

<b>NHS Greater Glasgow and Clyde</b>	<b>Paper No. 26/82</b>
<b>Meeting:</b>	<b>NHSGGC Board Meeting</b>
<b>Meeting Date:</b>	<b>25 June 2026</b>
<b>Title:</b>	<b>Winter Flu Vaccination Uptake: Further Assessment of Data and Challenges</b>
<b>Sponsoring Director/Manager</b>	<b>Dr John O'Dowd, Interim Director of Public Health</b>
<b>Report Author:</b>	<b>Bryan Forbes, Operational Manager Clinical Public Health Jane Beresford, Programme Manager</b>

## 1. Purpose

### The purpose of the attached paper is to

- Provide assurance on performance and challenges associated with winter flu vaccination uptake across NHSGGC
- Present further analysis of uptake data across all eligible cohorts for the 2025/26 programme
- Outline the key drivers of reduced uptake, including inequalities, access, and confidence
- Summarise current engagement approaches and evidence-based interventions aligned to Scotland's Vaccination and Immunisation Strategy
- Highlight areas requiring further action to improve uptake, particularly within vulnerable and under-served populations

## 2. Executive Summary

### The paper can be summarised as follows:

- Overall flu vaccination uptake across NHSGGC remains below the national average (49.7% vs 55.6%), although uptake has increased year-on-year and in line with national trends
- Improvement has been observed in 6 of 7 eligible cohorts, reflecting the impact of enhanced engagement activity and service delivery models Persistent inequalities remain a significant driver of lower uptake, particularly in areas of deprivation within
- Key barriers to uptake are multi-factorial and include:
  - Confidence (vaccine hesitancy and misinformation)

## BOARD OFFICIAL

- Convenience (access to services and practical barriers)
  - Communication (information, cultural and language factors)
- Targeted interventions have demonstrated positive impact, including:
  - Expanded community pharmacy delivery and new clinic locations
  - Peer worker engagement and targeted outreach
- Improved communications, including work with specific communities and vulnerable groups
- However, areas of concern remain, particularly:
  - Declining uptake in older care home residents
  - Lower uptake in deprived populations and specific workforce groups
- The current engagement strategy aligns with the Scottish Vaccination and Immunisation Programme (SVIP) framework, with over 60% of relevant actions already underway and further developments planned for 2026/27

### 3. Recommendations

**The NHSGGC Board is asked to consider the following recommendations:**

- Note the content of the report and the assurance provided on current delivery and engagement approaches
- Acknowledge the continued gap between NHSGGC and national uptake rates, driven largely by population inequalities
- Support the proposed focus on targeted interventions across all HSCPs, particularly:
  - Strengthening engagement and communication approaches
  - Enhancing access for vulnerable and under-served populations
- Agree the need for a consistent, system-wide approach to improving uptake in care homes, including:
  - Improved communication with residents and families
  - Standardised information materials across setting
- Endorse ongoing implementation of the Scottish Vaccination and Implementation Programme (SVIP) framework actions and associated improvement plans for 2026/27

### 4. Response Required

This paper is presented for Assurance

### 5. Impact Assessment

The impact of this paper on NHSGGC's corporate aims, approach to equality and diversity and environmental impact are assessed as follows:

- |                        |                        |
|------------------------|------------------------|
| • Better Health        | <u>Positive</u> impact |
| • Better Care          | <u>Positive</u> impact |
| • Better Value         | <u>Positive</u> impact |
| • Better Workplace     | <u>Positive</u> impact |
| • Equality & Diversity | <u>Positive</u> impact |

- Environment **Neutral impact**

## **6. Engagement & Communications**

**The issues addressed in this paper were subject to the following engagement and communications activity:**

- Engagement with HSCP vaccination teams and operational services
- Collaboration with community and third sector partners, including peer workers and targeted outreach programmes
- National policy and strategic alignment with Scottish Government and Public Health Scotland frameworks
- Local and national “lessons learned” exercises following the 2025/26 vaccination programme

## **7. Governance Route**

**This paper has been previously considered by the following groups as part of its development:**

- CMT

## **8. Date Prepared & Issued**

**Date Prepared:** 28 May 2026

**Date Issued:** 17 June 2026



<b>NHS Greater Glasgow &amp; Clyde</b>	<b>Paper No. 26/82</b>
<b>Meeting:</b>	<b>NHSGGC Board Meeting</b>
<b>Meeting Date:</b>	<b>25 June 2026</b>
<b>Title:</b>	<b>Winter Flu Vaccination Uptake: Further Assessment of Data and Challenges</b>
<b>Sponsoring Director/Manager</b>	<b>Dr. John O'Dowd, Interim Director of Public Health</b>
<b>Report Author:</b>	<b>Bryan Forbes, Operational Manager Clinical Public Health Jane Beresford, Programme Manager Dr Iain Kennedy, Head of Service, Clinical Public Health &amp; Board Immunisation Coordinator.</b>

### **Purpose:**

This update provides further assessment of the data and challenges around uptake across all cohort groups within the 25/26 flu vaccination programme. Providing a summary of NHS Greater Glasgow and Clyde (NHSGGC)'s existing engagement methods alongside emerging programmes of work, this report provides assurance that NHSGGC are in line with the evidence base and approaches outlined within Scotland's Vaccination and Immunisation 5-year Delivery framework.

