



# Vacceptance

## **Exploring the potential for interactions between healthcare professionals and patients to enhance the uptake of routine adult and childhood vaccination in England**

### **An insight paper**

*The Vacceptance Steering Group: Helen Donovan, Michelle Falconer, Catherine Heffernan, Satvinder Lall, Mike Lane, Pauline MacDonald, Caroline O'Brien.*

*Initiated and funded by Pfizer Ltd.*

### **Introduction**

The Vacceptance (vaccine acceptance) project was established in 2020 to investigate the role of healthcare practitioner (HCP)-patient interactions in primary care on vaccination uptake and to identify actions and strategies with the potential to address falling vaccination rates.

The Vacceptance Steering Group (SG) comprised professionals from across healthcare delivery in England: general practice, immunisation nursing, immunisation education, screening and immunisation teams, the Royal College of Nursing and National Health Service - England. The aim of the steering group was to gain expert consensus on the factors that contributed to or inhibited HCP-patient interactions on vaccinations and to advise strategic actions that could be implemented to improve HCP-patient engagement on vaccinations and ultimately vaccination uptake. The first phase of the project incorporated an overview of the published and grey literature and five insights were identified that had the potential to impact vaccine acceptance in the UK. These were:

1. Use of the term *vaccine hesitancy* by and among HCPs may have unintended negative consequences on interactions with patients and parents and may reduce vaccine uptake
2. Increased focus on pre-vaccination interactions can have a positive impact on vaccine uptake, especially in communities where uptake is lower
3. Experience across the healthcare system confirms that highly motivated individuals can have a disproportionate effect on increasing vaccine uptake rates within their regions or communities, particularly if they have the influence and resources to match their personal commitment
4. There is considerable variation among HCPs in the capacity to engage confidently with patients regarding immunisation: this is important as patients and parents may encounter a wide range of healthcare workers across the vaccination delivery pathway
5. Vaccine uptake can be improved if all stakeholders adopt a consistent positive mindset regarding the value of vaccination, and take ownership of the responsibility to drive vaccine acceptance (Vacceptance) throughout their served populations

In the second stage, the group explored these five insights with the objective of identifying strategies that could benefit the delivery of all routine vaccination programmes through primary care in England. Because this second phase coincided with the initial roll-out of the COVID-19 vaccination campaign in the UK, the Vacceptance SG extended the scope to include consideration of COVID-19 driven effects in their observations and recommendations.

*Insight 1: Use of the term 'vaccine hesitancy' by and among HCPs has unintended negative consequences on interactions with patients and may reduce vaccine uptake.*

Over recent years, SG members have observed an increasing tendency among some healthcare professionals to use the term 'vaccine hesitant' to describe any patients or parents who have questions or doubts related to an immunisation, even when these issues are raised as part of a positive discussion. There is also a tendency to assume that individuals described as 'vaccine hesitant' will have significant resistance to vaccination and will not respond well to dialogue. This, in turn, may lead some HCPs to adopt inappropriate or defensive behaviours rather than seeking positive engagement.

As a result, 'vaccine hesitancy' may cause a fundamental attribution error, where the label can be perceived negatively by the HCP when in fact the behaviour may actually be part of exploration or contemplation by the patients. The unintended consequence is effectively to delegitimise an individual's right to ask questions related to immunisation and to miss important opportunities to increase vaccine uptake.

*Asking questions does NOT signify vaccine hesitancy*

There is a need to legitimise the rationale behind patient questions around vaccinations, and to create a more positive narrative. Far from being a sign of refusal, questioning about vaccination may actually be an important step on the road to Vaccine acceptance. All members of the primary care team who are likely to interact with patients during their immunisation journey should have the training to deal with common questions confidently and accurately and should also have a clear line of referral in the case of more complex issues.

*Insight 2: Commitment to effective delivery of vaccination services in primary care is essential and a focus on pre-vaccination interactions can have a positive impact on vaccine uptake, especially in communities where uptake is lower.*

From April 2020, the provision of vaccination and immunisation services became an essential service within the GP contract in England for most routine NHS-funded vaccinations. Five standards were introduced<sup>1</sup>:

- A named lead for the vaccination service
- Availability of sufficient trained staff and convenient, timely appointment to cover 100% of the eligible population
- Ensure call and recall and opportunistic offers are made in line with national standards
- Participation in national agreed catch-up campaigns
- Adhere to defined standard of record keeping and reporting of coverage data

At a contractual level, these are positive developments that are to be applauded. However, in order to have their desired effects on vaccine uptake, they each need to be much more clearly defined so that implementation across the country can be both effective and consistent.

