



Public Health
England

Protecting and improving the nation's health

Audit of influenza (flu) vaccination programme in prisons in London 2014/15

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

Public Health England
Wellington House
133-155 Waterloo Road
London SE1 8UG
Tel: 020 7654 8000
www.gov.uk/phe
Twitter: @PHE_uk
Facebook: www.facebook.com/PublicHealthEngland

Prepared by: Magdalene Mbanefo, Health and Justice Public Health Specialist (London) and Emma Dapaah, Health Protection Prison lead (London)
For queries relating to this document, please contact:
magdalene.mbanefo@phe.gov.uk

© Crown copyright 2015

You may re-use this information (excluding logos) free of charge in any format or medium, under the terms of the Open Government Licence v3.0. To view this licence, visit [OGL](http://www.ogil.gov.uk) or email psi@nationalarchives.gsi.gov.uk. Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

Published August 2015

PHE publications gateway number: 2015348



Contents

About Public Health England	2
Acknowledgements	4
Executive summary	5
1. Introduction	8
1.1 Aim and objectives	8
1.2 Organisation of the audit and methodology	8
2 Background	9
2.1 What is Flu?	9
2.2 The National Flu Programme	9
2.3 Flu vaccination in prisons	10
3 Audit results	11
3.1 Programme delivery	11
3.2 Communication	14
3.3 Data	16
3.4 Vaccine supply and vaccinations delivered	17
4 Recommendations	21
5 Useful resources	21
Appendix A – audit tool	24

Acknowledgements

The report was reliant on the following for supplying the data:

London prison heads of healthcare and staff

Himayun Baksh
Andy Barrett
Alan Sumpth
Gideon Lund
Helen Spencer-Hicks
Jane Hardwicke
Jill Turner
Jo Fernandes
Stephanie Webb
Tracy King
Zoe Newton

For comments and input in developing the audit questionnaire and/or the final report:

Public Health England

Jane De Burgh
Dr Marilena Korkodilos
Margie Meltzer
Dr Gee Yen Shin
Simone Thorne
Deborah Turbitt

NHS England

Patricia Cadden

Executive summary

The annual flu vaccination programme is a critical element of the system-wide approach for delivering robust and resilient health care services throughout the year and it helps to reduce unplanned hospital admissions and pressure on healthcare services. Flu in prisons poses the risk of significant and potentially more serious outbreaks than in the community as prisons comprise a large population, with high turnover who live in close and often overcrowded quarters.

This audit of the 2014/15 seasonal flu vaccination programme across London prisons was conducted by PHE London in collaboration with NHS England (London). It was aimed at understanding the delivery of the programme across London's prisons after reported 2014/15 flu vaccine uptake was low – 28.4% against a 75% target. Eight out of London's nine prisons responded.

Findings

Programme delivery:

- five out of eight prisons did not have a designated lead to coordinate flu efforts which was attributed to staff changes
- in all prisons, there was a flu policy in place for prisoners
- it was unclear if all prisons had a flu policy for healthcare staff
- only two prisons met the recommendation around timing and minimum length of the vaccination programme
- six out of seven prisons who responded seemed to be following existing recommendations around people deemed eligible for the programme
- six out of seven prisons who responded said they ran designated flu clinics and were likely to run between two and three clinics per week. Prisons that had relatively large eligible cohorts seemed to match this with the capacity of staff available to deliver vaccines
- seven out of eight prisons did not link in with their local borough/trust flu resilience forum

Communication:

- six out of eight prisons were aware of the annual flu letter
- all prisons indicated that they advertised flu vaccination to all their prisoners with some specifically targeting eligible groups – most prisons used posters to advertise the flu programme

Data

- seven out of eight prisons were not aware of ImmForm or how it linked with their internal patient management SystemOne
- all prisons said they were aware of the READ codes for flu and five indicated that they used the correct READ codes

Comparison of data reported via ImmForm and that submitted in this audit show significant variation for many variables:

