

JOINT EVENT

31st Euro Global Summit and Expo on Vaccines & Vaccination

&

4th World Congress and Exhibition on Antibiotics and Antibiotic Resistance

June 14-16, 2018 Barcelona, Spain

Implementing the evidence: Are call/recall systems for immunizations feasible?Catherine Heffernan^{1,2}, Kerry Lonergan^{1,2}, Ali Latif^{1,2}, Thomas Beaney^{1,2} and Juliet Bailey^{1,2}¹NHS England, UK²Public Health England, UK

Statement of the Problem: Patient invite-reminder systems (also known as call/recall) are consistently cited as being one of the most cost effective ways to improve uptake of vaccination services. It is unknown how applicable this is to routine practice in the UK. The aim of this study is to provide a cross-sectional description of what is currently happening in London GP practices and to provide insights into the facilitators and barriers to embedding good call/recall processes.

Methodology & Theoretical Orientation: The study design was two-fold: a survey to provide a cross-sectional description of call/recall systems in London GP practices and qualitative semi-structured interviews to gain further insight into the facilitators and barrier. Between October 2016 and February 2017 we undertook a census of all 1,301 London general practices. The survey was used as a purposive sampling frame for in-depth telephone interviews on experiences and perspectives on operating call/recall system for immunizations.

Findings: We had a 60% response rate (684 GP practices) and 25 GP practice managers volunteered to be interviewed. Call/recall processes are variable and decline with age of patient. Letters (81%) and telephone calls (80%) are the most popular methods for delivering invite-reminders. No significant difference was found between practices that did call/recall and those who didn't in terms of deprivation, population demographics and vaccination uptake of 0-5's national childhood immunization programme. Five main themes emerged from the thematic analysis: (1) no call/recall system was the same; (2) practice preference for letters and phone calls over emails and texts; (3) lack of clarity on what good call/recall should look like; (4) preference to do it themselves rather than automate it and (5) call/recall is time consuming, costly and patients aren't bothered.

Conclusion & Significance: This is the first study to describe how call/recall is utilized in routine practice. Delivery of call/recall is variable, human and paper intensive and not wide-spread. Implementing best practice evidence will require investment and consorted effort.

Biography

Catherine Heffernan is Principal Advisor for Commissioning Immunization and Vaccination Services at NHS England, London Region, England. She is a Consultant in Public Health and has spent the past five years as the London regional lead for immunizations at Public Health England, advising NHS England, London Region on commissioning section 7a immunization programme. She is also an accredited Educational Supervisor for Public Health Registrars and GP trainees and is an Honorary Senior Clinical Lecturer at London School of Hygiene and Tropical Medicine.

catherine.heffernan@nhs.net

Notes: