

**PWYLLGOR CYNLLUNIO POBL A SICRWYDD PERFFORMIAD  
PEOPLE PLANNING AND PERFORMANCE ASSURANCE COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	27 August 2020
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Influenza Season 2019/20 & 2020/21: Impact, Vaccine Uptake and Emerging Priorities for the Forthcoming Season
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Ros Jervis, Director of Public Health
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Jo McCarthy, Consultant in Public Health Lynne Edwards, Immunisation Coordinator Rhys Sinnett, Principal Public Health Officer Vikki Wood, Senior Public Health Practitioner Geinor Jones, Senior Public Health Practitioner

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

This report provides the People, Planning and Performance Assurance Committee (PPPAC) with an update on the influenza season for Hywel Dda University Health Board (HDdUHB) during 2019/20 & 2020/21.

The Committee should be aware that HDdUHB did not achieve the Welsh Government (WG), or our locally set targets, for flu vaccination in most at risk groups or in staff for the 2019/20 season. However, **uptake improved in under 65's at risk, pregnant women, over 65's and 2-3 year olds when compared to 2018/19 figures**. This is despite considerable issues around vaccine availability, highlighted to the Business, Planning & Performance Assurance Committee (BPPAC) in October 2019.

The target flu vaccine uptake rates and the percentage uptake HDdUHB achieved are outlined below:

- 75% uptake for those aged 65 years and over (HDdUHB achieved 64.8%, an increase of 1.9% from the previous year. No health boards in Wales achieved the 75% target).
- 75% uptake for pregnant women (HDdUHB achieved 84.4% according to Public Health Wales [PHW] patient survey).
- 55% uptake for those aged six months to 64 years in clinical risk groups (HDdUHB achieved 40.2%, an increase of 2.1% from the previous year. No health boards in Wales achieved the 55% target).
- 60% uptake for health care workers providing direct patient care (HDdUHB achieved 49.2%). It should be noted that due to an increase in staffing numbers overall, more staff vaccines were given in 2019/20 than in any previous year; 5864 compared to 5553 the previous year).

There are no specific WG set uptake targets for children's flu vaccination. The local targets set by HDdUHB during planning for the 2019/20 flu season were 50% uptake in 2-3 year olds and 70% in primary school aged children. End of season vaccine uptake in 2-3 year olds was 48.5%, up by 3.9% from the previous year and 5.4% from 2 years ago, despite considerable supply issues. Uptake in school-aged children (reception class to year six) reached a disappointing 64.7%. 5 of the 7 health boards across Wales failed to reach the 70% target, primarily due to vaccine supply issues.

The Committee is asked to review the reasons why the WG and one of the locally set flu vaccine uptake targets were not achieved in 2019/20 and take assurance from plans in place for the 2020/21 season.

### Cefndir / Background

The HDdUHB Seasonal Influenza Plan for 2019/20 was presented to the HDdUHB Public Board meeting in September 2019. As agreed by Board in 2017 and 2018, 2019/20 represented the third year of a three-year improvement plan, and built upon lessons learned from previous seasons.

The HDdUHB Seasonal Influenza Improvement Plan for 2019-20 embraced the principles of the HDdUHB Health and Wellbeing Framework in recognising the need to shift the culture around vaccination, building on our assets, and promoting community health and wellbeing. With this in mind, the core themes for the 2019/20 year's flu campaign were:

- Focussing on health as an asset, with messaging using the 'Superprotectors' branding and concentrating on creating a 'Flu Free Hywel Dda'. By using positive messages around protecting yourself and others, rather than focussing on messages around needing the flu vaccine because of a chronic illness or age, we shift the focus from mitigating illness to maintaining wellness.
- Ensuring a joined up approach throughout the season, engaging early with GPs at Local Medical Committee, joining the staff campaign with the core public health flu campaign, and working as a single multi-disciplinary team to plan before the season and troubleshoot during it.
- Building further on the 'Superprotectors' brand, aligning this with the national 'Beat Flu' campaign and reviewing how this brand could be extended to the wider vaccination and immunisation agenda.
- Ensuring sufficient attention was directed at the risk groups that WG had prioritised for 2019/20.

