



IMPROVING INFLUENZA VACCINATION UPTAKE IN A COVID-19 WORLD

Via myGP Engagement Hub

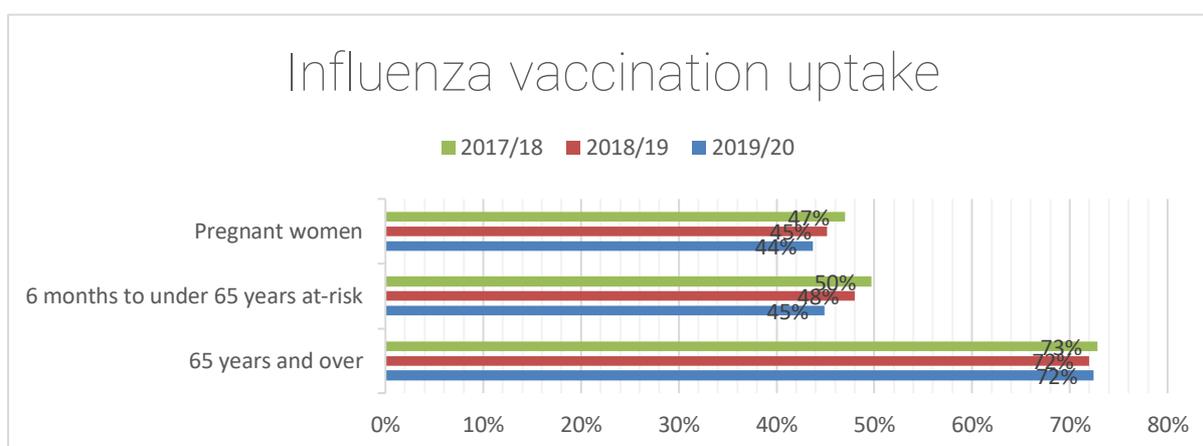
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Setting the Scene

In 2019/20 influenza vaccination uptake rates were considerably lower than in 2018/19, despite an additional 461,129 patients qualifying for the vaccination. Prof Peter Openshaw at Imperial College of Emerging Respiratory Virus Threats Advisory Group said, “there is a concern that adding together a bad flu season with a coronavirus resurgence would be a huge burden on the NHS”. Mass immunisation would slash the number of people hospitalised with the flu, giving the NHS a better chance of coping with a second spike of Covid-19 patients following the easing of lockdown. While the uptake rate in the over 65 age category remains fairly consistent year on year, uptake in 2019/20 was lower for the six month to under 65 years at-risk patients and pregnant woman at 7% and 4% respectively, which combined is 520,684 less patients.



Source: [Gov.uk statistics](https://www.gov.uk/statistics)

National Challenge; Local Considerations

Although invariably referred to as 'the national flu immunisation programme' the administration and operation of flu vaccinations in the UK is done by GP practices. Our national, regional and commissioning bodies provide advice, incentives and, where they can coordination. According to NHS England's 'Good-Practice Immunisation Invite Reminder Guide', 68% of practices say the primary challenges they face in delivering flu vaccination invitation programmes are cost and lack of staff time. As we will demonstrate, the two go hand-in-hand.

By and large, general practices follow the same approach: first they pull out a list of the patients to be vaccinated by running a query against the patients held within their clinical systems. 60% of practices send a text message to those patients with a mobile number, provided the patient has consented to being contacted in this way, inviting them to book an appointment for their flu jab or to inform them of scheduled walk-in clinics. Where mobile numbers are not available, letters are sent by post, and as a last resort individual telephone calls are made by practice staff. The whole process is repeated until the patient is vaccinated, declines the vaccine, or has been contacted three times.

This local execution comes at a cost to practices and patients alike, with consistency of approach being the first casualty. The information provided and method of delivery varies from practice to practice. Most practices only send out the invitations in English and according to the Office for National Statistics, English is a second language for 8% of the population and 1 million don't speak English at all. Whilst this is bad for patients, it's not good for practices either, who miss out on valuable incentives and have limited resources available to meet the administrative demand of each flu season.

Walk-in clinics can be an effective way to deliver large volumes of the vaccine and prevent wasted staff time, caused by patients failing to attend pre booked appointments. Several practices are investigating drive through clinics, however this potentially requires additional insurance and a number of practices simply do not have appropriate facilities. Due to covid-19 there are a large number of additional measures that need to be put in place to minimise patient-to-patient contact.

A significant number of patients decline the vaccination. Misinformation from the anti-vax movement is one of the many reasons why some patients opt not to have the flu vaccine. Overcoming these objections would require practice staff speaking to each patient to educate them, which isn't feasible.

