



Learning the lessons from the H1N1 vaccination campaign for Health Care Workers

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Document Purpose	Best Practice Guidance
Gateway Reference	14393
Title	Learning the lessons from the H1N1 vaccination campaign for health care workers
Author	DH / NHS Flu Resilience
Publication Date	01 Jul 2010
Target Audience	PCT CEs, NHS Trust CEs, SHA CEs, Care Trust CEs, Foundation Trust CEs, Directors of PH, Local Authority CEs, Directors of Adult SSs, PCT Chairs, NHS Trust Board Chairs
Circulation List	Immunisation Leads in SHAs, Pandemic Influenza Leads in SHAs, Flu Directors in SHAs, Flu Coordinators in PCTs, Immunisation Coordinators in PCTs, Monitor, Care Quality Commission, Health Protection Agency, Social Care Reference Group, Social Partnership Forum, National Centre for Independent Living
Description	Providing the NHS and social care sector with information on lessons learnt from the H1N1 health and social care worker vaccination programme
Cross Ref	N/A
Superseded Docs	
Action Required	
Timing	
Contact Details	Immunisation Branch Wellington House, 133 - 155 Waterloo Road London SE1 8UG
For Recipient's Use	

Learning the lessons from the H1N1 vaccination campaign for Health Care Workers

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Introduction

1. The detection of a novel H1N1 influenza virus in Mexico in April 2009 signalled the start of a global public health emergency. H1N1 posed a significant threat to the population and to users of NHS services and this led to the mobilisation of the NHS in England on a large scale. A first wave of the virus affected parts of the NHS in June and July 2009.
2. The delivery of the H1N1 vaccine provided an unprecedented opportunity to protect the most vulnerable people in the population from the risk of complications due to H1N1 ahead of the second wave expected from October to December 2009. Frontline health and social care staff were in the first priority groups offered the vaccine in order to protect patients and their local communities.
3. The need to make the vaccine available quickly required the planning and delivery of a vaccination campaign on a large scale. Within the NHS this built on existing approaches to deliver the annual seasonal flu vaccine to health care workers. However uptake rates for the seasonal flu vaccine have generally been very low: only 13% of staff were reported as having the vaccine in the 2008/09 flu season.
4. In this light, it is significant that uptake rates for the H1N1 vaccine were considerably higher with 40% of front line NHS staff vaccinated up to 4 April 2010. Seasonal flu uptake rates have also been higher than in the past reaching 26% up to 4 April 2010. Graphs setting out uptake rates are attached at Annex A.
5. Reported vaccination uptake rates have shown the following variation:

between organisational types the variation has been:

- Acute Trusts (42%),
- Non-Acute Trusts (31%),
- PCTs (39%), and
- Ambulance Services (39%);

within these categories there has been variation: ranging from

- 20% to 88% in Acute Trusts
- 7% to 63% in Non-Acute Trusts
- 17% to 92% in PCTs, and
- 13% to 74% in Ambulance Services;

amongst staff groups there has been variation:

- HCHS¹ doctors (46%),
- HCHS nurses (35%),
- GP Practice Nurses (48%),
- GPs (49%),

¹ HCHS = Hospital and Community Health Services, i.e. staff employed by PCTs and NHS providers

- Other professional staff (43%), and
 - Clinical support staff (41%)
6. Given the relative success of the H1N1 campaign compared with seasonal flu vaccine uptake rates – both last year's and this year's – it is important to learn the lessons from the work. This report is based on a survey of 54 NHS organisations, conducted through a combination of face-to-face interviews, telephone interviews and staff focus groups.
 7. Although this survey was targeted at NHS organisations, many of the messages will also be of relevance to organisations providing social care. Further work is currently being done by the Department of Health to learn the lessons from the social care vaccination campaign.
 8. From the survey four major themes emerged as being essential to a successful campaign:

Flexible and accessible delivery approaches

Visible leadership

Effective communications strategy

Attention to the basics of having a robust plan with clear governance arrangements and supported by sound project management

9. It was noted that some of these themes were present in many organisations and may not be the sole reasons for higher uptake rates. There are clearly many factors at play in delivering higher uptake rates, but the application paid to delivering the vaccination campaign as part of the core work of the organisation would appear to be one thing that made a difference.
10. Ten key learning points have been identified from the surveys and are contained in this report. These learning points can be used by organisations as a cross reference to build on and improve their own vaccination plans. These suggestions for good practice are also to be incorporated into national policy and guidance to inform future staff vaccination campaigns.
11. H1N1 is expected to be the predominant seasonal flu strain in the 2010/11 season. It is still important that NHS staff continue to protect their patients, themselves and their families from the risk presented by H1N1 and work continues through the spring and summer of 2010 to offer vaccination to health and social care staff.

Key Learning Points

12. From the survey carried out the following four themes were seen as essential to running a successful campaign:

- **Flexible and accessible delivery approaches**
- **Leadership**
- **Communications**
- **Planning, governance and project management**

13. Under these themes, ten Key Learning Points have been identified and these can be used as a checklist to assess existing plans and to develop revised plans ahead of the 2010 seasonal flu campaign.

14. The **Key Learning Points** identified under these four themes were:

Flexible and accessible delivery approaches

- **Take the vaccination to staff**
- **Create a pool of vaccinators and adopt a peer-to-peer approach**
- **Involve individual wards, departments and sites**

Visible leadership

- **Corporate, visible and active leadership**
- **Set out expectations of staff**

Effective communications

- **Within the overall plan have a communications strategy**
- **Myth busting**

The basics of planning, governance and project management

- **Develop a comprehensive implementation plan and start early**
- **Include targeted approaches where appropriate**
- **Good project management**

15. These are set out in more detail in the next four sections of this report, along with some practical messages of good practice from some of the organisations in the survey that achieved higher uptake of H1N1 vaccination.

