Vaccine Preventable Disease Programme

(VPDP)

Influenza Campaign

Cluster Support Scheme 2018/19

Feedback Report

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Summary:

Influenza vaccine uptake in Wales is amongst the best in Europe but remains below Welsh Government targets. General practices have worked in clusters since 2013, and more recently, clusters have expanded to incorporate other primary care providers (primary care clusters). Cluster work is encouraged nationally.

Since 2015, Public Health Wales has funded an annual Cluster Support Scheme for primary care clusters as part of the annual influenza campaign. Participation in the scheme has increased year on year.

In 2018/19, the scheme focussed on supporting and encouraging flu vaccine uptake in individuals with a chronic respiratory disease, with a particular focus on individuals who are eligible for the vaccine due to moderate to severe asthma.

Recruited clusters and practices were asked to report on activity aimed at increasing flu vaccine awareness and flu vaccine uptake generally, and also specifically in those with chronic respiratory disease. This document describes the insight gathered from their feedback. Public

Health Wales surveillance data was used to evaluate vaccine uptake, some of which is included in this document but is predominantly outlined in the companion report, which focuses on the quantitative data.

Flu vaccine uptake for eligible individuals with a chronic respiratory disease, including eligible asthmatics specifically, decreased from the previous year overall in Wales. However, uptake in clusters within the scheme decreased by less than in those not in the scheme, and was higher than uptake for this group overall in Wales.

In 2018/19 flu vaccine uptake decreased in Wales compared with the previous year. Uptake in individuals aged 6 months to 64 years in a clinical risk group decreased less in clusters in the scheme than in clusters not in the scheme. Flu vaccine uptake in those aged 65 and over and individuals aged 6 months to 64 years in a clinical risk group was higher in clusters in the scheme than the overall uptake for Wales. However, uptake in two and three year olds in clusters in the scheme was lower than in clusters outside the scheme and in Wales overall.

Feedback indicates that the information provided as part of the scheme was positively received and proactively shared within clusters, and regular correspondence via e-mail was welcomed by Cluster Flu Leads. Having a Cluster Flu Lead was viewed as beneficial. The main challenges to the 2018/19 scheme were staggered supply of vaccines, and the working relationship between general practice and community pharmacy. The findings of the feedback from Cluster Flu Leads and Practice Flu Champions indicate that patients with chronic respiratory disease were hard to reach, and that making use of the NWIS SMS text-messaging service could contribute to increased uptake.

Work Plan reference: VPDP National Flu Campaign Plan

CONTENTS

1 Background

Influenza (flu) is a serious disease and the single best way to protect against catching or spreading flu is vaccination[1], which is recommended annually for those at increased risk of complications of the disease and those who care for them[2]. In Wales, the annual influenza immunisation programme is well established but uptake nationally remains suboptimal and below public health targets[3].

The influenza immunisation programme in Wales is delivered primarily through general practices under the General Medical Services contract[4]. In recent years, this has been supported by community pharmacies who may also now administer flu vaccination as an NHS service if they have registered to provide this service.

Public Health Wales Vaccine Preventable Disease Programme (VPDP) provides leadership and service support across all elements of the campaign.

There is evidence on factors that influence uptake of flu vaccination in general practice[5,6,7] and VPDP have devised a number of schemes and incentives to share best practice and reinforce the ongoing integration of evidence based practice, to support general practice to deliver a strong national flu campaign[8].

Since 2013, general practices in Wales have been grouped into clusters, and more recently, these clusters have expanded to incorporate the wider primary care team. There are 64 primary care clusters in Wales[9]. Cluster working is encouraged through amendments to the General Medical Service contract in Wales[4]. VPDP general practice schemes were originally aimed at individual general practices[10] but more recently have been aimed at clusters.

In October 2015, the first VPDP Cluster Support Scheme was launched, to support primary care clusters in Wales in the annual flu campaign. The scheme has been modified slightly each year and has run for four years, with participation in the scheme increasing each year. The annual Cluster Support Schemes have all been open to all primary care clusters in Wales, offering a financial incentive. Schemes have required participating clusters to appoint a Cluster Flu Lead, and for each Cluster Flu Lead to appoint a Practice Flu Champion in each practice within the cluster. Cluster Flu Leads and Practice Flu Champions have reported on their experiences of the scheme each year.

2 Aim

The aims of the 2018/19 Cluster Support Scheme were to:

- Encourage and support cluster working to increase and maximise uptake of flu vaccine in those with chronic respiratory disease
- Identify key elements to strengthen a Good Practice Guide for Clusters

3 Methodology

3.1 Overview of Scheme

VPDP launched the 2018/19 scheme in July 2018, funded by Public Health Wales as part of the national influenza programme in Wales. All primary care clusters in Wales were invited to

submit an application for the scheme. A grant of £500 was available for each participating Cluster Flu Lead and a grant of £100 for each named Practice Flu Champion within that cluster on receipt of their summary reports at the end of the season. Grants paid out in 2018/19 amounted to a total of £24,400.

Each cluster wishing to participate in the scheme was required to complete an application form. Clusters were required to meet the following criteria to be accepted onto the Scheme:

- A primary care cluster based in Wales
- Able to report on the scheme and outcomes at the end of the season

3.1.1 Responsibilities of participating Cluster Flu Leads:

Each cluster accepted into the scheme was required to appoint a Cluster Flu Lead who would:

- Demonstrate leadership of the flu campaign within the cluster
- Support practices within the cluster to identify a Practice Flu Champion
- Support all cluster practices, with priority given to the practices with lower flu vaccine uptake
- Share flu and flu vaccine information, and examples of good practice with each Practice Flu Champion regularly in a timely way
- Encourage practices within the cluster to access their IVOR reports regularly
- Present information about flu vaccine uptake to colleagues at cluster meetings and/or other opportunities
- Engage with key partners including community pharmacies and third sector organisations as appropriate
- Support practices to integrate key factors that influence vaccine uptake into routine practice, to include:
    - accessing accurate up to date information
    - personal invitations in appropriate formats
    - identifying and addressing accessibility issues
    - supporting an end of season practice report
- Complete an end of season report for their cluster using the template provided

3.1.2 Responsibilities of participating Practice Flu Champions:

Each practice within the accepted cluster was required to identify a named Practice Flu Champion who would:

- Demonstrate leadership and active support of the flu campaign within the practice
- Engage with the Cluster Flu Lead
- Increase awareness and uptake of flu vaccine in patients with chronic respiratory disease
- Complete an end of season report for their practice using the template provided

3.1.3 Support from VPDP

VPDP developed several documents to help facilitate the scheme (Appendices 1-6). These were available online during the 2018/19 season:

- Cluster Support Scheme (flu) 2018/19 Summary
- Cluster Support Scheme (flu) 2018/19 Application Form
- Notes for the Cluster Flu Lead 2018/19
- Notes for the Practice Flu Champion 2018/19
- Practice Flu Champion feedback template 2018/19

- Cluster Flu Lead report template 2018/19

VPDP communicated with Cluster Flu Leads regularly via e-mail (usually weekly, with some exceptions) from September 2018 to February 2019. The emails offered support and encouragement, and signposted Cluster Flu Leads to resources and key messages (Appendix 7). These included template e-mails for the Cluster Flu Leads to communicate with their Practice Flu Champions. Immunisation Co-ordinators were copied into all routine correspondence.

3.2 Overview of clusters

Of the 25 clusters that applied, all met the inclusion criteria and were accepted for the scheme. VPDP notified the successful clusters in September 2018. One cluster withdrew from the scheme due to their limited capacity to participate, and VPDP withdrew one cluster, as they did not provide the required payment information. At the close of the scheme, 23 clusters were included, representing all health boards in Wales (table 1).

Table 1. Clusters participating in the scheme, by health board

Health board	Applied	Accepted	Withdrew	Completed
Abertawe Bro Morgannwg UHB	3	3	0	3
Aneurin Bevan UHB	6	6	0	5
Betsi Cadwaladr UHB	7	7	2	5
Cardiff and Vale UHB	6	6	0	6
Cwm Taf UHB	1	1	0	1
Hywel Dda UHB	1	1	0	1
Powys THB	1	1	0	1
	25	**25**	**2**	**22**

Within the 23 participating clusters, there were 156 general practices, representing approximately 37% of general practices in Wales. The clusters in the scheme ranged in size from three practices to 11, and were broadly representative of cluster sizes across Wales.

