinical Commissioning Groups, bring together the organisations in a geographic footprint which meet health and care needs, to improve population health and reduce inequalities. This includes the NHS, local authority and third sector bodies.
- 42 ICSs covering the whole of England are set to become fully operational by April 2022. While they do not as yet have a direct role in the commissioning or delivery of immunisations, they are likely to have a strategic influence on the organisations and services which do

The division of responsibility for commissioning and delivering vaccinations between multiple different organisations and agencies can make gaining assurance of immunisation services and improving coverage rates a challenge. To do so effectively, stakeholders across the system need to work together, as was powerfully highlighted through the Covid-19 vaccination roll-out. The Facilitating Collaborative

Working section of this toolkit, therefore, underpins each of the other resources. Strong relationships across the system are vital for effective use of data, community engagement, and targeted interventions.

Structure of Roles and Responsibilities in the Immunisation System



Source: RSPH

Gaining assurance through data

High-quality data is the cornerstone to a successful vaccination programme as it allows the system to identify emerging issues in uptake and inequalities in coverage, and act decisively in response. When high-resolution data is shared in a timely way across the system, it can inform targeted interventions, focus resources on services in need of support, and prompt communications and engagement activities with particular groups.

RSPH has explored some of the barriers to this in further detail in our policy reports, Mind the Gap: London's low flu vaccination rates, and how to fix them, Improving Flu Vaccination Coverage Through the Public Health System Reforms and Immunisation Strategy, and Taking Forward the Best Practice from the Covid-19 Vaccination Programme.

Often relevant data around immunisations is held by different partners within a system. We recommend therefore that as part of a collaborative workshop you explore which organisations and agencies hold what datasets and ways that this intelligence can be effectively shared, and then acted upon. One of the prerequisites for, and outcomes of, working together should be that all partners have a strong understanding of the local coverage rates for each of the vaccinations in the routine schedule and inequalities in coverage.

As a system, you should develop an understanding of:

- How coverage rates vary across the routine schedule
- How these compare with the national and regional average
- How these compare with previous years
- Provider areas (e.g. GP practice areas, Primary Care Networks) where coverage is lower
- Sociodemographic variations in coverage, including:
    - By age (for example, how uptake of the flu vaccination differs between school-age children, the under-65 at-risk cohort, including pregnant women, and the over-65s)
    - By social deprivation (this can be done roughly through mapping the Index for Multiple Deprivation to geographic areas where coverage is lower)
    - Among different ethnic and faith communities (this may have particular relevance for the HPV and MMR vaccines, for example)
    - By gender
    - Among inclusion health groups as they experience worse health outcome than the general population
    - Among NHS and social care workers, given their role in providing care and support to those experiencing ill health.
- The number of travel vaccinations given in pharmacies, specialist clinics and GP practices

Commissioners and Screening and Immunisation Teams should share their analysis of this data with other key stakeholders, including Directors of Public Health on a

regular basis, and as much as possible, before publication. This can enable the system to work to a shared understanding and aligned priorities.

There are other centrally-held sources of data which local systems can use, including:

- NHS Digital's Childhood Vaccination Statistics by local authority, region and country within the UK, with time series
- The National Immunisation Management System (NIMS) for Covid-19 and flu vaccination data

It is also important to ensure that, where appropriate, providers are also granting access to data to relevant partners. This is ultimately important for ensuring the system has as comprehensive and accurate a picture of vaccination coverage rates as possible. If, for example, a GP IT system is unable to receive digital data transfers from community pharmacies or outreach services, then a patient's GP record will not be updated if they receive a vaccination outside the practice. This means that the patient will not be called/recalled appropriately and the data about vaccination uptake which is held centrally will be inaccurate. Included in the Gaining assurance through constructive challenge section of the toolkit are considerations around how GP and pharmacy IT system providers interoperate, how pupil data is made available to school immunisation teams, and granting access to immunisation records to enable opportunistic vaccinations.

As well as accessing data in order to gain assurance of local immunisation services, local public health teams should communicate this data to the public to tell the story of the importance of vaccinations to population health and the need to address inequalities in coverage. This may be something you want to consider as you work through the Guidelines for developing communications section of the toolkit.

For instance, Hospital Episode Statistics (HES) data, obtainable through the NHS Digital Data Access Request Service (DARS), contains details of all admissions, outpatient appointments, critical care data and A&E attendances at NHS hospitals in England. This could be used to identify the impact of vaccine-preventable diseases on local hospitals and thereby make the case for the importance of immunisations to the public and for them being prioritised by other partners in the system (such as Health and Wellbeing Boards).

Gaining assurance through constructive challenge

Directors of Public Health (DsPH) have a mandated function to assure themselves that, in their area, the arrangements for immunisation are fit for purpose, are delivering high quality services, are responsive to local needs, and that there is equitable access to immunisation services.

With recent coverage data as an evidence base, DsPH can constructively challenge commissioners and system leaders about their plans to improve uptake rates and reduce inequalities. This challenge will mainly involve asking questions of Screening & Immunisation Teams, commissioners, and School Immunisation Teams, but also relevant representatives within Integrated Care Systems (ICSs), Primary Care Networks (PCNs), and Local Pharmaceutical Committees (LPCs).

Gaining assurance on equitable provision

Achieving equality in immunisation coverage across populations is an important way of addressing health inequalities and ensuring the effectiveness of immunisation programmes in the prevention of ill health. To do so, there must be overall high levels of coverage, and also strong uptake in underserved communities.

One of the key objectives of the national immunisation programme, as described in NHS England's core service specification, is the reduction of health inequalities. Accordingly, Directors of Public Health should gain assurance from Commissioners and Screening & Immunisation Teams on:

- The data around inequalities in vaccination coverage in the area
- How interventions are being tailored and targeted to address those inequalities
- The results of Health Equity Impact Assessments, which should be undertaken as part of both the commissioning and review of immunisation programmes, including equality characteristics, socio-economic factors and local vulnerable populations;
- How services are being delivered in a culturally sensitive way to meet the needs of local diverse populations;
- How service users reflecting the local community including those with protected characteristics have been involved in commissioning, planning and reviewing.

According to NHS England's specification, providers should also "be able to demonstrate the systems they have in place to address health inequalities and ensure equity of access to immunisation" including:

- Ensuring there are no obstacles to access on the grounds of the nine protected characteristics as defined in the Equality Act 2010.
- Having procedures in place to identify and support those persons who may be vulnerable or underserved such as:
    - individuals who are not registered with a GP
    - people experiencing homelessness and rough sleepers
    - asylum seekers and refugees
    - Gypsy, Roma and Traveller communities
    - individuals in prison
    - people with mental health problems
    - people with drug or alcohol harm issue
    - people with learning disabilities, physical disabilities or communication difficulties.

Directors of Public Health should seek assurance from Commissioners and Screening & Immunisation Teams that all providers have evidence of such procedures and their effectiveness.

Gaining assurance from Providers

The questions and considerations below can shape the questions which local public health teams raise themselves with local system leaders. But, as they cannot gain assurance of each and every provider in their area, they should be cascaded down to this level via PCNs, LPCs and place-based partnerships.

Vaccinations delivered in General Practice

The Role of General Practice in Vaccinations

Most vaccinations available through the NHS are offered through general practice, including routine childhood vaccinations, routine adult vaccinations, and several selective or additional vaccinations (e.g. for babies born to hepatitis B infected mothers and pertussis in pregnancy).

From 1 April 2021 vaccinations and immunisation became an essential service which should be available to the whole practice population, rather than an additional service. All practices are expected to offer all routine, pre- and post-exposure vaccinations and specific NHS travel vaccinations to their registered eligible population.

Previously, practices achieving a combined coverage of less than 70% earnt nothing from the Childhood Immunisation Directed Enhanced Service (DES). The move to an Item of Service Payment (IoS) in 2021 is meant to encourage practices to maximise their efforts to vaccinate every baby and child in their population, thus removing the 'cliff edge' of 70%. In the current system, practices achieving less than 50% coverage of a vaccination will not be able to retain the IoS fees (IoS); those achieving more than 80% coverage of a vaccination will retain all of the IoS fees for all the vaccinations they administered. Where practices achieve between 50 to 80% coverage on the routine childhood vaccines, they must repay a proportion of their income, calculated by the value of the IoS fee x 50% of eligible cohort size.