Flexible and accessible delivery approaches

Take the vaccination to staff

- A flexible approach combining an outreach campaign of vaccinating staff in their ward, department or other place of work and using static sites such as occupational health clinics
- By approaching staff directly the onus is put on staff to make an active decision to either take or decline the vaccine

Create a pool of vaccinators and adopt a peer-to-peer approach

- Train a pool of vaccinators capable of providing an outreach service
- Use the vaccinators as the basis for a peer-to-peer vaccination campaign
- Involve the vaccinators in all stages of the design and delivery of the vaccination campaign

Involve individual wards, departments and sites

- Look at scope to have vaccinators in all work areas of the organisation
- Develop vaccination champions in each ward, department and other places of work
- Share data on uptake at the ward and department level

Examples from the surveys:

“What contributed to the success of the campaign was taking the vaccination to the workers” – Royal Bournemouth and Christchurch Hospitals

“Making access to vaccine easy - The use of highly visible vaccination points aided the programme greatly. One particular location is a thoroughfare that has to be accessed by staff. It was impossible for staff to walk through and ignore the fact that the Swine flu vaccination programme was under way” - Birmingham Children’s Hospital

“Sessions need to be accessible both in terms of location and time” – NHS Ealing

The occupational health department responded positively to requests from teams that were able to organise their own group diaries and visited additional sites outside the publicised programme of clinics.” – Northamptonshire Healthcare

“Mobile clinics ensured that frontline staff groups received the vaccine where they worked and made it easy for staff to access it” - York Hospitals

“Trained vaccinators increased the ability to respond; it improved flexibility and reduced reliance of occupational health departments” - NHS Somerset

“Delivering the vaccine to the areas where staff worked and carrying out regular and publicized clinics to cover most shifts and front line areas” -Bradford Teaching Hospitals

“Trained vaccinators supported 63 nominated vaccination sites to enable, staff co-operation and flexibility of access” - West Midlands Ambulance Service

We tried not to say “no” to people – we opened clinics to all staff as quickly as we possibly could to take advantage of peer pressure” - Northamptonshire Healthcare

Leadership

Corporate, visible and active leadership

- Executive and non-executive board ownership
- Senior clinicians leading by example
- Senior colleagues being vaccinated and involved in publicity campaign
- Executive Director sponsor taking an active role
- See the campaign as part of the organisation's core approach to governance, patient safety and service delivery
- Clear focus on delivering the campaign as well as designing it

Set out expectations of staff

- Simple message that it is about protecting you, your family and your patients
- Consider setting a trust wide target uptake rate to which to aspire
- Set out the expectation that is the professional duty of staff to protect their patients by taking the vaccine

Examples from the surveys:

"As a line manager my team were looking for guidance and action, by having the flu vaccine others were encouraged to follow suit" – Birmingham Children's Hospital

"Strong clinical and director lead communications messages around staff receiving swine flu vaccination as part of their professional duty and responsibility" - Bradford Teaching Hospitals

"Leadership and drive through the vaccination co-ordination team" - West Midlands Ambulance Service

"Photographs of key staff being vaccinated were included in the trust's weekly electronic staff bulletin, including: head of occupational health, senior nurse for infection control, chief executive, director of nursing, director of HR, medical director, as well as photographs of "regular" staff" - Northamptonshire Healthcare

Communications

Have a clear communications strategy as a key component of the implementation plan

- Varied, pro-active and creative approaches to promoting the vaccination campaign
- Photographs and posters of senior organisational employees receiving the vaccine
- Organisation wide communications and individually tailored communications including one to one discussions
- Occupational Health and Communications departments both involved in producing the communications strategy

Myth busting

- Active approach to addressing concerns raised by staff
- Setting out the facts around vaccine
- Identifying telephone helplines and accessible people that staff could speak to about their concerns
- Clinical leaders leading by example

Examples from the surveys:

“Key elements of the communications plan included: a personal letter from the Chief Executive inviting frontline staff to be vaccinated; personal reminders from the occupational health team to frontline staff; weekly reminders and updates in the staff bulletin with photographs of key staff being vaccinated and information on the numbers of staff being vaccinated; and briefings in the trust’s monthly team briefing” – Northamptonshire Healthcare

“Re-enforcing messages from clinical leads reassured staff and encouraged good uptake” - York Hospitals

“GP uptake was high – they actually saw patients with Swine flu and experienced staff sickness” - NHS Somerset

“Not having the vaccine would convey the ‘wrong’ message” – Birmingham Children’s Hospital

“Life size cardboard cut outs of a nurse were placed in crucial vantage points around the hospital, these held different messages and were moved around regularly” - Birmingham Children’s Hospital

“Credibility of the vaccination programme received added support from the unions through a supportive union statement” - West Midlands Ambulance Service

“Swine flu was a burning platform – our patients were sick and some had died” - Birmingham Children’s Hospital

Strategy, governance and project management

Develop a comprehensive strategy and start early

- Have a whole health and social care economy and/or organisation wide strategy for delivery of the campaign
- Include an educational element to promote greater understanding of the importance of vaccination and address concerns about safety
- Take a whole organisation approach in the strategy including, for example, Occupational Health, Pharmacy, Communications, Human Resources and IT departments
- Get plans in place well ahead of the flu season
- Be clear about who are frontline workers

Within the overall campaign, have an element of targeting

- Specially promote vaccine to staff in high risk clinical areas
- Identify staffing areas with low uptake rates and develop approaches to encourage uptake