- vaccine uptake calculated across London prisons using some of the data reported via this audit is almost double the figure reported via ImmForm
- number of vaccines used in each prison was higher than the number of people who were vaccinated. This variation ranged from 15 extra vaccines used to 120 per prison. Across London, there was a difference of 346 vaccines
- data reported via ImmForm was likely to underestimate the actual numbers of people who decline the vaccine
- from the responses received, comparing the expected total number of vaccines remaining to the reported total number of vaccines remaining shows that there are 177 vaccines unaccounted for across London
- the size of the eligible cohort did not always seem to reflect the number of vaccines ordered. For instance, vaccine orders varied from being 39% less than the eligible cohort to being 49% more

Recommendations: adopted from the national flu immunisation plan for 2015/16 GP practice checklist and seasonal flu immunisation delivery programme of NOMS staff – 2015/16

Coordination and policy:

- all prison healthcare teams should appoint a dedicated flu lead who will be responsible for developing the prison's flu strategy and liaising with local borough / NHS Trust flu resilience fora where they exist
- prison flu leads should be aware of recommendations within the annual DH/PHE/NHS England tripartite flu communication
- all prison flu leads should be aware of pathways through which risks to flu programme delivery (such as vaccine shortage, insufficient capacity to deliver the vaccine, outbreaks occurring early in the season) can be highlighted and should make use of them when appropriate. For example, vaccine shortage and outbreaks are to be reported to PHE and inability to deliver programme to NHSE
- all prison healthcare teams should ensure that they have a flu policy for their staff in line with flu vaccination recommendations as stated in the annual flu plan and in the DH Green Book.

Programme delivery:

- prison healthcare teams need to begin flu programmes in September as soon as vaccine is available and programmes should run for three months at the very least. This will bring local prisons in alignment with national recommendations
- the number of vaccines ordered should be sufficient for the size of the population at risk based on past and planned performance, expected demographic increase and to ensure that everyone at risk is offered flu vaccine
- orders for vaccines should be made well in advance of the start of the flu vaccination season. Anecdotally, most GP surgeries order flu vaccine between January and March to ensure they have enough vaccines for their registered population and it would be prudent for prison healthcare to adopt a similar practice

Data and reporting:

- prison healthcare teams should ensure that their systems are able to identify eligible flu vaccine cohorts
- prison healthcare staff should familiarise themselves with the correct flu READ codes before the start of the flu immunisation programme
- prison healthcare teams should ensure that they appropriately record and report flu vaccination activity via SystemOne using the relevant READ code

1. Introduction

1.1 Aim and objectives

The aim of the audit was to understand how the 2014/15 flu vaccination programme in London prisons was organised and delivered and help identify gaps for improvement.

The objectives of the audit were to:

- identify gaps in the organisation and delivery of the programme
- identify any inconsistencies in reporting of flu vaccination data
- recommend measures to improve future flu vaccination programmes

1.2 Organisation of the audit and methodology

This audit was jointly led by NHS England (London) Health and Justice Commissioners and Public Health England (PHE) London as part of a flu vaccination improvement plan.

A single baseline service audit targeted at prison healthcare teams was conducted across all nine London prisons. The audit questionnaire (appendix A) was developed by the PHE London Health Protection prison leads with input from the PHE London Lead virologist, the PHE London Health and Justice Public Health specialist, and the NHS Health and Justice Commissioners. Audit questionnaires were sent by the NHS England London Health in the Justice System team via email to the heads of healthcare in each London prison. The questionnaires were completed by either the heads of healthcare or other delegated staff.

Data returns are valid for the period February and March 2015 during which audit responses were received. All returns were analysed by the PHE London Health and Justice Public Health specialist and this report was written by the public health specialist and the PHE London Health Protection prison lead for London.

The major limitation to the results of this audit is that all information is self reported and has not been independently verified.

2 Background

2.1 What is flu?

Influenza (often referred to as flu) is an acute viral infection of the respiratory tract. Its symptoms are often fever, chills, headache, muscle and joint pain, fatigue, as well as cold symptoms, coughs and sometimes shortness of breath. Flu is easily transmitted and even people with mild or no symptoms can infect others.

For otherwise healthy individuals, flu is usually an unpleasant but usually self-limiting disease with recovery within two to seven days. However, flu can send otherwise healthy patients to intensive care units (ICU) and can cause serious illness and sometimes death in children under six months of age, older people and those with underlying health conditions such as respiratory disease, cardiac disease or immunosuppression, as well as pregnant women.