Standards for General Practice Vaccination Services

Building on the British Medical Association's five core standards for GP practices, the below suggestions can be used to improve vaccination services in primary care. They can be used to address variation between providers and target support for practices where uptake is lower than the average for the area.

1. **Leadership**

Practices are required to identify a named lead for vaccination and immunisation services, who either is, or is supported by, a clinician to:

- Have oversight of these services
- Ensure the core standards are being met
- Maximise opportunities to improve coverage rates
- Work with stakeholders including the primary care network (PCN), NHS England public health commissioning, Child Health Information Services

(CHIS), health visiting services, and school-aged vaccination services to understand current performance and opportunities for improvement.

2. Access

Practices should ensure that vaccination appointments are available at times which are convenient for 100% of their eligible population.

- They can do this through offering extended hours and extended access sessions during evenings and weekends.
- Any appointment time lost to non-attendance should be repurposed to proactive follow-up
- Practices should enable online bookings for vaccination appointments.

3. Call/ recall

Call/recall services should be in place for all routine baby, child and adult immunisations.

- The patient should be sent the initial call or invitation just before or as they become eligible for the programme. This invitation should ideally be made using the patient's preferred method of communication where this is known and practices should move towards text-based reminders.
- For babies and children, this initial contact should normally provide a pre-booked appointment slot, with information on how to change this if it is unsuitable.
- If a patient does not respond to an invitation, they should be recalled on at least two separate occasions.
- Where the patient does not respond to the second invitation, a healthcare professional should make a third contact: either a face-to-face or a telephone conversation.
- Patients who remain unvaccinated following this third contact should be flagged on the GP record as unimmunised, to maximise opportunities for opportunistic vaccination.
- In the case of babies and children, practices should ensure that the local CHIS, health visiting service, and school-age immunisation teams are notified of those who remain unvaccinated, to enable follow-up.

Call/recall contact for flu vaccinations should signpost patients to community pharmacies as well as the GP practice.

Why: Both community pharmacies and GP practices are commissioned by the NHS to deliver flu vaccinations, which means sometimes there can be competition between the two in order to be entitled to the payment for each vaccination given. However, to maximise coverage rates, the two should work together as community pharmacies can offer vaccinations more flexibly and often at more convenient times than can a GP practice, while GP practices have the ability to issue call/recall reminders.

4. Opportunistic vaccinations

GP practices should opportunistically deliver vaccines whenever:

- a patient requests a vaccination for which they are eligible
- the practice identifies a gap in the patient's vaccination record when they present for an unrelated issue

- new patients register. This is especially important where new patients are recent migrants (see Migrant Health Guide: Immunisation)

This applies even when the primary responsibility for those vaccinations sits outside of general practice (such as the HPV vaccination).

Tip: Asking patients opportunistically about their future travel plans can help flag the need for travel vaccinations to patients who might otherwise not have researched this.(see Migrant Health Guide: travel to visit friends and relatives)

5. Record keeping and reporting

Practices must keep records of:

- any refusal of immunisation
- where an offer of immunisation is accepted:
    - details of the informed consent to the immunisation
    - the batch number, expiry date and name of the vaccine
    - the date of administration
    - any contraindication to the vaccine or immunisation
    - any adverse reaction to vaccination or immunisation.
    - when two or more vaccines are administered in close succession, the route of administration and injection site of each vaccine

- Practices should consistently include ethnicity coding in patient records
  Why: Although ethnic coding was introduced to medical records in 1995, it's suggested that only 60-70% of GP records include this information. Not being able to break down population health data by ethnicity, as well as various other demographic characteristics, may have hidden disparities in vaccination uptake that then came to light in the Covid-19 vaccination programme. When, in 2021, QResearch analysed previous routine vaccination uptake data, their analysis showed there was consistently reduced vaccination uptake for adult vaccination programmes in Black Caribbean and Black African patients (50%) compared to White patients (70%), and that uptake of new vaccinations introduced since 2013, such as rotavirus and shingles, showed a 10-20% lower uptake across all ethnic minority groups compared to the White population. But to have a fully accurate picture of the extent of differences in uptake across ethnic groups, ethnic coding must be included in all GP patient records.

- Practices should regularly cleanse their data records.
  Why: To have an accurate picture of coverage levels, GP's patient registers need to be up to date. If they have not removed from their registers patients who have moved away or are deceased, then this will artificially deflate their coverage levels.

- Practices should be able to receive digital data transfers from local pharmacies so that if someone receives a vaccination there, their medical record is updated.

- GP practices should grant health visitors access to child's medical records so they can check whether a child has had the full schedule of immunisations.

Why: Across the UK, there is variation in the extent to which health visitors can access GP IT systems, meaning that in some areas health visitors are unable to see whether a child has been vaccinated or not. If they do have this access, health visitors can maximise their opportunities to support the uptake of vaccinations in pregnancy, the postnatal period, and for children 0-5 years.

6. **Ensuring equity of access**

- Practice or district nurses should visit housebound patients and those in care homes to administer vaccinations for which they are eligible.
- Outreach vaccination services should be offered to reach inclusion health groups including vulnerable migrants, the Gypsy Roma and Traveller communities, people experiencing homelessness.
- All public-facing members of staff should aware of the vaccination schedule and eligibility criteria, including the fact that non-registered patients who belong to inclusion health groups are able to access vaccinations.
- Information about vaccinations should be available in all languages spoken in the local area, with a translation service available for in-person appointments.

Actions and resources

- Creating a data dashboard for a PCN can encourage healthy competition between practices, encouraging them to focus on increasing uptake levels. It can also serve as the basis for a buddying or mentoring system, pairing practices with higher uptake levels with those which need more support to share best practice.
- GP practices can use the resources and training developed as part of Doctors of the World's Safe Surgeries Initiative to support migrants to access primary care.
- Pathway's Homelessness Training for GP Receptionists can be delivered to ensure that practice staff are aware of the right of homeless people to receive primary care even if they do not have proof of address.
- GP practices should liaise with health visitors to identify barriers preventing families from attending appointments. For example, children's birth order is inversely related to vaccination status, partly because of the challenge of taking multiple children to a GP practice. So, making sure the waiting environment is as family-friendly as possible will help reduce this barrier.
- NHS South Central West, Delivery of Childhood Immunisations: Best Practice Guidance for GP practices
- Royal College of Nursing, Managing Childhood Immunisation Clinics: Best practice guidelines
- NHS England, Increasing influenza immunisation uptake among children: Best Practice Guidance for General Practice
- NHS England (London), Guide on Optimising your invite-reminder systems for childhood immunisations
- NHS England (London), Toolkit for improving uptake of the shingles vaccination
- NICE guideline: Increasing Flu Vaccination Uptake
- NICE Quality Standard: Increasing Flu Vaccination Uptake
- South Central and West Commissioning Support Unit: Best Practice for Winter Flu Vaccination Programmes

School-age Vaccinations

The vaccinations given to children in primary and secondary school include:

- The nasal spray flu vaccine (offered to all primary school children)
- The HPV (Human Papilloma Virus) vaccine for 12-13 year old girls and boys in Year 8.
- The DTP (diphtheria, tetanus and polio) vaccine for 14-15 year old girls and boys in Year 9.
- Meningitis (Men ACWY) vaccine for 14-15 year old girls and boys in Year 9.
- Children who have not received both doses of the MMR vaccine should also be offered this vaccination when they receive their Td/IPV boosters and Men ACWY vaccine

The local school-aged immunisation provider should deliver vaccinations for primary and secondary including special educational needs schools, Looked After Children (LAC), Pupil Referral Units (PRU), independent schools and home educated children. They should also run catch-up clinics for pupils that are absent or miss their vaccination in school. Catch-up clinics should be available either after school, at weekends or in school holidays.

Questions to ask of School Immunisation Teams

Data and Surveillance

- What coverage levels for each of the school-age vaccinations did you achieve in the last academic year?
- Are there particular vaccinations where uptake is lower?
- Are there particular educational settings (including PRUs) where uptake is lower?
    - If there is variation in uptake across the different vaccinations or schools, explore possible explanations, ways of testing these and actions which could be taken to address them.
- How are denominators developed for each vaccination (i.e. the number of children eligible for the vaccination, with no contraindications)?
    - Do the schools you work with provide class lists with pupils' name, date of birth, class, home telephone number, and email contact in advance of the vaccination clinic?
    - How is performance against these denominators measured and evaluated?
    - How has this performance changed over time?
- What are the uptake rates of each of the school-age vaccinations among home-schooled children, Looked After Children, and children in Pupil Referral Units?