Good project management

- Robust project structure in place, with arrangements for feeding up to the Board and out to the organisation
- Executive Director sponsor staying the course and seeing the campaign through with a handle on the strategic and the operational
- Dedicated project management
- Ensure Occupational Health involvement
- Involve high risk/low uptake staff groups in the planning and delivery

Examples from the surveys:

“Dedicated project manager” - NHS Somerset

“Flu response centre was established to co-ordinate the vaccination programme and data management requirements” - NHS Ealing

“Accurate data and involving subject matter experts is the key to planning response” -NHS Ealing

“Early planning enabled extra resources to be identified” - York Hospitals

“Dedicated Flu team” - Birmingham Children’s Hospital

“The head of occupational health had full authority to develop and deliver the plan, including the reorganisation of occupational health workload to create capacity for the six-person team to deliver the programme of clinics. As a contingency plan directorates were asked to identify staff that would be willing to train as vaccinators to support the occupational health team” – Northamptonshire Healthcare

“Inclusive and collaborative approach with local partners – a consensus model is useful in rural counties where staff and populations are dispersed” - NHS Somerset

“Working with pharmacy to pre-plan for the delivery of vaccine and the making up of vaccination ‘kits’ that could be used immediately to deliver 10 vaccines at a time.” - Bradford Teaching Hospitals

“The pandemic flu steering group met weekly during peak periods throughout the late summer and autumn. It received weekly updates on the vaccination programme and vaccination uptake across the organisation and agreed key messages for the weekly bulletin.” – Northamptonshire Healthcare

Next Steps

16. All NHS organisations are encouraged to use the Key Learning Points to look again at their staff vaccination strategy and to identify scope for improvement.
17. The advice from the Joint Committee on Vaccination and Immunisation (JCVI)², endorsed in full by the Department of Health and the NHS Operations Board, is that the vaccination campaign for front line health and social care staff should continue through the spring and summer of 2010. This is in order to ensure that as many staff as possible are protected themselves from the virus and that they in turn can protect their patients.
18. Although for many people the H1N1 virus has been a mild one, it can cause severe respiratory illness and lead to death in patients, including those with no previously known health conditions. It also attacks all age groups and so can affect users of primary care, acute services, social care and mental health services. Some of the facts known so far are:
 - 363 confirmed deaths due to H1N1 in England
 - 82% of deaths were in the under 65 age group which is in marked contrast to seasonal influenza
 - Individuals with underlying clinical conditions such as neurodevelopmental disorders or chronic lung disease, children under two years of age and pregnant women are at higher risk of serious outcome due to H1N1 infection
 - Compared with other women, pregnant women with H1N1 influenza are around 10 times more likely to be hospitalised
 - The highest clinical attack rates have been in the 5-14 year old age group
 - Under five-year olds have had the highest rates of hospitalisation
19. The H1N1 virus is indicated to be the dominant flu strain in the coming 2010/11 seasonal flu season and H1N1 will continue to be circulating around the world during the next few months. As the Southern Hemisphere, including Australasia and sub-Saharan Africa enter their seasonal flu season then H1N1 may be brought back to the UK by visitors and travellers returning from holiday. For example the football World Cup in South Africa will be taking place during that country's seasonal flu season.
20. The Department of Health will be updating its guidance on staff vaccination ahead of the 2010/11 flu season to incorporate the messages from this report.

² http://www.dh.gov.uk/ab/JCVI/DH_094744

Details of the Study

21. To identify the reasons for the relatively higher uptake of H1N1 vaccination amongst staff, as well as the possible reasons for variation between organisations and staff groups, the Department of Health initiated a project to survey a sample of NHS organisations.
22. A survey of the reasons for improved vaccination uptake had already been carried out by NHS West Midlands of all of the organisations in their patch. This survey document was developed further by the Department of Health. A copy of the survey is attached at Annex B.
23. At the same time an approach was made through Strategic Health Authorities for staff who could volunteer to carry out a survey of a sample of Trusts across England. Ten volunteers were put forward. In addition, a Department of Health colleague took part as a development opportunity. A twelfth interviewer was provided by NHS East Midlands, as they also surveyed all organisations in their patch.
24. A sample of 59 trusts was identified, representing 15% of all NHS organisations in England. These were drawn from the four categories used to collect healthcare worker vaccination. A mixture of Trusts achieving over 50% and under 25% uptake rates was included in this sample. The split between the four categories was:
 - 24 acute trusts,
 - 18 Primary Care Trusts,
 - 14 non-acute Trusts
 - 3 Ambulance Services
25. All of the Trusts in the sample received a letter from Ian Dalton, National Director of NHS Flu Resilience, asking them for their co-operation in the survey.
26. The interviews were held between 15 February and 3 March. Although the survey was initiated at short notice and over a holiday period, 54 organisations were able to participate with a response rate of 92%.