4 Findings

4.1 Responders

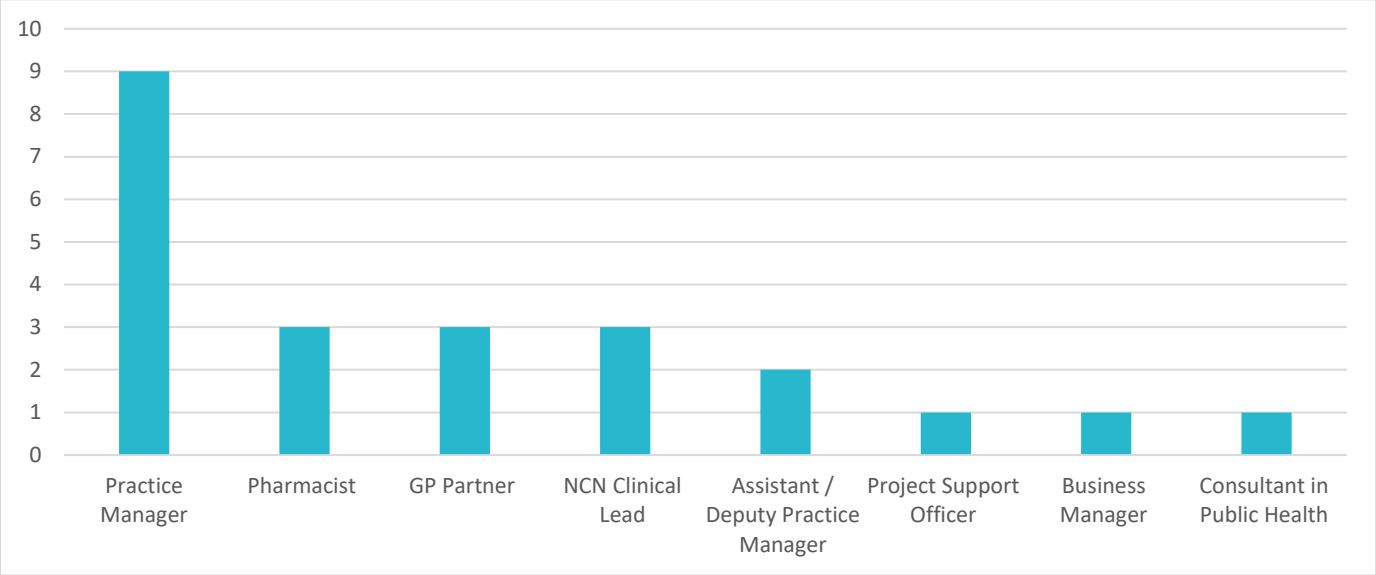
Cluster Flu Leads

Of the 23 Cluster Flu Leads that participated in the scheme, 22 reported as required – a response rate of 95.7%.

Although one Cluster Flu Lead did not submit a report, all of the Practice Flu Champions within that cluster did submit their reports.

The most common role of the Cluster Flu Leads was Practice Manager (9), and two were Deputy or Assistant Practice Managers (figure 1).

Figure 1. Cluster Flu Lead Roles



Six Cluster Flu Leads were also the Practice Flu Champion at a practice within their cluster, and completed both reports. All of these reports have been included in the analysis.

The majority (14) of Cluster Flu Leads were appointed in 2018. Half (7) were appointed before the start of the 2018/19 flu vaccination period, and half from September 2018 onwards. Five of the Cluster Flu Leads had been in this role since 2017. Three did not provide a response to this question.

Practice Flu Champions

Of the 156 practices in the scheme, all identified a Practice Flu Champion, and 134 of those submitted feedback as required. This was a response rate of 85.9%. Reports were received from all Practice Flu Champions in 13 of the 23 clusters (56.5%) (table 2):

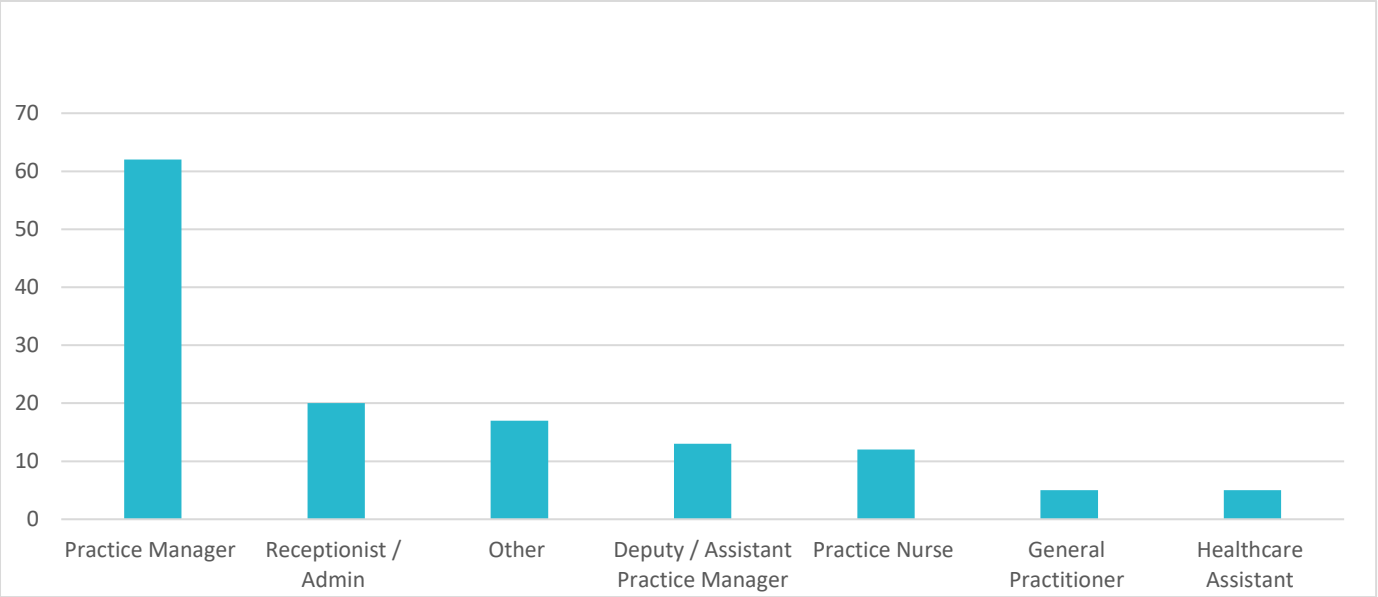
Table 2. Practice Flu Champion response percentage per cluster (percentage descending, by Health Board)

Health Board	Cluster	Practice Flu Champions that reported
Abertawe Bro Morgannwg UHB	Neath	100%
Abertawe Bro Morgannwg UHB	Swansea City Health	100%
Abertawe Bro Morgannwg UHB	Bridgend North	87.5%
Aneurin Bevan UHB	Blaenau Gwent West	100%
Aneurin Bevan UHB	Newport East	100%
Aneurin Bevan UHB	Newport West	100%
Aneurin Bevan UHB	Torfaen North	100%
Aneurin Bevan UHB	Newport North (Central)	60%
Aneurin Bevan UHB	Torfaen South	57.1%
Betsi Cadwaladr UHB	South Wrexham	100%
Betsi Cadwaladr UHB	Anglesey	91%
Betsi Cadwaladr UHB	Arfon	80%
Betsi Cadwaladr UHB	North West Flintshire	57.1%
Betsi Cadwaladr UHB	Meirionnydd	33%
Cardiff and Vale UHB	Cardiff South East	100%
Cardiff and Vale UHB	Cardiff South West	100%
Cardiff and Vale UHB	Cardiff West	100%
Cardiff and Vale UHB	Central Vale	100%
Cardiff and Vale UHB	Western Vale	100%
Cardiff and Vale UHB	Cardiff City South	42.9%
Cwm Taf UHB	Merthyr Tydfil (N & S)*	42.9%
Hywel Dda UHB	South Pembrokeshire	100%
Powys THB	South Powys	75%

*NB: Merthyr Tydfil N & S (North and South) submitted as one cluster

Of the 134 Practice Flu Champions that completed the report, 62 (47%) were Practice Managers (62) and 12 (9%) Assistant / Deputy Practice Managers (figure 2).

Figure 2. Practice Flu Champion Roles



The majority (74) of Practice Flu Champions were appointed in 2018/19. Of those that specified, 45 of the 74 were appointed from September onward, and 14 were appointed prior to September 2018. Sixteen of the Practice Flu Champions were appointed in 2017, 26 had undertaken the role for two to five years, and five for more than five years.

4.2 Engagement

Cluster Flu Leads

Ten (43%) of the reporting Cluster Flu Leads had a positive experience appointing Practice Flu Champions. Only one reported having a negative experience, stating that the engagement was "*disappointing*". Two reported a mixed experience, with most practices engaging but not all.

Eighteen (13%) Practice Flu Champions did not correctly identify their Cluster Flu Lead in their report, indicating a potential lack of clarity and/or engagement between the Cluster Flu leads and Practice Flu Champions.

Cluster Flu Leads were asked to describe their engagement with local key partners. Over half (64%) reported some engagement (or attempted engagement) with community pharmacies.