### **Situation**

There has been a sustained decline in vaccination uptake, across all vaccine programmes, in all jurisdictions. During the height of the Covid pandemic, this trend was reversed, but ongoing decline has resumed. The primary drivers of this decline are issues of confidence (often referred to as vaccine hesitancy), convenience and communication. Many studies note that such barriers can disproportionately affect those living in deprived areas, exacerbating inequalities in uptake.

NHS GGC delivers the largest public health programme in Scotland, with approximately 750,000 vaccines delivered each year. There is a mixed picture in terms of long term trend in uptake and comparison to Scottish averages, between programmes and localities.

Following further data analysis and a review of lessons learned as part of NHSGGC's vaccination programme annual planning approach, there is assurance that the overall engagement approach reflects the national strategic delivery framework and contains evidence-based mitigations designed to address the barriers to uptake. Sustained efforts across the whole of NHSGGC will be required to continue to reduce known barriers to participation for our populations.

## **Background**

The Joint Committee on Vaccination and Immunisation (JCVI) makes recommendations for vaccine use, considering the incidence of disease, effectiveness of the vaccine, characteristics of the populations and the practicalities of introducing a vaccine programme. The Scottish Government, via a Chief Medical Officer letter, detail eligible cohorts to Scottish Health Boards.

Since the completion of the national Vaccination Transformation Programme, which transitioned responsibility for delivery from GP to Health Boards, adult flu vaccinations are delivered through two main modes of delivery within NHSGGC:

- Community Clinics (operated across 21 venues across all 6 HSCP areas offering vaccinations from 08:45 to 19:30 Monday to Sunday) and the Scottish Ambulance Mobile unit (10 days per month targeted to areas identified as previously low uptake).
- On-site vaccination (Care home and housebound delivery via HSCP vaccination teams and dedicated staff clinics).

Whilst Boards are responsible for developing their own local engagement strategy, the recently published Scottish Vaccination and Immunisation 5-year Delivery Framework outlines engagement requirements including:

- Equitable access and targeted engagement
- Make every contact count
- Community and third sector partnership
- Accessible Information and feedback
- Workforce education and support

This framework recognises the impact of falling uptake rates, as well as the significant disparities in immunisation rates across different demographic and socio-economic groups, leading to under-protected populations.

With a high proportion of people affected by social deprivation in NHSGGC, there are significant challenges in achieving uptake levels comparable with national figures. As a result of more targeted engagement efforts (e.g. increased patient communications, a review of clinic locations, engagement with secondary care and targeted staff flu clinics), there have been signs of progress across NHSGGC cohorts.

This includes 6 of 7 flu cohorts experiencing improvements relative to national uptake percentages. Overall uptake, however, does still remain below the national uptake percentages and there are concerns at the reduction in care home uptake levels.

## Assessment

### Uptake Rates

Flu vaccination uptake in Scotland has shown a short-term upward trajectory from the previous year, reaching 55.5% of the eligible adult population in winter 2025/26, up from 52.2% in 2024/25. The likely driver for this was the early severe flu season, prompting individuals to come forward during the programme.

The uptake in the vulnerable over-75 cohort is particularly high at 81.0%, however, uptake among healthcare and social care workers, as well as those in the At Risk or weakened immune system (WIS) cohorts is much lower.

Overall, flu cohorts have increased from the previous year, with totals rising in both NHSGGC (+3,568) and nationally (+38,218). The biggest increases were in the 65 to 74 age group, 75+, and at-risk 18 to 64 groups.

Flu Cohort	NHSGGC Population			National Population		
	2024	2025	Decrease/Increase	2024	2025	Decrease/Increase
Aged 75+	95755	97338	+1583 (+1.65%)	538098	549761	+11663 (+2.16%)
Aged 65 to 74	125394	128920	+3526 (+2.81%)	632906	648205	+15299 (+2.31%)
Older People Care Home Residents	6263	6453	+190 (+3.03%)	28370	28197	-173 (-0.6%)
All Health Care Workers	42677	42784	+107 (+0.25%)	183655	184981	+1326 (+0.72%)
At Risk age 18 to 64	202119	202253	+134 (+0.06%)	888761	901802	+13041 (+1.46%)
Ages 18 to 74 WIS	35723	35249	-474 (-1.32%)	152545	152350	-195 (-0.12%)
All Social Care workers	36766	35267	-1499 (-4.07%)	168873	166129	-2744 (-1.6%)
Total	546721	550289	+3568 (+0.65%)	2595232	2633450	+38218 (+1.47%)

Table 1. NHSGGC and National Cohort Population 2024 and 2025. (Source PHS Discovery)