Feedback from the organisations surveyed

27. There was a very rich set of responses from the survey. In addition to the 54 face to face and telephone interviews there were three staff focus group meetings held by the interviewers.
28. The results were reviewed using thematic analysis and the main messages identified by the reviewers were those that have been highlighted in the section on the Key Learning points. Some detail from the specific questions asked includes is set out below.
29. **Flexible and accessible delivery approaches.** This was seen as the key lesson from the survey and that the vaccine was taken to staff through direct outreach into services, rather than a total reliance on static occupational health clinics. Also key was creating a large pool of trained volunteers to vaccinate, a peer-to-peer element was seen as key along with an approach of having vaccination leads or teams identified in every ward, department and directorate. Some organisations reported changing course in midstream, they had started with a static clinic approach but switched to a peer-to-peer one.
30. Some approaches identified included: teaching and training sessions for volunteer vaccinators, open access to clinics/vaccinators including access at night and weekends, the approach of staff having to make a conscious decision to turn down the vaccine, providing a contact name and number for questions and concerns and giving information before vaccination.
31. There was an element of targeting of staff in some organisations including GP CPD session, sending teams into GP, dental and pharmacy premises or focusing on some staff groups, e.g. midwives as well as areas reporting low uptake rates.
32. **Corporate and visible leadership.** It was evident from the survey where leadership for the campaign was corporate and Board sign up obvious. A lead Director playing an active role from start to finish was seen as necessary and as important was having clear Nurse Director, Medical Director and GP leadership. In some organisations it was clear that this was seen as baseline activity and that the Board was going to see it through. There was also a willingness to take local decisions, for example on who would be included as frontline healthcare workers.
33. Leadership was also evident at ward and department level as well as at the organisational level. Individual leadership through peer pressure by ward and departmental colleagues was important.
34. **Approaches taken to communications.** A theme from the responses was the varied approaches taken to deliver the messages around the campaign. A key element was to have a communications strategy as part of the overall vaccination strategy.
35. Elements that were identified included: group meetings, face to face meetings, intranet, individual emails and letters and attachments to payslips. Others had locally developed

posters, video and used local staff/clinical leaders in campaign, set up help lines and used the local media. There were regular updates on progress (daily in some organisations), an active approach taken to myth busting and where appropriate the pictures of CEO and senior clinical leaders being vaccinated were used. Some organisations localised Department of Health messages and did not just cascade them.

36. The value was seen in having a simple message that this was about protecting you, your family and your patients. There were clearly approaches that combined an organisation wide campaign with and individual focus, including 1:1 conversations with staff. A success factor was seen as Occupational Health and Communications departments doing joint work on the strategy.
37. **Have a strategy, governance and good project management.** Attending to the basics of having a strategy – that was either whole community or whole organisation – supported by effective governance arrangements and project management were seen as essential. A plan developed early helped, for example some started when the pandemic was declared and did not wait for the vaccine. Some organisations were able to build on frameworks that were already in place. Involving key departments such as Occupational Health, Pharmacy and Communications in the strategy was important. There were examples of Formal steering groups (e.g. “Flu Cabinet”) and regular reports.
38. Some organisations chose to involve representatives from high risk staff groups in the project from the outset. Others reported involving vaccinators in all stages of project design and implementation. Performance data was shared at ward and department. In some organisations a trust wide target was set, identifying expectations for staff by the organisation. Data such as having a register of trained vaccinators helped. A number of respondents reported having dedicated project management and dedicated Occupational Health, Communications, administrative and IT support and resources.
39. **Involvement of key senior people in the national campaign.** From this response the majority (62%) of respondents felt that senior leaders from the Department of Health, professional organisations and unions had been sufficiently involved in the campaign. Free text comments included a request for a greater role in future campaign by senior nursing leaders such as the Chief Nursing Officer. Also there were a number of comments about a perceived lack of support at a national level by professional organisations and trade unions in promoting the campaign.
40. **Who else should be involved in the campaign?** A number of respondents suggested that consideration be given to a publicity campaign in the media aimed at NHS staff as well as that for the public. Some felt that using celebrities or well known NHS leaders from the field (as opposed to the Department) would also help. There were examples of good use of local media as part of organisation’s own publicity campaigns.
41. On a related point a number of respondents felt that the messages in the campaign needed to be focused on particular staff groups and those most frequently cited were: general nurses, midwives, mental health nurses, ambulance staff, allied health professionals and scientists.
42. **Barriers to staff uptake.** Respondents provided feed back on the reasons why staff chose to take the vaccine or to decline to be vaccinated. The main barrier was reported to

be staff concerns over the safety of the vaccine. A fuller summary of these issues is at Annex C.

43. **Messages for the Department of Health.** The survey gave space for respondents to feed back to the Department of Health with regard to issues linked to the campaign. Positives for the Department were that the content of national communications has generally been well received – albeit too technical for some, not technical enough for others - and the distribution channels used (e.g. the Department of Health web site) effective. National messages were seen as helpful re-enforcement to local work. Respondents were generally positive about leadership role played by senior people in the Department. There was mixed feedback on sharing comparative data: welcomed by some as it alerted them to their position, it was seen as imposing top down targets by others.
44. Less positive feedback was received on the slow pace with which the national communications and training materials were delivered. Some vaccine deliveries were late to start and sometimes did not arrive on the planned date. Respondents asked for the CNO, RCN, nursing unions and NMC to be more upfront in future campaigns. There were some who felt that the BMA and Royal Colleges were not seen as promoting the campaign enough to their members. It was felt that more could have been done by national staff-side organisations to emphasise people's professional accountability to protect patients. AHP and scientific staff were not seen as a focus of the Department's campaign and it was felt that more could be done to target messages for mental health and ambulance staff to encourage uptake in those areas. The definition of front-line healthcare worker in the Green Book was seen as divisive.
45. **Front line healthcare workers.** This issue was cited by many respondents. There would appear to be an issue here as the definition in the Green Book was widely taken by respondents as the definitive answer to who should receive the vaccine.
46. On the return used to collect data the explanation given for front line workers is *“health and social care workers involved with **direct patient care** will be offered the swine flu vaccine at the same time as the first clinical risk group as they are at increased risk of infection and of transmitting that infection to susceptible patients. Frontline healthcare workers eligible for this vaccination programme are those also eligible for seasonal influenza vaccination, as detailed in Immunisation against infectious disease (The Green Book)”*.
47. However, a number of respondents reported that it was not clear how this definition extended to the non-clinical staff working in patient areas such as cleaners, secretaries and receptionists or those who make episodic visits to clinical areas such as maintenance or catering staff.
48. **Issues for future consideration.** A number of suggestions were made about issues that the Department of Health may wish to consider in future campaigns. Data issues were raised by respondents and the Department was encouraged to make data capture of uptake rates and feedback as simple as possible and to get definitional issues resolved nationally and locally. The Department was also asked by a number of respondents to provide greater clarity over who are defined as front -line staff for the purpose of the vaccination campaign.

