

Flu 2020-21 Hampshire and Isle of Wight Primary Care Guide

August 2020

NHS England and NHS Improvement



About this Guide



- This guide gathers together information from a variety of sources to support providers, particularly in primary care, to deliver the 2020-21 flu programme. It is separated into sections for ease of reference. It uses information from the annual flu letter and signposts to additional information and resources throughout the guide and in the Resources section at the end.
- In the Planning for Improved Uptake section, the guide includes some ideas about how to increase uptake, drawing on evidence from a study into factors associated with higher flu vaccine uptake and information provided by local practices. High-achieving practices will already use several of these tools and follow good practice for encouraging high uptake of the flu vaccine in their setting.
- Links to a range of resources, campaign materials and further reading are included in the Resources section.
- The guide also contains some tools and models aimed at assisting practices in delivering the seasonal flu programme in the context of the Covid-19 pandemic – these are described in Appendix 1.
- Thank you for your continued support with the programme.

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Overview and Key Messages

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Why flu vaccination is important



Flu is

- highly infectious
- common
- easily transmitted

and

- it causes serious complications for those in risk groups

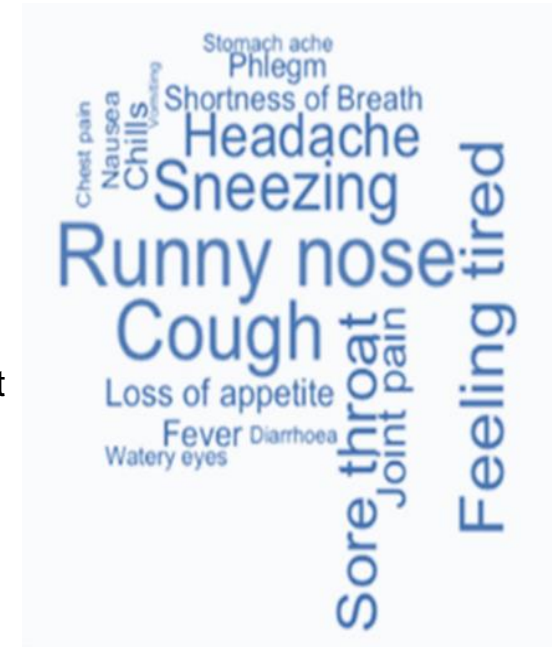
On average, in the UK, 600 people a year die from complications of flu, but in some years this can rise to over 10,000 people.

Influenza during pregnancy may be associated with perinatal mortality, prematurity, smaller neonatal size, lower birth weight and increased risk of complications for mother

Flu leads to hundreds of thousands of GP visits and tens of thousands of hospital stays a year.

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

Vaccination of health and social care workers protects them and reduces risk of spreading flu to their patients, service users, colleagues and family members



Key Messages from the 2020-21 Season second flu letter



In light of the risk of flu and COVID-19 co-circulating this winter, this year's flu immunisation programme is absolutely essential to protecting vulnerable people and supporting the resilience of the health and care system

The focus should be on achieving maximum uptake of the flu vaccine in existing eligible groups, as they are most at risk from flu or, in the case of children, of transmission to other members of the community

It is essential to increase flu vaccination levels for those who are living in the most deprived areas and from black and minority ethnic communities

- engagement with local communities, employers and faith groups
- tackling health inequalities for all underserved groups to ensure equality of access

All frontline health and social care workers should receive a vaccination this season, provided by their employer. Definition as per Green Book (see Resources for link)

This year, as part of wider planning for winter, the government aims to extend the flu vaccine programme in November and December to include the 50-64 year old age group subject to vaccine supply. The extension will be phased to allow practices to prioritise those in at risk groups first.