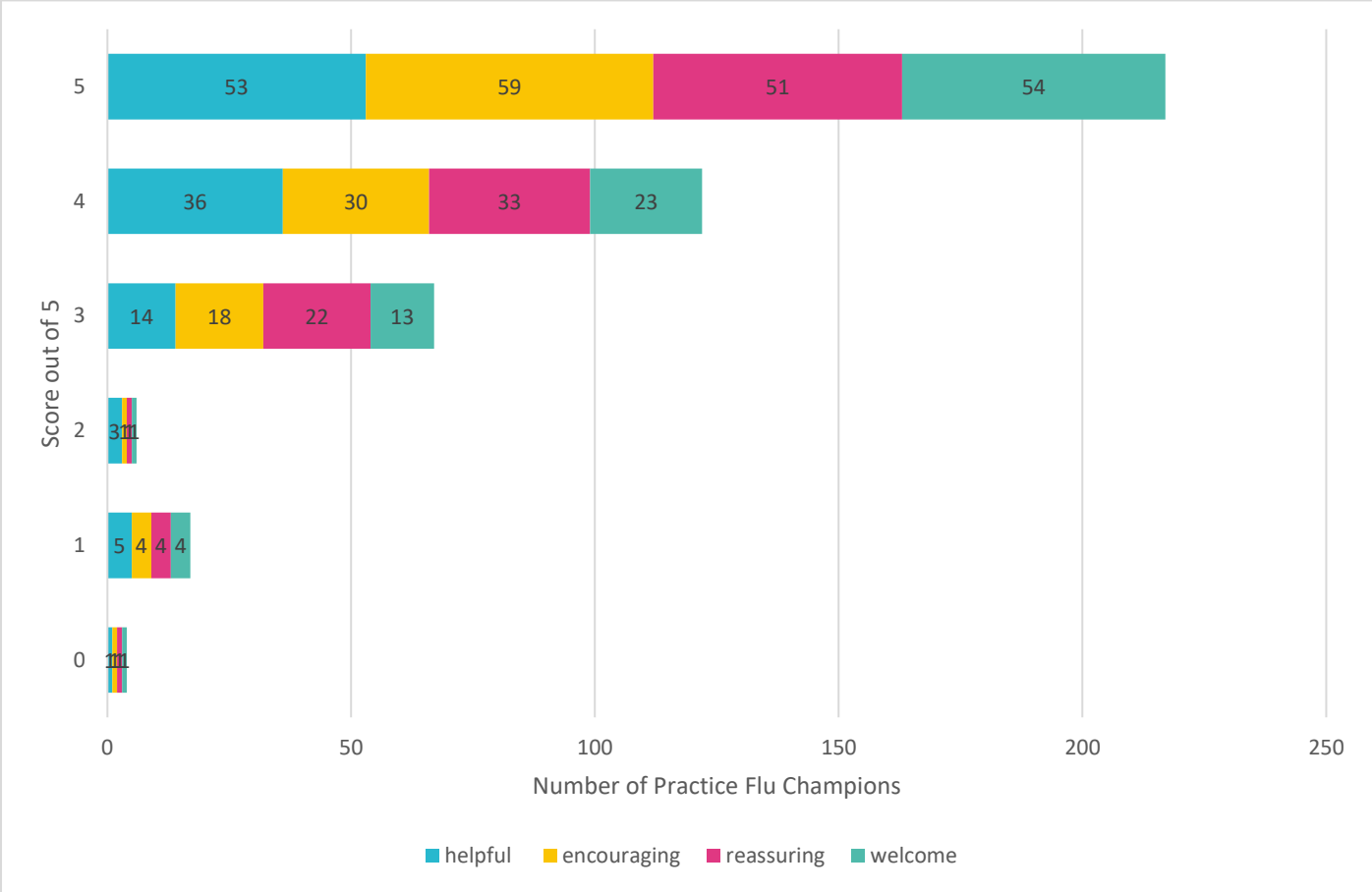
Other key partners described by the Cluster Flu Leads included engagement with district nurses (n=2, 9%), school nurses (n=2, 9%), midwifery services (n=2, 9%), local flu meeting groups (n=2, 9%), and Public Health Wales (n=2, 9%). Five Cluster Flu Leads (23%) did not report any engagement with local key partners.

Practice Flu Champions

Practice Flu Champions provided feedback on their engagement with their Cluster Flu Lead. This was rated on a scale of 1 – 5 on whether the correspondence was helpful, encouraging,

reassuring, and welcome*. The majority of Practice Flu Champions gave their Cluster Flu Lead a score of 4 or 5 out of 5. A small proportion of the Practice Flu Champions gave less positive feedback, and one Practice flu Champion gave a score of 0 across all four areas (figure 3).

Figure 3. Practice Flu Champion experience of Cluster Flu Leads (scoring 1-5)



When invited to give their rationale for these scores, over half of the Practice Flu Champions (56%) left positive feedback regarding their Cluster Flu Lead, including that they were available and encouraging throughout the season. One Practice Flu Champion said the support of their Cluster Flu Lead had been "*invaluable*". Ten Practice Flu Champions (7.5%) also said that having a Cluster Flu Lead fostered an environment of collaborative working across the practices within that cluster. A small proportion (8%) of Practice Flu Champions reported receiving little or no support from their Cluster Flu Lead.

Seventy-four (55%) of the Practice Flu Champions reported having some engagement with community pharmacies. This included a mixture of positive and negative engagement as follows:

Positive feedback on engagement with community pharmacy:

*The report template was updated in December 2018 but seventeen (12.7%) Practice Flu Champions completed an earlier version of it. The updated template included two additional questions and an amendment to one question on engagement which asked if correspondence was helpful, encouraging, reassuring and annoying. On reflection the term *"annoying"* was considered negative, so replaced with *"welcome"* for the later version. For the purposes of analysing the responses, those who answered the earlier form have had the annoying option removed.

- *"Very good relationship"*
- *"Community pharmacy have given good support"*
- *"Good working relationship"*
- *"Communication with our local community pharmacy was excellent"*
- *"Shared commitment [to the flu campaign]*"

Negative feedback on engagement with community pharmacy:

- When asked how the local campaign could be improved, one Practice Flu Champion said "*don't have the pharmacies vaccinating our patients"*
- One person reported having wide discussions within the cluster regarding the "*aggressive nature"* of community pharmacy
- One Practice Flu Champion described "*canvassing"* of patients: *"Whilst we support patients choice, there should be a spirit of co-operation and fair play – not underhand tactics that impact on our ability to properly plan"*
- One person expressed concern whether there would be stock left over if community pharmacy "*cross the line"* and vaccinate those who would normally visit their GP
- One Practice Flu Champion said their patients felt *"coerced"* into having their vaccine in community pharmacy

One Practice Flu Champion suggested including a community pharmacy representative in the regular correspondence might improve engagement with them.

4.3 Information sharing and support

Cluster Flu Leads

All Cluster Flu Leads considered the frequency of correspondence from VPDP to be about right. When asked how often they corresponded with their Practice Flu Champions, the majority (60%) reported corresponding monthly. Seven (32%) reported corresponding fortnightly, and two (9%) reported corresponding weekly.

Regarding the information shared by VPDP (appendix 1), 82% of the Cluster Flu Leads reported that it was either useful (9) or very useful (9). The remaining 18% (4) reported that the information was of limited usefulness.

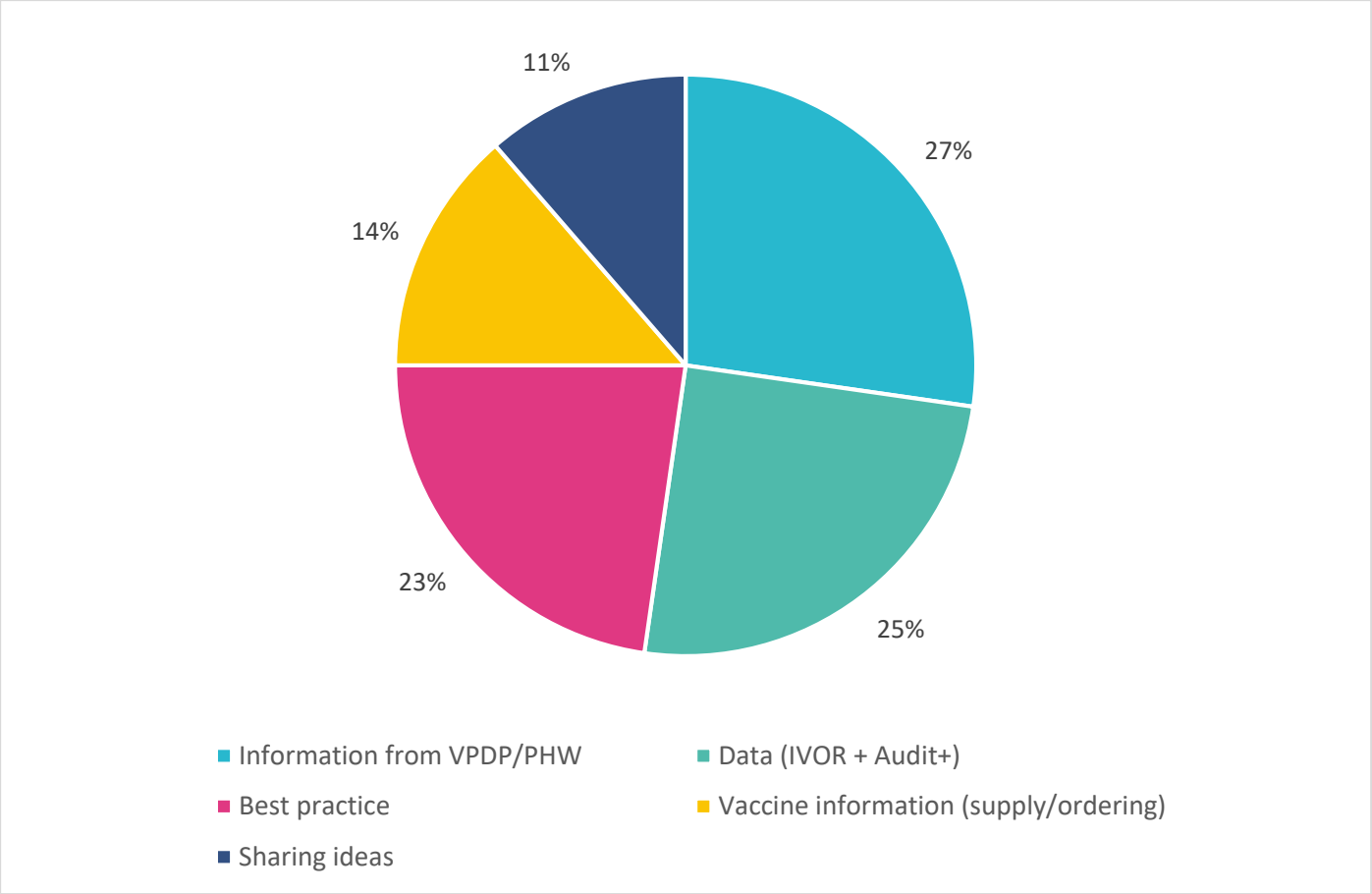
Half (11) of the Cluster Flu Leads were satisfied with the support they received, and made no suggestions for improvement. Of the suggestions from the other half, one indicated a potential lack of understanding. For example, one individual indicated it would be useful to have printable versions of IVOR reports. However, the IVOR database already includes this functionality, indicating a gap in user knowledge. One Cluster Flu Lead added that a face-to-face training session would be beneficial.