Consent

- What is the process for engaging with parents and carers about having their child vaccinated?
- Who is responsible for collecting consent responses and making sure they reach the vaccinator/s at least 2-3 weeks in advance of the clinic?
- Has the use of e-consent forms been rolled out?

    - If so, are there processes in place to ensure digitally excluded families are still able to respond?
    - If not, are there plans to introduce e-consent, and what progress has been achieved on implementing them?
- What is the process of organising and delivering vaccinations (including gaining consent) for children with complex needs and looked-after children?
    - Is there a person responsible for this activity?
- What follow-up activities with parents and carers who refuse to have their child vaccinated are undertaken?
    - Who is responsible for these activities?
    - How are they evaluated?
- How is the competency of children and young people to consent to being vaccinated assessed?
    - How confident are vaccinators to vaccinate a child assessed to be Gillick Competent in cases of parental refusal?
    - Are there any practical barriers to assessing Gillick Competency (e.g. lack of space, time constraints)?

Settings

- Do the schools you work with provide suitable rooms with the appropriate furniture, supervisory staff, crash-mats and refreshments for pupils who feel faint after receiving the vaccination to safely and effectively run clinics?
- Do you run catch-up clinics for children who are absent or miss their vaccination?
    - How do you communicate to parents, young people, and schools about these catch-up clinics?
    - Are these run at the school or in venues which are easy for parents to access?

Information and Resources

- NICE Guideline, Increasing Flu Vaccination Uptake in Children
- Public Health England, Flu vaccination guidance and resources for schools (includes briefing for schools, consent form template, and invitation letter template)
- Public Health England, Guidance for healthcare teams working with schools on flu immunisation
- Public Health England, Guidance on vaccinating individuals with uncertain or incomplete immunisation status
- Royal College of Nursing, Toolkit for School Nurses
- ASDAN and British Youth Council, School Nurse Champions Handbook for Local Co-Ordinators

Vaccinations Delivered in Pharmacies

Community pharmacies have been commissioned to provide flu vaccinations on the NHS since 2015, and they have also been commissioned nationally to deliver Covid-19 vaccinations. In addition, other vaccinations are available privately at many community pharmacies, including travel vaccinations (see below), occupational health vaccinations, and HPV vaccines.

There are several benefits to NHS-commissioned vaccinations being delivered in community pharmacies. One longitudinal study showed that community pharmacies in Wales delivered flu vaccinations to a higher proportion of 'at risk' under-65 year olds than did GPs and increased their share of total flu vaccinations delivered from 0.3% in 2012 to 5.7% in 2018.

Their convenient locations, more accessible opening times, offer of a walk-in service, and their regular contact with individuals receiving medication for other conditions are all factors in accounting for why community pharmacies are able to vaccinate patients who would otherwise not receive the flu vaccine. For example, the typical prescribing cycle for medicines to treat long term conditions means that patients in the at-risk cohort will attend a pharmacy up to five times within the flu season for a prescription – this presents multiple opportunities for vaccination.

All community pharmacy contractors in England were required to become Healthy Living Pharmacies as of 2020/21. The HLP framework they must follow aims to ensure they consistently provide a broad range of health promotion interventions to meet local needs, improving the health and wellbeing of the local population and helping to reduce health inequalities. The framework is underpinned by three enablers:

1. Workforce Development – A skilled team to proactively support and promote behaviour change and improve health and wellbeing, including a qualified Health Champion who has undertaken the RSPH Level 2 Award 'Understanding Health Improvement', and a team member who has undertaken leadership training;
2. Engagement – Local stakeholder engagement with other health and care professionals (especially general practice), community services, local authorities and members of the public; and
3. Environment (Premises Requirements) – Premises that facilitate health promoting interventions with a dedicated health promotion zone

As such, under their functions as contractor, community pharmacies have a role both in delivering and promoting immunisations in the communities they serve.

Questions to ask of Local Pharmaceutical Committees

Local Pharmaceutical Committees are a local leadership body which represent the owners of the community pharmacies within a geographic area (often a Local Authority footprint). Their duties include making representations to NHS England and Health and Wellbeing Boards, and providing support, resources and guidance to pharmacy contractors (including on contract compliance and monitoring). They are

also well-placed to liaise between pharmacy contractors and local medical committees, PCNs and CCGs/ ICSs. So, engaging with LPCs will offer insight into any issues affecting local pharmacies, their role in the system, and further opportunities for collaboration.

- How many vaccinations did local community pharmacies deliver the previous year for each of the vaccinations offered?
- With regards to the flu vaccination campaign, how many flu vaccinations were given to at-risk under-65 year olds, and over 65-year olds respectively?
- What access to patient records do local community pharmacies have?
- Are all pharmacies in the area able to notify the patient's GP that they have received a vaccination and have their medical record updated?

    Why ask: Data flow between GP and pharmacy systems, and then to NHS Digital has been an ongoing issue – with only 40% of GP practices able to receive digital data transfers from pharmacies in 2019. Ensuring GP records are updated wherever anyone has a flu vaccination is important for establishing a true picture of coverage rates, and targeted call and recall initiatives.
- What languages are spoken in the local area?
    - Do all pharmacies make information about vaccinations available in each of these?

Action points

- Ensure community pharmacies in the area are involved in all health promotion or health protection initiatives led by the Local Authority
- Develop a feedback mechanism for community pharmacies to relay intelligence about emerging health needs or how public health initiatives are being received by the community into the local public health team.

Resources for all Vaccination Providers

- Department for Health and Social Care, Immunisation library - includes documents relating to service delivery, guidance and regulation, news and communications, research and statistics, and policy papers and consultations.
- The Green Book has the latest information on vaccines and vaccination procedures, for vaccine preventable infectious diseases in the UK.
- UK Health Security Agency, National immunisation standards and core curriculum for Registered Healthcare Practitioners. The aim of the national standards is to describe the training that should be given to all practitioners engaging in any aspect of immunisation so that they are able to confidently, competently and effectively promote and administer vaccinations. For health care support workers, see National minimum standards and core curriculum for immunisation training of health care support workers.
- UK Health Security Agency, immunisation training resources for health care professionals across the UK – includes many resources and Q&A documents for a range of vaccine programmes and a useful animation explaining how the immune system works for immunisers.
- Health Protection Scotland, Immunisation Education and Training and 'Promoting Effective Immunisation Practice'.
- Public Health Wales, Vaccination and Immunisation Training
- UK Health Security Agency, Vaccine Update for Health Professionals - a monthly newsletter for health professionals and immunisation practitioners.
- NICE, Guideline on reducing differences in immunisation uptake in under 19s
- Health Education England, e-learning programme for flu vaccination

Reducing Inequalities in Coverage

Screening and Immunisation Teams (SITs) are responsible for identifying areas of inequalities and working closely with providers and primary care to address them through increasing access, information and choice for disadvantaged communities. As well as gaining assurance of their plans to reduce inequalities, Local Authorities can play an active part in these plans given their deep knowledge of the local community, their relationships with community organisations, champions and leaders, and their direct relationship with at-risk groups through their adult and children's social care teams.

For example, local public health teams could support SITs' work on reducing inequalities in coverage through:

1. Supporting community champions to disseminate communications about vaccinations among their networks and peer groups beyond the Covid-19 vaccine roll-out.
2. Conduct a community listening and engagement exercise to identify concerns about vaccinations, or barriers to accessing these services. The Local Authority should work with commissioners, providers and primary care to ensure that this intelligence is acted upon and to avoid duplication which could lead to fatigue and frustration. Community members must also be informed about what has changed as a result of their feedback so that they see the impact and value of their involvement.
3. Partnering with NHS colleagues and members of the community to co-design communications which are culturally literate, relevant and appropriate for particular underserved groups in the area.
4. Involving Community Development Workers in direct outreach to groups where uptake rates are low.
5. Identifying settings for pop-up clinics which would be accessible and familiar to underserved or at-risk groups, e.g. community centres, substance misuse services, nurseries.
6. Working with adult and children's social care teams to ensure all care workers have a good understanding of vaccinations, eligibility criteria and how they work. Social care workers should be fully vaccinated themselves (including having an annual flu vaccination) and be able to signpost the people they support to vaccination services, and constructively address any causes of vaccine hesitancy. The council might consider, for example, rolling out RSPH's Level 2 Award in Encouraging Vaccination Uptake among its public health and social care workers
7. Creating a channel for intelligence from health visitors regarding underserved groups. Health visitors have a wealth of knowledge about the health and wellbeing of families in the area: they identify safeguarding concerns, need for support and barriers to accessing immunisations (e.g. access to transport, attitude towards vaccinations, other caring responsibilities). To benefit from this intelligence, local public health teams can work with health visiting managers to run regular reports on inequalities in uptake, common concerns and barriers to access which could be fed back into the wider system.