In recognition of the need to achieve maximum coverage this year, all Hospital Trusts will be asked to offer vaccinations to pregnant women attending maternity appointments and to those clinically at risk eligible patients attending in- and out-patient appointments

Eligible Groups and Targets 2020-21

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In the 2020-21 season, NHS flu vaccination should be offered to the following patient groups:

- all children aged two to eleven (but not twelve years or older) on 31 August 2020
- people aged 65 years or over (including those becoming age 65 years by 31 March 2021)
- those aged from six months to less than 65 years of age, in a clinical risk group:
 - chronic (long-term) respiratory disease, such as severe asthma, chronic obstructive pulmonary disease (COPD) or bronchitis
 - chronic heart disease, such as heart failure
 - chronic kidney disease at stage three, four or five
 - chronic liver disease
 - chronic neurological disease, such as Parkinson's disease or motor neurone disease, learning disability
 - diabetes
 - splenic dysfunction or asplenia
 - a weakened immune system due to disease (such as HIV/AIDS) or treatment (such as cancer treatment)
 - morbidly obese (defined as BMI of 40 and above)
- all pregnant women (including those women who become pregnant during the flu season)

Full definitions for at risk groups are available in the Green Book

Eligible Patient Groups continued



- household contacts of those on the NHS Shielded Patient List, or of immunocompromised individuals, specifically individuals who expect to share living accommodation with a shielded patient on most days over the winter and therefore for whom continuing close contact is unavoidable*
- people living in long-stay residential care homes or other long-stay care facilities where rapid spread is likely to follow introduction of infection and cause high morbidity and mortality. This does not include, for instance, prisons, young offender institutions, university halls of residence, or boarding schools (except where children are of primary school age or secondary school Year 7).
- those who are in receipt of a carer's allowance, or who are the main carer of an older or disabled person whose welfare may be at risk if the carer falls ill.

NOTE: The above list is not exhaustive, and the healthcare professional should apply clinical judgement to take into account the risk of flu exacerbating any underlying disease that a patient may have, as well as the risk of serious illness from flu itself. Flu vaccine should be offered to such cases and will be reimbursed.

NOTE: Additionally, in 2020/21, flu vaccinations might be offered under the NHS flu vaccination programme **to individuals between 50-64 years**, following prioritisation of other eligible groups and subject to vaccine supply. Any such extension will be phased to allow those in at risk groups to be prioritised and will be subject to vaccine supply.

You should not offer vaccination to, or vaccinate, anyone in the 50 – 64 year old age group (except if in a clinical at-risk group) until notified that you should do so. Notice will be given in order to have services in place for any additional cohorts later in the season

Flu vaccination should be offered to all frontline healthcare workers

The vaccination should be provided by their employer, in order to meet their responsibility to protect their staff and patients and ensure the overall safe running of services.

Employers should provide or commission a service which makes access easy to the vaccine for all frontline staff, encourage staff to get vaccinated, and monitor the delivery of their programmes.

The definition of healthcare workers from the Green Book chapter 12 should be used to identify those eligible as part of the frontline and social care workers programme

Locum GPs can be vaccinated under the GP enhanced service by the GP practice where they are registered as a patient.