Alongside the above themes, the plan outlined priorities in line with those set by WG, for the 2019/20 flu season as:

- **Increasing flu vaccine uptake in 2-3 year olds**, building on what had worked in previous years and extending the successful model of patient recall across all primary care clusters.
- **Increasing flu vaccine uptake in 'at risk' groups aged 6 months to 64 years including pregnant women**, seeking to increase the number of community pharmacy and secondary care settings offering vaccination and ensuring staff in all settings were equipped to have effective conversations. We also committed to enabling vaccination of pregnant women to take place in antenatal settings as well as GP practices.
- **Increasing flu vaccine uptake in our healthcare staff**, by increasing the number of flu champions across HDdUHB sites and ensuring they were equipped with training and resources to enable effective conversations with staff. An incentive scheme building on

the 'Superprotector' themes of 'doing it for others' and community protection was also trialled.

As in 2018/19, unpredictable challenges around vaccine availability arose during the season and this severely hampered delivery of some key elements of the flu plan. These were presented in detail to BPPAC during the season.

2020/21 will be a flu vaccine delivery season largely dictated by COVID-19, with innovative new delivery models needed to ensure social distancing between patients, appropriate PPE for staff and delivery of more vaccines than previously, given the expanded definition of at risk groups. Changes in demand for flu vaccination have been seen in areas which have already had their flu season (such as Australia) and many more people will be eligible for vaccination including all adults over 50 years and household members of anyone extremely vulnerable (those who have been advised to shield during the COVID-19 outbreak). For these reasons, HDdUHB will utilise national flu materials and themes for the 2020/21 season and reassess whether to reinstate 'Superprotectors' in 2022 alongside further improvement plans for that year and beyond. Plans for 2020/21 will be outlined in detail in this year's flu plan, which will be presented to the HDdUHB Board this Autumn.

### **Asesiad / Assessment**

#### Overall assessment for 2019/20 flu season

Despite not achieving the targets, **in the 2019-20 flu season more flu vaccinations were given in HDdUHB than in any previous year** (n=112,764 compared to 111,615 in 2018-19 and 104,052 in 2017-18) and the uptake percentage in several key groups increased.

A summary of flu vaccines given in each locality in HDdUHB shows that Pembrokeshire achieved the highest uptake for 65+ and under 65's at risk vaccination (67.2% and 41.7% respectively) with Carmarthenshire less than 1% behind for both categories. Ceredigion uptake was lower at 59.2% for 65+ and 37.5% for under 65's at risk.

#### Performance in 2019/20 and plans for 2020/21 regarding the target of 75% uptake for those aged 65 years and over (HDdUHB achieved 64.8%)

In the 2019/20 season, 62,529 vaccines were given to people aged 65 years and over in HDdUHB, more than ever before in this cohort. A total of 5,995 people aged 65 years and over received flu vaccination in community pharmacies in the 2019/20 season, compared to 4,372 in 2018/19.

While contending with annual increases in denominator, uptake in over 65s has remained relatively consistent (62.9- 65.5%) over the last five years in HDdUHB.

#### Plan for 2020/21

- Continue to support access to vaccination via community pharmacy across the HDdUHB footprint.
- Explore options for intergenerational approaches to flu vaccination at drive through clinics.
- Continue to prioritise increased uptake in children in order to reduce transmission of influenza in the community and therefore offer indirect protection to older adults and other vulnerable groups.

#### Performance in 2019/20 and plans for 2020/21 regarding the target of 75% uptake for pregnant women (HDdUHB achieved an estimated 84.4% uptake)

The point of delivery survey undertaken annually by PHW across each health board area, suggested that 100% of pregnant women in HDdUHB were offered a flu vaccine in the 2019/20 season, and 84.4% received this (up from 49% in 2018/19). The absolute number of flu vaccines administered to pregnant women in 2019/20 was recorded through Audit+ as 1,156, which is consistent with numbers administered in 2018/19. This suggests that, unless there was a sharp fall in pregnancies this year, not all vaccines administered were recorded as being given to pregnant women and noted in GP records. This is possibly because some of these women fell into other 'at risk' categories or were staff, however it is also likely that the system for notifying GP surgeries when a pregnant woman was vaccinated at an alternate setting failed. The recording of vaccines for pregnant women will therefore be reviewed for the 2020/21 season.

