Consultation on draft guideline – deadline for comments 5:00pm on Thursday 13th January 2022 email: VaccineUptake@nice.org.uk

Checklist for submitting comments

- Use this comments form and submit it as a **Word document (not a PDF)**.
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Include **document name, page number and line number** of the text each comment is about.
- Combine all comments from your organisation into 1 response form. **We cannot accept more than 1 response from each organisation**.
- **Do not** paste other tables into this table – type directly into the table.
- Ensure each comment stands alone; **do not** cross-refer within one comment to another comment.
- **Clearly mark any confidential information or other material that you do not wish to be made public. Also, ensure you state in your email to NICE that your submission includes confidential comments.**
- **Do not name or identify any person or include medical information about yourself or another person** from which you or the person could be identified as all such data will be deleted or redacted.
- Spell out any abbreviations you use.
- For copyright reasons, **do not include attachments** such as research articles, letters, or leaflets. We return comments forms that have attachments without reading them. You may resubmit the form without attachments, but it must be received by the deadline.
- **We do not accept comments submitted after the deadline stated for close of consultation.**

You can see any guidance that we have produced on topics related to this guideline by checking NICE Pathways.

Note: We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate.

Comments received during our consultations 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.

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	Please read the checklist above before submitting comments. We cannot accept forms that are not filled in correctly. We would like to hear your views on the draft recommendations presented in the guideline, and any comments you may have on the rationale and impact sections in the guideline and the evidence presented in the evidence reviews documents. We would also welcome views on the Equality Impact Assessment. In addition to your comments below on our guideline documents, we would like to hear your views on these questions. **Please include your answers to these questions with your comments in the table below.** 1. Which areas will have the biggest impact on practice and be challenging to implement? Please say for whom and why. 2. Would implementation of any of the draft recommendations have significant cost implications? 3. What would help users overcome any challenges? (For example, existing practical resources or national initiatives, or examples of good practice.) See Developing NICE guidance: how to get involved for suggestions of general points to think about when commenting.
Organisation name (if you are responding as an individual rather than a registered stakeholder please specify).	**Royal College of Physicians and Surgeons of Glasgow**
Disclosure (please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry).	**None**
Name of person completing form	**Dr Richard Hull, FRCP Glas, Honorary Secretary with the advice of experts in the field**

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Comment number	**Document** [e.g. guideline, evidence review A, B, C etc., methods, EIA]	**Page number** **'General'** for comments on whole document	**Line number** **'General'** for comments on whole document	**Comments** • 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. • Include section or recommendation number in this column.
1	Guideline	General	General	The Royal College of Physicians and Surgeons of Glasgow although based in Glasgow has a membership of 15,000 and represents Fellows and Members throughout the UK. 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 and in the NHS environment in each country. The College welcomes this guidance on Vaccine Uptake in the General Population. It considers that all members of the public should be given the option of immunisation against various diseases and be given information to give informed consent. The guideline hits the right balance in addressing how to improve uptake. There has been much talk of vaccine hesitancy with regards vaccine confidence; but recent PHE and other research shows vaccine confidence (non-COVID) is high, and drop off in vaccine uptake is more about access and systems.
2	Guideline	1	6	We are concerned that a large number of vaccination programmes are excluded from this guideline. The general principles are the same for all programmes. However, the guideline does not include selective immunisation programmes eg Influenza. These are the ones where it is most challenging to achieve uptake (and conversely given they are selective; the patients generally stand to benefit more).
3	Guideline	4	2	It is on note that there are various systems for giving immunisation within the UK. Within England, during the pandemic there have been a variety of systems not confined to Primary Care. These may be in an alternative separate system, eg primary care service other than general practice, secondary care or commercial system. There needs to be coordination