Regarding methods of communicating within the cluster, 18 of the Cluster Flu Leads (82%) reported sharing information at cluster meetings. Nine (41%) reported sharing information over the phone, eight (36%) reported sharing information in other Health Board meetings, and five (23%) reported sharing information via practice visits. These communication methods were confirmed in the Practice Flu Champion feedback, with the majority (93%) also having received communication via e-mail. Three of the Cluster Flu Leads (14%) reported other methods of sharing information, this included websites, staff meetings, committee meetings, and informal discussions.

When asked what the best way to share information with practices was, the majority of Cluster Flu Leads (91%) said e-mail. Over half (60%) also considered meetings a useful way to share information, to include cluster meetings, and practice manager's meetings. Five Cluster Flu Leads (23%) reported other methods of sharing information including face to face, and Skype.

When asked what information the Cluster Flu Leads shared in correspondence to practices, five main themes emerged. Twelve (55%) of the Cluster Flu Leads reported passing on information from Public Health Wales/VPDP. Eleven (50%) reported sharing uptake data. Ten (45%) reported sharing good/best practice. Six (27%) reported sharing information on vaccine supply and/or ordering. Five (23%) reported sharing ideas between the practices in their cluster (figure 4). This information was supported by the Practice Flu Champion feedback.

Figure 4. Themes of information shared by Cluster Flu Leads with their Practice Flu Champions



Practice Flu Champions

The majority (n=111, 83%) of Practice Flu Champions found the information shared by their Cluster Flu Lead to be useful or very useful (77 and 34 respectively). However 10% (14) of the Practice Flu Champions said the information shared was of limited usefulness, and 3% (4) said it was not very useful. When asked about the frequency of correspondence from their Cluster Flu Lead, 89.5% of Practice Flu Champions thought it was about right. Ten (7.5%) thought it was not often enough, and two (1.5%) thought it was too frequent.

VPDP asked the Practice Flu Champions how the correspondence from their Cluster Flu Lead could be improved. The majority (79%) did not provide any suggestions for improvement, with a third (33.5%) of the participating practices actively reporting they were satisfied with the current arrangement. Of those that did suggest improvements, the two main themes were:

- Increased frequency of correspondence
- More meetings in person

4.3.2 Information sharing and support relating specifically to chronic respiratory disease

All except one Cluster Flu Lead (95.5%) reported communicating information via e-mail to practices about flu vaccine uptake in those with chronic respiratory disease. When asked whether their Cluster Flu Lead had supported increasing flu vaccine uptake in those with respiratory disease, 91.8% of Practice Flu Champions said yes.

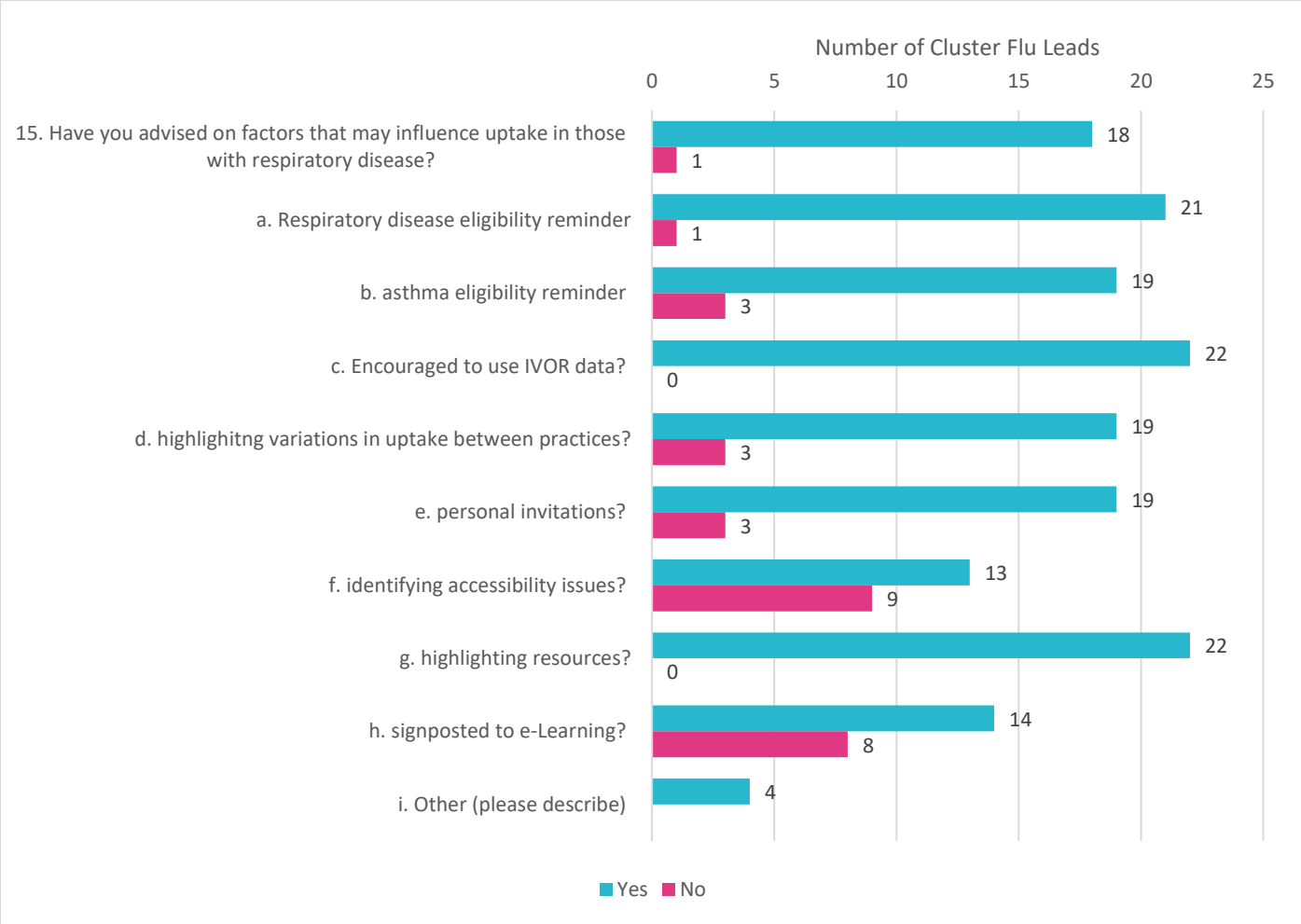
As part of the end of season report (appendix 6) a series of binary (yes/no) questions specifically relating to vaccine uptake in those with respiratory disease were asked (table 3).

Table 3. Questions asked relating to vaccine uptake in those with respiratory disease

1. Have you advised practices on factors that may influence vaccine uptake in those with respiratory disease?	Yes/No
a. Reminding practices that patients with respiratory disease are eligible for flu vaccine	Yes/No
b. Reminding practices specifically that patients with moderate/severe asthma are eligible for flu vaccine	Yes/No
c. Encouraging practices to access their IVOR data	Yes/No
d. Highlighting variations in vaccine uptake between practices	Yes/No
e. Reminding practices to send personal invitations to eligible patients	Yes/No
f. Identifying and addressing accessibility issues for patients	Yes/No
g. Highlighting resources (such as posters and leaflets) they may find useful	Yes/No
h. Signposted to e-learning opportunities for staff	Yes/No
i. Other (please describe)	Yes/No

The majority (86% or higher) of Cluster Flu Leads answered yes to most questions, with the exception of sub-questions relating to access and eLearning; 41% (9) did not identify and address accessibility issues for patients, and 36% (8) did not signpost their practices to eLearning opportunities for staff (figure 5).

Figure 5. Information shared by Cluster Flu Lead regarding chronic respiratory disease patients



4.4 Vaccine uptake

Cluster Flu Leads

Cluster Flu Leads were asked to describe what they thought had a positive effect on flu vaccine uptake. Emerging key words and elements included resources, uptake data, conducting out-of-hours clinics (such as on weekends), and contacting patients in a suitable format (such as texting or via social media) (figure 6).

Figure 6. Factors considered to have a positive effect on vaccine uptake – word cloud

Practice Flu Champions

Practice Flu Champions were asked what they considered to have had a positive impact on vaccine uptake[†].