2.2 The National Flu Programme

Flu is a key factor in NHS winter pressures. It impacts on those who fall sick, the NHS services that provide direct care, and the wider health and social care system that supports people who are at risk.

The flu programme is a co-ordinated and evidence-based approach to planning for the demands of flu across England and each year the NHS goes through preparations for the unpredictability of flu and its impact on the healthcare and other social care systems.

As part of the measures to control the spread of flu within the community and institutions, the Department of Health (DH) recommends that individuals in clinical risk groups and those aged 65 years and over are immunised with the current flu vaccine. A vaccination uptake target of 75% for each risk group is set by NHS England and Public Health England¹ during the flu season. Those eligible should be vaccinated as early as possible (between September and early November) before flu starts circulating in the community. However, flu can circulate considerably later than this and immunisation may be given beyond November.

The annual programme is a critical element of the system-wide approach for delivering robust and resilient health and social care services throughout the year and it helps to reduce

¹ Flu Plan Winter 2015/16

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/418038/Flu_Plan_Winter_2015_to_2016.pdf

unplanned hospital admissions and pressure on A&E services. The best way to improve the prevention and management of flu is to increase the uptake of vaccination, especially among those in clinical risk groups and health and social care workers with direct patient contact.

2.3 Flu vaccination in prisons

Prisons often have a large population, with high turnover of people who live in close and often overcrowded quarters. The risk of significant and potentially more serious outbreaks is therefore higher in prisons than in the community.

Public health principles and guiding actions within prisons are the same as those in the wider community and it is essential that DH recommendations on flu vaccinations of risk groups and staff groups who work with them are followed.

This is also in line with the National Partnership Agreement² between The National Offender Management Service, NHS England and Public Health England for the Co-Commissioning and Delivery of Healthcare Services in Prisons which aims to ensure safe and effective care and health outcomes for offenders and reduce health inequalities.

Seasonal flu vaccinations have been ongoing within prisons for a number of years and weekly reporting by the Public Health in Prisons (PHIP) team during the flu season has been in place since 2012. While some prisons around the country manage to reach the DH recommended target of 75%, London prisons have struggled to reach the target. In 2014/15, reported flu vaccine uptake across London prisons was low at 28.4%.

² National Partnership Agreement. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/422620/national_partnership_agreement_commissioning-delivery-healthcare-prisons2015.pdf

3 Audit results

Eight out of the nine London prisons completed the audit. All proportions contained in this report are based on a denominator of eight prisons, unless otherwise indicated.

3.1 Programme delivery

Prison flu leads

Only half of the prisons were able to name a dedicated flu lead at the time of the audit. Two other prisons cited recent staff change as a result of not having a dedicated named lead.

Flu immunisation policy

All prisons indicated that they had a flu vaccination policy. However, in five out of eight prisons, it was unclear whether there was also an existing policy that covered staff vaccinations.

Length of flu programme

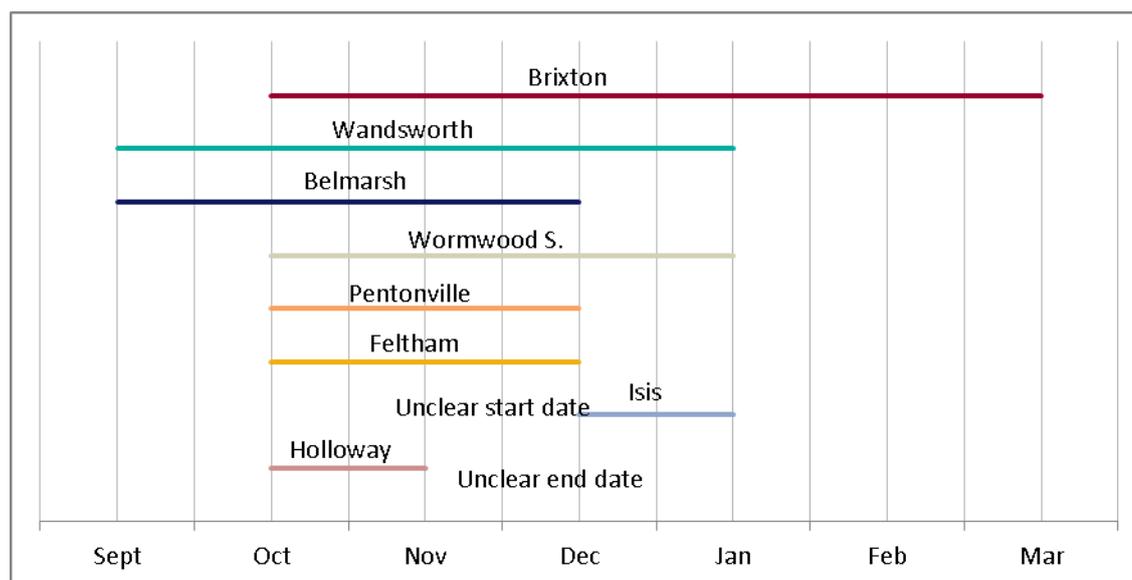
Flu programmes in most prisons were delivered for a period of 2–3 months although programmes at two prisons lasted 4–5 months. It was unclear how long the flu programme lasted in two other prisons. Figure 1 presents a timeline of vaccination durations, and start and end dates for each prison.