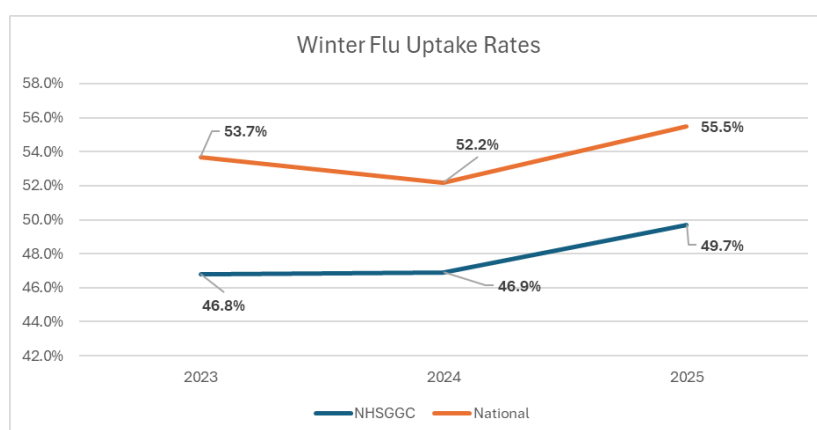


Chart 1. NHSGGC and National Flu uptake rates 2023 to 2025. (Source PHS Discovery)

## BOARD OFFICIAL

The key headlines are that:

- NHSGGC overall flu uptake is lower than the national uptake (49.7% v 55.6%) but this is largely reflective of population demographics (recognising lower uptake within deprived areas) and despite of increased engagement work.
- NHSGGC overall flu uptake increased by 2.8% (a slightly better position than the national uptake level which reported a 2.4% increase).
- This resulted in an additional 15,469 patients being vaccinated in NHSGGC compared to last year.

### Specific Cohorts

- For 6 of the 7 cohorts, NHSGGC uptake level mirrored the national position (with an overall increase; and NHSGGC increase being in line with the proportional increase nationally).
- For the Older People Care Home residents, NHSGGC and national experienced a decrease in uptake (3.1% compared to 1.5%). This translates to a decrease of 217 patients in NHSGGC.

### Health Inequalities

Health inequalities in NHSGGC are driven by entrenched socio economic deprivation and systematic barriers leading to significant lower life expectancy. Glasgow alone as a city consistently records the widest health inequalities and lowest life expectancy of any city in the UK and Europe.

Our vaccination uptake strongly correlates with socioeconomic status with communities in areas of high deprivation consistently reporting lower coverage for both routine childhood programmes and adult immunisation programmes. These systematic differences have widened in recent years not just in relation to vaccination but to a wide number of health outcomes.

In terms of vaccination uptake, we have HSCP areas that consistently outperform Scotland's uptake rate and are found in our more affluent communities of East Dunbartonshire and East Renfrewshire. Inverclyde and Renfrewshire HSCP's often sit not far below or on a par with Scotland's uptake rates. West Dunbartonshire and Glasgow City which include a higher proportion of communities with significant health inequalities have our lowest uptake rates. NHS GGC's Immunisation Team are working closely with HSCP Staff to work to increase engagement and uptake. Another driver of low vaccine uptake is misinformation. The Scottish Government has published a strategy, "Scottish Health Information Integrity Strategy" in October 2025. The strategy sets out a framework for safe, coherent, evidence based and ethical approaches to address false and misleading health information. The strategy defines misinformation based on the World Health Organisation definition and is described as:

**Misinformation:** 'spread of false information without the intent to mislead'

**Disinformation:** information 'designed or spread with full knowledge of it being false...as part of an intention to deceive and cause harm'

## BOARD OFFICIAL

In addition the term 'infodemic' – has been coined to describe situations during disease outbreaks in which there is an overabundance of information that is both factual and inaccurate, leading to confusion and risk-taking behaviours which can be harmful to health. These descriptions directly relate to vaccination which has led to false and misinformation as well as vaccine fatigue. The rise of misinformation and disinformation on social media has also had a significant impact. This has had a global impact on vaccination uptake rates and Scotland is not unique in seeing a drop in vaccination uptake.

### What causes Inequities in accessing Vaccination Services

These inequities can include service access issues as well as cultural or linguistic obstacles. For the purposes of this paper, we have summarised these barriers into three categories: Convenience, Confidence, and Culture.

Barriers	Description
1. Practical and Structural Barriers (Convenience)	<ul style="list-style-type: none"><li>• Limited clinic hours, long distances to travel, lack of transport</li><li>• Inflexible booking systems and failure to identify eligible individuals</li><li>• Lack of paid time off work to attend appointments and inflexible childcare</li><li>• Inequalities in uptake – lower uptake is consistently found in some population groups who experience deprivation and inequities in access to services</li></ul>
2. Confidence and Psychological Barriers	<ul style="list-style-type: none"><li>• Fears regarding side effects, speed of vaccine development and concern as to whether vaccines are effective</li><li>• Distrust of institutions E.g. Government messaging, pharmaceutical industries</li><li>• Misinformation – widespread inaccurate information through social media</li><li>• Low risk perception – “Healthy enough”</li></ul>
3. Social Cultural and Communication Barriers	<ul style="list-style-type: none"><li>• Insufficient Information</li><li>• Language and literacy</li><li>• Cultural and religious beliefs</li><li>• Age and education – evidence suggests that lower age and lower levels of education are sometimes associated with higher levels of hesitancy</li></ul>

Table 2. Summary table of barriers to engagement with vaccination programmes

Within NHSGGC, the current engagement strategy recognises and is designed to address the barriers to participation. The following table includes a breakdown of these interventions.