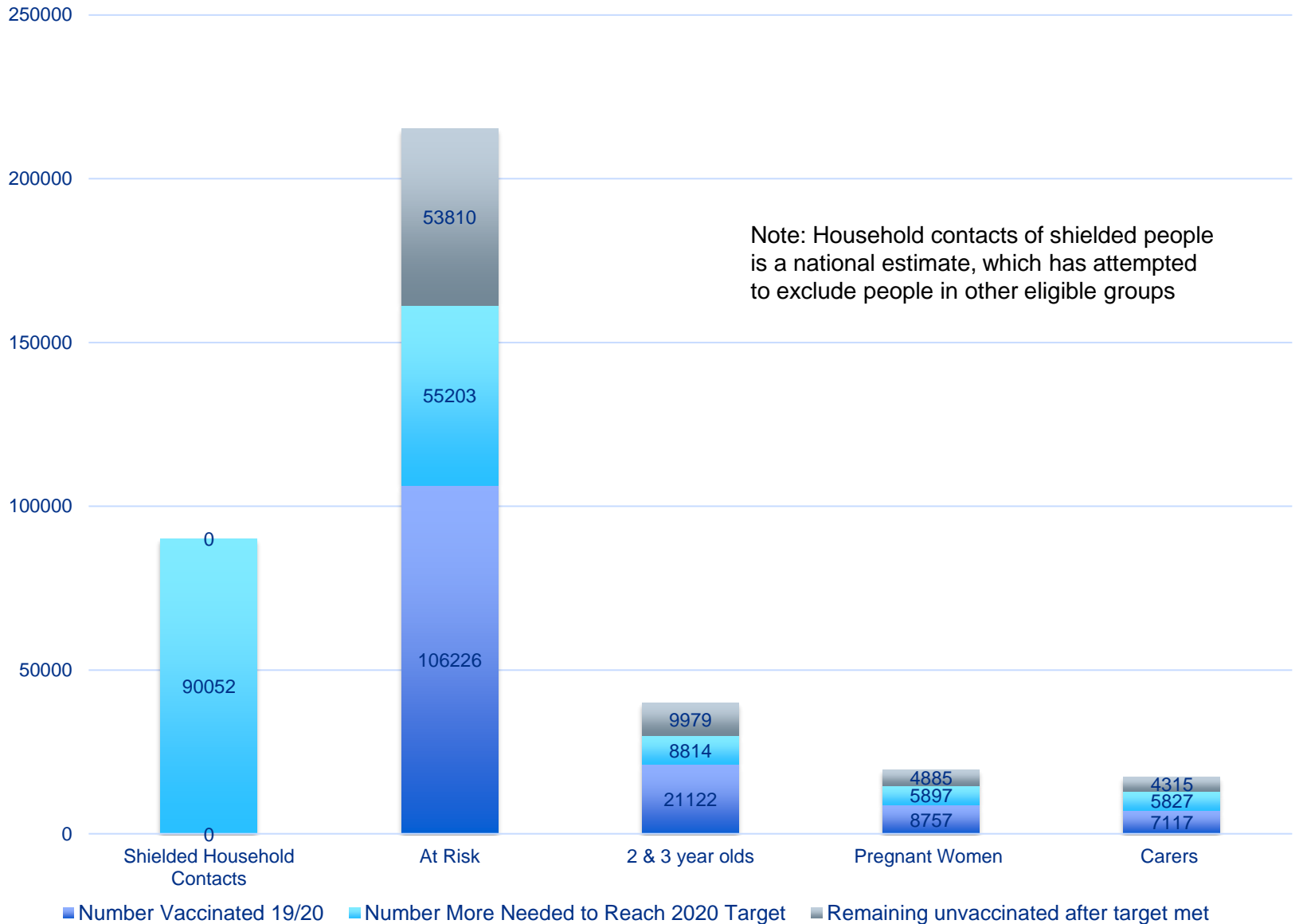
NHS flu vaccination is available to health and social care staff via their GP practice or a community pharmacy if they are:

- employed by a registered residential care/nursing home or registered domiciliary care provider and directly involved in the care of vulnerable patients/clients who are at increased risk from exposure to influenza
- employed by a voluntary managed hospice provider and directly involved in the care of vulnerable patients/clients who are at increased risk from exposure to influenza
- employed through Direct Payments and/or Personal Health Budgets, such as Personal Assistants, to deliver domiciliary care to patients and service users.*

Eligible Group	Uptake Target
65 year olds and over	75%
Those in a clinical at risk group	75%
Pregnant women	75%
2 – 3 year old children	75%
School aged children	75%
Health and social care workers	100% offer
Household contact of shielded patients	Opportunistic – aim for 100% identification and offer

NOTE: To support increased uptake, a supplementary stock of vaccine has been secured nationally. Guidance on how to draw down the extra stock will be provided in September. Current information is that it will be available from November