Over half of the prisons that responded started their flu vaccination programme in October, two prisons started their programmes in September and one prison did not state when they started their programme.

Three prisons ended their programme in December while another three ended theirs in January. One prison's programme lasted until March.

National recommendations are that flu programmes should start in early September and programmes should run for three months at the very least. Only two prisons met both criteria.

Figure 1. Timelines of prison flu vaccination programmes



Determining eligibility

All but one of the prisons that sent in an audit return responded to the question about how eligibility for vaccination was determined. Six out of seven prisons made some reference to identifying people by following guidance around clinical risk groups and/or patients over a certain age.

Four out of seven of the prisons who responded to this question explicitly stated that they obtained the list of patients at risk using SystemOne (the patient management software in use across prisons and other primary care settings).

Table 1. Identifying eligible prisoners

Prison	How do you identify prisoners who are at risk and eligible for flu immunisation?
Belmarsh	Born before 31/01/1948, people aged 5-64 in usual clinical risk groups and all immunosuppressed patients
Brixton	SystemOne generates list
Feltham	Long term health conditions and chronic disease report run on SystemOne
Holloway	As per the guidance issued by CMO through PHE
Isis	Run report written by Care UK SystemOne support staff to identify 'at risk' patients
Pentonville	Over 55s, any patients with long term conditions or those who are immunosuppressed
Wandsworth	No response
Wormwood Scrubs	Via reporting on SystemOne using latest information on eligibility

Designated flu clinics and frequency

Six out of eight prisons ran a designated flu clinic. One of the prisons volunteered that it "used to have designated flu clinics" but due to having less access to prisoners they now had to "combine flu clinics with other vaccination and observation clinics".

Of the six prisons that ran a designated flu clinic, one ran their clinic daily, another two ran two clinics per week while three ran their clinics once a week.

Table 2. Flu clinics

Prison	Do you have designated flu immunisation clinics?	If there are designated flu clinics, how often are the held?
Belmarsh	Yes	2 clinics/week
Brixton	No	No response
Feltham	Yes	Daily basis from Oct–Dec 14
Holloway	Yes	At least 1 clinic/week (sometimes more frequently)
Isis	Yes	1 clinic/week
Pentonville	Yes	1 clinic/week
Wandsworth	Yes	2 clinics/week
Wormwood Scrubs	No	Used to be a weekly clinic for flu only. Now weekly for flu and other vaccinations

Staff capacity

Only four prisons indicated the actual number of staff they had to administer flu vaccines. Staff capacity to administer vaccines ranged from 8–30 staff. The numbers of staff reported showed some correlation with the numbers of people eligible for flu vaccination.

Links with local flu resilience groups

Only one prison indicated that they linked in with their local borough/Trust flu resilience forum.