## BOARD OFFICIAL

Barriers	Actions in NHS GGC to address barriers
1. Practical and Structural Barriers (Convenience)	<ul style="list-style-type: none"> <li>• Clinics open over 7 days a week 08:30-19:25 hours</li> <li>• All clinics mapped with travel options on website</li> <li>• Work with Acute Services to identify WIS patients and vaccinate in services</li> <li>• National Contact Centre for Covid and Flu and local contact centre with weekend opening times for people to call. Options also to change appointments online for Covid/Flu</li> <li>• Community Pharmacy for winter flu vaccinations</li> <li>• Mobile Vaccination Unit</li> <li>• Peer workers – trusted voices</li> </ul>
2. Confidence and Psychological Barriers	<ul style="list-style-type: none"> <li>• Providing clear and accessible information on our website</li> <li>• Let's Chat n Vac newsletter</li> <li>• Development of increased drop in and chat sessions across all HSCP areas</li> <li>• Vaccine Confidence/hesitancy training available for all staff and trusted voices to help strengthen conversations with the public on vaccination</li> </ul>
3. Social Cultural and Communication Barriers	<ul style="list-style-type: none"> <li>• Access to tailored information via NHS Inform and NHS GGC website</li> <li>• Translated information leaflets and resources nationally and locally</li> <li>• Using trusted voices with our Peer Workers</li> <li>• Using the Arts to engage on discussions about vaccines</li> </ul>
4. Demographic and Social Determinants of Health	<ul style="list-style-type: none"> <li>• Using trusted voices with our peer workers</li> <li>• Easy read information available via NHS Inform /NHS GGC website</li> <li>• Availability of the Vaccination Bus in areas of deprivation</li> <li>• Expansion and availability of the Pharmacy Flu Scheme in areas of deprivation</li> <li>• WIS population work with Acute services</li> </ul>

Table 3. Summary NHSGGC actions as aligned to barriers identified by Royal College of Paediatric and Child Health (which explicitly references social determinants)

### Impact of NHSGGC interventions to reduce barriers to Vaccination Services

The following table includes some progress measures in relation to some of the work undertaken to address barriers.

Barrier	Mitigations	Progress/Impact
Confidence	Drop in and chat	<ul style="list-style-type: none"> <li>• 11 sessions held prior to Winter 2025 with over 500 patient interactions</li> </ul>
Convenience	Community pharmacy	<ul style="list-style-type: none"> <li>• Doubled the number of community pharmacies offering flu vaccination to 170.</li> <li>• Over 13,000 vaccinations administered 25/26 compared to 3,272 in 2024</li> </ul>
	New clinic locations	<ul style="list-style-type: none"> <li>• Over 6,000 flu vaccinations administered at Parkhead Hub which joined the vaccination programme in October 2025</li> </ul>

## BOARD OFFICIAL

	Staff flu week	<ul style="list-style-type: none"> <li>Over 6,000 patients vaccinated in staff flu week.</li> <li>Planned staff flu fortnight in 2026</li> </ul>
	Peer immunisers	<ul style="list-style-type: none"> <li>64 Active peer immunisers in 2025 vaccinating over 2160 staff compared to 1369 in the previous campaign</li> </ul>
Communication	Credible spokespeople and consistent messaging.	<ul style="list-style-type: none"> <li>'Lets Chat Vac' newsletter distributed to key HSCP and NHS staff</li> <li>Co –Produced Resources for prisons settings (films shown on tv system, talking heads for radio, posters).</li> <li>Sessions on Radio Awaz and Radio Jambo to support the reach of our ethnic minority communities</li> </ul>
	Understanding eligibility – WIS work	<ul style="list-style-type: none"> <li>Engagement work with 22 targeted outpatient services (those who are experiencing addictions and homelessness E.g. Thistle Injecting Rooms, Complex Needs Service).</li> <li>A total of 1,668 flu vaccinations have been delivered via this route.</li> </ul>
	Peer workers	<ul style="list-style-type: none"> <li>A Peer worker programme is in place for NHGGC. This is a workforce of trusted voices to reach and engage those who do not engage with health services. These trusted voices reach people within their own communities with health information and engage and facilitate discussions and engagement. For example two Polish peer workers joined the programme in 2024, with uptake among Polish communities increasing in Winter 2024 to 20.1% compared to 11.5% in 2023.</li> </ul>