				between these systems for arrangement of the service and recording the service. The primary recording system should be in the Primary Care Record. During the pandemic, those at high risk often had difficulty getting a COVID-19 immunisation from secondary care because it was not the "normal" method. However, it was the easiest for the patient. This applies to patients with malignancy, in chemotherapy or those with significant disease requiring immunosuppression. Whilst the general principles of ensuring good vaccine uptake are the same across the UK, service delivery is increasingly different in Scotland. As part of the 2018 GMS contract, Scottish Government and SGPC agreed that vaccinations would move away from a model based on delivery in general practice to one based in Boards/HSCPs. This vaccine transformation programme was due to be completed March 2021, now postponed to March 2022. From April 2022 general practice will not be involved in vaccine delivery. As GPs historically have been the main provider of choice in the rest of the UK, the NICE guidance assumes most delivery is within the GP setting. However, during the COVID-19 pandemic this was not the case and may not be the same in all areas of the four countries of the UK including England. http://www.healthscotland.scot/health-topics/immunisation/vaccination-transformation-programme
4	Guideline	6	1	One of our reviewers felt that accessibility and tailoring patient needs was a crucial element. Providers need to assess uptake by small areas such as local geography, ethnicity and deprivation. This should be in all areas, not just those with low uptake. This is because even at local authority the overall uptake can hide variation at more local level. In infectious diseases this can lead to pockets of susceptible people where infection can rapidly spread. Examples, might be religious communities, travelling people and homeless people etc. Paras 1.1.10 and 11 should be recommended more strongly than 'consider' (especially as the evidence is quoted in p31).

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5	Guideline	7	9	Audit is really important and links to above. There is no mention of the essential regular vaccine uptake surveillance and analysis of local uptake, including inequalities etc. Unless this is done on a regular basis at local level, it is difficult to know where to target the initiatives as above. Audit should include waiting times for all vaccinations. There should be a target of no wait for any routine vaccinations: yet often there is a wait for preschool booster. Also audit of non-attenders is important. It is necessary why people don't go to an appointment.
6	Guideline	9	3	It is noted that while mandatory training is important it was a significant barrier to providing services in a Pandemic. It is important to prioritise what is absolutely mandatory, what is desirable and what is deliverable.
7	Guideline	10	5	We strongly support identifying eligible people and subsequent opportunistic vaccination. Online systems and apps would indeed be a major step forward. However, some at risk groups do not have access to these eg elderly people and those who are homeless. We should endeavour to have a life-long immunisation record, much as is being developed for COVID which should be part of the Primary Health Record. There should be more included on trusted healthcare provider (eg Blood Borne Viruses Services etc). Populations that are at risk and vaccine uptake needs to be maximised for those in Custodial Care (eg prison, asylum seekers, secure psychiatric units, long term residential health care) and those who are homeless and drug users.
8	Guideline	10	9	The important recommendations for keeping records up-to-date are challenging. As crucial as identifying those who has been vaccinated, is identifying the correct cohort (up to date medical records) who need and should be vaccinated. Denominator inflation is a real issue in interpreting vaccine uptake (eg easier to get on a practice list than to get off). If the correct information is not available, then contacting to remind people is not possible.
9	Guideline	11	4	The examples given are good but they exclude homeless people, new migrants and people whose first language is not English.
10	Guideline	14	1	Recording vaccination offers must made as easy as possible. While drop down electronic methods are excellent, some will still require other methods of (non-electronic) recording.

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11	Guideline	17	29	1.3.12 is important as it will allay vaccine misinformation. An invitation is not enough, it must be backed up by fact.
12	Guideline	19	7	We very much support 1.3.15. In order to do that it is important these infants are correctly identified with the correct contacts for them. We should tailor reminders to the person's preferred mode of communication, but we could still do a lot more. Many people get far more reminders about their dental appointment or the car going in to the garage than a routine immunisation appointment. Non-attenders are a real issue and cause inefficiency and are often because people forget or the appt is not suitable to them (hence the importance of item 1 on accessibility, as well as choice).
13	Guideline	20	1	There is no specific advice for those who are homeless or who live on the streets.
14	Guideline	21	4	Routine vaccinations at school require parental consent. The return of consent forms determines uptake. In most instances consent forms are not returned because they didn't get out of the schoolbag, got mislaid, the dog ate it etc. 1.3.28 says 'providers should offer incentives' - much stronger wording than 1.1.10 and 11. There should be pilots of online consent form return. Nearly everything to be signed for at school is now on line. The requirement to complete all fields and drop downs would also improve quality of returns.
15	Guideline	22	25	There should be specific mention of student (university and college) vaccinations and recommendations for new students.
16	Guideline	23	12	The housebound is not an inclusive term. It may include people with protected characteristics and should relate to those who have difficult receiving messages and communication and who are unable to attend a site such as their GP surgery or similar. This can include older people, those with a physical, sensory or mental disability. These people are often most at risk of diseases preventable by immunisation. Many services are only geared to someone who can attend a specific site and who may not because of protected characteristics.

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Insert extra rows as needed

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By submitting your data via this form you are confirming that you have read and understood this statement.

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