In 2018/19, Powys Teaching Health Board became the first in Wales to trial midwifery-led influenza vaccination for pregnant women in three out of eight midwifery teams across the county. Women were able to access vaccination in antenatal settings alongside the traditional primary care route. Outcomes were encouraging: acceptance was high and vaccination uptake of 79% was achieved in the pilot year. In 2019/20, HDdUHB, learning from what had worked in Powys, adopted this model; vaccinating pregnant women at hospital based antenatal clinics as well as in primary care settings. Two community immunisers were employed to, in part, support this.

#### Plan for 2020/21

- To investigate recording of flu vaccinations administered to pregnant women and ensure those delivered at antenatal settings are notified to GPs and therefore included in next year's figures.
- Continue to work in antenatal settings to vaccinate pregnant women where possible (dependant on COVID-19 restrictions on routine clinics running).
- Recruit 5 new community immunisers who will support drive through and out of surgery vaccination clinics, including for pregnant women, as part of the need to support primary care to vaccinate patients with COVID-19 precautions in place.

#### Performance in 2019/20 and plans for 2020/21 regarding the target of 55% uptake for those aged six months to 64 years in clinical risk groups (HDdUHB achieved 40.2%)

As in 2018/19, efforts to increase uptake in the under 65 years at risk cohort this season were focussed on community pharmacy. In 2019/20 a total of 9,656 NHS vaccinations were given in community pharmacies across HDdUHB, an increase of 2,666 compared to the previous season. This included 3,661 people aged under 65 years at risk.

Within GP practices, additional funding was provided to support an augmented call and recall offer for specified eligibility groups where lower uptake rates had been noted in previous years. Each GP cluster was able to bid for a small sum of money to increase hours of existing practice staff members or to temporarily employ a Vaccine Support Officer (VSO) to coordinate local activity. There was a focus on targeting those under 65 years of age with a diagnosis of asthma and also any newly diagnosed chronic condition patients who may not have been fully aware of their eligibility for a vaccine.

Not all clusters took up the offer of this funding, however in South Pembrokeshire a VSO was in place for 8 hours a week from October 2019 – February 2020 (16 weeks). During this time, the postholder made 619 calls on behalf of surgeries across the cluster. Outcomes were:

- 619 calls made
- 220 patients were booked in for vaccination (36%)

- 144 patients refused vaccination (23%)
- 255 were unable to be contacted (41%).

The learning from this initiative will enable more focussed support to be provided to practices and clusters in the future.

#### Plan for 2020/21

- Opportunistically immunise eligible patients attending Cardigan/Aberaeron Community Hospital. A vaccination protocol is in place.
- Engage early with GPs, including at Local Medical Committee (LMC) meetings, to ensure that we fully understand the challenges faced around immunising those with chronic conditions in 2020-21 with COVID-19 precautions in place.
- Identify additional funding to support flu vaccination delivery within primary care. This support will strengthen implementation plans at practice/cluster level (identification and booking of off-site venues for vaccination administration, enhancement of call and recall offers to patients, communications and social media marketing of key messages, additional supplies of vaccine purchased to meet potential increased demand).
- Support will continue to be provided to community pharmacy to identify and respond to the challenges that pharmacies will face with regard to maintaining or exceeding last year's uptake in the context of social distancing and infection prevention and control measures.

#### Performance in 2019/20 and plans for 2020/21 regarding the target of 60% uptake for health care workers providing direct patient care (HDdUHB achieved 49.2%)

Occupational Health records show that 5,864 individual staff members have received vaccinations in the 2019/20 flu season. This figure includes agency staff, bank staff, new starters, students and staff from other organisations (such as PHW). In 2018/19, 5,553 flu vaccines were administered to staff. The last two flu seasons have seen more flu vaccines administered to staff than any previous year.