49. Given the low uptake by clinical staff, particularly nurses, it was suggested that the Department of Health do more to build confidence in vaccination amongst NHS staff. One proposal was to consider developing a national vaccination strategy for both public and NHS staff to address myths around vaccine and to increase confidence that could be argued to have decreased due to other vaccine stories, e.g. MMR. There was a suggestion to include vaccination in undergraduate education programmes.
50. There were low levels of seasonal flu levels this winter and the H1N1 pandemic was not as virulent as had been feared. This was seen as a challenge for the 2010 campaign especially as H1N1 was seen as “a burning platform” and seasonal flu does not have same urgency.
51. Within a generic and holistic vaccination campaign there were suggestions about developing materials to encourage uptake in specific staff groups such as mental health and ambulance staff, AHPs, scientists and midwives. Concerns were expressed about staff of child bearing age and the safety of vaccines; this would appear to be an issue that would benefit from additional education and communications.

Conclusion

52. The results from this survey will continue to be used to inform the development of national policy and guidance on vaccination and immunisation. As revised guidance is developed it will be shared with NHS managerial and clinical colleagues as well as national professional and staff-side organisations. Revised guidance for healthcare worker vaccination will be issued ahead of the 2010/11 flu season.

Acknowledgements

The Department of Health would like to thank the 54 organisations who participated in the survey that fed into this report, especially those colleagues who took part in interviews and focus groups.

We are also very grateful for the contribution made by the NHS colleagues who volunteered to carry out the survey and who conducted the interviews and reported back with their findings. These colleagues are:

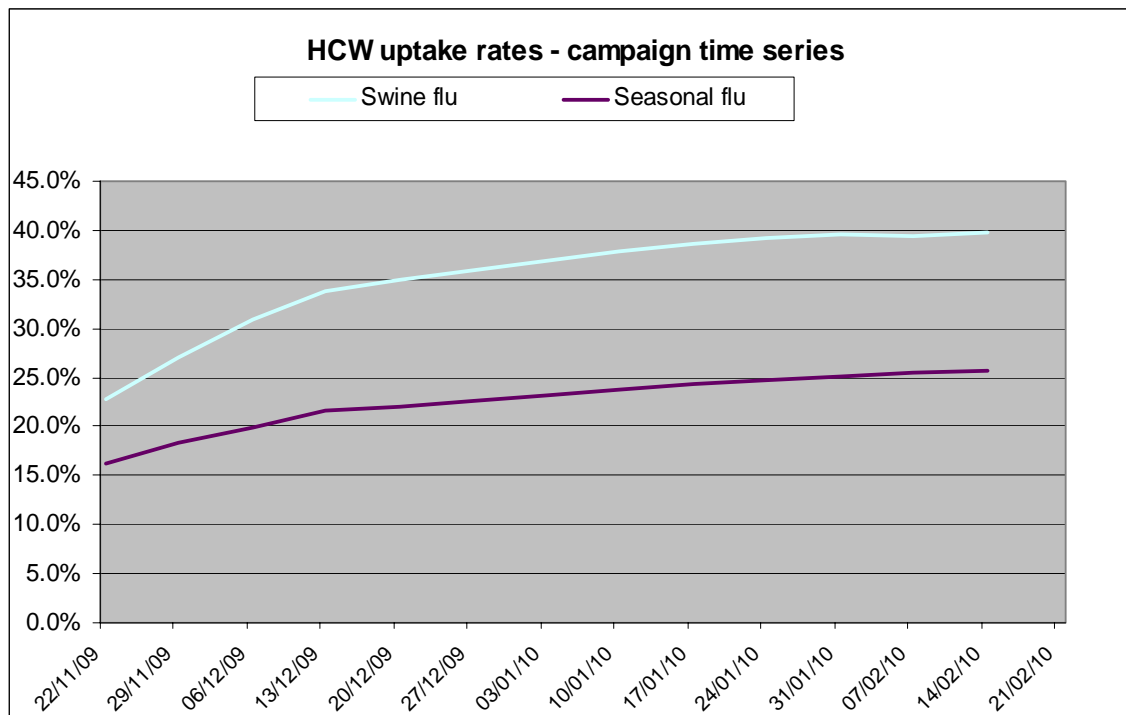
Debrah Bates, North Lincolnshire and Goole NHS Foundation Trust
Chris Birbeck, NHS East of England
Juliette Cosgrove, Leeds Teaching Hospitals NHS Trust
Christina Evriviades, York Hospitals NHS foundation trust
Sharon Fox, Department of Health
Gillian Gibson, NHS South of Tyne and Wear
Siobhan Gregory, NHS Ealing
Edward Griffiths, NHS North East
Jo Jackson, Maidstone and Tunbridge Wells NHS Trust
Mark Jones, NHS East Midlands
Natasza Lentner, Brighton and Sussex University Hospitals NHS Trust
Jane Taylor, NHS West Midlands

The Department of Health would also like to thank NHS West Midlands for permission to use their survey document as the starting point for this work.