8. As part of their assurance activities, local public health teams should evaluate whether providers are fulfilling their legal responsibility to not exclude anyone protected under the 2010 Equality Act from their services. They should also assess whether local strategies to reduce inequalities in immunisation uptake are robust and effectively translated into action.

Providing vaccinations to people experiencing homelessness in Birmingham

Research shows that homeless adults are at greater risk of vaccine preventable respiratory infections due to a high prevalence of underlying medical conditions and increased transmission risk. In addition, mortality from respiratory infections is seven times greater among homeless people than the rest of the population. Therefore, increasing flu vaccination uptake among this community is highly important to reduce health inequalities. SIFA Fireside, a charity based in Birmingham which supports people who are homeless or vulnerable housed, has therefore been involved in both flu and Covid-19 vaccination campaigns.

Barriers to Accessing Healthcare

The ability of health services to engage effectively with vulnerable groups represents the greatest barrier to people who are homeless or precariously housed receiving vaccinations. These individuals may not be notified about their eligibility for a vaccination because they are either not registered with a GP or their GP does not hold up-to-date details about them.

GP practices sometimes turn away people experiencing homelessness, claiming that they are not eligible to register. Often those individuals either are not aware of their rights to healthcare or lack the confidence to advocate for those rights.

Facilities like SIFA Fireside's drop-in centre or the Homeless Health Exchange are therefore vital for homeless individuals' ability to access primary care health services.

Attitudes to Vaccinations and Healthcare

People who are homeless often trust their own networks for information, which means misinformation can easily spread. With the Covid-19 vaccination in particular, the individuals we support have been concerned about its safety and efficacy. However, there were issues on the supply side which exacerbated this. While SIFA Fireside was authorised to offer the vaccination, we were only able to offer the AstraZeneca vaccine, and it was this one which our clients were most hesitant about receiving.

People experiencing homelessness have a great many needs which they struggle to meet on a day-to-day basis. As a result, their health is not necessarily their top priority – and this is especially true for preventative measures as they do not address an immediate need.

It takes time to educate and help clients to understand the importance of their wider health needs. But this is not always included in mainstream programmes or engagement approaches.

How SIFA Fireside has addressed these

Delivering opportunistic vaccinations has been one of the most effective methods that we have used to improve uptake among individuals experiencing homelessness. This requires earning our clients' trust, which in turn requires consistency and reliability.

A prescribing nurse, from the Health Exchange, visits our service every week to spend time with our clients and build trust with them. Because it is the same nurse every week, clients share with each other the trust they have in this nurse, which increases engagement. This has been extremely effective in increasing uptake of flu vaccinations.

We have worked with Birmingham and Solihull CCG to arrange for their clinicians to deliver flu jabs opportunistically to clients at our centre. Because of the trust and relationships that our staff have with the individuals that visit SIFA Fireside, we are confident that clients would engage well with this programme.

To address the lack of access to primary care services, we have provided our clients with GP Access cards. However, we often find that because our clients feel excluded from accessing mainstream healthcare services, they do not feel confident even presenting at a GP surgery to register. We also advocate for clients over the telephone to help them to register at a GP surgery close to where they have been accommodated. On one hand, it is positive that this involvement often bears fruit. But, on the other, it is more concerning that GP Practices respond more positively when speaking to a support worker than to the client themselves.

We also register clients with GPs at the point of assessment with our service. That enables us to complete the necessary forms with them immediately and ensure that the surgery where they register is linked to a current address. SIFA Fireside allows clients who are street-sleeping or transitioning between different accommodation services to use our address for their post. So this means clients are able to receive information sent by post from their GP.

Working Collaboratively

Frontline staff at the Health Exchange have supported those working at SIFA Fireside to ensure that our service is delivering health interventions safely and effectively. It has been important to make sure our own staff understand our approach regarding vaccinations, why we are involved, and why vaccinations are important for our clients, so that interactions are consistent, and consistently supportive of vaccinations, across the service.

We've benefited from support at a high level from the CCG and public health colleagues. Sometimes, vaccination leads concentrate on 'mainstream' delivery models and overlook services for inclusion health groups. So, securing backing from the Chief Executive of Birmingham and Solihull CCG made a huge difference to our ability to deliver flu vaccinations. This buy-in was especially important as getting local GP practices on board was far more challenging.

Our local Healthwatch's experience and knowledge of working with health services to reduce barriers for people accessing support has also been a great support.

How Local Authorities Can Help

Public Health teams can support organisations like SIFA Fireside in delivering vaccination services to inclusion health groups by involving us in discussions about the programmes at an early stage.

'Health inequalities' is a very broad term, which can sometimes conceal the unique barriers and challenges faced by different inclusion health groups. So local Public Health teams should work to understand the specific barriers faced by people experiencing homelessness and those who are vulnerably housed, and include measures that address these in their strategies and engagement plans. It is important, in particular, for them to recognise the value of trusted spaces, like homeless day services, for increasing vaccination uptake.

Lessons to Draw from this Case Study

- The solution to certain misgivings about a vaccination isn't necessarily communications-based: offering flexibility and choice in what is offered, when and where can help alleviate concerns. If, for example, SIFA Fireside had been able to offer other Covid-19 vaccines, the hesitancy around the AstraZeneca vaccine may have been less relevant to uptake levels.
- Communications about vaccinations should not be developed on the presumption that health protection is an automatic priority across the population – for people who have immediate needs to meet, the importance of preventative measures will not necessarily be obvious. That's why it is important to understand the target audience's context, their needs, beliefs, priorities and values and for any public health messages to be connected to those.
- When Directors of Public Health endorse chartable and community organisations' involvement in public health interventions, it helps ensure those organisations are taken more seriously by other providers and commissioners.
- Trust is dynamic – it can be conferred from one organisation to another, and through networks of community-members. It is important to know which organisations, individuals and places already have trust and involve them in public health programmes, rather than try to build trust from scratch. For the same reason, it is important to know which organisations are actively distrusted by the community, so they are not given as prominent a role in a programme.
- Specialist health visitors serving families experiencing homelessness are a vital resource in improving their uptake of vaccinations.

Resources

- Public Health England, Immunisation Inequalities Strategy and Local Action Plan is designed to help assess and take action to reduce health inequalities related to immunisation programmes.

- World Health Organisation, Guide to Tailoring Immunisation Programmes
- NHS England, Improving vaccination uptake in Gypsy, Roma and Traveller and other inclusion health groups via the World Health Organisation's Tailoring Immunisation Programmes (TIP) Model
- Improving immunisation uptake rates among Gypsies, Roma and Travellers: a qualitative study of the views of service providers (Journal of Public Health)
- Case studies of Covid-19 vaccination outreach services for people experiencing homelessness (Queen's Nursing Institute)
- Case study of flu vaccination outreach service to rough sleepers in London (Queen's Nursing Institute)
- Case study of a flu vaccination outreach clinic for those experiencing homelessness in Leicester (NHS England, Atlas of Shared Learning)
- Case study of delivering pertussis and flu vaccinations to pregnant women in midwifery services (NHS England, Atlas of Shared Learning)
- NICE Expert Paper: Outreach Vaccination Service for Underserved Populations

Facilitating Collaborative Working

Close collaboration is crucial to successful immunisation programmes because of the dispersion of responsibilities and accountability across different organisations. Directors of Public Health, for example, are required to gain assurance of services for which they do not automatically have the full data and do not directly commission or deliver. This means it is vital for Health Protection Board meetings, for example, to include the key stakeholders who are in a position to drive operational improvements including representatives from the CCG/ ICS and Screening and Immunisation Team. By the same token, commissioners and providers need to be able to draw upon the Local Authority's deep understanding of the local community in order to reach areas with lower uptake rates.