Nationally, guidance on recording staff vaccination changed to an Electronic Staff Record (ESR) based system two years ago. This means that in previous years (prior to 2018/19) the total number of vaccinations given to staff 'in cohort' (all staff except those who work for the Local Authority or are agency staff) counted towards the uptake figures. However, with the ESR linked system, only staff with HDdUHB ESR accounts are included. This means that excluded from our reportable figures this year were students, bank staff, new starters and staff who are linked to other organisations. The total reported vaccinations given, as shown in nationally generated data, were therefore significantly lower than the total vaccinations given at 4,702 (3,394 frontline staff).

As a percentage of total staff included in the ESR cohort data, 47.6% received a flu vaccination. Frontline staff, which includes Scientific and Technical staff, Additional Clinical Services, Allied Health Professionals, Medical and Dental staff, Nurses and Midwives, had a 49.2% uptake recorded. As previously, over 40% of vaccines were administered by flu champions (peer vaccinators) highlighting again the importance of recruitment and training of staff into flu champion roles.

This was the second season where ward/team level data was available regarding flu vaccination uptake, which allowed targeted messages to be developed and discussions to be had with areas with poorer uptake. Despite an awareness that some staff groups would not count in the HDdUHB uptake figures, no staff were turned away when requesting a vaccine as the aim is to ensure that every member of staff is protected and able to protect patients from flu.

This season, HDdUHB also linked up with UNICEF to participate in the 'get a jab, give a jab' initiative, whereby a measles, mumps and rubella (MMR) vaccine was given to a child in a developing country supported by UNICEF for every staff flu vaccine administered. Unfortunately, due to vaccine supply issues, it was not possible to promote this initiative as early, or as widely, as would have been ideal.

#### Plan for 2020/21

- To work with team leads and current flu champions to identify and train additional champions across HDdUHB, promoting online 'Flu-2' training to minimise face to face training needs. To reflect the potential extension of the role of flu champions to include other vaccines e.g. COVID-19, the term now adopted is peer vaccinators. Updated training resources and support are accessible online on the HDdUHB Peer Vaccinator page. To date, 65 new staff have expressed an interest in becoming peer vaccinators.
- Request ongoing Executive level enhanced support for staff flu vaccinations;
  - including letters from Directors of Nursing, Quality & Patient Experience, Public Health and the Medical Director to encourage staff vaccination and support of peer vaccinator model. These have been forthcoming in 2018/19 and 2019/20 and are valuable in ensuring staff know the flu campaign is endorsed by HDdUHB leaders. *Update: 2020/2021 letter developed and distributed (also included signature of Director of Therapies & Health Science).*
  - Support in identification and approval for vaccination locations across the 4 main hospital sites to offer socially distanced vaccine delivery via an appointment system for staff

#### Performance in 2019/20 and plans for 2020/21 regarding the locally set targets of 50% uptake in 2-3 year olds and 70% in school age children

The 2019/20 season saw an international shortage of Fluenz, the children's nasal flu vaccine. All four UK nations were affected, and as a result of this, immunisations across the country took place later in the season than normal. Once the window for ordering the vaccines was opened, GP surgeries were capped as to how much Fluenz they could order, causing significant issues with planned vaccination clinics. These issues disproportionately affected the surgeries who proactively vaccinate their 2-3 year olds early in the season and the schools programme in HDdUHB.

Despite an extremely challenging year in relation to supply issues, uptake in children aged 2-3 years increased by 3.9% to 48.5%, with 25 GP practices exceeding 50%. This was achieved through targeted communications using the 'Superprotector' brand, regular monitoring of progress and sharing of data, participation in the call and recall scheme, letters to parents from the Director of Public Health and engagement with pre-school settings via the Healthy Pre-Schools scheme. In particular, the four HDdUHB managed practices undertook robust, targeted monitoring, data sharing and recall of their 2-3 year old cohorts which resulted in uptake increasing by 12% across the four practices compared to the previous season.

