

How to optimise your mass vaccination programme in primary care

A case study from Greater Manchester

Overview

In 2020, Cievert successfully launched its vaccination booking software (Vaccess) to manage the call/recall and booking of patient appointments for a mass vaccination programme.

This case study provides insight and learning to identify practical steps you can implement locally in order to optimise a successful mass vaccination programme in primary care.

Data was collected from two PCNs using the Cievert software to run two separate flu mass vaccination programmes.

This vaccination software will also be used to support the planned COVID-19 vaccination programme in primary and secondary care.

Background

GP practices across PCNs in Greater Manchester wanted to work together to deliver a combined flu programme in 2020.

Hyde PCN in Tameside & Glossop CCG wished to run a single drive-through mass vaccination site for the entire PCN from a local leisure centre carpark. They also wanted to work in partnership with local community pharmacies to offer a seamless service to their patients.

Ordsall and Claremont PCN in Salford CCG wished to run multiple walk-through clinics at local community facilities in addition to their regular practice-based clinics.

Whilst the vaccination operational model differed across the two PCNs, the aims and objectives of their respective vaccination campaigns were similar.

These included:

- Deliver an efficient flu vaccination programme with high patient satisfaction
- Minimise unnecessary demand on practice staff, particularly admin duties
- Minimise vaccine wastage
- Improve uptake of the vaccine
- Create a single point of patient access for booking
- Deliver vaccinations outside of the traditional GP surgery setting



The solution

Vaccess allows patients to directly book their own vaccination appointment at a time and location that suits them. This significantly reduces demand on GP phone lines.

The software requests basic information from the patient (name, DoB, postcode) and uses this to screen against the practice's own eligibility criteria. If eligible, the patient can then proceed to book their own appointment. If a patient is unable to use the platform themselves, practice staff can also quickly add patients manually.



The platform sends SMS and/or email confirmation and reminder messages to the patient to minimise DNAs. This also allows the patient to amend or cancel their booking themselves, if required.

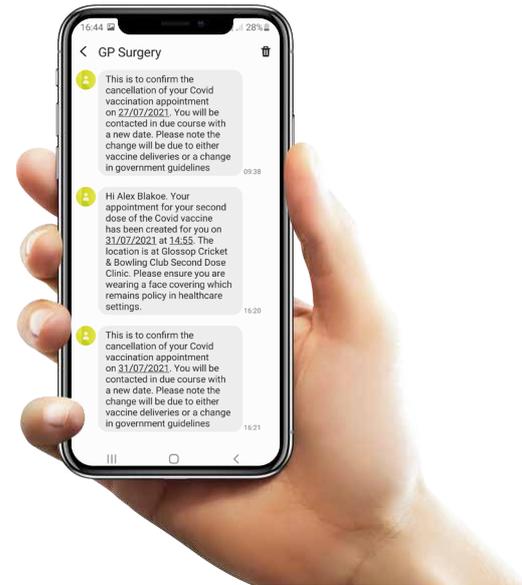
The system can manage all communications relating to the call/recall of the patient, either on its own or in conjunction with the practice's own systems.



The system uses the GOV.notify SMS and email service, meaning most if not all SMS and email communications are free to NHS service providers.

¹ O&C PCN used the software to run under 65 clinics for approx. 4 weeks only. Hyde PCN used the software to book all vaccinations for all patients

Findings



High levels of patient acceptance

In total, ~10,000 vaccination bookings were made using the software over an 8-week period¹.

Younger patients are more likely to use the self-booking software (but only slightly!)

Patients using the selfbooking software were on average 8 years younger than those booking appointments via their practice; however, high levels of compliance were observed across all age ranges.

Use of the self-booking software is strongly correlated with practice communication

Overall, ~80% of all bookings were made directly by the patient, without any input from practice staff. However, this varied from a high of 98% at the start of the programme to a low of 70%. The use of the software by patients is strongly correlated with the sending out of the communication invites and reminders. As time elapsed after an SMS/email was sent, each patient was increasingly more likely to call their practice to book an appointment.

No evidence that the booking software discriminates against older patients

It is possible that those patients that are comfortable/ willing to use the software are able to access appointments more quickly than other patients, potentially disadvantaging older patients. Whilst this is possible, one would expect to see the average age of patient bookings to increase steadily over time as younger, more tech-savvy patients made a booking, leaving disproportionately more older patients still to book. However, this was not observed with average booking age holding steady throughout the period.