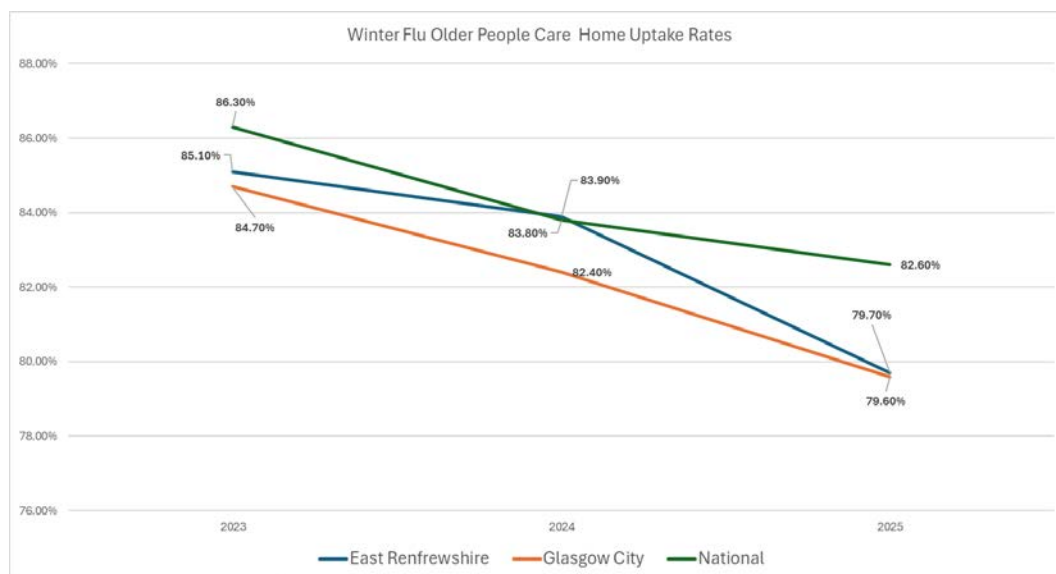
**Table 4. Measures of progress: NHSGGC interventions designed to reduce barriers**

### Understanding the Decrease in Uptake in Older People Care Home residents

The assessment to date in this paper has focused on our engagement approach and delivery model for community clinics. As mentioned earlier, teams provide on-site vaccination delivery for care home residents.

The pattern of decline in uptake in this population (seen across other Boards) is clinically significant due to the vulnerability of this group of patients and the impact of respiratory illness on outbreaks and hospital admissions over winter. Given the higher prevalence of residents in these two HSCTs, further analysis has been undertaken within East Renfrewshire and Glasgow City.

## BOARD OFFICIAL



**Chart 2: Glasgow City and East Renfrewshire Older People Care Homes Flu uptake 2022 to 2025 – (Source PHS Discovery)**

Uptake decline in care homes is driven by Flu vaccine refusal/low demand rather than access constraints. Care home uptake remains comparatively higher than other cohorts, but the downward trend translates to larger numbers unprotected in a high-risk setting. Misinformation and confidence issues are reported as influencing vaccine decisions, affecting both public and workforce conversations.

There is feedback from teams that older care residents or family members are declining the vaccine offer. It is also worth noting that the information in the public domain around Covid infection and risks has declined post pandemic and this means it is less dominant in people's minds. Information is provided to Care Homes for all residents and family members where consent is required.

Appendix 1 provides a summary of data from two areas – East Renfrewshire and Glasgow City as well as more detail around potential barriers and mitigations. It is worth note that a decline in uptake has been seen across all HSCP's within NHSGGC (the focus has been on these two HSCP's due to large volume of residents).

### Learning from Local and National Debriefs

Following the 2025/26 campaign, both local and national lessons learned exercises were undertaken to inform future planning and delivery.

Component	National feedback	Local feedback	Improvement Plan – 2026/27
<b>Delivery model, workforce, planning and coordination</b>	Start planning earlier with confirmed timelines, cohorts, workforce plans, and materials.	Continue to offer clinics to late evening and across 7 days to improve access for working adults. Positive	Extra weekend day requested at Parkhead Hub. Analysis on vaccine uptake in previous locations used by SAS mobile unit.

## BOARD OFFICIAL

	Use flexible local models and align the workforce to demand.	patient feedback on text reminders. Successful expansion of community pharmacy offer to 170 pharmacies.	
<b>Data, Targeting and improving uptake</b>	Improve data quality, reporting and identification of priority groups. National cleansing of data for patient's email address and mobile phone details led to improved patient contact.	Positive activity in working with a range of services including addiction services, injecting rooms at The Thistle as well as acute services who have contact with those at risk/weakened immune system group e.g. COPD.	Localised text reminders to continue but also summer prompts to engage patients that they are due to be invited into community clinic venues for their winter vaccination.  Building on success of working with other services this will expand to include areas such the Asylum and bridging team, addictions, homelessness and other vulnerable WIS populations.
<b>Communication</b>	Communications materials to be made earlier, before programme launch. Develop more condition-specific and audience-specific materials earlier for people with weakened immune systems, at-risk children and staff while improving improve guidance, booking and reminders.	Co-produced resources, following research conducted in 2025 with focus groups in prisons, key stakeholder interviews with SPS and healthcare staff. Prisoners were actively involved in the production of materials such as speaking in film clips – 68% vaccinated of 271 prisoners.	Posters for staff flu fortnight to be distributed across acute sites in July. Public Health working in collaboration with NHSGGC communications team to work on the 2026 communication strategy: poster distribution, core brief, trusted voice such as Chief executive or Immunisation Coordinator, implement findings of the social care worker research.