Tips from Oldham's CCG and Public Health Team for Whole-System Working

- Start by developing a collaborative culture which is then underpinned by processes like data-sharing arrangements, rather than expecting the processes by themselves to inspire partnership-working.
- Don't assume that all stakeholders in the area will necessarily want to work together or share data – trust needs to be built first. For example, providers might be reluctant to share data with commissioners if they fear that it reflects badly on them and that the commissioner is more likely to rebuke them than to support them to improve.
- Put effort into understanding stakeholders' priorities and challenges, and identify ways in which you can support them or your priorities are aligned.
- To work collaboratively, partner organisations need to unite around a common set of objectives for which they will be mutually accountable.
- The partners then need to meet frequently with agendas being mutually decided rather than set by one leading organisation.
- Build relationships with partners who are not directly involved in commissioning or delivering health services to gain a different perspective on how those services are provided e.g. headteachers, care home managers, organisations serving minoritised groups.

Read more about how partners in Oldham worked together and closely with the community to roll out the Covid-19 vaccination here.

Guide to arranging a collaborative event on immunisation coverage

Why do it?

At the beginning of this toolkit, we outlined the statutory roles and responsibilities within the immunisation system. But it is important to note that many other organisations and individuals have a part to play in improving coverage rates and addressing inequalities. A collaborative workshop is an opportunity to bring together the lesser-heard voices alongside statutory organisations within the system to learn from each other and identify opportunities to work together.

1. Think about the purpose of the event and the outcomes you want to achieve. Is there a particular problem you want to address, a specific vaccination programme or aspect of the routine immunisation schedule for which you would like to improve uptake, or a group within the community whose access to, and confidence in, vaccinations you would like to support? Or is your aim to establish more collaborative relationships between different organisations involved in local immunisation services?
2. Identify all the relevant stakeholders that need to be involved in the event to ensure you are able to meet your objectives. It is important that you engage the Screening and Immunisation Team with responsibility for your area and, if possible, host the event in partnership with them. Think creatively and broadly about organisations and individuals who play a part in commissioning, delivering, promoting, or evaluating immunisation services, and those which support at-risk or underserved groups. Try to include a range of perspectives, and those who work directly with patients as well as those in managerial or leadership roles. Depending on the aim of the event, you might consider inviting representatives from the following in your area:
    - Health Protection Forum
    - Health Scrutiny Committee
    - NHS Screening & Immunisation Team
    - Adult Social Care Team
    - Child's Social Care Team
    - Equality, Diversity and Inclusion Team in the Council or in a local NHS Trust
    - Primary Care Network
    - Clinical Commissioning Group/ Integrated Care System
    - Midwifery Services
    - NHS Infection Prevention and Control Teams
    - Patient and Public Involvement Groups
    - Health Visiting Team
    - School Immunisation Team
    - Local Pharmaceutical Committee
    - Local Medical Committee
    - Healthwatch
    - Paediatric Services
    - Gypsy and Traveller Team
    - A Housing Association

    - Homelessness Service
    - Substance Misuse Service
    - VCSEs working with the elderly, carers and inclusion health groups such as people experiencing homelessness, vulnerable migrants, and people with learning disabilities
3. Prepare an agenda for the workshop (below is a template based on the events we held with the councils for Cheshire West and Chester and Birmingham). Initial inputs to set the context of the meeting can help inform and focus the discussions which follow. As well as giving your own presentation, you might want to invite a representative from another organisation, either local or national, to give their perspective.
4. When you invite attendees, be clear about why you are holding the event, what the value of it will be, and the logistics. Including an agenda, or at least the topics of presentations or discussions in the workshop, can help attendees understand the purpose and nature of the event.
5. Have structured time for discussions where participants are able to bring their different perspectives to a set of prompt questions. If you have more than 10 people attending, you might want to break into smaller groups for times of discussion, and then have quick feedback sessions after each one, so that all attendees know what has been discussed as part of the event.
6. As you facilitate the discussions, try to keep a focus on what actions can be taken and by whom. This will be important for drawing up a plan afterwards.
7. Take notes throughout the event and, if participants give their permission, record and then transcribe the discussion
8. Write up the main themes of the event and draw out a series of recommendations for commissioning and delivering immunisation services in the future. Share this report and a summary action plan with the participants at the workshop and any other stakeholders who can help you achieve your objectives.
9. Arrange a follow-up meeting with those who will be responsible for taking forward the actions which emerged from the workshop to draw up a more detailed project plan and timescales. Be sure to check on progress on a regular basis, offer support wherever appropriate, and evaluate the impact of your efforts.

Template Agenda for Stakeholder Event

Time	Description
10 mins	**Welcome and introduction to the session** - Introduce background to the workshop, its aims and structure - Ask attendees to introduce themselves, giving their role and organisation
10 mins each	**Inputs** - *E.g. Overview of immunisation coverage rates in the area; Challenges and opportunities to improving local coverage rates; Summary of innovative practices employed in the Covid-19 vaccination programme.*
20 mins	**Small Group Discussion** - Have one overarching question with 2 or three sub-questions to guide the discussion. - The first discussion can be quite general so that everyone has an opportunity to contribute. - *E.g. What inequalities in coverage across the routine immunisation schedule are there in the area (e.g. by vaccination, geographic area, or demographic group)? What can we do differently as a system to address them?*
10 mins	**Feedback** - Facilitators feed back the themes of their respective discussions to the whole group
10 mins	**Comfort break**
20 mins	**Small Group Discussion** - The second discussion of the workshop can have a more targeted focus than the first, and the facilitator should prompt participants to develop specific suggestions to take forward. - *E.g. What data exists in the area which has relevance for the immunisation programme, how is it currently used and how can it be more effectively and/or more widely used?*
10 mins	**Feedback** - Facilitators feed back the themes of their respective discussions to the whole group
15 mins	**Rounds Question**

	- Going around the whole group, ask each participant a question they can answer in one sentence. The aim is to have them articulate their most important takeaway from the event. - *E.g. "What is one thing you could do differently to improve coverage rates?"*
10 mins	**Summary and Next Steps** - Summarise main themes of the workshop, and explain next steps regarding the write-up of the event and any actions to be taken forward or future meetings.

Supporting Immunisation Services

As well as gaining assurance of local immunisation services, local public health teams have distinctive assets which can be harnessed to support those services and reduce inequalities. This section of the toolkit provides guidance on doing so through:

- Utilising their knowledge of the local community to support effective communications about vaccinations
- Equipping the council's workforce to signpost to, and advocate for, vaccinations with their various client groups
- Access to facilities which can be used for vaccination delivery

Supporting School-Age Immunisations

- If school immunisation teams are not always given properly formatted class lists, suitably sized and equipped rooms, or timely consent forms from schools, then local public health teams should consider engaging with school leaders so they understand the importance of meeting the practical and logistical needs of immunisation teams. This could be done through a direct contact programme or a webinar/ event for all school leaders in the area.

- Encourage schools to ask about a child's immunisation status on their induction to the school and when they leave, and signpost those who are not up-to-date with their vaccinations to their GP practice or a catch-up clinic.

- Local authorities are permitted to give the details of home-schooled children in the area to the provider of school-age immunisations. By doing so, providers can contact, and follow up with, the families directly, addressing any barriers to, or concerns about, receiving the vaccination.

- Explore ways to inspire young people to be ambassadors for vaccinations with their peers and families, as they are often the gateway to reaching relatives who might be more vaccine-hesitant.
    - Encourage schools to regularly undertake activities within their Health and Wellbeing curricula to teach pupils about the importance of vaccinations, how they work, and address any of their concerns.
    - To empower and utilise the voice of young people themselves, working alongside your School Nursing Service, you could establish a Young Health Champions programme, including a focus on vaccinations. See for example, Birmingham's School Nurse Ambassadors Programme.

Promoting Travel Vaccinations

How Travel Vaccinations are Delivered

Some travel vaccinations are available on the NHS from GP Practices. These include:

- polio (given as a combined diphtheria/tetanus/polio vaccine),
- typhoid
- hepatitis A
- cholera

But not all travel vaccinations are available on the NHS, even if they're recommended for travel to a certain area. Those which are not available on the NHS include:

- hepatitis B
- Japanese encephalitis
- meningococcal meningitis vaccines
- rabies
- tick-borne encephalitis
- tuberculosis (TB)
- yellow fever

From 1 April 2021, all general practices are expected to offer specific NHS travel vaccinations and some offer vaccines not available on the NHS (as a private service). Other settings which may offer travel vaccinations include pharmacies, private clinics and occupational health services. In England, Wales and Northern Ireland yellow fever vaccination can only be administered at designated Yellow Fever Vaccination Centres.

