

Vaccination Transformation Programme (VTP)

Modernising the delivery of vaccinations



A snapshot of public views on vaccination service delivery

Rachel Bishop
Scott Porter Research & Marketing

SCOTT PORTER
Research & Marketing

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Research Rationale

- National research commissioned by the VTP Stakeholder Communications & Engagement Group
- snapshot of patient perspectives on what would be an effective vaccination process to support uptake
- focus on flu, pneumococcal & shingles
- to engage public directly in the change
- to inform Business Change Managers in the development of vaccination services/tests of change

Research Context

- Fieldwork conducted during flu season 2018/19
- Vaccine hesitancy (safety and effectiveness concerns)
- Growing anti-vaccination movement online and close by in parts of Europe

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Methodology & Sample

- 18 extended 2-hour group sessions
- Ca. 125 respondents overall

Two main target audiences:

- 9 groups in flu **at risk** category, aged 18-64, majority SIMD 1/2
- 9 groups **older**, aged 65 to 75, majority SIMD 1/2
- all vaccinated for at least 1 adult vaccine in last 12 months

Mix of urban and rural locations in NHS health boards: Lothian, Greater Glasgow & Clyde, Grampian, Tayside, Borders, Forth Valley

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Focus Group Content

Research focussed on adult vaccines only:

- Flu (all respondents eligible)
- Pneumococcal (all 65+/some At Risk)
- Shingles (70+)

Discussion in each group focussed on:

- knowledge about and views of the value of vaccines
- reasons for and against vaccinations
- the current vaccination delivery process
- the future of vaccination service delivery

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Vaccination

- People know vaccinations are ‘good for them’
- **But** – a sense the extent of the need for protection has perhaps been forgotten
- Flu vaccination has highest awareness
 - but seems to have lessened in importance – many don’t see much ‘real flu’, so don’t see it as serious personally
- Also little, perceived, drive from NHS to encourage people
 - lessens the perceived seriousness of vaccinations

Vaccinations are important, but some are starting to think maybe you can risk it as an adult and not have it

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Current Process

- Myriad of different approaches for all three vaccinations
- Every GP surgery does it their own way – from initial invitation to aftercare
For some it works, for others it does not – not consistent
- Main issues:
 - perceived lack of correct knowledge about the vaccinations
 - invites ‘hit and miss’
 - access to appointments generally (e.g. fitting with their busy lives, work patterns, etc.)

The current process is hindering access to vaccinations

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Current Issues

Inconsistent/lack of information

- info not sufficiently 'offered' or 'promoted'
- leads to fear/misunderstanding – e.g. what is the vaccine, side effects
- leads to it not being taken seriously enough

Invitations inconsistent

- initial 'invitation' = 'you should have this'
- few formal invites sent out (in any form)
- no information goes with them
- pneumococcal and shingles 'shoehorned' into another appointment (opportunistic)

Challenging to make appointments

- can be hard to contact surgeries and to get an appointment that suits
- no proactive approach when vaccines not in stock

Some decide not to 'bother' attending for immunisations

Assume health professional's recommendation ok, so assumed, not informed consent

Patients feel NHS information leaflets are missing

Appointment challenges push people away from going, especially busy working lives

Opportunities for VTP Service Change

- Redesign appointment processes to support vaccination uptake
- Call for more efficient, patient-centred service
- Respondents felt that offering personalised call/recall systems and user-friendly appointment systems would be ideal for the future

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Recommendations for the future

Communication with patients

- hard copy and electronic formats are needed
 - think to the future when developing electronic formats
 - apps, or at least an online portal, should be within the mix – multiple functions that tick a lot of positives: e.g. signposts, notifications, source for clinic sites, use of online self-booking appointment systems
- personal communications (e.g. invitations): offer a tailored choice to each patient
- general communications: ensure messages about why vaccination is important appear very relevant and make the vaccination worth doing for each individual – visible and memorable

