Increasing flu vaccination uptake: a comparison of high and lower performing GP practices

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Aim and Method

**Aim:** to identify key differences between practices with high and low flu vaccine uptake in order to make recommendations for future strategies of general practices in Coventry and Warwickshire

**Method:**

- **Identification of practices:** ranking across groups and then overall
- **Recruitment:** worked down through lists of ranked high/low uptake inviting senior member of staff to participate
- **Sample:** interviews with 18 practice managers and two GPs from 20 practices (10 high and 10 lower) were conducted
- **Process:** institutional ethics approval granted; telephone interviews lasting approx 30-45 mins following process of informed consent; interview schedule developed with PH consultant and registrar
- **Analysis:** Framework analysis
<table>
<thead>
<tr>
<th>Practice number</th>
<th>Practice targets?</th>
<th>Use of projection letter?</th>
<th>On-screen prompts for target groups?</th>
<th>Proactively asking / discussing with patients at consultation?</th>
<th>Displaying posters/Leaflets?</th>
<th>Methods used for direct contact with eligible patients</th>
<th>Text message vaccination appointment reminders?</th>
<th>Others?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes - to vaccinate 75% in each group</td>
<td>Yes and used projection but has not changed the way they work</td>
<td>Yes - a pink pop-up alert is activated for anyone who is eligible but not received</td>
<td>Yes, all eligible patients are invited when seen.</td>
<td>Yes, posters, flags etc from drug company are displayed throughout surgery. Are colourful &amp; have sufficient info</td>
<td>Reminder attached to prescriptions. Call all eligible patients. Also use text message invitations.</td>
<td>Yes</td>
<td>Saturday clinic offered as well as week-day clinic. Dedicated flu line so do not need to contact reception. Visit Nursing Homes</td>
</tr>
</tbody>
</table>
## Extract of chart: low uptake

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<td>11</td>
<td>PM not sure (just started in Dec); she guessed that it was the national targets.</td>
<td>Don’t know – not in post at time.</td>
<td>QoF – if in target group then prompt will come up in QoF box. The member of staff has to physically close this prompt.</td>
<td>PM believes that GPs and nurses look at the prompts and will give vaccine opportunistically but commented that GPs not as good at nurses at doing this, ‘Doctors don’t always start the conversation’.</td>
<td>Yes in waiting room of walk-in centre (use national ones). They also put up posters at a community centre a short walk away.</td>
<td>Send letters x3 times – need to show they have made this effort in order to formally ‘exclude’. They will call some patients (but they are ‘resource limited’) – prioritise very high risk patients.</td>
<td>Not at moment as doesn’t tie in very well with their clinical system but looking to change this and build in.</td>
<td>Flashing notice board in waiting room has notice up reminding patients to get vaccine Info on their website too.</td>
</tr>
</tbody>
</table>
Findings

High uptake practices were more likely to:

• Be smaller (mean practice population approx 3500 cf. 7500 patients)
• Have a highly driven/motivated lead
• Have aspirational uptake targets (beyond QoF)
• Make greater and better use of computer prompts
• Have GPs opportunistically vaccinating
• Contact patients by telephone (as opposed to letter or other method) as a first line strategy
# Extract of mapping table: comparing contact strategies

<table>
<thead>
<tr>
<th>No.</th>
<th>1st strategy</th>
<th>2nd strategy</th>
<th>3rd strategy</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Call <em>all eligible</em> patients (2-3 times if necessary)</td>
<td>Letter</td>
<td></td>
<td>Captured all groups Telephone call</td>
</tr>
</tbody>
</table>
| 7   | Call *all eligible* patients (2-3 times if necessary)  
GP will follow-up declines (telephone)  
PN telephoned all parents of 2-3 year olds last season | Letter | | Captured all groups Telephone call |
| 8   | • Prescription reminder  
• Letters sent to patients with chronic illness | | | |
| 11  | Up to 3 letters | Telephone only very high risk patients | | Captured all groups Telephone (ONLY v high risk) |
| 12  | Text reminder | up to 3 letters | Telephone calls to those with chronic illness (made by nursing team and receptionists) | Captured all groups Telephone (ONLY chronic illness group) |
| 13  | Prescription reminder | Letter | | Captured all groups |
Findings

There were no differences between practices:

- In the use of promotional material
- In use of appointment reminders
- Leadership job role

Best practice:

- Across both groups there were clear examples of good practice e.g.
  - Robust call & recall systems
  - Invite letters tailored to conditions
  - Online booking or dedicated flu line
  - Parallel appointments for midwives and practice nurses
  - Holding annual review for patients with chronic conditions during flu season
Conclusions

• High flu vaccination uptake within GP practices is associated with
  • strong leadership
  • highly organised teams
  • aspirational targets

• Impact
  • A document outlining differences between strategies and best practice was distributed to all GP practices in Coventry, Warwickshire, Herefordshire and Worcestershire in July 2014
  • We will be contacting practices at the end of the flu season to identify whether practices made any changes as a result of the communication