Although requirements for call and recall and also for catch-up are defined in an Annex to a communication to GPs, clear definitions for each of these standards are deserving of wider and more formalised communication.<sup>2</sup> Without further definition of expectations, contractual standards can all too often lead to a minimal level of compliance.

*Insight 3: Experience across the healthcare system confirms that highly motivated individuals can have a disproportionate effect on increasing vaccine uptake rates within their regions or communities, particularly if they have the influence and resources to match their personal commitment.*

Through our careers, some of us will have encountered individuals operating at different levels and functions within the healthcare system, whose individual passion and commitment has made a tangible difference to vaccine uptake rates. Often their influence is limited to their particular region or community or possibly to the uptake of a specific immunisation. The SG proposes that development of a clearly defined vaccine champion role has the potential to drive vaccine uptake within regions, uniting different stakeholders and helping to address potential inequalities arising from cultural or demographic issues.

In contrast to existing Screening and Immunisations Teams or primary care immunisation leads, this vaccine champion will be as an educator, facilitator and networker able to devise and implement regional strategies that will help all stakeholders to exceed their contractual standards. In terms of the emerging NHS structure, we propose that the vaccine champion role may be appropriate at an integrated care system (ICS) level.

Across England, many practices have started to network with colleagues, often as a result of primary care networks, in order to identify and share best practice related to vaccination and immunisation. We propose that the development of these networks and the establishment of best practice across each ICS should be a core part of the vaccine champion's role. Above this, communication between vaccine champions will allow practices defined at ICS level to provide guidance on a national basis.

*Insight 4: There is considerable variation among HCPs in the capacity to engage confidently with patients regarding immunisation: this is important as patients and parents may encounter a wide range of healthcare workers in their vaccination journey.*

All members of the primary care team are well placed to have conversations with patients across their vaccine journey, including opportunistic interactions. In order that we can maximise each interaction, we must ensure that all HCPs are able to recognise these opportunities and have the knowledge, skill and confidence to take advantage of them.

In terms of HCP education, vaccination and immunisation must therefore be adequately covered in the standard syllabus for all relevant HCP training so that practices (and therefore patients) do not have to rely unduly on individuals who have received specialist immunisation training. Training hubs and peer mentoring can provide valuable educational support and, in addition to education about vaccination itself, there is also a need to ensure that primary care teams develop the communication skills to empower them to listen to patient concerns and to develop a positive dialogue.

*Insight 5: Vaccine uptake can be improved if all stakeholders adopt a consistent positive mindset regarding the value of vaccination, and take ownership of the responsibility to drive Vaccine acceptance throughout their served populations.*

Through 2021, the COVID-19 pandemic has brought a wave of positivity around vaccination in the UK. Across the country, primary care HCPs, many with limited previous connection to immunisation, have stepped up to help deliver this programme. In so doing, many (including ourselves) have found that the overwhelmingly positive public reception has reignited our commitment. Similarly, the majority of the general population appears to have a renewed appreciation of the value of vaccination. To some extent, immunisation had become the preserve of a limited number of HCPs and public health professionals. Since COVID-19, vaccination has become everyone's business.

On a wider scale, the COVID-19 pandemic has highlighted the challenges in protecting and securing the population's health as new types of threats emerge. The recent policy paper from the DHSC on integration and innovation underlines the importance of prevention alongside the treatment of disease.<sup>3</sup> In addition, reforms to the public health system have combined the health

protection capabilities of PHE and NHS Test and Trace into a new UK Health Security Agency (UKHSA) which was established in April 2021.<sup>4</sup> The UKHSA is intended to focus attention on health hazards including infectious diseases and will play a leading role in the UK's global response to external health threats. In addition, the new organisation places a strong focus on reducing inequalities in the way different communities experience and are impacted by infectious disease, environmental hazards, and other external threats, targeting action towards disproportionately affected groups.<sup>4</sup>

There is therefore a golden opportunity to build upon the momentum of COVID-19, translating favourable public sentiment into a collective, forward-looking positive mindset built on an understanding and acceptance of the value of vaccines. Such a cultural shift, not simply within the NHS but throughout society, will require a creative, impactful and socially inclusive narrative coordinated across all channels of communication.

