

# Can Behavioural Insights increase flu vaccine uptake?

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# Introduction

- Embedding behavioural science into all public health activity
  - An opportunity
  - A problem to address
  - Intervention plan
  - Behavioural insights
  - Challenges
  - Your opportunities



# The opportunity – LGA Behavioural Insights Programme

- 4<sup>th</sup> round of the Programme
- Goal: to improve outcomes for residents and create efficiency savings
- Joint funding aimed at reducing the financial risk to councils' and encourage innovation – 50k
- Must commission a Provider to develop and deliver a trial

# Background – LGA Behavioural Insights Programme

- Previous Public Health projects:
  - Liverpool – fizzy drinks;
  - Brighton & Hove – reducing sugar consumption in school children;
  - Hartlepool – reducing no. of children and young people who require support for drug and alcohol abuse (on-going)



# Background – Flu Vaccine Programme

- Free vaccination Programme for eligible groups:
  - Children
  - Clinical risk groups aged 6 months to 64 years
  - All people aged 65 and over
  - Carers
  - Care workers
- Enhanced service requires GP practices to call all eligible patients for vaccination



# Why vaccinate?

## (Key Messages - PHE Slide Set)

- flu immunisation is one of the most effective interventions we can provide to reduce harm from flu and pressures on health and social care services during the winter
- it is important to increase flu vaccine uptake in clinical risk groups because of increased risk of death and serious illness if people in these groups catch flu
- for a number of years, only around half of patients aged six months to under 65 years in clinical risk groups have been vaccinated
- by preventing flu infection through vaccination, secondary bacterial infections such as pneumonia are prevented. This reduces the need for antibiotics and helps prevent antibiotic resistance



# Flu Vaccine Uptake 2017/18

	Target %	England %	Bradford %
Children	65	43.9	30.9
<b>Clinical risk groups aged 6 months to 64 years</b>	<b>55</b>	<b>48.9</b>	<b>49.1</b>
All people aged 65 and over	75	72.8	73.7



# Opportunity for behavioural science

Communications inviting people for a free flu vaccination varies widely and are down to each individual practice



# Existing communication guidance to GP practices

- Flu vaccination: increasing uptake  
Nice Guidance [NG103]
  
- Flu programme delivery guidance: specifies communication channels and writing to patients – but no content



Scoping, design, delivery and evaluation of a behavioural insights intervention, aimed at increasing the uptake of the free flu vaccine amongst people in clinical risk groups aged 6 months to 64 in Bradford and Districts

# Behavioural Goals

**In clinical risk groups the intervention will aim to increase**

- Motivation to obtain a flu vaccine: **want to do it**
- Behavioural intentions to obtain a flu vaccine: **mental commitment**
- The number of individuals that book/attend their GP or pharmacy to receive their flu vaccine: **follow through with action**

**General Practices will:**

- Take every opportunity to raise awareness of and offer the flu vaccination to individuals in clinical risk groups using the behavioural insights materials;
- Provide staged and planned using the behavioural insights materials



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# Behavioural methods

- Social norms – GP practice behaviours
- Defaults for GP practice staff to ask about vaccination and invite
- Implementation intentions – ask people to write down date and time of vaccination
- Messenger – who should invite the patient
- Pro-social motivations



# The intervention design

- **Cluster randomised controlled trial**
  - Dependant upon recruitment of GP practices (We need 40 out of 82 practices)
  - Otherwise matched control
  - Other ideas to be explored



# Stages of the Project

Commissioning a provider: Behavioural insights team appointed

Phase 1 – **Scoping**: 29<sup>th</sup> March 2019

Phase 2 – **Development**: April – July 2019

Phase 3 – **Delivery**: Aug 2019 – Jan 2020

Phase 4 – **Evaluation**: Feb – March 2020



# Phase 1 - scoping

Trial design

Power calculations

Behavioural concepts

To be shared on LGA website



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# Phase 2 – Development

## Research:

- Rapid evidence review
- Fieldwork interviews
- Audit existing processes

Design of interventions to address barriers identified during research stage.



## Phase 3 – **Delivery**

- Randomisation
- Trial implementation

## Phase 4 – **Evaluation**

- Analysis of results
- Report
- Presentation/dissemination of findings



# Challenges

This is an ambitious project!

- Target groups contains a large age range and range of conditions, little scope for tailoring the intervention
- Very high level outcome measure PHOF indicator: population vaccination coverage (no softer measures)
- Getting GP Practices on board
- Sharing data
- Research ethics



# Where are your opportunities...

In pairs take a couple of minutes to think about areas of your work where you could apply behavioural science

Now take a minute to write down:

- What you are going to do to take this forward including where/when/how



# Summary

- The LGA behavioural insights programme
- The problem with Flu and vaccine uptake
- Intervention plan
- Behavioural insights
- Challenges
- Your opportunities



# LGA Web links

- <https://www.local.gov.uk/about/news/behavioural-insights-latest-lga-programme-funding-announced>
- <https://www.local.gov.uk/our-support/efficiency-and-income-generation/behavioural-insights/lga-behavioural-insights-projects>



# Thank you for listening

Any thoughts or questions?



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