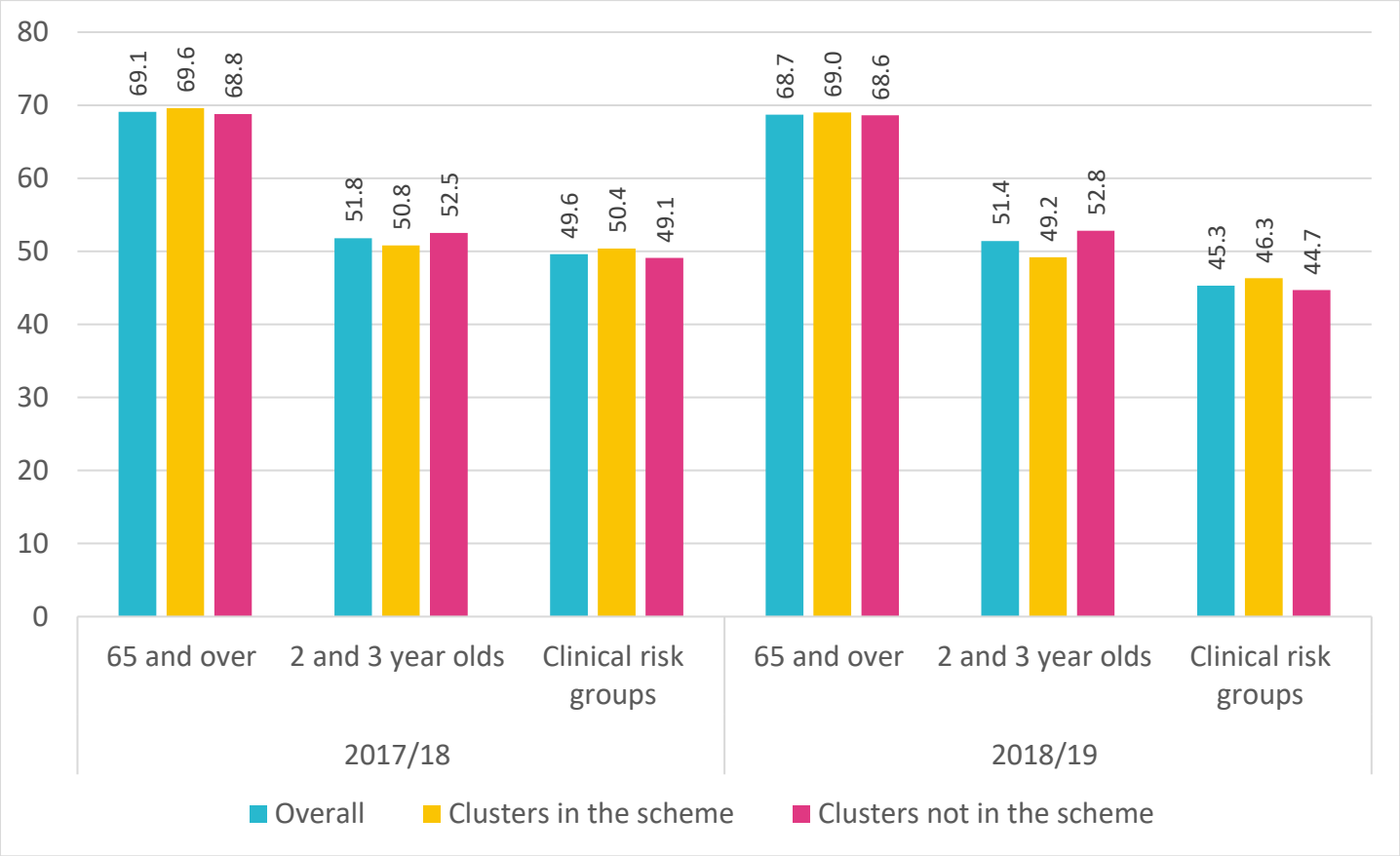
Patient engagement was a dominant theme (e.g. texting, calling, writing, encouraging to have their vaccine, displaying information on reception screens). Of the 111 Practice Flu Champions who responded to this question, 31 thought texting had a positive impact on vaccine uptake. Other themes identified were opportunistic vaccination, and alternative clinics (such as evenings, weekends, and walk-ins).

[†] This question was only on the newer version of the report template.

Vaccine uptake data

Flu vaccine uptake in primary care clusters who participated in the scheme was compared to those who did not participate in the scheme and also to all clusters in Wales. (figure 7):

Figure 7. Mean general practice influenza vaccine uptake in eligible groups by Cluster Support Scheme participation, previous year (2017/18) and intervention year (2018/19).



Aged 65 and over

In 2018/19, flu vaccine uptake in people aged 65 and over in clusters who participated in the scheme was 69.0%, compared with 68.6% in clusters outside the scheme. Clusters in the scheme saw a decrease of 0.6% from 2017/18 compared with clusters outside the scheme who saw a decrease of 0.2%.

Mean general practice flu vaccine uptake in those aged 65 and over in clusters in the scheme was higher than in clusters not in the scheme in 2018/19, and was also higher than for this group in Wales overall (68.7%).

This was not statistically significant.

Clinical risk groups

Clusters in the scheme saw a decrease of 4.1% in this group from the previous year compared with clusters outside the scheme who saw a decrease of 4.4%. Mean general practice flu vaccine uptake in clinical risk groups aged 6 months to 64 years in clusters in the scheme was higher

than in those not in the scheme, and was also higher than the uptake overall for this group in Wales (45.3%).

Mean general practice flu vaccine uptake in this group in clusters who participated in the scheme was 46.3%, compared with 44.7% in clusters who did not participate in the scheme.

This was not statistically significant.

Children

Clusters in the scheme saw a decrease of 1.6% in children aged 2 and 3 years of age compared with clusters outside the scheme, who saw an increase of 0.3%. Mean general practice flu vaccine uptake in 2 and 3 year olds in clusters in the scheme was lower than the overall uptake for Wales (49.2%), but uptake in clusters not in the scheme was higher (52.8%).

Mean general practice flu vaccine uptake in children of this age was 49.2% in clusters who participated in the scheme, compared with 52.8% in clusters who did not participate in the scheme.

This was not statistically significant.

4.4.1 Vaccine uptake in individuals with chronic respiratory disease

When asked what factors their practices identified as having an impact on vaccine uptake in people with respiratory disease, two main themes emerged in the Cluster Flu Lead feedback:

- Chronic respiratory disease patients are a hard to reach group (45%)
- Availability of vaccines (36%)

Almost half the Cluster Flu Leads identified factors relating to patients with chronic respiratory disease being a hard to reach group. The factors included "*patient beliefs*" or "*unwillingness to be vaccinated*", and younger age groups being unable to attend clinics during usual work hours.

When Cluster Flu Leads were asked what support they gave to their practices in relation to this risk group, these two main themes emerged:

- Methods of reaching the chronic respiratory disease group (55.5%). For example, two-way text messaging personalised letters and phone calls, etc.
- Supporting practices to share vaccine supplies (27%)

Cluster Flu Leads were asked to describe any other key information they thought was important to share with practices to support increasing flu vaccine uptake in patients with chronic respiratory disease (figure 8). Over half the factors identified related to communication – ranging from content i.e. resources (leaflets, videos) to methods/formats (social media, targeting, texting). The other dominant theme was networking and/or information sharing. This included sharing of best practice, and sharing information at meetings (such as cluster meetings). Other factors identified were:

- Alternative clinics (weekends, out of hours, children's party clinics). One cluster indicated an intention to run a pilot respiratory clinic in 2019/20
- Using vaccine uptake data
- Using on-screen prompts
- Education (of patients and staff)

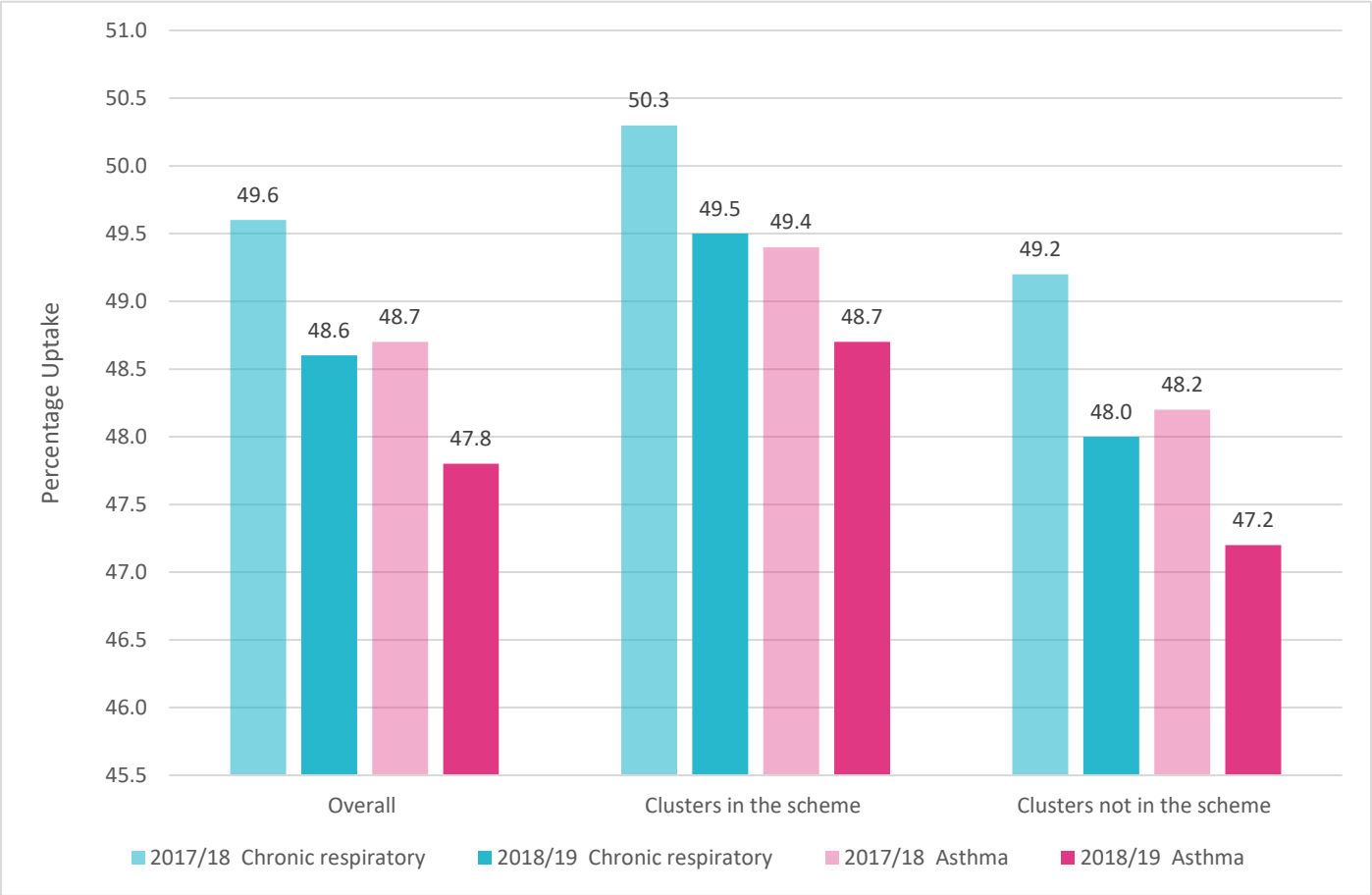
Figure 8. Key information shared to support increased uptake in patients with chronic respiratory disease – word cloud