Table 3. Links with borough/Trust flu resilience groups

Prison	Does the healthcare provider link in with the borough/Trust flu resilience forum?
Belmarsh	No
Brixton	No
Feltham	No
Holloway	No
Isis	No
Pentonville	No
Wandsworth	Yes
Wormwood Scrubs	No

Awareness of PHE flu outbreak guidance

All of the prisons indicated that they were aware of PHE's flu outbreak guidance

Table 4. Awareness of PHE flu outbreak guidance

Prison	Is the prison healthcare aware of the PHE flu outbreak guidance?
Belmarsh	Yes – updated regularly by HP Lead at meetings with PHE
Brixton	Yes
Feltham	Yes – policy in place
Holloway	Yes
Isis	Yes – noted through PHE meetings with other outbreak illness
Pentonville	Yes
Wandsworth	Yes
Wormwood Scrubs	Yes

3.2 Communication

Tripartite flu letter – awareness and receipt

Six out of eight prisons were aware of the annual flu letter and half of these indicated that they had received the 2014/15 flu letter. Only three prisons were able to confirm who had sent them this communication and sources included PHE, an NHS Trust and the Department of Health (DH).

Table 5. Awareness of annual tripartite Flu Outbreak guidance

Prison	Are you aware that there is an annual flu letter from DH/PHE/NHSE (tripartite letter)?	Did you receive the 2014/15 flu letter?	How did you receive the flu letter? Was it sent directly via your organisation, from DH, PHE or NHSE? Please state
Belmarsh	Yes	Yes	PHE
Brixton	Yes	Not sure	No response
Feltham	Yes	No	No response
Holloway	Yes	Yes	The letter was sent directly to the Organisation to Head of Healthcare and Pharmacy Lead
Isis	No	No	
Pentonville	No	No	
Wandsworth	Yes	No	No response
Wormwood Scrubs	Yes	Yes	From our organisation and DH

Promoting flu vaccination

All prisons indicated that they advertised flu vaccination to all their prisoners including people in high risk groups. All six prisons that provided some information around their mode of advertising indicated that they used posters. Responses from three prisons suggested that they also specifically targeted people at risk. In one prison, patients with long term conditions were automatically booked into the flu vaccination clinic.

Table 6. Advertising flu vaccination

Prison	Do you advertise the flu immunisation to all prisoners/ at risk inmates?	If you do advertise, how do you advertise it?
Belmarsh	Yes	Posters and information at reception
Brixton	Yes	No response
Feltham	Yes	Posters all over establishment
Holloway	Yes	Posters on units (aimed at all to develop awareness), those at risk encouraged to have the vaccine.
Isis	Yes	Posters, signage and on biometrics and through posters and signage. Patients with LTC are automatically booked into clinic.
Pentonville	Yes	Report run from SystemOne, posters in waiting rooms and patient areas offering service.
Wandsworth	Yes	No response
Wormwood Scrubs	Yes	Posters on wings and reception/FNC

3.3 Data

Access to ImmForm and READ code reporting

Only one prison stated that they had access to ImmForm. ImmForm is a secure website used by the DH, PHE and the NHS to:

- collect data on vaccine uptake for immunisation programmes
- collect data on incidence of influenza (flu) and influenza-like-illness (ILI)
- provide vaccine ordering facilities for the NHS

However, since the audit, it has become apparent that the IT system used by prisons, SystemOne, has a dedicated code for flu. Flu uptake in prisons is extracted by SystemOne IT electronically on behalf of ImmForm. Prison healthcare staff do not use ImmForm as in the community and it was therefore not surprising that seven out of the eight prisons who responded did not have direct access to ImmForm. Four prisons stated that they were unaware of linkage between ImmForm and SystemOne.

Table 7. Access to ImmForm

Prison	Does the prison healthcare have access to ImmForm?	How many staff have access to ImmForm?	Do you have a dedicated person who enters flu immunisation on to ImmForm?	Is ImmForm linked to SystemOne?
Belmarsh	No	0	No	Yes
Brixton	No	No response	No	No
Feltham	No response	No response	No	No response
Holloway	No	No response		No response
Isis	No - Not aware of this	No staff, manually completed immunisation forms are recorded on SystemOne	No	No response
Pentonville	No	No response	No	No
Wandsworth	Yes	No response	No	Yes
Wormwood Scrubs	No	No response	No	No
Brixton	No	No response	No	No

READ codes are the standard clinical coding system used in General Practice. Data for flu vaccination is usually recorded via a set of READ codes and these are sent to each prison annually either via the Health in the Justice system team at NHS England or PHE.