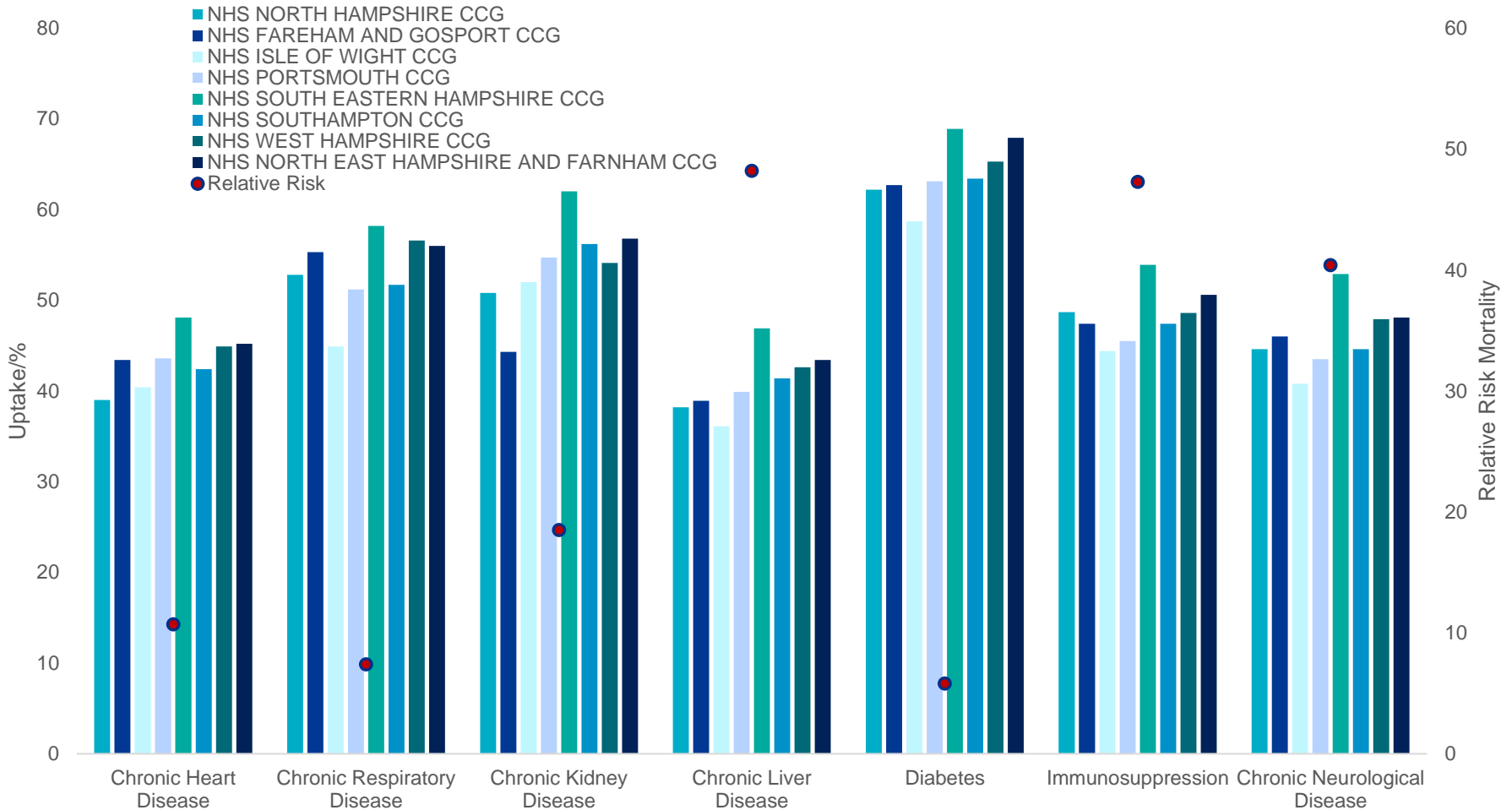
Numbers of People to be Vaccinated in HIOW



Which Patients are Most at Risk



Of those in the clinical at risk groups, people who have chronic liver disease, chronic neurological disease (including people with LD) or are immunosuppressed are at highest risk from complications of 'flu but, typically, uptake is lower amongst these groups. The chart below shows the relative risk of mortality as a result of contracting flu.