Mean general practice flu vaccine uptake in 2018/19 in individuals eligible for a flu vaccine due to chronic respiratory disease was 49.5% in clusters who participated in the scheme, compared with 48.0% in clusters who did not participate in the scheme (figure 8). This was a decrease from the previous year of 0.8% in participating clusters, compared with 1.2% in non-participating clusters. In 2017/18 the year before the scheme the clusters that participated in the 2018/19 scheme had higher mean general practice uptake than clusters not in the scheme (50.3% and 49.2% respectively). This shows that the clusters that participated in the scheme were higher performing clusters before their participation in the scheme, though participation in the scheme had a positive effect on their uptake compared with clusters not in the scheme.

Mean general practice flu vaccine uptake in individuals eligible for a flu vaccine due to chronic respiratory disease in clusters who participated in the scheme was higher than those not in the scheme in 2018/19, and was also higher than the uptake overall for this group in Wales (48.6%).

Mean general practice flu vaccine uptake in 2018/19 for those with a chronic respiratory disease was 1.5% higher in clusters in the scheme compared with clusters not in the scheme. Flu vaccine uptake in patients with a chronic respiratory disease increased compared to the previous season in 43.6% of practices in participating clusters compared to 38.2% in non-participating clusters.

Figure 9. Mean general practice influenza vaccine uptake in chronic respiratory disease and asthma patients by Cluster Support Scheme participation, 2017/18 and 2018/19.



Mean general practice flu vaccine uptake in individuals who are eligible for a vaccine due to their asthma was higher in clusters who participated in the scheme than in those who did not participate in the scheme, and also higher than all Wales uptake (47.8%).

Mean general practice flu vaccine uptake in eligible asthma patients in clusters who participated in the scheme was 48.7%, compared with 47.2% in clusters who did not participate in the scheme. Clusters in the scheme saw a decrease of 0.6% in this clinical risk group compared with a decrease of 1.0% in clusters not in the scheme. Flu vaccine uptake in eligible asthma patients was 1.5% higher in clusters in the scheme compared with clusters not in the scheme.

Flu vaccine uptake in this cohort increased from the previous season in 46.1% of the practices that took part in the Cluster Support Scheme, compared with 40.2% of practices that were not in a participating cluster.

This was not statistically significant.

4.5 Cluster Working

Cluster Flu Leads

When asked what went well working as a cluster, 64% (14) of the Cluster Flu Leads reported "*sharing*" as being a positive element of cluster working. This included sharing of ideas, information, best practice, and also vaccine supply between practices. Ten (45%) Cluster Flu Leads identified team working or team relationships as something that works well in clusters. The same Cluster Flu Lead who reported a negative experience appointing Practice Flu Champions felt unable to comment on what went well working as a cluster as a result of the limited engagement from the practices within that cluster. One Cluster Flu Lead noted that focusing on flu earlier in the season went well in their cluster.

The Cluster Flu Leads were asked for their three top tips to best support clusters to strengthen their local flu campaign. The most common tip was sharing information (including resources), from eight (36%) Cluster Flu Leads. Six Cluster Flu Leads (27%) also included regular contact, sharing best/good practice and early planning in their top tips.

VPDP asked Cluster Flu Leads for further comments on cluster working and the flu campaign, and feedback to consider for cluster working going forward was:

- E-mails would be more useful on a Monday morning than a Friday afternoon
- Something (e-mail, letter) from the health board to thank Practice Flu Champions in the scheme
- Engage more with the public
- Think beyond primary care
- It was unclear to one Cluster Flu Lead whether their practices found the information useful, due to limited engagement

Some feedback was beyond the remit of the scheme; one Cluster Flu Lead commented that early guidance from Welsh Government was needed, and one suggested they would like to see more work around inequalities.

Practice Flu Champions

VPDP asked Practice Flu Champions how the local flu campaign could be improved/energised, to which there was a variety of responses. The most common response (31) was for there to be more local advertising and media. Another common response (17) was for early planning and guidance to support the campaign. The remaining suggestions for improvement included timely delivery [of vaccines] (9), adapting to suit patient needs (8), education [of patients and staff] (7), community involvement (3), continuing to have a central flu lead (2), efficient use of clinical systems (2), making use of resources (2), having more staff (2) and consistent messaging (1).

One Practice Flu Champion said "*Cluster working will only be successful with engagement from all within the cluster*", and expressed concern that attendance at cluster flu meetings was "*worryingly low*".

4.6 Changing Practice

Cluster Flu Leads

One cluster introduced an award for the GP who gave the most immunisations within the cluster. The Cluster Flu Lead reported that this promoted healthy competition amongst the practices, and for the first time they depleted their entire vaccine supply and had to purchase more from other practices. Historically, practice nurses had delivered the majority of vaccinations, but GPs giving the vaccine had made a big difference to their campaign in 2018/19. This cluster improved its uptake in two of three groups (the groups being 2 & 3 year olds, 65 and overs, and those aged 6 months to 64 years at risk) from the previous year (Appendix 8).

Practice Flu Champions

Practice Flu Champions were asked whether engagement from their Cluster Flu Lead had encouraged them to do anything differently in their flu campaign in 2018/19. Sixty-eight (51%) said it had and sixty (45%) said it had not. The remainder (6) did not respond to this question.

Of the Practice Flu Champions that reported being positively encouraged to do something differently, five themes emerged.

- Patient engagement (25%), including encouraging eligible patients at every opportunity, communicating via phone calls, texts, and social media, and arranging clinics at a time that suits them (such as evenings and weekends)
- Sharing of information (12%) such as data, ideas, and best practice among practices within the cluster
- Planning (7%), such as planning earlier than usual in the season, and tidying databases ahead of flu clinics
- Team working (5%)
- Perseverance (4%)

Several Practice Flu Champions reported being encouraged to *"keep going"* and to *"drive the campaign harder".* One Practice Flu Champion said *"A gentle reminder to keep pushing empowers you to put in more effort".*

One practice reported taking photos of all their staff having their flu vaccine, and displaying these photographs in the reception area of the practice. The Practice Flu Lead reported that this resulted in engagement from patients wanting to know more about the vaccine. This practice improved its uptake in those aged 65 and over, and also in 2 and 3 year olds (Appendix 9).

One practice reported entering all patients vaccinated within the first month of flu vaccine becoming available into a prize draw (the prize was not specified). The practice saw an increase in uptake in 65 and overs, and 2 and 3 year olds (appendix 10).

One practice reported adding a statement to the bottom of all letters sent out from the practice, informing patients of flu clinics, eligibility criteria, and how to book an appointment. This practice increased its uptake from the previous year in 2 and 3 year olds, and patients in a clinical risk group (appendix 11).

One practice said they put cool bags with vaccines in in the consulting rooms at the start of the surgery, to ensure clinics that are more efficient. This practice saw an increase in vaccine

uptake from the previous year in those aged 65 and over, and also in 2 and 3 year olds (appendix 12):

One practice allocated different eligible groups to different staff members. This practice improved on uptake from 2017/18 in all three groups; aged 65 and over, 2 and 3 year olds, and patients in a clinical risk group (appendix 13).

4.7 Challenges

Cluster Flu Leads were asked to identify challenges within their cluster. The most commonly identified challenge was the staggered supply of adjuvanted trivalent influenza vaccine (aTIV); identified by half (11) of the leads. One Cluster Flu Lead said the campaign was *"sabotaged"* by the late delivery of vaccines. Six Cluster Flu Leads (27%) reported supporting their practices to share vaccine supplies to combat the lack of availability.