All prisons said they were aware of the READ codes for flu. Five of the seven prisons indicated that they used the right READ codes while there was no response from one provider. One provider stated that they were not using the correct codes but were doing some work to rectify the issue. One other provider was unsure if they were actually using the appropriate codes to report flu vaccine activity.

Table 8. READ code reporting

Prison	Are you aware of the READ codes for flu?	Do you use the right READ code in recording flu immunisations given?
Belmarsh	Yes - From HP link at PHE and CUK Performance Framework Lead. Incorporated into reporting templates	Yes
Brixton	Yes	Yes
Feltham	Yes	No response
Holloway	Yes	No - In future the correct READ codes will be distributed among all staff members so the administration of vaccines are recorded appropriately.
Isis	Yes	Yes
Pentonville	Yes	Yes
Wandsworth	Yes	Yes
Wormwood Scrubs	Yes	Yes - Not sure if they are the same as the system wide READ codes as they use some READ codes for their own internally set up reports

3.4 Vaccine supply and vaccinations delivered

All eight prisons gave information on the number of flu vaccines ordered, quantity of vaccine used and those left over. Data from ImmForm³ was then compared to the figures reported in this audit.

Vaccine use

The number of vaccines used (audit data) was compared to the number of people who had been vaccinated as reported via ImmForm. There was significant variation between data from both sources as the number of vaccines used in each prison was higher than the number of people who had been vaccinated. This variation ranged from 15 to 120 extra vaccines used. Across London, there was a difference of 346 vaccines.

³ ImmForm data used was obtained via Public Health Intelligence for Prisons and Secure Settings Service (PHIPS) and is the cumulative data reported during the 2014/15 flu (week ending 25/01/2015 - week 4)

Table 9. Summary of vaccine supply and use⁴

Prison	Data source	Belmarsh	Brixton	Feltham	Holloway	Isis	Pentonville	Wandsworth	Wormwood Scrubs	All prisons
Eligible cohort by Prison	Audit	138	No response	No response	144	No response	No response	No response	220	n/a
	ImmForm	148	162	61	134	82	218	283	207	1296
People vaccinated	ImmForm	28	67	17	30	10	64	116	60	392
Vaccines ordered	Audit	100	150	35	200	50	200	300	200	1235
Vaccines used	Audit	71	93	33	66	25	140	130	180	738
Vaccines remaining (reported)	Audit	0	57	2	77	25	60	79	20	320
Vaccines remaining (expected)	Calculation (ordered - used)	29	57	2	134	25	60	170	20	497
People who declined flu vaccine	Audit	79	35	2	No response	0	No response	32	43	n/a
	ImmForm	23	28	1	3	2	30	20	12	119
Difference between number of vaccines used and people vaccinated	- Audit - ImmForm for people vaccinated	43	26	16	36	15	76	14	120	346
% difference between vaccines ordered and eligible cohort	- Audit - ImmForm for eligible cohort	-32	-7	-43	49	-39	-8	6	-3	-5

⁴ Unless indicated, figures presented are a count. ImmForm data used was obtained via Public Health Intelligence for Prisons and Secure Settings Service (PHIPS) and is the cumulative data reported during the 2014/15 flu (week ending 25/01/2015 - week 4)

There was also some inconsistency with data around the number of vaccines used. In three prisons, the reported number of vaccines remaining was different from that expected based on the initial order and the reported numbers used. Comparing the expected total number of vaccines remaining to the total number of remaining vaccines as reported in this audit shows that there are 177 vaccines unaccounted for.

From analyses of data on the eligible cohort and the vaccines ordered by each prison, it was deduced that the size of the eligible cohort did not always correspond to the number of vaccines ordered. For instance, vaccine orders varied from being 39% less than the eligible cohort to being 49% more.

Vaccine uptake

Vaccine uptake calculated across London prisons using some of the data reported via this audit is almost double the figure reported via ImmForm. This suggests that poor data recording might be a factor in the low vaccine uptake rates for London reported via ImmForm.