Measuring the success of a flu vaccination programme requires the ability to measure what proportion of the population has been vaccinated, and therefore how likely it is that a given population has achieved what is known as 'herd immunity'. For flu, herd immunity is thought to be achieved when over 70% of the community have been vaccinated. An effective flu vaccination programme therefore requires the ability to track rates of immunisation across the country, thereby identifying areas of poor herd immunity that may require a more intensive intervention.



A New approach is required

To increase the effectiveness of our national flu immunisation programme, we need to put the 'national' or at the very least 'regional' back into our approach. This means harnessing the strengths of general practice and executing at regional and ultimately national level to ensure an effective, consistent approach. Key requirements are:

- Patient engagement coordinated and executed at the regional level
- The ability to contact the patient in the patient's preferred communication format including by text message, letter, and telephone
- A multi-language approach: communications sent in the patient's first language
- Integration with general practice clinical systems to access the most accurate patient information, but using sophisticated and standardised queries to ensure all eligible patients are identified, including:
 - The new COVID-19 50 to 64 age group who have not previously been invited for flu immunisation
 - Households of those on the shielded patient list
 - all school year groups up to year 7
 - people aged over 65, pregnant women, and those with some pre-existing conditions including at-risk and under 3s
- Digital tools, such as Chatbots to engage and inform those patients hesitant in taking up the vaccine
- The use of patient barcodes to enable fast through-put of patients at vaccination centres
- The ability to track vaccine uptake cross communities and so indicate which communities have and have not achieved herd immunity.



myGP Engagement Hub

To successfully communicate with patients at scale, iPLATO has developed the myGP Engagement Hub, a regional platform which connects multiple practices to enable centralised patient communication. The myGP Engagement Hub is fully integrated with the practice clinical systems (EMIS Web, TPP SystemOne and Vision). It can remotely extract patient mobile numbers from each clinical system and send dedicated SMS text messages. Integration across clinical systems provides the most up-to-date contact details for patients, an essential component in delivering a successful campaign.

The myGP Engagement Hub offers the ability to centrally manage, distribute invites and provide advice to patients on behalf of practices, without taking up staff time.

The service provides multi-language text messaging, letters, and agent callings.

In addition, myGP Engagement Hub can include several solutions which create efficiencies in the approach to the influenza vaccination invite programme. Solutions such as barcode scanning at walk-in clinics, the use of chatbots, online booking capability, and aggregated tracking and reporting.

Barcode

For practices opting to use walk-in clinics, the myGP Engagement Hub can provide patients with a barcode via the myGP app or via letter. Upon arrival to the walk-in clinic, the patient presents the barcode to the member of staff, who scans it. Once scanned it will identify the patient in the clinical system for coding, rather than searching for each patient's record. This reduces the administrative burden at the clinic and enables clinical staff to vaccinate more patients in a shorter period of time. It also reduces the patient contact and ensures infection control.

Chatbot

A chatbot can talk to patients, giving them accurate information about the vaccine and dispel some of the anti-vax myths. It also ensures that if a patient opts out of the vaccine, they are doing so fully informed of the benefits & risks, rather than because they have received inaccurate information from YouTube. The flu chatbot was used nationally in New Zealand and increased uptake by 15%. The UK version contains the following:

The case for text message reminders

A [study in the BMJ](#) showed that using iPLATO text messaging software to send an SMS to invite patients for the flu vaccination increased uptake by 2.62%. Nationally, this would equate to an additional 513,575 patients having a flu vaccination, or 786,000 if you include patients aged 50-64yrs.

Category	Patients registered (2019/20)	Increase in uptake by sending SMS
65 years and over	10,523,854	275,725
6 months to under 65 years at-risk	7,086,331	185,662
Pregnant women	645,285	16,906
2-3 year olds	1,346,654	35,282
Total	19,602,124	513,575

Source: Public Health England



- Interventional content adaptation based on target audiences/cohorts/call to action (e.g. vaccine uptake via GP practices)
- Advice in accordance with NICE
- Confidential conversation
- NHS branding

Online Booking

To prevent a long queue of patients waiting for the vaccine at walk in/drive through clinics, an online booking system can be implemented via the myGP app. This would enable multiple patients to book into short appointment slots and help with managing the flow of arrivals, therefore taking up less staff time administratively, as well as time wasted waiting for patients who have failed to attend.

