

Stephanie Chamberlen Primary Care Learning Disability Liaison Nurse

Stephanie.chamberlen@nsft.nhs.uk

Norfolk and Suffolk NHS Foundation Trust

21st January 2021

Improving uptake of flu vaccination for people with learning disabilities at a West Suffolk GP surgery

Introduction

My quality improvement project is focused on improving the uptake of flu vaccinations. The reason for choosing this topic is because nationally and locally there is a poor uptake of flu vaccinations in patients with LD. NHS digital reports that 44.6% of patients attended in the years 17/18, and this has risen from 40.8% in 14/15 (the first year that LD was added as an 'at risk' group). We know that people with a learning disability are at risk of serious complications from catching flu such as developing bronchitis or pneumonia. Respiratory problems are one of the leading causes of death in people with a learning disability(LEDER,2020). This is why the flu vaccination is so important. In addition to this our team is often asked to complete desensitisation work for flu vaccinations so I wanted to review the whole system from invite to appointment to see if there were any areas for improvement.

Improvement methodology

I worked closely with Norfolk and Suffolk Foundation Trust's quality improvement team on this project, we started by using a process map to capture the current picture. We have had two focus meeting with key stakeholders to decide on some change ideas using a PDSA cycle approach.

The approach

What we were trying to accomplish

Improve the uptake of flu vaccinations for people with a learning disability by 10% (from 58 people to 67 people) within Swan Surgery by April 2021.

What we measured to understand if our change was an improvement

I collected baseline information from the surgery from last years attendance. which was 64.4% (58/90 patients). Although this is higher than national average I chose this GP surgery as they were keen to engage with the process. During this year I will count and keep track of the attendance but the surgery will also run a report on this at the end of April.

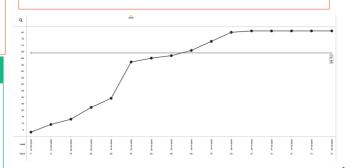
What changes we made / are making

The first PDSA cycle has been for myself as a liaison nurse to call patients (aged 18-64) 2-3 days before the flu clinic to remind thrm of the date and discuss any concerns.

For the LD liaison nurse to link up with the practice nurse to support them when they go to a care home when administering to patients who lack capacity.

The impact

From the first PDSA a total of 73 out of 94 patients (77.6%) had their flu vaccination (see below graph for when patients attended, the graph shows a spike at the clinic date). I called 35 out of 65 patients, I was able to speak to 20 of them. The other 15 did not answer or did not have a correct phone number on record. Out of the 20 patients I spoke to 9 of them attended the clinic date. 1 person I spoke to was very anxious and I agreed to post them some easy read information. Once I had collected this information I met again with my project team and we agreed to target the 21 people who had still not had their flu vaccination by sending them an easy read letter to see what impact this had, this is my second PDSA cycle to test.



Number of flu jabs per week. Starts on 14/9/20 and runs through to 28/12/20. The biggest leap is shown on the week of the flu clinic on 24th October as mentioned in PDSA cycle 1

Leadership learning

• In part of my learning I identified that there was a dedicated nurse at this GP surgery who was contacting patients for their annual health check and subsequently administering their flu vaccinations at the annual health checks, I think this has a big impact on the uptake. As part of developing my leadership I need to consider how to share the techniques that have worked to improve uptake with other GP surgeries. This project has been recognised within my trust communications department and shared widely to help spread the message of what I am trying to achieve and change, I think this is an important part of being a leader. I have developed skills in the theory behind quality improvement which I have found challenging but will be invaluable skills throughout my career and to transfer in other areas of my work.

Next steps

- I will check the data again at the end of March to study the impact that the letters had.
- After this, I will arrange to meet with my project team to beginning make plans for next years flu vaccination programme which will inform future PDSA cycles.
- I need to consider sharing the work with othe rpractices in preparation for the flu vaccine.
- I am reflecting on whether some of these techniques can be transferred into the current rollout of COVID vaccine.

References: Learning Disability Mortality Review (LeDeR) programme (2020): Action from Learning Report 2019/2020 NHS digital (2015-2018) Flu Vaccination Programme