**Table 5: National and Local lessons learnt and 2026 improvement plan**

### Alignment with national engagement actions

Subsequent to the publication of the SVIP 5 year Delivery Framework, an implementation plan was developed which requires territorial boards to review the implementation plan and prioritise activity over the five-year cycle.

## BOARD OFFICIAL

Of the 78 actions listed, 38 of them align to the adult flu programme. Our assessment of our current position is favourable with over 60% of them deemed relevant already underway. Implementation plans for a further 11 actions will be developed for the 26/27 winter flu programme. The 37 actions related to adult flu are outlined in Appendix 1.

Category	Number	Examples
Strive to maintain	10	<p>Ensure translated, culturally appropriate materials are distributed. Materials should be inclusive for low literacy, non-English speakers, and the digitally excluded.</p> <p>Provide outreach for people who are homeless or in temporary accommodation. Outreach and mobile teams vaccinate homeless and vulnerably housed adults at shelters and support hubs to reduce inequalities.</p>
Activities ongoing	6	<p>Increase opportunistic vaccination across service points. Facilitate vaccination during routine healthcare interactions in primary and secondary care, to reach patients missing standalone immunisation sessions</p>
Activities to start Year 1	11	<p>Engage with healthcare professionals via specialist communications. Equip healthcare professionals with updated guidance and clear messaging to boost confidence and promote opportunistic vaccination recommendations.</p> <p>Use data to target geographic areas with persistent under-uptake. Public Health teams must review uptake trends locally and tailor quality improvement plans to specific area needs.</p> <p>Monitor uptake by employer and care setting type. Analyse data by care home, home care, and supported living to support targeted sector-specific improvements.</p>
Activities to start Years 2 or 3	1	<p>Commission on-site employer-based vaccination delivery. Local authorities and care providers facilitating on-site staff flu vaccination improves uptake by removing access barriers.</p>
Not progressing/beyond scope	8	<p>Create a national opt-out system for adult vaccinations. An opt-out vaccination system</p>
Not categorised	1	<p>Improve accessibility for working adults. Workplace vaccinations and extended clinic hours improve access for working adults; employer support normalises and supports uptake.</p>

Table 6. NHSGGC Assessment against national priority actions

### Overall Assessment Summary

An evidence based engagement plan has been implemented and will be expanded in winter 2026 and beyond to cover all vaccination programmes. This engagement plan has helped support patients to engage with the programme E.g. Weakened

Immune System/Vulnerable Populations. We recognise further work is needed and activities are being planned in line with the national SVIP Framework.

### **Recommendations**

The NHSGGC Strategic Immunisation Group will oversee and provide assurance to the DPH and the Board on the implementation of our improvement plan and the implementation of the 5-year Delivery Framework actions, working in partnership across the whole system. Specific actions relating to adult flu will include:

### **Older Resident Care Homes**

- Agreed and detailed process for communication with relatives and families in relation to care home vaccination
- Agreed process for distributing information to care home residents who can self-consent
- Initial discussions with the Care Home Assurance Group to explore inclusion of public health/vaccination in annual visits/commissioning processes
- Standard posters and information to be displayed across all care homes.

### **Across all programmes of work:**

- A continued robust and streamlined communications plans for all vaccination programmes
- Standard posters and information to be displayed across all, acute sites, community vaccination clinics, other NHS sites, and council property.
- Implement findings from the social care staff barriers research and monitor impact in uptake of Flu vaccination
- Continue to increase participation of clinical services in vaccinating patients in weakened immune system groups and those who are vulnerable E.g. Addictions
- Implement and monitor impact of our year 1 actions from the SVIP 5-year vaccination framework.

**Appendices**

Appendix 1: Care home uptake East Renfrewshire and Glasgow City and analysis of barriers

Appendix 2 – 37 SVIP Framework actions

## Appendix 1: Care home uptake East Renfrewshire and Glasgow City and analysis of barriers

### East Renfrewshire

Care Home Info - Winter 2025/26

Programme	Eligible Population	Vaccinated	Uptake %	National Uptake %
Flu	576	459	79.7%	82.6%

**Table 8: East Renfrewshire Winter 2026 Winter Uptake – PHS discovery Data**

Paper consent forms are emailed out to care homes first. The Care Homes then keep them in their resident files.

A printed list of residents is sent by the Care Home to the HSCP and is reviewed by our administration team. Vaccination Nurses take this out to the Care Home and mark up through the day as vaccination is offered and administered.

Declined decisions are happening mostly from family members although it is worth noting that some residents with capacity are also declining.

The reasons for refusal are likely to be complex and will depend on who is making the decision. There is a perception that amongst family members responsible for giving consent there are vaccine confidence and fatigue factors influencing decision making. They may view their loved one as older/tired/unwell after vaccination and that they feel their loved one has had enough.

Care Homes are responsible for sharing the information with residents, relatives, and family members. Whilst there may be expired AWI (Adults with Incapacity –Section 47) these are small and in East Renfrewshire this is addressed directly with the GP prior to commencement of the vaccination programme.

