

# National Institute for Health and Care Excellence

## Flu vaccination: increasing uptake

Consultation on draft quality standard – deadline for comments 5pm on 03/09/19

Please email your completed form to: [QSconsultations@nice.org.uk](mailto:QSconsultations@nice.org.uk)

Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly.

We would like to hear your views on these questions:

1. Does this draft quality standard accurately reflect the key areas for quality improvement?
2. Are local systems and structures in place to collect data for the proposed quality measures? If not, how feasible would it be for these to be put in place?
3. Do you think each of the statements in this draft quality standard would be achievable by local services given the net resources needed to deliver them? Please describe any resource requirements that you think would be necessary for any statement. Please describe any potential cost savings or opportunities for disinvestment.
4. Do you have an example from practice of implementing the NICE guideline(s) that underpins this quality standard? If so, please provide details on the comments form

### Organisation details

<b>Organisation name – stakeholder or respondent</b> (if you are responding as an individual rather than a registered stakeholder please leave blank)	<b>The Royal College of Physicians and Surgeons of Glasgow</b>
<b>Disclosure</b> Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.	<b>None</b>

<b>Name of person completing form</b>	<b>Dr Richard Hull, Honorary Secretary with the aid of experts in the field</b>
<b>Supporting the quality standard</b> Would your organisation like to express an interest in formally supporting this quality standard? <a href="#">More information.</a>	<b>yes</b>
<b>Type</b>	<b>[Office use only]</b>

### Comments on the draft quality standard

<b>Comment number</b>	<b>Section</b>	<b>Statement number</b>	<b>Comments</b> Insert each comment in a new row. Do not paste other tables into this table because your comments could get lost – type directly into this table.
<i>Example 1</i>	<i>Statement 1 (measure)</i>	<i>1</i>	<i>This statement may be hard to measure because...</i>
1	General		<p>The Royal College of Physicians and Surgeons of Glasgow although based in Glasgow represents Fellows and Members throughout the United Kingdom. While NICE has a remit for England, many of the recommendations are applicable to all devolved nations including Scotland. They should be considered by the relevant Ministers of the devolved governments.</p> <p>The College considers that immunisation against Influenza should be offered in a timely manner annually to those at risk. It notes often those most at risk have difficulty communicating with the Health Service. The NHS needs to search out those who may most benefit from Influenza immunisation and make sure they receive it. The College notes the recent increase in cases of Measles which are resultant from a poor uptake of immunisation in childhood.</p>
2		1	<p><b>Question 1</b> <i>Does this draft quality standard accurately reflect the key areas for quality improvement?</i></p> <p>In general, the standards have reflected key areas. However, they are relatively passive. This</p>

		<p>needs to be an active process targeting groups which may not communicate in usual ways. It should be remembered that many elderly people are not computer literate. There needs to be an active process for elderly people, homeless people occupants of long stay care or nursing homes, inmates of HM Prisons and patients of Mental Health or Learning Difficulty Services.</p> <p>Other groups which may miss out are those whose first language is not English or those who cannot read or write</p> <p>Many individuals were vaccinated late last year because of poor supplies of vaccine and slow primary care service. They therefore did not get full benefit of immunisation</p>
3	2	<p><b>Question 2</b> <i>Are local systems and structures in place to collect data for the proposed quality measures? If not, how feasible would it be for these to be put in place?</i></p> <p>Most general practices have systems in place to contact those who are registered. However not everybody has a GP. This includes homeless and travelling people. Many General Practices do not have a system where they make sure Care and nursing homes are covered in a systematic way.</p> <p>As stated above, those most at risk may be the most difficult to contact. A variety of methods need to be used including personal visiting when someone fails to answer.</p> <p>The groups eligible seems to have omitted those people over 65 years.</p> <p>Many primary care practices are not aware of the up to date eligibility groups. In particular it is very common for those on immunosuppressants but without malignancy to be told they are not</p>

			eligible. Practices do not necessarily update their staff.
4		3	<p><b>Question 3</b> <i>Do you think each of the statements in this draft quality standard would be achievable by local services given the net resources needed to deliver them? Please describe any resource requirements that you think would be necessary for any statement. Please describe any potential cost savings or opportunities for disinvestment.</i></p> <p>The key at risk groups are the hardest to contact and therefore a proactive system is required. Extension of health visitor or community nursing services in this area would not only allow review of general health care but satisfactory immunisation.</p>
5		4	<p><b>Question 4</b> Do you have an example from practice of implementing the NICE guideline that underpins this quality standard? If so, please provide details on the comments form.</p> <p>no</p>
6			

Insert more rows as needed

### Checklist for submitting comments

- Use this form and submit it as a Word document (not a PDF).
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Combine all comments from your organisation into 1 response. We cannot accept more than 1 response from each organisation.
- Do not paste other tables into this table – type directly into the table.
- Underline and highlight any confidential information or other material that you do not wish to be made public.
- Do not include medical information about yourself or another person from which you or the person could be identified.
- Spell out any abbreviations you use

- Please provide concise supporting information for each key area. Provide reference to examples from the published or grey literature such as national, regional or local reports of variation in care, audits, surveys, confidential enquiries, uptake reports and evaluations such as impact of NICE guidance recommendations
- For copyright reasons, do not include attachments of **published** material such as research articles, letters or leaflets. However, if you give us the full citation, we will obtain our own copy
- Attachments of unpublished reports, local reports / documents are permissible. If you wish to provide academic in confidence material i.e. written but not yet published, or commercial in confidence i.e. internal documentation, highlight this using the highlighter function in Word.

Please return to [QSconsultations@nice.org.uk](mailto:QSconsultations@nice.org.uk)

NICE reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion of NICE, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.

Comments received from registered stakeholders and respondents during our stakeholder engagements are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.