Uptake in school-aged children (reception class to year six) reached 64.7%, 9.1% lower than in 2018/19. The schools programme was hit hardest by vaccine shortages, with the programme nationally suspended for three weeks as a result. When vaccines were limited, each health board was required to make difficult decisions around whether to vaccinate some schools and push uptake in those schools through proactively following up non responders (as is normal practice) or to ensure they had enough vaccine to cover all schools in the area, however to not follow up non responders. HDdUHB, with their allocated 70% of vaccines needed for full coverage, chose the latter. As a result, a fair system was in place leaving no schools at risk of being left completely unimmunised. However, when vaccines became available late in the season, it was then very

difficult to return to schools to proactively follow up non-responders, especially with the impending COVID-19 pandemic. Health boards which took the former mentioned approach, actively following up non responders in some schools and taking the chance of no additional vaccine being available late in the season, therefore had higher uptakes at the end of the season.

The approach taken by HDdUHB was based on sound public health principles to ensure wide vaccination coverage, however this impacted on the percentage uptake at the end of the season, due to the denominator being based on the number of schools visited. Therefore, visiting all schools once with no repeat visits to follow up non-responders results in a lower percentage uptake being reported.

#### Plan for 2020/21

- 2020/21 will be another extremely challenging season for the schools programme, with very little information on how school based immunisation will work and whether school based flu vaccines will be accepted given the COVID-19 pandemic precautions. Discussions are therefore ongoing to ensure school aged children are not excluded from off-site vaccine plans such as drive through vaccination centres.
- Information received from WG suggests that primary care will be able to order vaccine supplies for 2-3 year olds earlier than usual (from 28<sup>th</sup> August 2020). Schools will be able to order supplies from 9<sup>th</sup>-16<sup>th</sup> September 2020, which is also earlier than previous seasons. Therefore, GP practices will be encouraged to target their 2-3 year olds in early September 2020 in order to take advantage of this change in policy.

#### **Overall plan for 2020/21 'Flu Free Hywel Dda: Effective delivery of flu vaccination in a global pandemic'**

Whilst there are clear discrete pieces of work and methods for increasing flu vaccine uptake in each eligible group as outlined above, the forthcoming Seasonal Influenza Plan needs to be set within the context of delivering a well-recognised annual population level health protection intervention in the midst of a global pandemic. On this basis, it is more important than ever that there are effective plans in place for the 2020/21 flu season to not only improve overall respiratory health of the population of HDdUHB, but also to protect those at risk, prevent ill-health and minimise further impact on NHS and social care services. COVID-19 has provided not only a crisis, but an opportunity to rethink the most appropriate models and methods of delivery of the seasonal flu vaccination programme.

With this in mind, the core themes for this year's flu campaign will be:

- Continuing with the 2019/20 'Flu Free Hywel Dda' theme, using positive messages around protecting yourself and others, rather than focussing on messages around needing the flu vaccine because of a chronic illness or age. This approach shifts the focus from mitigating illness to maintaining wellness. The 'Superprotectors' branding will not feature this year and the 'Flu Free Hywel Dda' theme will be aligned to national 'Beat Flu' messaging.
- Ensuring a more joined up approach than ever before, engaging early with GPs at LMC, joining the staff and schools campaigns with the core public health flu campaign, and working as a single multidisciplinary team to plan before the season and troubleshoot during it. This is especially important for drive through and off site vaccinations
- All clusters are in the process of submitting detailed delivery plans to HDdUHB General Medical Services (GMS) Team (by 14<sup>th</sup> August 2020). These plans will capture the information held at practice level that is needed for the HDdUHB to support individual practices to deliver the 2020/21 flu campaign. Primary care will continue to be supported to develop innovative new delivery models in order to ensure social distancing between

patients, appropriate PPE for staff, and the potential for increased demand for vaccinations are able to be met.

- Colleagues in primary care have had to completely rethink their models of delivery for flu vaccination to their patients and customers and in light of this, additional support has been provided by HDdUHB and the local public health team in order to assist with planning and implementation of the campaign.
- PHW 'Beat Flu' messaging on social media and at healthcare provider locations, both primary and secondary care, will be relaunched at the end of August 2020, alongside local HDdUHB messaging with a focus on a 'Flu Free Hywel Dda' and protecting your own and others health.
- A comprehensive Seasonal Influenza Plan will be developed and be presented to the HDdUHB Board in Autumn 2020.