Suggestions for Improvement:

- To make a short film clip/you tube on Flu Vaccination that could be sent to all family members/residents which includes Nurse Vaccinator and Director of Public Health/Immunisation Co-ordinator
- Send out consent forms electronically with a link to the film clip and NHS inform. This would need to be done by the care homes
- Consider using the Care Home Assurance Group (CHAG) within each HSCP to ask as part of their visits what care homes are doing to promote public health and the uptake of vaccination. This should also include the Care Home Collaborative/HSCP Commissioning Officers in moving work forward.

### Glasgow City



## BOARD OFFICIAL

Glasgow City HSCP has the highest volume of Care Homes and Care Home residents with NHS Greater Glasgow and Clyde. There are approximately 63 Care Homes.

Programme	Eligible Population	Vaccinated	Uptake %	National Uptake
Flu Only	3016	2402	79.6%	82.6%

**Table 5: Glasgow City uptake Winter 2026 – (Source PHS Discovery)**

Only 2 residents still did not have the relevant AWI (Section 47) paperwork in place when the programme ended in March 2026. 7 residents remained outstanding due to hospital admission.

The Care Home Vaccination Team visit care homes in-between programmes to maintain relationships and ensure paperwork is completed and up to date prior to the start of any programmes. In addition to this prior to any campaign Care Homes are provided with posters to display with the date that the vaccination team is visiting together with a cover letter to care homes explaining why the team is visiting and what vaccination/s are on offer on the day of the visit together with what information is required. There is a perception that care homes may be fatigued with the number of visits and this has increased significantly since the pandemic due to new vaccines and or changes to existing programmes where eligibility or cohort expansion has been recommended and adopted into Scottish health policy.

Glasgow City HSCP Vaccination Team are considering open days at Care homes where nurses could be present to respond to family/relatives' questions and queries.

**Appendix 2 – 37 SVIP Framework actions**

Cohort	Improvement Heading	Detail	Current Status
Adult vaccination programme (<65 years)	Improve vaccine uptake	Engage with healthcare professionals via specialist communications. Equip healthcare professionals with updated guidance and clear messaging to boost confidence and promote opportunistic vaccination recommendations.	Year 1
Adult vaccination programme (<65 years)	Improve vaccine uptake	Increase opportunistic vaccination across service points. Facilitate vaccination during routine healthcare interactions in primary and secondary care, to reach patients missing standalone immunisation sessions.	In progress
Adult vaccination programme (<65 years)	Improve vaccine uptake	Improve accessibility for working adults. Workplace vaccinations and extended clinic hours improve access for working adults; employer support normalises and supports uptake.	further discussion required
Adult vaccination programme (<65 years)	Improve vaccine uptake	Identify eligible patients via condition registers. Using GP long-term condition registers ensures high-risk patients are identified and vaccinated promptly.	Year 1
Adult vaccination programme (<65 years)	Improve vaccine uptake	Deliver a national-level communications campaign. National evidence-based campaigns can counter social media disinformation, boost vaccine confidence, and increase uptake.	Beyond scope
Adult vaccination programme (<65 years)	Reduce inequality in uptake	Prioritise engagement in areas of low adult vaccine uptake (e.g. prisons, remote/rural and deprived communities). Analyse uptake by SIMD, HSCP, and GP practice to identify inequities; target outreach via welfare and carers' networks.	Year 1
Adult vaccination programme (<65 years)	Reduce inequality in uptake	Ensure translated, culturally appropriate materials are distributed. Materials should be inclusive for low literacy, non-English speakers, and the digitally excluded.	Maintain
Adult vaccination programme (<65 years)	Reduce inequality in uptake	Use tailored messaging to increase uptake in under-represented risk groups. Target patients with severe mental illness, homelessness, or substance use via trusted services like addictions and mental health.	In progress
Adult vaccination programme (<65 years)	Reduce inequality in uptake	Provide outreach for people who are homeless or in temporary accommodation. Outreach and mobile teams vaccinate homeless and vulnerably housed adults at shelters and support hubs to reduce inequalities.	Maintain
Adult vaccination programme (<65 years)	Reduce inequality in uptake	Engage third sector partners for outreach. Partner with charities and community groups to extend vaccine reach, build trust, and support vulnerable adults.	Maintain
Adult vaccination programme (<65 years)	Improve efficiency	Embed eligibility prompts within GP clinical systems. Clinical software should flag vaccine eligibility by age or condition during consultations to support opportunistic offers.	Beyond scope