Table 10. Vaccine uptake analysis⁵

Prison	Data source	Belmarsh	Brixton	Feltham	Holloway	Isis	Pentonville	Wandsworth	Wormwood Scrubs	All prisons
% of eligible cohort who were vaccinated	ImmForm (numbers of people vaccinated/ eligible cohort)	19	41	28	22	12	29	41	29	30
	Calculation (vaccines used/ eligible cohort) - Audit for vaccines used - ImmForm for eligible cohort	48	57	54	49	30	64	46	87	57
% of eligible cohort who declined	Audit	57	n/a	n/a	n/a	n/a	n/a	n/a	20	n/a
	ImmForm	16	17	2	2	2	14	7	6	9

⁵ ImmForm data used was obtained via Public Health Intelligence for Prisons and Secure Settings Service (PHIPS) and is the cumulative data reported during the 2014/15 flu (week ending 25/01/2015 - week 4)

Eligible cohort and people who decline

Only three out of the eight prisons that responded gave information on the total number of the eligible cohort within their establishment. For these three prisons, the eligible population reported on ImmForm was not very different and could be accounted for by fluctuations in prison population.

Six out of eight prisons gave information on numbers who declined the flu vaccine with one prison admitting that they were unable to determine the number of people who declined the vaccine due to an issue with SystemOne.

Data received from the this audit indicates that prisons reported more people refusing flu vaccines than that reported on ImmForm.

4 Recommendations

There were no outstanding actions that distinguished prisons that seemed to have achieved higher uptake rates compared to those that did not. However below are general recommendations that could be useful to all prisons to help improve reported uptake of flu vaccination.

These recommendations are adopted from the national flu immunisation plan for 2015/16 GP practice checklist and seasonal flu immunisation delivery programme of NOMS staff – 2015/16

Coordination and policy:

- all prison healthcare teams should appoint a dedicated flu lead who will be responsible for developing the prison's flu strategy and liaising with local borough / NHS Trust flu resilience fora where they exist
- prison flu leads should be aware of recommendations within the annual DH/PHE/NHS England tripartite flu communication
- all prison flu leads should be aware of pathways through which risks to flu programme delivery (such as vaccine shortage, insufficient capacity to deliver the vaccine, outbreaks occurring early in the season) can be highlighted and should make use of them when appropriate. For example, vaccine shortage and outbreaks are to be reported to PHE, and inability to deliver the programme should be reported to NHSE
- all prison healthcare teams should ensure that they have a flu policy for their staff in line with flu vaccination recommendations as stated in the annual flu plan and in the DH Green Book

Programme delivery:

- prison healthcare teams need to begin flu programmes in September as soon as vaccine is available and programmes should run for three months at the very least. This will bring local prisons in alignment with national recommendations
- the number of vaccines ordered should be sufficient for the size of the population at risk based on past and planned performance, expected demographic increase and to ensure that everyone at risk is offered flu vaccine
- orders for vaccines should be made well in advance of the start of the flu vaccination season. Anecdotally, most GP surgeries order their flu vaccine between January and March to ensure they have enough vaccines for their registered population and it would be prudent for prison healthcare to adopt a similar practice

Data and reporting:

- prison healthcare teams should ensure that their systems are able to identify eligible flu vaccine cohorts
- prison healthcare staff should familiarise themselves with the correct flu READ codes before the start of flu immunisation programme
- prison healthcare teams should ensure that they appropriately record and report flu vaccination activity via SystemOne using the relevant READ code, including numbers of persons who decline flu immunisation

5 Useful resources

- Public Health England Annual flu programme webpage
<https://www.gov.uk/government/collections/annual-flu-programme>
- National flu programme training slide set for healthcare professionals
<https://www.gov.uk/government/publications/national-flu-programme-training-slide-set-for-healthcare-professionals>
- Flu Plan Winter 2015/16
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/418038/Flu_Plan_Winter_2015_to_2016.pdf

Appendices

Appendix A

Audit tool



Audit of Influenza (Flu) Vaccination programme in Prisons in London

Introduction:

Flu is self-limiting but an unpleasant, unpredictable disease and a key factor in the NHS winter pressures. It is capable of causing severe illness, such as bronchitis and pneumonia, and death in some individuals. It impacts on those who fall sick, the NHS services that provide direct care and the wider health and social care system that supports people in the risk group.