Reported prepared by Colin McIlwain, Flu Resilience Directorate, Department of Health.

Annex A – Data on Uptake

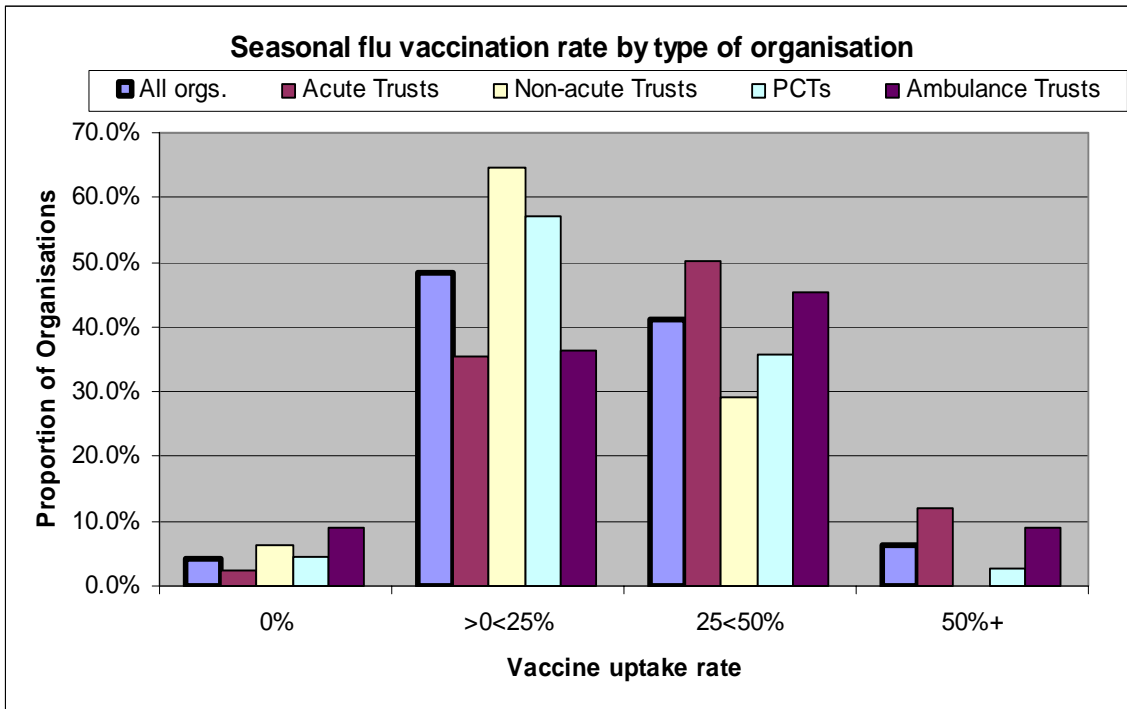
HCW and Seasonal Flu uptake rates compared: 2009/10 campaign



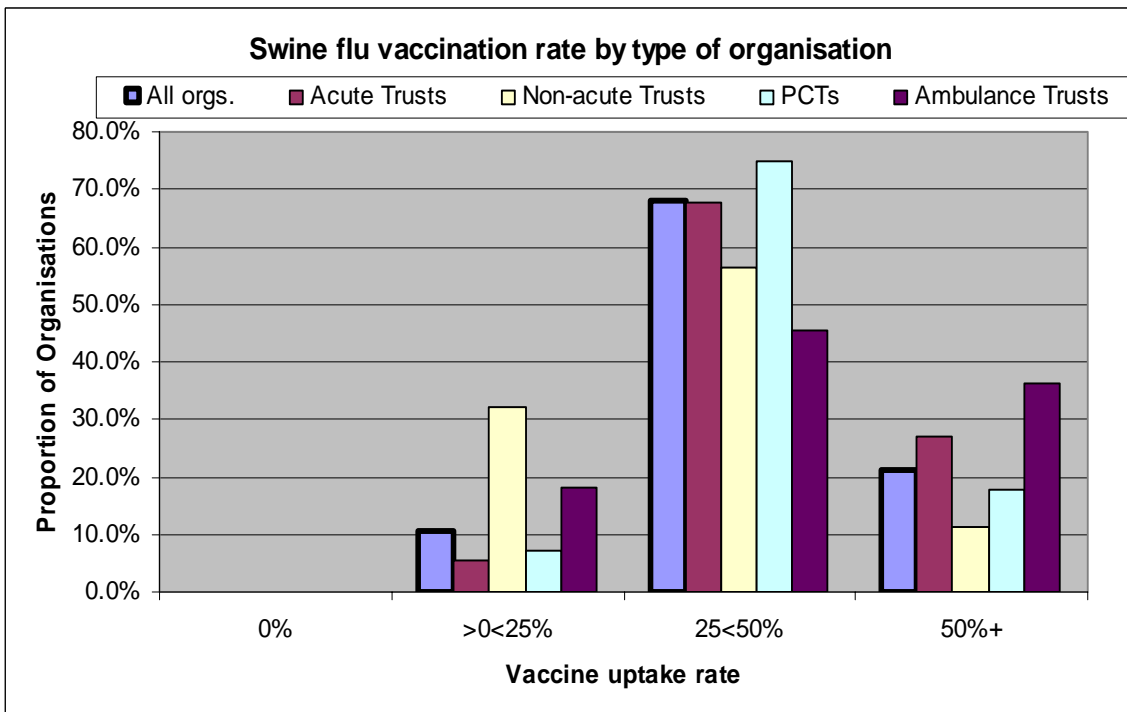
Differences in uptake between the two campaigns by organisation type