Three (14%) of the Cluster Flu Leads reported vaccination in community pharmacies to be a challenge in their cluster. One Cluster Flu lead expanded on this issue. They said that community pharmacies were vaccinating all patients (*"not just hard to reach"),* and were not sharing data on vaccinations – leading to higher workload and duplication of effort within the practices. Another Cluster Flu Lead reported there was a financial implication for the practices with more vaccinations being undertaken by community pharmacies. They commented that liaison with the community pharmacy was key to maintaining a good working relationship. Cluster Flu Leads were given an opportunity to leave any further comments on cluster working at the end of the report template. One Cluster Flu Lead reported that there was *"distrust"* between community pharmacies and general practices, and referenced *"poaching"* of easy to reach patients. Another Cluster Flu Lead commented that clarification was needed on the process of Community Pharmacy Wales (CPW) notifying practices of the vaccines undertaken.

A final theme identified by three (14%) Cluster Flu Leads was unwillingness of patients to be vaccinated. One Cluster Flu Lead referenced emerging beliefs surrounding vaccine safety, one thought patients might not want the vaccine due to news stories, and one thought it was due to myths about flu vaccines.

A few other challenges were identified, including one Cluster Flu lead having difficulty accessing bilingual information, and one Cluster Flu Lead identifying appropriate methods of communication for different areas or practices. For example, text messaging worked well in some areas, but not in areas where mobile service is poor or many patients don't own mobile phones. The Cluster Flu Lead found it challenging adapting methods of communication around which patients could use the mobile service, and which should be contacted via letter. They also found opportunistic vaccination to be a challenge due to varying sizes of practice – and therefore capacity – within the cluster.

One Cluster Flu Lead expressed concern that Public Health Wales data does not accurately reflect the amount of work put in by practices – i.e. it does not take into account declined patients. The Cluster Flu Lead added that practices find this to be *"very frustrating and even demotivating".*

5 Discussion

Approximately a third of general practices in Wales participated in the scheme, and the clusters were broadly representative of cluster sizes across Wales. There was representation from all health boards in Wales although some were more strongly represented than others. This may indicate less engagement with the national flu campaign in some areas, or perhaps less established cluster working and/or experience with cluster working locally in some areas.

The majority of the Cluster Flu Leads were practice managers or assistant practice managers. This is unsurprising as generally practice managers coordinate funding activity within a practice. It may also be an indication of their involvement in planning or the local flu campaign, and also in cluster working. This information may be useful in local planning

Flu vaccine uptake in eligible individuals with chronic respiratory disease decreased from the previous year overall in Wales. However, flu vaccine uptake in this group in clusters within the scheme decreased less than in those not in the scheme, and was higher than for this group overall in Wales. Although flu vaccine uptake for eligible asthmatic individuals decreased from the previous year, uptake in clusters within the scheme decreased by less than those not in the scheme, and was higher than uptake in this group overall. These figures were not statistically significant, but may indicate that participation in the scheme had a positive impact on vaccine uptake in eligible individuals with a chronic respiratory disease, and eligible asthmatic individuals specifically. With the respiratory group the largest of all clinical risk groups eligible for flu vaccination, even small increases in percentage uptake in this group are likely to mean considerably more vulnerable individuals are better protected.

Although flu vaccine uptake decreased in Wales compared with the previous year, uptake decreased less in those with a long term health condition in clusters in the scheme than it did in clusters not in the scheme. Uptake in those aged 65 and over and clinical risk groups in clusters in the scheme was higher than the overall uptake for Wales. The difference in uptake was not statistically significant, however this suggests participation in the scheme may have had a positive impact on flu vaccine uptake within these groups.

Flu vaccine uptake in two and three year olds in clusters in the scheme was lower than in clusters not in the scheme and in Wales overall. These figures were not statistically significant. There are a wide range of factors that may influence flu vaccine uptake, it is not possible to determine the exact cause of this. However, it could be that in focussing the scheme on the chronic respiratory disease group, efforts were diverted away from two and three year olds to the detriment of vaccine uptake in this group.

Almost half of the Cluster Flu Leads considered those with a chronic respiratory disease hard to reach. The examples given included that some patients did not believe they needed the vaccine, or showed an unwillingness to be vaccinated based on what they had seen in the media. There was no agreed definition of *"hard to reach",* and there may not be consistency in how this term is used as these issues would not be exclusive to this clinical risk group. There is a need for clarity on this and future work may include investigating barriers to flu vaccination in this group specifically.

It was recognised that some people in the chronic respiratory / asthma group are working and unable to attend clinics during working hours. One way to reduce this barrier may be more flexible, less restricted, appointments such as weekend and evening clinics. Several practices described doing these in 2018/19, and identified this as something they perceived to have a positive impact on vaccine uptake.

Feedback indicated that SMS text messaging is considered to have a positive impact on vaccine uptake, especially in patients with chronic respiratory disease. Every practice in Wales may access a free texting service to registered patients and it would seem reasonable to encourage this in good practice guides.

The majority of clusters and practices within the scheme responded positively to the process of information sharing within the scheme, and reported the information and guidance received was useful. It is unknown if the appointment of a Practice Flu Champion is common practice in in those that did not take part in the scheme. This is an intervention that is recommended in the VPDP general practice Influenza Campaign Guide[11] but information on other clusters has not been gathered as part of this scheme.

The content of the feedback reports suggests that more face-to-face meetings supporting the flu campaign would be welcomed by most practices. This is something that clusters across Wales may wish to consider integrating into their local campaigns, offering this support locally.

The majority of the Cluster Flu Leads reported a positive experience appointing Practice Flu Champions. This suggests that support and engagement from a Cluster Flu Lead is generally welcomed by general practices and appointed Practice Flu Champions. A small proportion of Practice Flu Champions did not correctly identify their Cluster Flu Lead in their reporting though, which may be an indication of lack of clarity and engagement locally. Not all clusters were able to appoint a Practice Flu Champion in all of their practices. This may be an issue as potentially the less engaged practices may be those without a Practice Flu Champion. Engagement from all practices within the cluster could be considered key to ensure consistent support and leadership.

All the Cluster Flu Leads found correspondence on a weekly basis to be generally appropriate, and the majority found the information provided useful with a small proportion finding it of limited use. This difference in opinion may be in part because the information shared was not new, - so some had already had it - or they might have preferred more practical information, rather than resources and guidance. There was not an option to expand on this in the report, which was a missed opportunity to interrogate this feedback. Some Cluster Flu Lead reports indicated a lack of knowledge regarding functionality of current reporting. Highlighting guidance on this would help increase this knowledge for practice managers in Wales.

Community pharmacies and general practices in Wales are encouraged to work together to serve the local population and over half of the Cluster Flu Leads reported engaging with community pharmacies in their cluster flu campaign. A small number of the Cluster Flu Leads reported working with community pharmacies as a challenge. There may be many reasons why. Since the NHS Wales community pharmacy influenza vaccination scheme was launched in 2013 there has been a year on year increase in the proportion of flu vaccines administered in community pharmacies. The national 2018/19 Beat Flu campaign for Wales was launched in a community pharmacy setting, which potentially led to increased exposure. Practice Flu Champion experience of engaging with community pharmacies was mixed. The feedback in those who reported a positive experience suggests that the focus here was on patient safety and vaccinating eligible individuals as a priority, regardless of the setting. Some Practice Flu Champions however did not view this engagement positively. This could potentially be indicative of different attitudes to community pharmacies in different areas, and indicates there is significant work needed to encourage consistency in collaborative work on the flu campaign within primary care clusters in Wales.

Cluster Flu Leads also described working with district nurses (to vaccinate housebound patients), school nurses, midwifery services, local flu meeting groups, and Public Health Wales.

This was not explored further but gives some insight into the breadth of local flu campaigns in reaching different people with different risk factors and personal circumstances.

The issues of vaccine supply featured in the Cluster Flu Lead feedback, with local sharing of vaccine stock considered a positive element of cluster working within the scheme, and vaccine supply being identified as a challenge by half of the Cluster Flu Leads. However, the staggered supply of vaccine experienced across the UK in 2018/19 only applied to aTIV, which is a flu vaccine licensed for use in those aged 65 and over only. Therefore, this challenge was not relevant to those under 65 with a long-term health condition. This disparity in response could be down to lack of understanding of the question.

A challenge identified by Cluster Flu Leads was unwillingness of patients to be vaccinated. Emerging beliefs surrounding vaccine safety was highlighted, as well as negative news stories, and myths. This gives some insight into the challenges faced by primary care in sharing key messages and will help inform the national campaign and guidance the development of resources to help support colleagues best.

Patients who decline or refuse vaccination are included in the denominator of uptake figures reported nationally through IVOR[12]. The same is true for patients who are contraindicated influenza vaccination. This is because IVOR reports population uptake figures for public health purposes and irrespective of the reason for not being vaccinated, patients who are unvaccinated remain at risk of influenza. It is important to keep this in mind when comparing IVOR influenza immunisation uptake figures to those used for payment purposes, such as within the General Medical Services contract Quality Outcomes Framework (QOF)/ Quality and Assurance Improvement Framework (QAIF), where different methods are used to calculate denominators and/or vaccine uptake.

Most Cluster Flu Leads did not identify any specific changes made as part of the scheme, however the majority of Practice Flu Champions found their support to helpful, encouraging, and reassuring, suggesting that this leadership had a positive impact on local campaigns. The majority of Cluster Flu Leads reported that they found the correspondence from VPDP to be useful/ very useful, demonstrating that proactive leadership at a national level is valued.

About half of the Practice Flu Champions reported introducing interventions as a result of engagement from their Cluster Flu Lead. The following specific examples appeared/were perceived to have a positive, albeit non statistically significant impact on uptake, and may be worthwhile considering in local planning:

- Photographs of staff being vaccinated displayed in reception area
- A prize draw for eligible patients vaccinated in the first month of clinics
- Adding information about flu vaccines and clinics to the footer of all letters leaving the practice
- Placing cool bags with vaccines inside the consulting rooms
- Allocating different eligible groups to different staff members

Practical suggestions from Practice Flu Champions indicate that e-mails are more useful on a Monday morning than a Friday afternoon, and that they would appreciate a thank you when they do extra work in schemes such as this.