As part of the measures to control the spread of flu within the community and institutions, the Department of Health (DH) recommends that individuals in clinical risk groups are immunised. The target set by DH is 75% uptake in the risk group (including those 65 years and over) during the flu season.

Prisons and other Prescribed Places of Detention (PPD) often have a large population, with a high turnover, living in close quarters in often overcrowded conditions. The risk of significant and potentially more serious outbreaks, with large numbers of cases, is higher in prisons and PPD than in the community.

Public health principles guiding actions within prisons and other PPDs are the same as those in the wider community and it is essential that DH recommendations on flu vaccinations of risk groups and staff groups who work with those in high-risk groups are followed.

Seasonal flu vaccinations has been on-going within the prisons for a number of years and weekly reporting by the Public Health in Prisons (PHIP) team during the flu season has been in place since 2012.

While some prisons around the country manage to reach the DH recommended target of 75%, London prisons have struggled to reach the target.

Aim:

The NHS England London Health and Justice Commissioners and Public Health England London (Health Protection Prison Leads, Lead virologist and Health and Justice Lead) have

agreed to undertake a joint audit to understand how the flu vaccination programme at prisons in London is organised and delivered. This is to help identify gaps for improvements and recommend measures that can be used to improve future flu vaccination programmes.

Who should complete the audit:

- Head of healthcare/deputy
- Flu lead
- Prison pharmacist

Audit Tool

Date:

Name of the prison :

Person Completing the form:

Contact details:

Tel:

Email:

Total number of at risk prisoners (including those over 65 years and over) at the time of the audit:

Programme Delivery:

Item	Issue	Yes	No	Date/Numbers	Comment/Information
1.	Does the prison healthcare provider have a dedicated flu lead?	yes		n/a	
2.	If yes, please state name and email address of Flu lead, (if different from person completing audit).	n/a	n/a	n/a	
3.	Does the prison healthcare provider have an agreed flu immunisation policy: a) for healthcare staff and b) for			n/a	

	prisoners?				
4.	On what date/month did the flu immunisation programme start for 2014/15?	n/a	n/a		
5.	What month do you finish your flu immunisation programme	n/a	n/a		
6.	How do you identify prisoners who are at risk and eligible for flu immunisation?	n/a	n/a	n/a	
7.	Do you have designated flu immunisation clinics?			n/a	
8.	If there are designated flu clinics, how often are the held?				
9.	How many staff are able to administer flu vaccine?	n/a	n/a		
10.	How many prisoners declined flu vaccine?	n/a	n/a		
11.	Does the healthcare provider links in with the borough/trust flu resilience forum?			n/a	
12.	Is the prison healthcare aware of the PHE flu outbreak guidance?				

Communication:

Item	Issue	Yes	No	Date/Number	Comments
1.	Are you aware that the there is an annual flu letter from DH/PHE/NHSE (tripartite letter)?			n/a	

2.	Did you receive the 2014/15 flu letter?				
3.	How did you receive the flu letter? Was it sent directly via your organisation, from DH, PHE or NHSE? Please state	n/a	n/a	n/a	
4.	Do you advertise the flu immunisation to all prisoners/ at risk inmates?			n/a	
5.	If you do advertise, how do you advertise it?	n/a	n/a	n/a	

Data:

Item	Issue	Yes	No	Date/Number	Comments
1.	Does the prison healthcare have access to ImmForm?			n/a	
2.	How many staff have access to ImmForm?	n/a	n/a	n/a	
3	Do you have a dedicated person who enters flu immunisation on to ImmForm?			n/a	
4	Are you aware of the READ codes for flu?			n/a	
5	Do you use the right READ code in recording flu immunisations given?	Yes		n/a	
6.	Is ImmForm linked to SystmOne	Yes		n/a	

Vaccine Supply:

item	Issue	Yes	No	Numbers	Comments
1.	How many flu vaccines did the prison healthcare order in 2014/15 season?	n/a	n/a		

2.	How many flu vaccines have been used so far?	n/a	n/a		
3.	How many flu vaccines are left at the time of completing this template?	n/a	n/a		

We will welcome any further information /ideas that could help to improve uptake of flu immunisations among prisoners?

Thank you