Vaccines, Ordering, Delivery and Administration

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Recommended Vaccines



Eligible Group	Recommended	Suitable Alternative
At risk children aged from 6 months to less than 2 years	QIVe.	None.
At risk children aged 2 to under 18 years	LAIV	If LAIV is contraindicated or otherwise unsuitable offer: <ul style="list-style-type: none"> • QIVe to children less than 9 years of age • QIVc to children aged 9 years and over who access the vaccine through general practice. Where QIVc vaccine is unavailable, GPs should offer QIVe. It is acceptable to offer only QIVe to children contraindicated to receive LAIV aged 9 years+ vaccinated in a school setting.
Aged 2 and 3 years on 31 August 2020 All primary school aged children and those in Year 7 (aged 4 to 11 on 31 August 2020)	LAIV	If child is in a clinical risk group and LAIV is contraindicated (or is otherwise unsuitable) offer inactivated influenza vaccine (see above). This year, for children not in at risk groups, if a parent refuses LAIV an alternative QIVe or QIVc vaccine <u>may</u> be offered to them but not before November – await guidance
At risk adults (aged 18 to 64), including pregnant women	QIVc	QIVe where QIVc is unavailable LAIV can be used “off-label” for “patients with learning difficulties who become seriously distressed with needles. A PSD must be used.
Those aged 65 years and over	aTIV Those who become 65 before 31 March 2021 should be offered aTIV ‘off-label’	aTIV is considered to be more effective than standard dose non-adjuvanted trivalent and egg-based quadrivalent influenza vaccines. QIVc is suitable for use in this age group but should be offered only if aTIV is not available
Household contacts	The vaccine relevant for the age of the person Child contacts of very severely immunocompromised individuals should be given inactivated vaccine	

Vaccine Delivery Arrangements Adult Vaccines



Manufacturer	Vaccine	Expected Delivery Dates
Sanofi	QIVe	<ul style="list-style-type: none"> • 25% week commencing 28 September • 25% week commencing 26 October • 20% week commencing 12 October • 30% week commencing 9 November
Seqirus V	aTIV and QIVc	<ul style="list-style-type: none"> • Will not phase deliveries. GPs will be informed of their delivery date. First deliveries will be received w.c. 7th September. Delivery dates will depend on when the practice placed its order and their stated preference for when to receive their delivery.
Mylan	QIVe	<ul style="list-style-type: none"> • Will not phase deliveries. GPs will be informed of their delivery date. First deliveries will be received w.c. 7th September. Delivery dates will depend on when the practice placed its order and their stated preference for when to receive their delivery.
AAH	QIVe	<ul style="list-style-type: none"> • GPs will be informed of their delivery dates which will be throughout September and October in batches. Exact dates in September not confirmed at end July.
MASTA	QIVe	<ul style="list-style-type: none"> • Finalising the delivery schedules and will be in touch with customers very soon. • The vaccines will be delivered in batches in-line with the deliveries into MASTA from the manufacturer. These will run from early October until the end of November. Any practices needing additional vaccines to their original order will now be added to a waiting list.

Providers will be notified of how and when they can access centrally held stock in September 2020.

Vaccine Ordering and Delivery – Children’s Vaccines Supplied by PHE



Manufacturer	Vaccine	Anticipated ordering arrangements and delivery dates
AstraZeneca	Fluenz® Tetra (LAIV)	<ul style="list-style-type: none"> • Ordering via Immform opens Friday 28 August • First deliveries from Wednesday 2nd September • Ordering controls will be in place as in previous years to enable PHE to balance supply with demand • Each GP practice will initially be allocated sufficient vaccine to vaccinate at least 50% of their eligible children (all 2 and 3 year olds, plus children in clinical risk groups from age 4 to <18 years) when ordering commences. • Subsequently, each GP practice will be allocated sufficient vaccine to vaccinate at least 70% of their eligible cohort (as above) by early October • Further amendments to these allocations will be made in response to demand and vaccine availability • Requests for extra vaccine will be considered on a case by case basis throughout.
Sanofi Pasteur	Quadrivalent Influenza Vaccine (split virion, inactivated) (QIVe)	<ul style="list-style-type: none"> • This vaccine should be ordered for all eligible children aged less than 9 years who are contraindicated for, or too young to receive Fluenz® Tetra <u>AND</u> are in a clinical risk group. • Available to order via Immform by early September • Initial order cap of 20 doses per week

Administering Vaccines



The Patient Group Directions (PGD) for seasonal influenza are available at the links

For GP Practices: <https://www.england.nhs.uk/south-east/our-work/info-professionals/pgd/>