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Recommendations for the future

Vaccination programme information

- go back to basics for information about the programme
 - what it is, what it does
 - why it's important for more than just 'old people and the vulnerable' or 'ill people who'll end up in hospital'
 - what it has achieved – using trend data, e.g. numbers of days off for flu, hospitalisations, cases of complications, which strains worked or didn't work so well, etc.
- be factual and make it about life as people know it (not just worst case scenario) – e.g. losing 2 weeks wages, or who will look after the kids has more impact for many
- be proactive as the voice of authority in this regard especially for flu programme – make it the 'done thing'

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Recommendations for the Future

First invitation

- first time invitations need to be formal
 - a personal letter directed at the individual
 - informing 'why' the individual needs the vaccination and practical details of what to do next
 - focus information on the specific vaccination – why it's important for the individual, what it is, does, side effects
 - a few people suggested referring to flu as 'influenza' (move it away from 'a bad cold')
- additional information needs to be included, or source-able – format choice individual (leaflet/electronic)
 - include programme trend information
- quick/simple is best in terms of getting information across
- paper letters still command a respect and get noticed – BUT electronic email versions need to be offered

Recommendations for the future

Reminders (primarily for flu)

- repeat attendees happy for quick reminder saying 'it's flu jab time'
- texts well known for this from other services – use text messaging
- ideally add web links to online booking system/clinic sites
- also add web links to information and signpost
 - remember to make it relevant, not the same each time and highlight new information 'this year ...'

BUT again, tailor to the individual – a short letter may still be needed for some

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Recommendations for the future

Making the appointment

- make it easy, simple, at the patient's convenience
- a dedicated phone line was suggested
- develop electronic booking systems – self-service
- use drop in sessions – if efficiently run

Opening hours

- it should feel possible to 'pop in' easily to be vaccinated
- extend availability of opening hours, e.g. early (6.30/7am→), late (→9/10pm), weekends
- opening up the range of locations patients can choose may help – go to the one with convenient hours for you

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Recommendations

Clinic location

- local/nearby
- easy access (to get to, park and to get around)
- private, clean, safe premises
- with ability to link to NHS systems (patient record updates)
- locations could include:
 - GP surgery buildings
 - pharmacies (space?)
 - community buildings – town/village halls, community centres, leisure centres
 - local hotels, function rooms (but not ‘going to the pub’)
 - mobile units (as for blood, breast screening) – assumed to be supermarket car parks

Pick locations that are most cost effective and can become ‘the place to go for vaccinations’ (same place each year)

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Recommendations

Who runs the service

- NHS – definitely!
- with trained, professional staff (goes without saying)
 - experts in giving injections
 - and experts in vaccines
- only very few want to know the person (comfort levels) –but advantageous to be consistent with the staff

Local or central

- central (all Scotland) seems to offer scope for more efficiencies – in time, expertise, and costs
- a consistently efficient system and good staff will prove its worth
- make it ‘Scotland’s Vaccinations Service’

Recommendations

On the day

- quick and efficient!
- ensuring it's not so quick and efficient that the individual cannot ask something if they want to

Aftercare

- consider a 'take away' note – small leaflet, credit card sized 'keep me'
 - saying thank you, it was important to do this
 - listing side effects, what to do and when if they feel bad
 - with a signpost to more information
 - and a reminder for flu that side effects may not happen each time due to changing vaccine, so please come back next year

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Recommendations

Flu, pneumococcal and shingles

- new service should incorporate all vaccines
- same processes should apply for all
 - if a central system used, consider for example a twice yearly 'vaccine time', say May and October and all who become eligible get invited each time

ID systems

- paramount as service moves away from primary care – ensuring records are up to date
- develop a suitable ID system for all to use, for example: CHI numbers, or bar codes (as in bowel screening)
- consider a format so people can have their number to hand: e.g. vaccines book/passport, NHS card of some sort