Pre-registration is a bad idea (sort of!)

Prior to the system being launched, one of the PCNs sent an SMS update to patients informing them of the upcoming flu programme and how it would differ from other years. As the vaccination programme was not live, it invited patients to preregister their details so that they could be alerted by the system as soon as they were able to book an appointment. This saw over 5,000 patients subscribe, most of whom did so in the first 48 hours; however, only 60% of these patients subsequently booked an actual appointment. This DOES NOT mean that the remaining patients did not end up receiving the vaccination – far from it. These patients were highly motivated, and sending them information early prompted many to source a vaccination elsewhere (e.g. directly from a local pharmacy). This leads neatly into the next point...

The first communication to a patient is the most important.

Specifically, when that first SMS is sent to a patient with a link inviting them to have a vaccination, this is almost certainly the best opportunity to convert that into an actual booking. Subsequent comms are likely to see falling booking conversion rates. Therefore, it is paramount that in that first communication:

- The call to action is clear
- The call to action is for the patient to click on a web link so they can self-book a vaccine appointment
- The patient is able to book an appointment directly from that web link, and
- All links have been checked and are working correctly.

24/7 booking software does not mean 24/7 booking!

We observed significantly less traffic on the booking software at a weekend. Even when patients were sent SMS invites/reminders to book a vaccination appointment on a Friday, most would either make the booking that day or wait until the following week. This was a big surprise! It would appear that patients are ingrained to think about primary care as a five-day service to such an extent that they do not even access a primary care software system at a weekend. This finding may also help explain why out-of-hours and weekend clinics are often less popular.



Patients trust their GP practice

Of course patients trust their GP practice! But, following on from the previous point, we know many patients are quite fixed in their expectation of what primary care is. Therefore, patients may be wary of attending clinics outside of the traditional surgery setting. In Hyde, practices did not offer surgery-based vaccination clinics. Vaccinations were instead delivered through their drive-through facility.

The other PCN provided choice between surgery-based clinics and community walk-through facilities. The Hyde model has been hugely successful, but when offered a choice, patients often opted for the surgery setting, even when the alternative was extremely close to them and had lots of capacity. It is possible that the single site in Hyde was seen by patients as the GP practice whereas the greater choice of sites at the other PCN were viewed as an alternative to the GP practice.

Social media matters

Or at the very least, can help promote a vaccination campaign. One of the PCNs promoted the service on local radio, used posters and banners inside/outside of GP surgeries, and also undertook some social media promotion. This resulted in nearly 9% of all traffic to the site emanating from social media platforms.



As well as the direct traffic, it is likely that social media activity also further reminded people of the vaccination programme that then prompted them to access the system through different means.

Patient hardware and software is remarkably consistent

Whilst both PCNs informing this case study are situated in Greater Manchester, the populations of the two areas have different socioeconomic profiles and ethnic diversity. However, the devices patients used to access the booking software were remarkably consistent. Approximately 90% all patients accessing the system in both PCNs used a smartphone (the split between Android and Apple's iOS was also very consistent), with almost all of the other devices being a traditional Windows computer or Mac. This meant that the browsers being used by patients were also consistent (Safari, Chrome and Samsung Internet accounting for over 90%)

Recommendations to optimise your mass vaccination programme

- Plan and time your communication to patients. Do not send SMS invites on a Friday evening or weekend.
- Ensure that there is a co-ordinated approach to communication that is consistent across the PCN. Use multiple channels such as posters and banners, information on practice websites, local news (radio/TV) and social media to support the direct SMS invite to patients.
- Check and recheck all web links and copy for accuracy in your SMS invites to patients. That first communication is the most important.
- Ensure that patients have choice either in location and/or time to book their vaccination. However, take care not to create 'competition' between sites as non surgery-based appointments may be seen as less desirable by some patients if offered a choice.
- Don't assume that older patients or those living in more deprived areas will not use an online platform to self-book. There is no evidence of social deprivation affecting access and, whilst older patients may be slightly less likely to book online, older patients will still use the software in large numbers.
- Ensure that your booking website is ready prior to go-live to ensure optimal search engine listing and allow for extensive testing.

