

Pneumococcal polysaccharide vaccine in primary care: can we improve uptake?

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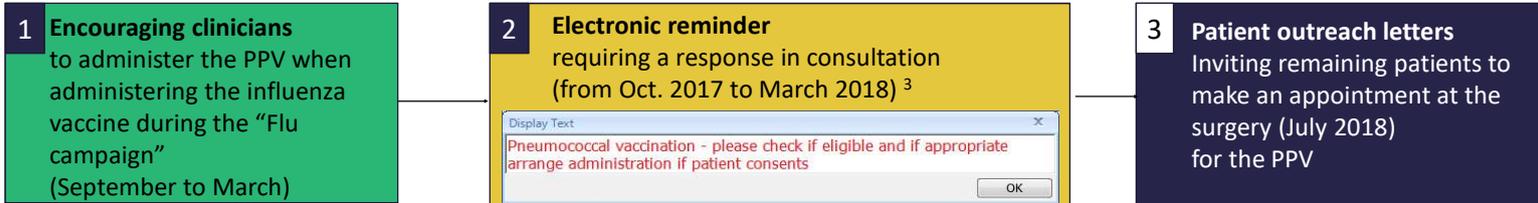
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Background

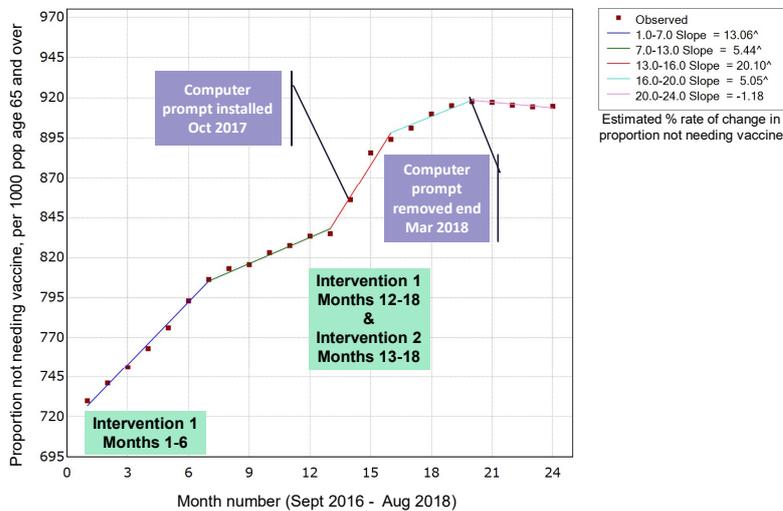
- The pneumococcal polysaccharide vaccine (PPV) provides some protection against invasive pneumococcal diseases such as pneumonia and meningitis.
- The current NHS England Enhanced Service Specification for the PPV programme states that eligible patients should be vaccinated on a proactive call basis.¹
- Thus, the PPV should be systematically offered to eligible people, which includes patients aged 65 years and older, as well as those between 2 and 64 years defined as 'at-risk' by the Green book.
- Nationally the PPV uptake is suboptimal at 69.8%.²

Aim

To improve the uptake of the pneumococcal polysaccharide vaccine (PPV) among patients aged ≥ 65 years in one primary care practice.



Results



- The proportion of people aged ≥ 65 recorded as not needing the vaccine was 81% on 31.08.2017. Increases in the proportion of people age ≥ 65 not requiring vaccination were seen across the whole of the period examined until the removal of the computer prompt, achieving 92% by 31.03.2018
- The most rapid rate of increase for the whole 2 year period came in the first three months' use of the computer prompt
- Although some of the improvement was driven by recording of PPV 'declined' (increasing from 8% to 15%), a similar analysis of vaccination status showed a steep increase in vaccination rates in the first three months of computer reminder use.
- The proportion of actually vaccinated increased from 65% on 01/09/2016 to 70% by 01/09/2017, and to 77% by 01/02/2018 with minimal change thereafter.
- Letter invitations were not used for this ≥ 65 age group as planned, due to limited availability of the PPV and the need to prioritise people in at-risk clinical groups

Implications

- A computer prompt requiring an active response was associated with improvements in PPV uptake and more accurate recording of patient's wishes not to be immunised.
- The independent electronic reminder was more effective than the inbuilt EMIS prompt. However, this method does risk 'reminder fatigue'. Intermittent use during the flu campaign season may mitigate against this.

Conclusions

- Strengths:** This audit demonstrated a significant improvement in both uptake and recording of vaccination status during the computer prompt phase, from close to the national average uptake to 7% above it. This was achieved through simple, affordable interventions which are easily reproducible across practices.
- Limitations:** Limited supply of the PPV at the primary care practice during stage 3 of the audit period.
- Following on from this work, information regarding why 15% of eligible patients aged ≥ 65 years choose to decline the PPV in primary care should be sought as this group comprises a significant number of people who could benefit from the PPV.

References

- NHS England (2018). Directed Enhanced Service Specification: Seasonal influenza and pneumococcal polysaccharide vaccination programme 2018/19.
- Public Health England (2017). Pneumococcal Polysaccharide Vaccine (PPV) coverage report, England, April 2016 to March 2017. London
- Shojania KG, Jennings A, Mayhew A, et al., (2009). The effects of on-screen, point of care computer reminders on processes and outcomes of care. Cochrane Database of Systematic Reviews 2009 (3): CD001096