The National Travel Health Network and Centre (NaTHNaC) was set up by the Department of Health in 2002 and is commissioned by the UK Health Security Agency (formerly Public Health England) to provide up-to-date and reliable travel health guidance for health professionals and people travelling overseas. This includes a programme of registration, training, standards and audit for all Yellow Fever Vaccination Centres in England, Wales and Northern Ireland. However, other areas of travel health delivery are not specifically regulated, and although specialist training is available, it is not a requirement.

Travel vaccinations are important because travel to certain parts of the world can expose UK residents to infectious diseases like yellow fever, hepatitis B that the routine NHS immunisation schedule doesn't provide protection against. This can put their individual health at risk, but also cause localised outbreaks on their return.

This is especially the case for some travel for visiting friends and relatives (VFR travel): surveillance data show that the majority of cases of malaria reported in the UK occur in people who have visited friends and relatives in Africa while the majority of cases of enteric fever (typhoid and paratyphoid) reported in the UK have been acquired in countries in the Indian subcontinent by people travelling for the same reason. It is thought that VFR travellers may be less likely to seek health advice

before their trip because their familiarity with the destination causes them to underestimate the risk of infectious disease.

How Local Public Health Teams Can Support Travel Vaccinations

Directors of Public Health are not mandated to gain assurance of local travel vaccination services. But from a health protection and health inequalities perspective, local public health teams should work with other system leaders to promote travel vaccinations to local communities which might be at-risk. This is especially important if there have been any recent outbreaks of vaccine-preventable diseases associated with travel in the area (e.g. encephalitis, cholera, hepatitis a & b, rabies, tuberculosis, typhoid, yellow fever).

1. Develop an understanding of the local rate of travel to countries where vaccinations are recommended or required. Speak to local universities, schools, airports, GPs and travel health clinics about common destinations of travel for visiting friends and relatives (VFR travel), gap years, working and volunteering abroad, and international students. Find out how they promote the need for travel vaccinations amongst these groups.
2. Ask LPCs, ICSs, and Commissioners:
    - How are travel vaccinations promoted and signposted?
    - Are all vaccinators specially trained in delivering travel vaccinations?
3. Explore the level of awareness in the local area about the importance of travel vaccinations, where they are offered locally, and when they are needed. You could explore this using a community survey disseminated to key stakeholders and community groups, focus groups and engagement events, making sure you engage with all demographic groups in the area.
4. If you identify a need for more information about travel vaccinations, you can explore developing a communications campaign aimed at raising awareness and promoting travel vaccinations (see our resource on Developing Communications).
5. Think about how you could involve travel agents, local faith groups, universities, and visa services in signposting to travel vaccinations.

Information and Resources

NaTHNaC provides travel advice for health professionals and the public including:

- Health information for overseas travel (TravelHealthPro)
- Specialist advice line for health professionals advising travellers who have a complex medical history or itinerary
- Conditions of designation and code of practice for Yellow Fever Vaccination Centres
- Yellow fever vaccination centre registration and training
- Courses, conferences and training days for professionals working in travel health and vaccination

Other useful resources include:

- The Royal College of Nursing's guidance: Competencies: travel health nursing: career and competence development

    - National Minimum Standards and Core Curriculum for Immunisation Training for Registered Healthcare Practitioners (in partnership with Public Health England, Public Health Wales, and Scotland's Public Health Agency)
- The Royal College of Physicians and Surgeons of Glasgow, Faculty of Travel Medicine: Good practice guidance for providing a travel health service
    - Recommendations for the practice of travel medicine

Health Protection Scotland provides travel advice on the following websites:

- TRAVAX for health professionals
- Fit for travel for the public

UK Health Security Agency: Migrant Health Guide: Immunisation
Migrant Health Guide: travel to visit friends and relatives

Mapping Community Venues

Immunisation teams often need access to venues where they can host community clinics or catch-up clinics. Local public health teams can support them by mapping and making available suitable venues owned or managed by the Local Authority. Our venue-mapping checklist can help you to collate this information to identify the most appropriate facilities, and those which will be most accessible.

Details	Venue A	Venue B	Venue C	Venue D	Venue E
Contact details (phone)					
Contact details (email)					
Capacity (sqm)					
Wheelchair-accessible (Y/N)					
Number of toilets on site					
Accessible toilets (Y/N)					
Wi-fi (Y/N)					
IT equipment on site					
Number of power outlets available for electrical devices/ mobile refrigerators?					
Number of car parking spaces available					
Distance to nearest bus stop					
Distance to nearest tube/ tram stop (if applicable)					
Distance from nearest GP/ hospital					
Distance from nearest school					
Days/ times the venue would be available for exclusive use as a vaccination venue					
Free to hire (Y/N)					
Previously been used for vaccination clinics (Y/N)					

Improving awareness of, and confidence in, vaccinations

Community Engagement

Local authorities' connections to their communities mean they are well-positioned to undertake programmes of community engagement which are, in turn, important for the commissioning and delivery of vaccinations. It is only by engaging directly with communities that it is possible to understand, and therefore address, the concerns about vaccinations or barriers to accessing them experienced by particular groups within the area.

You may seek to engage with the communities you serve proactively, for instance, to establish what impact the Covid-19 vaccine roll-out has had on perceptions of the routine immunisation schedule; or reactively, in response to an outbreak of a vaccine-preventable disease.

Before you begin a programme of community engagement:

- Decide who you want to engage and why, then work out the best way of reaching them. Think about where they go, how they access information, and what might incentivise or facilitate their participation.
- Make sure the other partners in the system are in a position to act on the feedback from the community.
- Involve stakeholders from the community in your engagement activities. This might include community champions, faith leaders, representatives from local institutions (e.g. schools), and community groups and organisations.
- Use a range of methods to engage inclusively with your target audience. For example, paper and online surveys, focus groups, a citizens' assembly, patient and public involvement groups, or attending other community events as an external speaker.
- Test your questions with a pilot group to ensure they make sense.
- Have a plan for how you will feed back to the community the findings from the engagement process, what actions will be taken as a result, and by when.

The questions you use will depend on your local needs and objectives, engagement methods, and target audience. The below examples would be suitable as prompt questions in interviews or focus groups if you were interested in getting an overview of the public's perceptions and experiences of vaccinations.

Assessing access

- Have you ever struggled to make, or attend a, vaccination appointment?
- When would you find it easiest to attend a vaccination appointment at a GP practice or community pharmacy?
- How far would you be willing to travel for a vaccine appointment?
- What setting would you feel most comfortable to receive a vaccination– a GP practice, a pharmacy, a community setting or a roving clinic like a vaccine bus?

Assessing confidence and understanding

- Do you know if you have had all the vaccinations you are eligible for?
- Do you know if you are eligible for the annual free flu vaccination?
- How safe do you think vaccines are?
- How safe do you think <*specific vaccine*> is?
- How effective do you think vaccines are at protecting your own health and that of those around you?
- How effective do you think <*specific vaccine*> is at protecting your own health and that of those around you?
- Have you ever had a vaccination to travel abroad?
- Before going abroad, do you check whether there are recommended vaccinations for visiting that country?
- Do you know where to find information about travel vaccinations?
- Do you know where you can get travel vaccinations locally?

Assessing information and communication needs

- Who would you most trust to tell you about a vaccination you are eligible for? (E.g. local GP, health visitor, midwife, nurse, pharmacist, relative, friend, celebrity, faith leader, Director of Public Health, local councillor)
- What information would you find most helpful about vaccines in general, the vaccine you're eligible for, and the vaccine appointment itself? (E.g. how vaccines affected the immune system, reason for eligibility, side-effects and their likelihood, ingredients of the vaccine, how it was tested, name of manufacturer, location of manufacture).
- In what form would you find it most helpful to receive that information?
- GP practices often invite their patents to make appointments for particular health services, like vaccinations, by text or letter. Have you ever received one of these? Did you find it helpful?

Resources

- Institute for Community Studies, Understanding vaccine hesitancy through communities of place
- Institute for Community Studies, Case Studies: Oldham and Tower Hamlets
- LGA, Increasing uptake for vaccinations: maximising the role of councils
- LGA, Covid-19 Vaccination Case Studies
- NICE Case Study, Community engagement to increase childhood immunisations
- Rochdale Council, Community Engagement for Covid-19 Vaccinations and Street Canvassing for 'One Last Push'
- Airedale, Wharfedale & Craven Modality Partnership, Using Health Coaches to Promote Vaccinations
- Luton Community Co-Production for Increasing Vaccine Uptake

Guidelines for developing communications about vaccination

The content and method of a communications campaign about vaccinations should be decided after having engaged with the community as outlined above. By listening to people's beliefs or concerns about vaccinations and asking about what information, and in what format, they would find helpful, it is far more likely that your communications will achieve the desired impact.