It is acknowledged that there are a number of influencing factors that can affect flu vaccine uptake, these may be at a local, national or even international. Any changes in vaccine uptake cannot be attributed solely to any one change introduced in practices.

There are useful data, tips and information gathered as part of this scheme that will be informative to health boards, clusters and general practices in their evaluation, planning and delivery of their flu campaign. Although there were small differences in vaccine uptake between clusters in the scheme and clusters not in the scheme, none of the findings were statistically significant. A review of previous schemes will help inform the best way forward and use of NHS monies in improving flu vaccine uptake in NHS Wales.

6 Recommendations

Recommendations for primary care:

- Primary care clusters in Wales should appoint a Cluster Flu Lead prior to the start of each annual influenza campaign to provide leadership and proactively share guidance to practices within their cluster throughout the season
- Correspondence with primary care from Cluster Flu Leads should include information on available resources, best practice and vaccine uptake. This should commence prior to the flu season and be via email, and generally not on a Friday afternoon
- Cluster Flu Leads should encourage the appointment of a Practice Flu Champion within each general practice in their cluster prior to the start of each annual influenza campaign (September)
- Cluster Flu Leads should explore collaborative working with local partners such as community pharmacies
- Practice Flu Champions are encouraged to meet each other regularly in person to facilitate collaboration and sharing between practices

Recommendations for health boards

- Health boards should actively encourage the appointment of a Cluster Flu Lead in each primary care cluster prior to the start of the annual influenza campaign (September)
- Health boards should actively encourage the appointment of a Practice Flu Champion in each general practice prior to the start of the annual influenza campaign (September)
- Health boards should proactively correspond regularly with all Cluster Flu Leads Correspondence should include information on resources, best practice and vaccine uptake. This should commence prior to the flu season and be via email and generally not on a Friday afternoon
- Health boards should consider accessing funding via pump priming grants and other financial support to explore ways to improve flu vaccine uptake

Recommendations for VPDP:

- The Good Practice Guide for Primary Care Clusters should be updated before September each year
- The General Practice Influenza Campaign Guide should be updated before September each year
- An historic report of the annual Cluster Support Scheme from its inception in 2015 to the 2018/19 season should be developed and published
- The information on understanding and interpreting flu immunisation data at http://nww.immunisation.wales.nhs.uk/flu-uptake-faqs should be proactively highlighted and shared with general practices via health boards

- The Cluster Support Scheme should cease but VPDP should continue to identify ways to help increase flu vaccine uptake as should all health boards and primary care
- Exploration of factors affecting flu vaccine uptake in those with respiratory conditions should be incorporated into planning

7 References

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8 Appendices

Appendix 1 Cluster Support Scheme (flu) 2018/19 Summary

Cluster Support Scheme 2018_19 sur

Appendix 2 Cluster Support Scheme (flu) 2018/19 Application Form

application form.FINAL.doc

Appendix 3 Notes for the Cluster Flu Lead 2018/19

Notes for cluster flu lead_FINAL.docx

Appendix 4 Notes for the Practice Flu Champion 2018/19

Notes for practice flu champion_FINAL

Appendix 5 Practice Flu Champion feedback template 2018/19

practice flu champion 18-19 rep

Appendix 6 Cluster Flu Lead report template 2018/19

Cluster flu lead 18-19 report templat

Appendix 7 Content of regular VPDP e-mails to Cluster Flu Leads

Date	Content of e-mail
07/09/2018	Acceptance onto the 2018/19 Cluster Support Scheme (flu) Identification of Practice Flu Champions and payment details requested
14/09/2018	Summary of Scheme

	Signposting to BeatFlu.org and VPDP FAQs
28/09/2018	Chronic respiratory disease group uptake information Signposting to IVOR (Influenza Vaccination Online Reporting)
05/10/2018	Information on Beat Flu Campaign launch event Chronic respiratory disease group IVOR data and how to access it Signposting to online resources
12/10/2018	Good Practice Guide for Clusters Signposting to resources, to include training video and minority language invitation letters
19/10/2018	NICE guidance on increasing flu vaccination uptake Signposting to resources, including accessible formats
26/10/2018	Chief Medical Officer (CMO) letter on protecting those aged 65 and over Partnership working, including signposting to Asthma UK
02/11/2018	Press Release on supply issues Signposting to Asthma resources produced by the Respiratory Implementation Group/Welsh Government (with support from Public Health Wales)
16/11/2018	IVOR reports (PDF format) for each cluster in the scheme Detailed instructions on how to find chronic respiratory disease group uptake data by cluster (including flowchart) Signposting to social media
22/11/2018	Ordering flu vaccines for the 2019-20 season Signposting to Making Every Contact Count (MECC) approach
07/12/2018	In-season uptake data on chronic respiratory disease group including breakdown by Asthma, non-COPD, and other by Health Board Information on vaccines for 2019-20 season
20/12/2018	Andrew Goodall letter to encourage staff in Primary Care to have their flu vaccine Annual Influenza Programme Meeting 2019 invitation
04/01/2019	Antiviral advice Catch it Bin it Kill it messaging Beat Flu Awards information
18/01/2019	Flu is circulating – it's not too late to vaccinate messaging Ordering QIV Signposting to report / feedback templates
25/01/2019	Chronic respiratory disease group uptake update
07/02/2019	Individual Cluster Flu Lead e-mails showing their cluster's current chronic respiratory disease group uptake data
15/02/2019	Welsh Health Circular on 2019-20 vaccines Reporting requirement reminder
27/02/2019	Scheme close – reports now required

Appendix 8 Cluster Flu Lead Case Study

This cluster achieved:

- 69.8% mean practice uptake in the aged 65 and over group (1.1% higher than the mean practice uptake for this group in Wales).
- 49.8% mean practice uptake in 2 and 3 year olds, (1.6% lower than the mean practice uptake for this group in Wales).

- 45.3% in clinical risk groups (the same as the mean practice uptake for this group in Wales, and similar to other clusters in the scheme).
- Mean practice uptake for eligible asthma patients in this cluster was 47.0%.

Appendix 9 Practice Flu Champion Case Study 1

- In the 65y and over group, this practice increased uptake by 2.1%, and achieved 76% uptake (7.3% higher than the mean practice uptake in Wales).
- In 2 and 3 year olds, this practice improved uptake by 18.9%, achieving uptake of 66.7% (15.3% higher than mean practice uptake in Wales).
- In the 6m to 64 years at risk group, uptake decreased by 2.2%. Their uptake was 56.9% (11.6% higher than the mean practice uptake in this group for Wales).
- Uptake for eligible asthma patients in this practice was 53.3% (5.5% higher than the mean practice uptake for this group in Wales).

Appendix 10 Practice Flu Champion Case Study 2

- In the aged 65 and over group, this practice increased its uptake by 2.8%, and achieved 74.5% uptake (5.8% higher than the mean practice uptake in Wales).
- In 2 and 3 year olds, this practice increased its uptake by 0.5%, and achieved uptake of 64.2% (12.8% higher than the mean practice uptake for Wales).
- In the 6m to 64 years at risk group, their uptake decreased by 3.9%, and was 55.3% (10% higher than the mean practice uptake for this group in Wales).
- Uptake for eligible asthma patients in this practice was 58.1% (10.3% higher than the mean practice uptake for this group in Wales).

Appendix 11 Practice Flu Champion Case Study 3

- In the 65y and over group, this practice achieved 75.1% uptake; a decrease of 0.3% but still 6.4% higher than the mean practice uptake in Wales.
- In 2 and 3 year olds, this practice increased uptake by 4.2% and achieved 66.2% (14.8% higher than the mean practice uptake in Wales).
- In patients in a clinical risk group uptake was 52.2%, an increase of 1.9% (6.9% higher than the mean practice uptake for this group in Wales).
- Uptake for eligible asthma patients in this practice was 55.0% (7.2% higher than the mean practice uptake for this group in Wales).

Appendix 12 Practice Flu Champion Case Study 4

- In the 65y and over group, this practice increased its uptake by 0.7%, achieving 63.9% uptake (4.8% lower than the mean practice uptake for Wales).

- In 2 and 3 year olds, this practice increased its uptake by 10.6%, achieving 42.0% uptake (9.4% lower than the mean practice uptake for Wales).
- In the 6m to 64 years at risk group, this practice's uptake decreased by 2.8%. Their uptake was 39.2%. This was 6.1% lower than the mean practice uptake for this group in Wales.
- Uptake for eligible asthma patients in this practice was 43.1%. This was 4.7% lower than the mean practice uptake in this group across Wales.

Appendix 13 Practice Flu Champion Case Study 5

- In the 65y and over group, this practice increased its uptake by 1.0%, achieving 61.5% uptake (7.2% lower than the mean practice uptake for Wales).
- In 2 and 3 year olds, this practice improved its uptake by 12.4%, achieving 42.9% uptake (8.5% lower than the mean practice uptake for Wales).
- In the 6m to 64 years at risk group, their uptake improved by 3.4%, and was 47.7% (2.4% higher than the mean practice uptake for this group in Wales).
- Uptake for eligible asthma patients in this practice was 43.1% (4.7% lower than the mean practice uptake in this group across Wales).