A further update will be provided at the October 2020 PPPAC meeting and where requested throughout the season; matters relating to quality and safety will be reported through the Quality, Safety & Experience Assurance Committee (QSEAC) infrastructure.

### Argymhelliad / Recommendation

The Committee is asked to take assurance from the flu vaccine uptake in the 2019-20 season and the progress outlined in the years prior to this, and review and take assurance from the initial plans for the upcoming flu season 2020-21.

### **Amcanion: (rhaid cwblhau)**

### **Objectives: (must be completed)**

Committee ToR Reference:  
Cyfeirnod Cylch Gorchwyl y  
Pwyllgor:

- 4.4 Provide assurance to the Board that all plans put forward for the approval of the Health Board for improving the local population's health and developing and delivering high-quality, safe and sustainable services to patients, and the implementation of change, are consistent with the Board's overall strategic direction and any requirements and standards set for NHS bodies in Wales.
- 4.7 Provide support to the Board in its role of scrutinising performance and assurance on overall performance and delivery against Health Board plans and objectives, including delivery of key targets, giving early warning on potential performance issues and making recommendations for action to continuously improve the performance of the organisation and, as required, focus in detail on specific issues where performance is showing deterioration or there are issues of concern.

Cyfeirnod Cofrestr Risg Datix a  
Sgôr Cyfredol:  
Datix Risk Register Reference and  
Score:

### **CRR – Risk 543:**

There is a risk of the Health Board failing to deliver the Welsh Government Tier 1 targets for the Seasonal Influenza Vaccination Programme 2019/20.



	<p>This is caused by the failure, in part, of the Health Board to increase flu vaccination uptake rates.</p> <p>This is influenced by vaccine delays from pharmaceutical suppliers at a UK level for 2019/20</p> <p>This will lead to an impact/effect on mortality and morbidity and will increase pressure on planned and unplanned care services. Failure to improve overall respiratory health in the Hywel Dda population.</p> <p>Risk location, Health Board wide. Score: 12</p>
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	<p>1.1 Health Promotion, Protection and Improvement 2.1 Managing Risk and Promoting Health and Safety 2.4 Infection Prevention and Control (IPC) and Decontamination</p>
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2019-19</a>	4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	<p>Welsh Health Circular 015: <i>National Influenza Immunisation Programme 2019/20</i> [Welsh Government, 2019]</p> <p>NHS Wales Delivery Framework and Reporting Guidance 2019-2020 [Welsh Government/NHS Wales, 2019]</p> <p>Flu Fighters Healthcare Worker Vaccination: clinical evidence [Public Health England, 2015]</p> <p>Pockett RD, Watkins J, McEwan P, Meier G [2015] Burden of Illness in UK Subjects with Reported Respiratory Infections Vaccinated or Unvaccinated against Influenza: A Retrospective Observational Study. PLoS ONE 10(8): e0134928. doi:10.1371/journal.pone.0134928</p>
Rhestr Termau: Glossary of Terms:	<p>Flu – Influenza GP – General Practitioner</p>

	<p>HDUHB – Hywel Dda University Health Board          ILI – Influenza Like Illness          UHB – University Health Board          VPDP – Vaccine Preventable Disease Programme          PHW – Public Health Wales          DPH – Director of Public Health          LMC – Local Medical Committee          ESR – Electronic Staff Record          VSO – Vaccine Support Officer          GMS – General Medical Services</p>
<p>Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cynllunio Pobl a Sicrwydd Perfformiad:          Parties / Committees consulted prior to People Planning and Performance Assurance Committee:</p>	<p>HDUHB Immunisation and Vaccination Group</p>