For Pharmacies: <https://www.england.nhs.uk/publication/community-pharmacy-seasonal-influenza-vaccine-service/>

Further information on PGDs is available from

<https://www.gov.uk/government/publications/patient-group-directions-pgds/patient-group-directions-who-can-use-them#further-guidance>

Only qualified healthcare professionals can vaccinate under a PGD. For unqualified/unregistered staff, such as Healthcare assistants, or for circumstances where a PGD is unsuitable, guidance on the use of Patient Specific Directions (PSDs) is available at <https://www.sps.nhs.uk/wp-content/uploads/2013/03/PSD-final-July-2018.pdf>

Administering to Staff

The Specialist Pharmacy Service has developed a written instruction and supporting factsheet for use in healthcare organisations offering employees the seasonal 'flu vaccine, including peer to peer. Available at the link <https://www.sps.nhs.uk/articles/written-instruction-for-the-administration-of-seasonal-flu-vaccination/>

Additional advice which is specific to GP practices is also available: <https://www.sps.nhs.uk/wp-content/uploads/2020/07/Additional-advice-to-GP-practices-on-the-administration-of-the-seasonal-final-V2-2020.docx.pdf>

Don't forget that you can claim a dispensing fee for any vaccine administered as long as it has been purchased by the practice. For guidance on how to submit an FP34D/FP34PD visit the BSA website <https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/prescribing-and-dispensing/high-volume-vaccine-forms-fp34dpd-appendix-forms>

Contractual Requirements

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Contractual Requirements – all Providers : Key Points



The **target timeframe for delivery is from 1 September 2020 to 30 November 2020** where possible, in order to achieve maximum impact.

Vaccination may continue until 31 March 2021 but should be given in sufficient time to protect patients before flu starts circulating. Response following immunisation takes about two weeks to develop fully.

Vaccination must be with the recommended vaccines for the patient cohorts as outlined in the JCVI advice. The NHS reimbursement for vaccine is outlined in the letter published in December 2019_ <https://www.england.nhs.uk/wp-content/uploads/2019/12/NHS-England-JCVI-advce-and-NHS-reimbursement-flu-vaccine-2020-21.pdf>

50 – 64 year olds

No one in this age group should be offered vaccination, or be vaccinated, until notified, unless they are in one of the eligible at risk groups. This is not expected to be until November at the earliest and is dependent on availability of vaccine. Notice will be given in order to give time to put services in place.

Seasonal influenza and pneumococcal polysaccharide vaccination programme 2020/21 and Childhood seasonal influenza vaccination programme effective from 1 September 2020 to 31 March 2021

GP practices should offer vaccination to all eligible patients. GP Practices are required to:

- **proactively call** all eligible patients including people in clinical at risk groups, pregnant women, carers, those aged 65 and over, and 2 and 3 year olds
- **proactively recall** all those in the clinical at risk groups who do not respond to the first invitation

Where the patient is physically unable to attend the practice (for example is housebound) the practice must make all reasonable effort to ensure the patient is vaccinated.

Vaccination must be with the recommended vaccines

The specifications for both adult and childhood seasonal flu vaccination programmes can be found at: www.england.nhs.uk/gp/investment/gp-contract/

Relevant core standards in the vaccinations and immunisations essential service

- have a named lead for vaccination services
- ensure availability of sufficient trained staff and convenient, timely appointments to cover 100% of the eligible population
- ensure call recall and opportunistic offers are made in line with national standards

Network DES Enhanced Care in Care Homes Service

Care Element 2: Multi-disciplinary team (MDT) support including coordinated health and social care. Flu prevention and management best practice includes:

- a. Each care home should identify a member of staff with the responsibility for running the flu immunisation campaign. Focus on family members and visitors as well as staff and residents
- b. Record the number of staff with direct resident contact and the number receiving the flu vaccine so uptake can be measured.
- c. Use resources such as posters, leaflets, and digital tools, which can be downloaded from the Public Health England Campaign Resource Centre.