However, community engagement should not just be done at the beginning of a communications campaign – you should continue to proactively listen to members of the public to assess whether the material is being understood and acted upon as intended, and adapt your approach as needed.

The below guidelines should help you to develop a communications campaign based on the information needs and communication preferences of the different communities in your area.

1. Segment your audience

Audience segmentation is the process of dividing a large audience into smaller groups based on similar needs, values or characteristics. Developing a communications plan using audience segmentation allows you to tailor your messages and method of communication to the characteristics, interests, abilities, needs and values of various groups of stakeholders. This is important as people respond in different ways to social and behaviour change messages and interventions, so embedding this principle into your communications plan will likely enhance its impact.

To segment an audience, consider:

- How each audience is affected by the problem you wish to address
- Demographics – age, gender, occupation, income, marital status, family size, ethnicity, language, religion
- Size (number of people in the audience)
- Knowledge and behaviours – relevant behaviour, stage of change/ readiness to change, frequency of behaviour, duration of behaviour, consistency of behaviour
- Pyschographics – values, activities, interests, motivations
- Effective communication channels for reaching that audience
- Facilitators and barriers that prevent or enable audience members to change their behaviour

Once you have identified each stakeholder group, you can then develop a segmented communications plan, which recognises the different objectives you have for each group and how they can best be achieved. Use the template below to guide this process.

Stakeholder group	Objectives	Message	Delivery Method	When

Resources

A Field Guide to Designing a Health Communication Strategy (Johns Hopkins University Centre for Communication Programmes)
Guidance on audience analysis for social and behaviour change projects (Compass)
Guidance on audience segmentation (Compass)
Guidance on audience segmentation (MailChimp)

2. Focus on a particular vaccination and the group eligible for it

It might seem more efficient to try to raise the public's confidence in vaccines in general rather than a specific programme. However, your communication campaign should have a clear call-to-action which helps you achieve your overall objectives. If you are promoting a specific vaccination, and among those who are eligible for receiving it, you will be better able to measure the impact of your campaign through increased uptake figures.

Make sure you have addressed any practical barriers to receiving the vaccination before you do targeted outreach and communications around it. If you increase demand for a vaccine which people then struggle to access, it could lead to longer-term distrust in the system.

You will see, for example, in RSPH's report Moving the Needle how the reasons the public give for not receiving a vaccination depends on the immunisation in question, and the importance of easy access to determining uptake.

3. Allow for agency and be empathic

Vaccinations may be a sensitive issue for many people and tap into deeply held values or emotional experiences. For instance, parents' hesitancy to have their babyor child vaccinated largely stems from a desire to protect their children from what they believe are unknown side-effects. Similarly, negative experiences which minoritised groups may have had with health services may understandably have led to distrust of these institutions. It is important, therefore, that you recognise such concerns as legitimate and do not disregard them, take a combative approach, or patronise those who are hesitant about receiving a vaccination.

Instead of being too directive (i.e. simply telling people what to do), empower people to appreciate for themselves why vaccinations are important, how they work, to assess the balance of risks involved, and to identify and report misinformation.

While giving information about the importance of vaccinations to individual and population health, your communications should not be threatening. If people feel coerced or manipulated into being vaccinated, they may be more receptive to disinformation and conspiracy theories about vaccinations.

4. Be transparent

Related to the issue of coercion is that of perceived secrecy. If members of the public feel that there are questions or ambiguities which are not being addressed, they are less likely to trust the message as a whole. Therefore, to empower the public to appreciate the value of vaccinations for themselves, it is important to be transparent about side-effects and their likelihood. Conceptualising the probability of risk can be difficult, so helping people to visualise what those odds mean in practice, and comparing them to other risks which the public are typically happy to take, can help people to appreciate the balance of risk to being vaccinated.

People may have specific technical questions about the production of vaccines, how their safety is tested, and their suitability for people with their health conditions or of their ethnic or religious background. As part of your community engagement activities, investigate what questions people feel have not been answered satisfactorily so that these can be explicitly addressed. You could host an event with a panel that includes local health workers, scientists and community leaders.

Supporting health professionals and care workers to have constructive one-on-one conversations with their patients and clients is an especially effective long-term means of ensuring that the public can access tailored advice and information about vaccinations. With this in mind, this toolkit includes resources which support frontline health and care professionals to have constructive conversations about vaccinations.

Providing references to sources and directing people to where they can go to find out more information will also build trust in the information you are providing.

As many routine vaccinations are against diseases which have largely been suppressed in the UK, people may not see them as an active threat to their wellbeing. It is important to not over-emphasise that risk, because if it does not align with their lived experience, then the approach could backfire. For example, research showed that the French public reacted negatively to the mass vaccination campaign around the peak of the H1N1 pandemic as the alarming messaging used did not correlate with people's daily and personal experiences of the threat posed. Therefore, helping the public to understand how vaccinations support population health and why herd immunity is important for protecting those who are unable for medical reasons to be vaccinated, can be more effective.

Being perceived to be independent, as well as transparent, is important to building trust with the public. Those who do not trust the government or accept conspiracy theories about the pharmaceutical industry, will be more sceptical about

communications they see as connected to either of these institutions (which can include the NHS). Equipping members of the community themselves to share reliable information and advocate for vaccinations, for example through community health champions schemes, or cascading information through trusted community organisations can help overcome this barrier.

5. Be accessible and inclusive

Communications about vaccinations should be physically accessible, understandable, and culturally competent. This involves, for example:

- Engaging with forms of media which are popular among your target audiences – for example, community radio stations, special interest publications, or online forums and social media groups.
- Ensuring all communications are translated into the variety of languages present within the community.
- Take health literacy universal precautions
- Avoiding jargon - the Medical Library Association has a resource translating medical jargon into language which the public can understand.
- Including captions or transcripts of any video or audio resources so they are suitable for hearing-impaired audiences.
- Producing large-print and audio versions of informational materials so they are suitable for visually-impaired audiences.
- Putting printed materials in physically visible locations frequented by your target audience.
- Engaging in direct, in-person outreach.
- Avoiding tokenism – do not treat people from different ethnic minority backgrounds as one homogenous group. Research by Healthwatch and Traverse found that using celebrities from ethnic minority backgrounds to champion the Covid-19 vaccine was viewed as patronising and offensive. When recruiting public champions for a vaccination programme, make sure they are someone with whom your target audience has a strong connection.
- Testing your communication materials with a diverse pilot group beforehand to ensure they are clear, easy to understand, and inclusive in their use of language.

Resources

UK Health Security Agency:

> Easy-read and accessible resources about the flu injection
>
> The children's flu vaccination programme, the nasal flu vaccine Fluenz and porcine gelatine: Your questions answered

6. Support effective conversations about vaccinations

A wide range of health and care professionals and members of the wider public health workforce will have conversations about vaccinations with the people they serve. These include health visitors, GP practice and pharmacy teams, allied health professionals, care workers, school nurses, care navigators, social prescribing link

workers, community health champions, those who work in the emergency services, and voluntary and community organisations serving inclusion health groups, children, and older adults. Accordingly, local system leaders should support these professionals to access evidence-based resources and training to improve the public's health literacy around vaccinations.

This is especially important as Healthwatch's research into confidence in the Covid-19 vaccine showed that participants had higher levels of trust in people with tangible links to the vaccine rollout programme, such as local GPs and frontline workers. Celebrities, politicians, public health officials and distant religious leaders did not command the same level of trust.

There are a range of proven techniques to promoting self-efficacy and health literacy among members of the public which members of the workforce can support, if trained and empowered to do so. These include:

- Asking open questions rather than being directive
- Encouraging people to ask questions. Often, people with limited health literacy lack the confidence to ask questions of healthcare professionals or do not know what they might need to ask. Some charities provide lists of questions that patients can take into consultations (such as this one from the MS Trust). You might consider developing such a resource for those who have questions about vaccinations to ask of their health visitor or GP so that they get them answered by a healthcare professional rather than an unknown source on the internet.
- The teach-back method, whereby a healthcare provider checks that they have explained information clearly and comprehensibly by asking a patent to explain in their own words what they have just been told or what they need to do next.
- The chunk-and-check technique to prevent the amount of information given limiting comprehension. This method involves breaking down information into smaller, more manageable 'chunks' and then checking understanding between each one (e.g. through the teach-back method).