<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<p><b>Ariannol / Gwerth am Arian:</b>  <b>Financial / Service:</b></p>	<p>Seasonal influenza vaccination is cost effective due to the reduction in mortality, morbidity and hospital admissions that accrue from its use.</p> <p>In a study by Pockett et al 2015, patients who are high risk and vaccinated have a reduced risk of more than one GP visit with influenza like illness [ILI], compared with low risk and unvaccinated patients. High risk individuals who were also vaccinated had a lower probability of ILI related hospitalisation than individuals who are high risk or vaccinated alone. Pockett et al, calculated that the cost of ILI-related GP visits and hospital admissions in the UK over the study period in low-risk vaccinated patients would be equivalent to over £168 million for GP visits and over £112 million for hospital admissions.</p> <p>Information received from the Service Costing section of the HDdUHB suggests that costs per bed day for 2018/19 for a medical specialty were £416 and for a critical care bed were £1,720. Alongside these figures, a prescribed course of anti-virals for diagnosed cases of influenza would be £15.41. Therefore the potential cost benefit from high vaccination uptake rates could be significant as the influenza season progresses.</p>
<p><b>Ansawdd / Gofal Claf:</b>  <b>Quality / Patient Care:</b></p>	<p>Vaccination offers the most effective way of preventing influenza. By having the vaccination, patients and the general population are protecting themselves and their family.</p> <p>Patients in risk groups [<i>such as those with chronic conditions and the elderly</i>] are over 10 times more likely to</p>

	<p>die from influenza than the general population, and in some clinical groups are up to 70 times more likely to die from influenza [Public Health England, 2015].</p>
<p><b>Gweithlu: Workforce:</b></p>	<p>Evidence suggests that health care workers are more likely to contract influenza due to their occupation compared to the general population [Public Health England, 2015]. Health care workers who have received the vaccination will have some protection from circulating seasonal influenza strains.</p> <p>Training will be required to ensure that health care professionals use every opportunity to promote seasonal influenza vaccination to all at risk groups. Vaccinators will also require training in order to deliver the programme.</p>
<p><b>Risg: Risk:</b></p>	<p><b>CRR – Risk 543:</b></p> <p>There is a risk of the Health Board failing to deliver the Welsh Government Tier 1 targets for the Seasonal Influenza Vaccination Programme 2019/20.</p> <p>This is caused by the failure, in part, of the Health Board to increase flu vaccination uptake rates.</p> <p>This is influenced by vaccine delays from pharmaceutical suppliers at a UK level for 2019/20</p> <p>This will lead to an impact/effect on mortality and morbidity and will increase pressure on planned and unplanned care services. Failure to improve overall respiratory health in the Hywel Dda population.</p> <p><b>Mitigation Measures:</b></p> <p>Appropriate governance to provide leadership for effective planning and delivery during the flu season.</p> <p>Ensure requirements of the Welsh Health Circular 2019 015 the National Influenza Programme 2019-20 are brought into planning.</p> <p>Weekly reports from PHW during flu season and these inform the Executive Group.</p> <p>Influenza plan developed with input from all relevant services led by the Executive Group.</p> <p>Communication campaign to be strengthened in 19/20 to highlight any changes, particularly, the types of vaccines available. Communications strategy developed by Public Health Team working with UHB Communications team.</p>

	<p>Bespoke materials developed and disseminated with an enhanced focus on children and at risk groups.</p> <p>Clearer lines of leadership and accountability established with Executive Directors in respect of their core responsibilities for delivery on aspects of the Health Board Flu Plan and uptake rates for staff working within their Directorates</p> <p>Collaborative work with PHW through fortnightly national teleconferencing during flu season.</p> <p>Integrated working of Immunisation Coordinator with GP practices.</p> <p>Specialist nurses and clinics established for at risk group vaccination.</p> <p>Partnership working with third sector and local authority colleagues to address issues relating to vulnerable groups within care homes, carers etc. has been improved.</p> <p>Review information system for staff immunisations to allow closer monitoring of uptake and follow up.</p>
<p><b>Cyfreithiol: Legal:</b></p>	<p>No issues noted</p>
<p><b>Enw Da: Reputational:</b></p>	<p>Failure to offer a coordinated population and staff immunisation campaign would adversely affect the reputation of the UHB.</p>
<p><b>Gyfrinachedd: Privacy:</b></p>	<p>No issues noted</p>
<p><b>Cydraddoldeb: Equality:</b></p>	<p>Full EqIA has not been completed at this time</p>