	H1N1 uptake greater than seasonal flu	H1N1 uptake less than seasonal flu	H1N1 uptake equal to seasonal flu
Acute	141	26	0
Non-acute	47	15	0
PCT	139	9	3
Ambulance	7	3	1

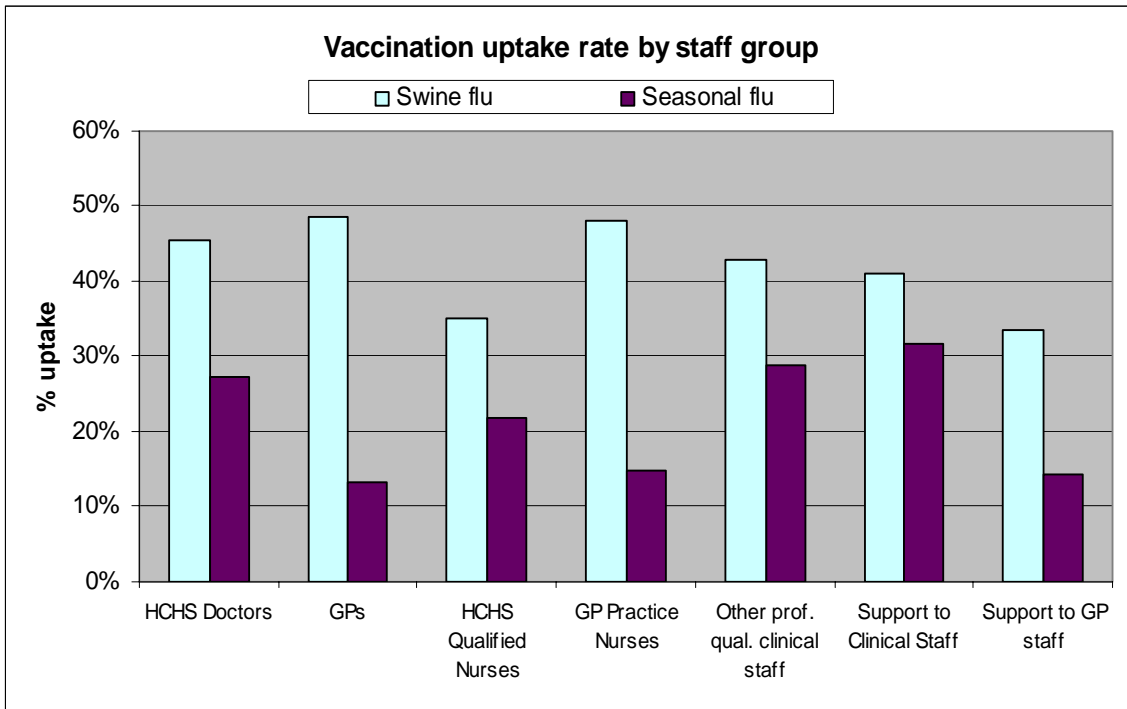
SEASONAL FLU UPTAKE 2009/10 BY ORGANISATION TYPE



H1N1 UPTAKE 2009/10 BY ORGANISATION TYPE



FLU UPTAKE BY STAFF GROUP



Annex B – Questionnaire used

Learning the lessons from the Health Care Worker vaccination programme Questionnaire

Statistics

Firstly, some background information before we start.

Can you let me have the numbers for:

Staff uptake of H1N1 vaccine in this organisation %

Staff uptake of seasonal flu vaccine this winter %

Staff sickness levels during pandemic peaks

Summer %

2nd peak _ %

1. Is the uptake of seasonal flu vaccine amongst staff this winter ...
TICK ONE ONLY

- ... the same as 2008/2009?
- ... less than 2008/2009?
- ... more than 2008/2009?

Strategy

2. Was there a board paper presented setting out your organisational response to the H1N1 vaccine campaign for staff? TICK ONE ONLY

- Yes
- No
- Don't know

3. What was the job title and role of the person in your organisation who was leading this piece of work?

4. What strategies did you use in your organisation to facilitate the uptake of vaccines in your frontline staff?

PROBES: Board leadership; clinical leadership; delivery processes adopted; a peer to peer vaccination element, an occupational health department element, communication activities undertaken

Which of these strategies was most successful? What do you think contributed to its success?

5. Do you feel that the key senior people were involved sufficiently at a national level in the H1N1 vaccine campaign e.g. CNO, CMO, UNISON, RCN, BMA?

TICK ONE ONLY

Yes

No

Don't know

6. IF NO, how could they have been more involved in the vaccine campaign?

7. Who else would it be important to involve in future vaccine campaigns?

Communications

8. What do you think the key messages were for staff in the H1N1 vaccine campaign?

TICK ANY MENTIONED

Increased risk of infection/exposure to virus

Increased risk of transmitting infection to vulnerable patients

To protect themselves

To protect their families

To protect their patients

To protect their colleagues

Unlikely to have immunity to swine flu

Other (PLEASE WRITE IN):

9. How easy do you think these messages were for frontline staff to understand?
TICK ONE ONLY

- Very easy
- Fairly easy
- Not very easy
- Not at all easy
- Don't know

10. How useful, if at all, were the vaccine campaign communications from the Department of Health?
TICK ONE ONLY

- Very useful
- Fairly useful
- Not very useful
- Not at all useful
- Don't know

11. IF VERY/FAIRLY USEFUL, what was useful about the campaign communications?

12. IF NOT VERY/NOT AT ALL USEFUL: how could these have been more effective?

13. What concerns, if any, were voiced by staff in your organisation about having the H1N1 vaccine?
DO NOT READ OUT. TICK ANY MENTIONED
(list provided is of concerns voiced in other research conducted)

- I am generally healthy and I am not concerned about catching swine flu
- I don't know enough about the vaccine
- I am waiting for proof that it works before considering it
- I am concerned over how safe the vaccine is
- Other people have said to me that they don't plan to be vaccinated
- If you have the swine flu vaccine you are more susceptible to catching ordinary flu
- I do not like having vaccinations
- I will have the regular flu vaccine
- I have a condition which means I cannot be vaccinated
- I have already had swine flu / already had suspected swine flu
- I have already taken Tamiflu
- Other (PLEASE WRITE IN):
- Don't know

14. How were these concerns addressed?

15. Finally, is there anything you would do differently for future vaccine campaigns (including seasonal flu and any future pandemic)?