Tracking

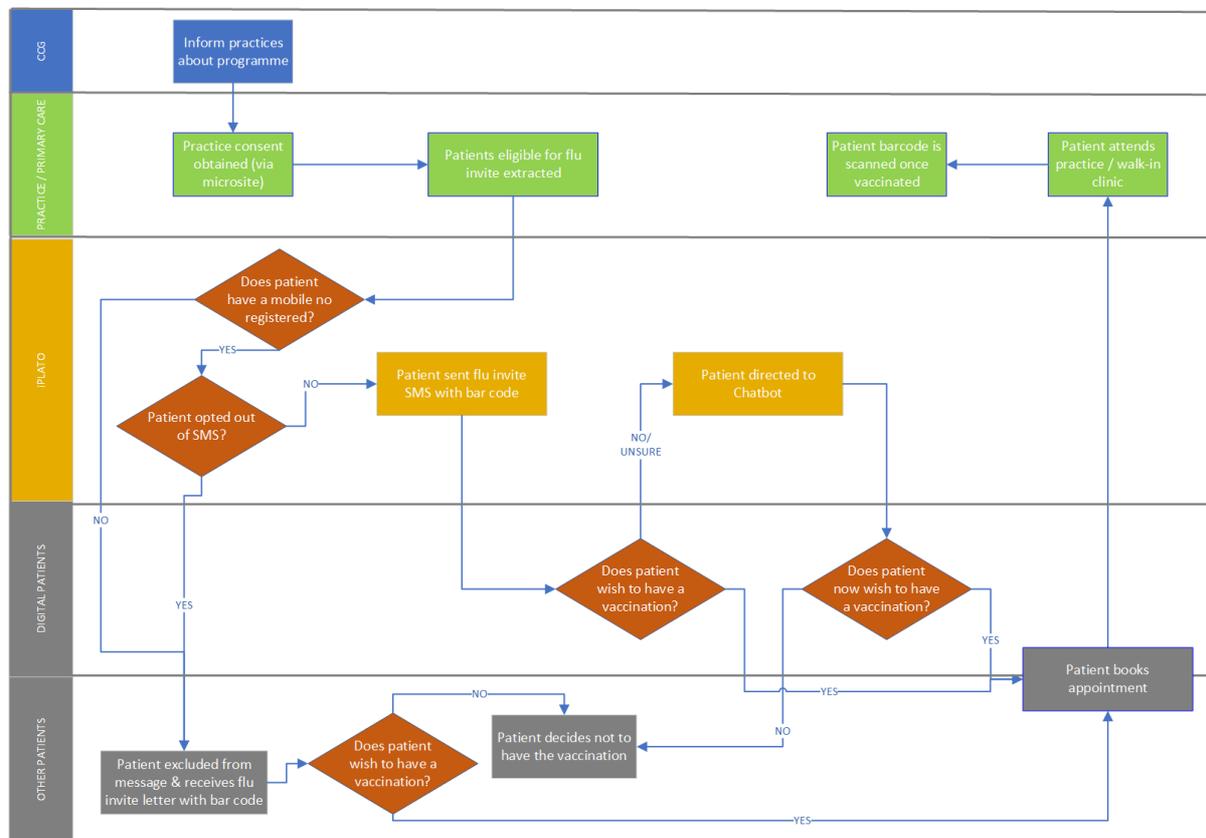
Through myGP Engagement Hub's integration with the clinical system, weekly reports can be produced on the following:

- Patients invited for the vaccine
- Channel of communication used to invite patients
- Number of patients booked in for vaccination
- Number of patients who have declined the vaccine
- % of patients vaccinated.

Digital solution environment

- All technology aspects associated with the myGP Engagement Hub service are hosted in a secure and accredited HSCN environment.
- iPLATO is Cyber Essentials Plus accredited
- iPLATO is GPSoC Assured for Patient Facing Services by NHSD on required clinical systems
- Invite sent by (or, subject to consent, on behalf of) NHS to consenting patients.
- iPLATO (Provider of myGP Engagement Hub) is an 'Approved Service Recipient' and has passed Connecting for Health IG Toolkit accreditation with regards to being a Commercial Third Party (CTP) supplier to the NHS.

Digital & Non digital Patient flow



About iPLATO

iPLATO is an evidence-based provider of health care communications. The company serves 21.5 million contracted patients in the UK and already provides services to NHS England and Clinical Commissioning Groups across England and the UK.

The company is the innovative developer of the myGP app, the number one downloaded medical app in the UK for both Android and IOS devices and has been lauded by Secretary of State Matt Hancock for their innovative systems. Working extensively with partners, the myGP platform has proven to improve health outcomes, transform the patient experience and reduce costs for practices and CCGs, while helping to retain workforce and patients. The most reliable source of patient data is the practice clinical system. myGP Engagement Hub provides a centrally hosted address book, that is already connected to well over 3,000 GP practices clinical systems. iPLATO has many years' experience in delivering large scale patient engagement programmes, including regional Covid-19 patient engagement and is being used for several regional cancer screening hubs such as the pan-London cervical screening programme. iPLATO is registered as a CTP organisation national code NNG01



Next steps

Implementing the myGP Engagement Hub can take as little as 48 hours from start to finish. All set-up and operation is undertaken by iPLATO professional services on behalf of practices and regional bodies, so that operational impact on practice staff is kept to a minimum. To find out more, contact The myGP Engagement Hub team: hub@iplato.com