Although COVID-19 triggered an unprecedented vaccine programme among adults in the UK through 2020 and 2021, recent evidence suggests that rates of childhood vaccination have actually been falling. In February 2022, the UKHSA reported that coverage of the first dose of MMR in 2-year-olds had dropped below 90%, while uptake of two MMR doses in 5-year-olds is now 85.5%, well below the 95% WHO's target needed to achieve and sustain measles elimination.<sup>5</sup> 1 in 10 parents who have not had their child vaccinated against MMR said they were unaware that the NHS was still offering appointments during the COVID-19 pandemic<sup>6</sup>, while others said that they didn't want to be a burden to the NHS.

On the back of these figures, the UKHSA and the NHS have launched a new campaign drive, calling on parents and carers to ensure their children's vaccines are up to date and reminding them that the NHS has, and will continue to, provide routine childhood immunisations.<sup>5</sup>

Continuing our commitment to vaccine acceptance campaigns therefore is critical, for all other recommended vaccine programmes. In pursuit of this, the Vacceptance SG calls on UK stakeholders and decision makers to address the issues raised in this report and to provide investment and leadership to support the initiatives we propose. This has the potential to maximise vaccine uptake and to protect individuals and communities from vaccine preventable diseases and their complications.

Table: Summary of the Vacceptance Expert Group insights and proposed actions and implications.

Insight	Action/implication
Use of the term vaccine hesitancy among HCPs has negative implications	Educate all HCPs about vaccine hesitancy and the risk of labelling and cognitive bias; highlight that patient/parent questions often precede a period of contemplation and indicate a positive step on the journey to Vacceptance
Commitment to delivery of vaccine services in primary care	Define specific requirements of contractual standards related to vaccination, particularly call/recall and named vaccination lead and ensure adherence across primary care

National network of vaccine champions	Establish a new network of vaccine champions at ICS level to define and implement best practice in immunisation across England and to specifically address inequalities in vaccine uptake
Inconsistencies in HCP abilities to engage confidently with patients	Include education on vaccine and education in the standard curriculum for all primary care teams – develop skills and confidence to identify and make best use of all patient interactions
A positive mindset helps build confidence and drive vaccine uptake	Build on the momentum of COVID-19 among HCPs and public; support socially inclusive, multichannel communication to highlight the healthcare value of immunisation

PP-UNP-GBR-0536 April 2022

### References:

1. NHS England, BMA. (2020) Update to the GP contract agreement 2020/21 – 2023/24. Available from: <https://www.england.nhs.uk/publication/investment-and-evolution-update-to-the-gp-contract-agreement-20-21-23-24/>. [Accessed April 2022]
2. NHS England. (2021) Update on vaccination and immunisation changes for 2021/22. 2021. Available from: <https://www.england.nhs.uk/publication/update-on-vaccination-and-immunisation-changes-for-2021-22/>. [Accessed April 2022]
3. DHSC. (2021) Integration and Innovation: working together to improve health and social care for all. Available from: <https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-html-version>. [Accessed April 2022]
4. DHSC. (2021) Transforming the public health system: reforming the public health system for the challenges of our times. Available from: <https://www.gov.uk/government/publications/transforming-the-public-health-system/transforming-the-public-health-system-reforming-the-public-health-system-for-the-challenges-of-our-times>. [Accessed April 2022]
5. UKHSA. (2022) Around 1 in 10 children starting school at risk of measles. Available from: <https://www.gov.uk/government/news/around-1-in-10-children-starting-school-at-risk-of-measles>. [Accessed April 2022]
6. Censuswide. (2022) MMR childhood vaccinations: Survey topline results. Available from: <https://khub.net/documents/135939561/174090192/2022+MMR+campaign+attitudinal+survey+results.pdf/8652d3a8-33fa-b7d6-6b12-81452d07394b>. [Accessed April 2022]