INTERVIEWER TO COMPLETE:

What were the key learnings you think should be noted from this interview?

Annex C: Messages from staff on reasons for and against taking the vaccine

What do you think the key messages were for staff in the H1N1 vaccine campaign?

Respondents fed back the messages they think were most taken on board by staff in their organisation. Also 96% of respondents said that these were either “fairly easy” or “very easy” to understand. The number of citations for the messages were:

- Increased risk of infection/exposure to virus - 10
- Increased risk of transmitting infection to vulnerable patients - 15
- To protect themselves - 45
- To protect their families - 36
- To protect their patients - 46
- To protect their colleagues – 13
- Unlikely to have immunity to swine flu – 7

What concerns were voiced by staff by staff about taking the vaccine?

A number of reasons were given by staff for not taking the vaccine, with the main one being concern over the safety of the vaccine. The list in full, with the number of citations is:

- I am generally healthy and I am not concerned about catching swine flu -17
- I don't know enough about the vaccine - 14
- I am waiting for proof that it works before considering it - 14
- I am concerned over how safe the vaccine is - 39
- Other people have said to me that they don't plan to be vaccinated - 3
- I do not like having vaccinations - 5
- I will have the regular flu vaccine - 2
- I have a condition which means I cannot be vaccinated - 4
- I have already had swine flu/already had suspected swine flu - 6
- I have already taken Tamiflu - 3
- Don't know - 1
- “I don't want to be part of a clinical trial” - 1
- “I will catch the flu/get ILI symptoms” – 1
- Makes you feel sick - 2
- Local cases where adrenaline had to be given raised concerns - 1
- Pregnancy concerns - 5
- Possible Side effects (both short and long term) - 5
- Time away from role to get vaccine - 1
- Concerns over Guillain Barre Syndrome - 4
- Not tested adequately - 5
- No reason – I just don't want it - 2
- Speed of licensing - 1
- Staff felt they were guinea pigs - 1
- Worries that vaccinated people could pass swine flu on to unvaccinated people - 1

Organisations reported a range of approaches that they took to address these concerns and to help address misconceptions around the vaccine.

The points raised were:

- Individual consultations with OH nurses – however in many cases individuals had already decided not to take up the offer of vaccine following discussions with colleagues.
- Clinical Advisory Group, Peer to Peer Groups, question and answer sessions, team briefings, bulletins, press releases.
- Presenting the evidence that it protects patients. Providing people with the correct information, standard response from the Department of Health on intranet.
- By giving information and providing evidence on an individual basis.
- Daily information bulletins, FAQ, myth busters, individual communications.
- Local bulletins; regular GP updates; workforce announcements with clear and consistent messages.
- Communication through people on the ground that staff trusted for example, professional colleagues in infection control and patient safety; professional / staff side reps.
- Initial advice and support via Line Managers or Occupational Health with additional access to a contact via the published Major Incident Room telephone number and / or email address if the query or concern was unable to be resolved at this level.
- Information leaflets given to staff.
- One to one discussions.
- Utilisation of in house expertise such as the Microbiologist and Immunologist.
- Reminding clinical staff their duty to act professionally and give advice based on CMO and JCV1 information, not on personal opinion.
- Leading consultants spread the word about the importance of vaccination.
- The fact that Lead Consultants in A&E, Paediatrics, Maternity and Critical Care were being vaccinated appeared to reassure many.
- Clinical advice line set up in public health.
- A clear message was given to staff from the Medical Director and Occupational Health Consultant regarding the safety of the vaccine.
- Regular comms updates to all front line HCWs and swine flu Staff Q and A section on intranet site.
- Weekly comms from medical director and chief nurse to counter balance concerns.
- Continual emphasis on message that staff had a duty to receive the vaccine and would be demonstrating their professional responsibility by receiving it.
- Invite staff to OH to discuss reasons.
- Circulated bulletins, endorsement by Unison.
- Midwife advisor for pregnant workers.
- Medical Director having photo whilst having vaccine.
- Stalls in canteen areas.
- Comms produced a Q&A factsheet for staff which was updated as new questions were raised.
- Occ Health Lead attended clinical indicators meetings (meetings of matrons, held weekly) to dispel myths.
- Regular briefings for staff- have found that relying on electronic messages alone doesn't work, face to face meetings and briefings, in team bases, are essential.

- Reassurance – stated actual side effects e.g. sore arm only.
- Letter from Director of Public Health clearing up misconceptions on the vaccine.
- Director of pharmacy answered staff concerns.
- “Safer to have the vaccine than not” – repeated message regularly.
- Engagement of operational managers to provide consistent advice.
- Leaflets attached to payslips.
- Information to Pregnant women made available to staff.
- Email account set up to answer concerns.
- Clinical booklet produced.
- Used information from the Clinical trials which were held within the trust to alleviate concerns.
- Senior staff lead by example e.g. had vaccinations.