Resources

- RSPH's Level 2 Award in Encouraging Vaccination Uptake equips learners with the knowledge and understanding to promote the importance of vaccination programmes and to use behaviour change models and motivational techniques to support individuals to accept a vaccination.
- Health Education England, Health Literacy Toolkit
- The World Health Organisation has produced best practice guidance on how to respond to vocal vaccine deniers in public with principles and practical suggestions for spokespeople to respond to people who publicly oppose vaccinations. This guidance is based on psychological and public health research, communication studies and WHO risk communication guidelines.
- Unicef's Vaccine Misinformation Management Field Guide aims to help organisations to address the global infodemic through the development of strategic and well-coordinated national action plans to rapidly counter vaccine misinformation and build demand for vaccination that are informed by social listening.

- The Council for International Organisations of Medical Sciences, Guide to Vaccine Safety Communication covers building trust in vaccine safety, a produce life-cycle approach to vaccine safety communication, vaccine safety communication plans, and developing vaccine safety communication systems.
- Voices For Vaccines produce fact-based content to support positive parent-to-parent conversations about vaccines and the diseases they prevent
- The Vaccine Knowledge Project produces evidence-based resources and information about vaccines and infectious diseases, aimed at the general public and healthcare professionals.
- NHS South Central West, Top Tips for Health Visitors Talking to Families about Vaccinations
- The British Society of Immunology's Celebrate Vaccines campaign and resources include a guide to childhood vaccinations, educational activities, infographics, and animations to engage the public on vaccine immunology.
- Share Verified, an initiative by the United Nations, has produced a series of resources to help the public identify and address misinformation about Covid-19.

Outreach to Cheshire's Boating Community

A good example of some of these principles comes from Healthwatch Cheshire who engaged with the Boating community as part of work with local NHS, Local Authority, and voluntary and community organisations to ensure that they knew how to access Covid-19 vaccinations. Previous research by Healthwatch Cheshire had revealed that some Boaters struggle to access GP services due to their lack of fixed address. So, their outreach and communications activities in March 2021 acted upon this feedback by focusing on promoting GP Access Cards which would enable individuals to access primary care services, including Covid-19 and flu vaccinations, without registering with the practice. To do so, Healthwatch Cheshire:

- Partnered with the Waterways Chaplaincy who could offer pastoral support to Boaters. Many members of the Boating Community prefer the independence of separate moorings away from main centres, so it can be more difficult to locate them. The Waterways Chaplaincy were able to assist members of Healthwatch Cheshire's team with how and where to best reach Boaters.
- Healthwatch Cheshire were also supported by Healthwatch Halton and Healthwatch Warrington to engage with Boaters on canals and marinas in those areas.
- Together, members from Healthwatch Cheshire and the Waterways Chaplaincy spent 8 days in March 2021 walking along the canals and around marinas, having conversations with nearly 100 members of the Boating community and marina staff about GP Access Cards, the Covid-19 vaccine, the practicalities of getting vaccinated, and other issues related to health and wellbeing.
- Posters explaining the GP Access Cards and Boaters' rights to GP access were displayed on Canal and River Trust noticeboards along the canals, in marinas and canal-side shops.
- Healthwatch Cheshire posted information about the GP Access Cards in the Cheshire Boaters' Facebook Group.
- Healthwatch Cheshire engaged with the specialist news outlet, Towpath Talk, to secure a feature article on their engagement activity.

A full report of this engagement programme, its impact on encouraging vaccination uptake, and the positive feedback received from the Boating community has been published and used to influence the vaccine programme in Cheshire. This report can be read here.

Lessons to draw from this case study

- VCSE organisations are less likely to be perceived as associated with statutory organisations, like the Government, or the NHS. Therefore, when they disseminate communications about health services, they are more likely to be trusted by individuals who have had bad experiences with, or negative perceptions of, these institutions. This can encourage more open conversations about people's experiences of, and attitudes towards, health services.

- The importance of partnering with people who are trusted by community members, who are fluent in its culture, and are familiar with its distinctive needs.
- If you allow conversations with the public to be wide-ranging, and do not focus solely on the vaccination programme you are promoting, then people are more likely to recognise that you are engaging with them out of a genuine concern for their wellbeing. This will help avoid any presumption that you are motivated by a political or commercial agenda. These conversations can also be a source of intelligence on other health and wellbeing issues which can be fed into other services.

Assessing the vaccine confidence of frontline health and care professionals

All NHS and social care workers (SCWs) are eligible for free flu vaccinations in order to reduce the spread of flu, protect the vulnerable people they care for, and protect themselves. As employers are responsible for ensuring NHS and social care workers are able to receive a flu vaccination, Local Authorities and ICSs are directly involved in encouraging and enabling health and care professionals in their employ to be vaccinated against flu each year.

The National Immunisation & Vaccination System (NIVS) collects data on flu and Covid-19 vaccinations given in hospital trust settings, including for healthcare workers, allowing uptake among NHS staff to be analysed on a daily basis. Data on uptake in SCWs is not published but care homes can enter their uptake data onto a national Capacity Tracker.

NHS staff and SCWs are able to receive the flu vaccination at their workplace, from a GP practice or community pharmacy. Local system leaders should consider exploring the proportion of these workforces which get the vaccine, whether they face any barriers in doing so, or whether they have concerns about its safety or efficacy. An action plan can be developed based on these findings with the team leads and vaccination providers in the area.

The following survey questions can be used to explore the experiences of, and beliefs about flu vaccinations among health and care staff:

- Are you eligible for a free flu vaccination? (Yes/ No/ Not sure)
- On a scale of 1-5 with 1 being ‘Not at all Safe’ and 5 being ‘Very Safe’, how safe do you believe vaccines are?
- On a scale of 1-5 with 1 being ‘Not at all Effective’ and 5 being ‘Very Effective’, how effective do you believe vaccines are at preventing serious illness?
- On a scale of 1-5 with 1 being ‘Not at all Safe’ and 5 being ‘Very Safe’, how safe do you believe the flu vaccine is?
- On a scale of 1-5 with 1 being ‘Not at all Effective’ and 5 being ‘Very Effective’, how effective do you believe the flu vaccine is at preventing serious cases of flu?
- On a scale of 1-5 with 1 being ‘Not at all Important’ and 5 being ‘Very Important’, how important do you feel it is to have a flu vaccine for your own health?
- On a scale of 1-5 with 1 being ‘Not at all Important’ and 5 being ‘Very Important’, how important do you feel it is to have a flu vaccine for the health of the people you provide care for?
- Is it your understanding that the flu vaccine gives the person who is vaccinated the flu? (Yes/ No/ Not Sure)
- Did you receive a flu vaccination last year? (Yes/ No/ Not Sure)
- If you have received a flu vaccination, where did you do so?
    - GP Practice

    - Pharmacy
    - At workplace
  - If you have not received the flu vaccination on an annual basis since starting work in the health and care sector, what are the reasons for this (Select all that apply)
    - I did not know I was eligible for a free flu vaccination
    - I did not know where to get a free flu vaccination
    - I do not have time to arrange and attend an appointment for a flu vaccination
    - I was told I was not eligible for a free flu vaccination
    - I have concerns about possible side effects from the vaccine
    - I do not believe that the flu vaccine is effective at preventing serious cases of flu in myself or others
    - I do not believe it is important for my own health to be vaccinated against flu
    - I do not believe it is important for the health of those I provide care for me to be vaccinated against flu
    - I have concerns about the safety of vaccines in general
    - Other (Please Explain)
- On a scale of 1-5 with 1 being 'No Difference' and 5 being 'A lot of difference', how much difference would the below make to whether you got a flu vaccination in the future?
    - Time off work to attend a vaccination appointment
    - Being able to receive the vaccination at work
    - More information about the flu vaccine, how it is produced and tested, and how it works
    - More information about how vaccines in general are produced and tested, and how they work
    - More information about flu and why protection from it is important
    - A donation to an international health protection charity being made by my employer for every staff member vaccinated
    - Having my employer check which members of staff have had the vaccination and which have not and following up on an individual basis
    - Other: please state

Resources

- RSPH's report Moving the Needle lists some of the causes of hesitancy around flu vaccination
- NHS England, Increasing Health and Social Care Worker Flu Vaccinations: Five Components
- UKHSA, Flu vaccination guidance for social care workers