

Children's Flu Vaccination Programme -

Best Practice Gathered from 2013/14 Thames Valley High Achieving General Practices (70%+) with additions following further audit of Oxford AHSN children's nurses' interventions Spring 2015 and research paper March 2016.

- **Named lead** to take ultimate responsibility (PN or PM) but whole team on board, whole team promote.
- **Opportunistic** vaccinating = success according to research ¹. Every contact counts – train GPs to give opportunistically when families come in for other reasons with eligible children.
- **Get all staff involved in** promoting the message to working parents (flu is a nasty illness in children, parents will need to take days off work to care for a child with flu etc) and relate children's flu to potential spread to other family members – grandparents, at risk sibling, pregnant relatives.
- **Advertising** using [PHE](#) and [AstraZeneca material](#) - make creative, child friendly displays and show 'flu films' (examples can be found [here](#)) in waiting room. Ensure practice website is up to date with correct cohorts and advice. Have a 'Flu fete'/external event to promote and provide vaccines opportunistically.
- Use NHS Employers website [free resources](#) to put your immunisers' picture on a poster.
- Ensure all staff understand the [rationale](#)² about why the children's programme is important.
- **Clinics set up** ready to book in to when staff phone families. Wide **variety of clinic times** available – am, pm (4.30pm – 6.30pm slots effective), Saturdays, half term ++. **Phone** and **text** more productive than letter – call families after 4pm when working parents more available.

¹ Identifying strategies to increase influenza vaccination in GP practices: a positive deviance

Approach Katie V Newby, Joanne Parsons, Jessica Brooks, Rachael Leslie and

Nadia Inglis. *Family Practice*, 2016

²

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/525967/Annual_flu_plan_2016_to_2017.pdf

- **Multiple contacts** with families until vaccine given – terrier approach!
- **Weekly monitoring** of uptake; communicate this to the practice team then **celebrate success as you go along!**
- Establish **good reporting systems** – don't let your good work go unreported. If you have EMIS Web – create 'hot key' for ease of entering that the vaccine is given.
- **Use your HV** to contact the vulnerable/at risk.
- Offer some **clinics after Christmas** to those not yet vaccinated bearing in mind vaccine expiry dates – there should be some vaccine available after December.