## BOARD OFFICIAL

Adult vaccination programme (<65 years)	Improve efficiency	Train non-medical staff (HCAs, pharmacists) to administer adult vaccines. Task-shifting to a wider workforce enhances throughput, flexibility, resilience, and improves delivery in high-volume vaccination settings.	Maintain
Adult vaccination programme (65+ years)	Improve vaccine uptake	Optimise scheduled invitations with pre-booked appointments. Invitations specifying date, time, and location, sent early via trusted local channels, improve patient attendance.	Maintain
Adult vaccination programme (65+ years)	Improve vaccine uptake	Address misconceptions in older age groups through targeted communications. Common concerns about vaccine efficacy, safety, and necessity can be addressed with tailored messages from trusted professionals to support uptake.	Beyond scope
Adult vaccination programme (65+ years)	Improve vaccine uptake	Consider sending SMS reminders before flu season begins. Timely flu vaccination reminders raise awareness, prompt bookings, increase early uptake, and improve overall vaccine coverage.	Year 1
Adult vaccination programme (65+ years)	Improve vaccine uptake	Improve accessibility of vaccination sites. Local systems must ensure vaccination venues are accessible, familiar, trusted, and reachable by public transport.	Year 1
Adult vaccination programme (65+ years)	Reduce inequality in uptake	Ensure equitable provision across care homes and housebound patients. Community and district nursing teams need capacity for vaccinating older adults at home or residential settings, with clear uptake reporting.	Maintain
Adult vaccination programme (65+ years)	Reduce inequality in uptake	Use data to target geographic areas with persistent under-uptake. Public Health teams must review uptake trends locally and tailor quality improvement plans to specific area needs.	Year 1
Adult vaccination programme (65+ years)	Improve efficiency	Align adult immunisation delivery with flu campaign infrastructure. Use flu delivery infrastructure to co-administer adult vaccinations, where indicated, including COVID, RSV, pneumococcal, and shingles vaccines.	Beyond scope
Adult vaccination programme (65+ years)	Improve efficiency	Create a national opt-out system for adult vaccinations. An opt-out vaccination system	Beyond scope
Healthcare workers (seasonal flu)	Improve vaccine uptake	Secure active promotion by senior clinical and operational leadership. Organisational leaders should endorse flu vaccination; manager engagement enhances delivery and staff uptake.	Maintain
Healthcare workers (seasonal flu)	Improve vaccine uptake	Deploy local peer vaccinators and team champions. Peer-to-peer vaccination boosts convenience and normalises uptake, with champions aiding myth-busting and support.	In progress
Healthcare workers (seasonal flu)	Improve vaccine uptake	Use targeted internal communication. Targeted internal communications and visible reminders increase flu vaccine awareness, address misconceptions, and boost staff confidence.	Maintain

## BOARD OFFICIAL

Healthcare workers (seasonal flu)	Reduce inequality in uptake	Monitor uptake by staff group and location. Analyse data by job role, shift, and site to enable targeted re-engagement efforts.	In progress
Healthcare workers (seasonal flu)	Reduce inequality in uptake	Offer clinics during early, late and night shifts. Extending workplace clinics increases vaccine uptake among shift and part-time staff.	Maintain
Healthcare workers (seasonal flu)	Improve efficiency	Use roving vaccinators to reach remote or clinical areas. On-the-spot access via mobile vaccinators improves vaccine uptake forward staff and those based at isolated sites.	Maintain
Social care workers (flu)	Improve vaccine uptake	Commission on-site employer-based vaccination delivery. Local authorities and care providers facilitating on-site staff flu vaccination improves uptake by removing access barriers.	Year 2/3
Social care workers (flu)	Improve vaccine uptake	Engage care provider managers in promotion. Care home and domiciliary managers influence team health behaviours; their advocacy promotes flu vaccination uptake and visibility.	Year 1
Social care workers (flu)	Improve vaccine uptake	Use trusted peer advocates across shifts. Designated peer advocates across shifts provide relatable messaging, address concerns informally, and boost vaccination visibility and comfort.	Year 1
Social care workers (flu)	Improve vaccine uptake	Deliver a national campaign on flu vaccination in social care. Many staff unaware of vaccine eligibility; information must emphasise protecting vulnerable individuals through vaccination.	Beyond scope
Social care workers (flu)	Reduce inequality in uptake	Design and Commission research with Care home workers and Care at Home workers to understand the reasons for non-engagement and uptake and design and deliver co-produced resources	In progress
Social care workers (flu)	Reduce inequality in uptake	Target under-served groups with adapted materials and outreach. Address language, literacy, and digital barriers with adapted formats, community engagement, translated consent forms, and culturally appropriate resources.	Beyond scope
Social care workers (flu)	Reduce inequality in uptake	Monitor uptake by employer and care setting type. Analyse data by care home, home care, and supported living to support targeted sector-specific improvements.	Year 1
Social care workers (flu)	Reduce inequality in uptake	Offer vaccines across shift times and locations. Deliver flu vaccines during all shifts and locations to improve access for social care workers with limited flexibility.	Year 1
Social care workers (flu)	Improve efficiency	Partner with third sector for outreach delivery. Partnering with voluntary organisations reaches marginalised or independently contracted care workers, ensuring equitable vaccine access.	Year 1
Social care workers (flu)	Improve efficiency	Deliver a targeted locality-based survey. Local data on the attitudes of social care workers to flu vaccination is crucial to identify and respond to any barriers identified.	In progress

## BOARD OFFICIAL

Social care workers (flu)	Improve efficiency	Improved data sharing of eligible social care workforce. Accurate denominator data is required for local uptake monitoring; requiring close partnership with the social care sector.	Beyond scope
---------------------------	--------------------	--	--------------