QOF quality improvement domain indicator

Practices should focus their QI activities on the following outcomes: increase the number of people on the Learning Disability QOF register in order to enable these people to be proactively called for health checks and flu immunisations and have their needs for reasonable adjustments recorded and flagged

Increase the numbers of people of all ages on the Learning Disability QOF register who have received an annual flu immunisation – the rationale being that respiratory infection is the commonest cause of death in people with a learning disability.

Contractual Requirements: Pharmacy



The service covers people in the designated eligible groups **aged 18 years and older**.

For pharmacies the target timeframe for delivery is from 1 September 2020 to 31 January, though vaccination can continue to 31st March

Pharmacies delivering flu vaccination must:

- have a SOP which includes cold chain integrity
- send notification to the patient's GP on the same or following working day including the relevant SNOMED-CT code

Further information and the specification and PGD are available at the links below:

<https://psnc.org.uk/our-news/update-on-new-flexible-approaches-to-flu-vaccination-service/>
<https://www.england.nhs.uk/publication/community-pharmacy-seasonal-influenza-vaccine-service/>

Training requirements in 2020/21

Public Health England has confirmed that pharmacists who have undertaken face to face vaccination training before and are due to undertake face-to-face training this year, can delay the face-to-face requirement until next year. More information on training is available [here](#)

<https://psnc.org.uk/services-commissioning/advanced-services/flu-vaccination-service/flu-vaccination-training/>

Pharmacy Seasonal Influenza Vaccination Advanced Service: summary of key changes for 2020/21



- Need to obtain written consent removed. Contractors must record verbal consent obtained
- Patient cohorts updated to reflect the content of the 2020/21 Annual Flu Letter
- Care homes – contractors will now be able to vaccinate care home staff at their place of work as well as residents. Need to notify NHS England and the patient's GP in advance of visit
- The existing flexibility which allows vaccination of patients in their own homes will continue.
- Contractors are now able to vaccinate off-site within professional standards - for example in locations that may provide greater space for patients, greater ability to manage patient flow to maintain social distancing and better waiting facilities in the event of poor weather.
- Contractors able to vaccinate patients in any appropriate space within the pharmacy where this supports better social distancing and maintains patient safety and confidentiality (although the requirement to have a consultation room remains, and the patient must still be able to have their vaccination in the consultation room if they request it)

Planning for Improved Uptake

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Most practices will already have these well covered. They are just as important in 2020-21 season.

Have a lead individual responsible for the flu programme – this is your flu champion for the season

Review last season to inform your planning - involve your whole team

Check and review your registers to make sure you can identify all eligible patients.

- remove any incorrectly coded or no longer eligible (egg pregnant women).
- check contact details, including newly diagnosed patients
- update pregnancy status etc before and during the season.

Keep checking eligibility and contact details during the season.

Ensure all eligible patients receive a personalised invitation for flu vaccination by letter, phone call, text or email

If patients don't reply or attend, ensure you have a system for recalling non-responders. This is a requirement of the enhanced service.

Continue to recall until you have an active decline.

Plan: involve the whole team



Your staff are key to a successful flu programme

Make sure all staff:

- know who the flu lead is
- understand the importance of the flu programme for different groups and the impact that flu can have on them
- act as advocates for flu and know how they can contribute to increasing uptake
- know where they can signpost patients for more information, especially non-clinical staff
- are up to date with training

Include the extended practice team – community nurses, health visitors, pharmacists etc

Keep staff enthused during the season –consider an incentive or other means of promoting staff competition.

Ensure your staff are offered vaccination.

Review last season



Check your uptake figures on Immform, through your practice system or via your CCG.

- what was the uptake for each eligible group and how did it change compared to the year before?
- how does your uptake compare to other, similar practices?

Consider what went well last year and where you could improve - what worked to get people to attend e.g. open sessions or timed appointments; were evening/weekend clinics more popular with key groups?

Think about the people who *didn't* attend or respond – do you know? Is your offer accessible? e.g. can patients access information about appointments; can they attend at a time that suits their personal circumstances; have you made reasonable adjustments?

How did you talk to patients about their risk of flu? How else could you get the message across about risk of flu and the benefits of vaccination?

Think about patients who have never accepted the offer of a flu vaccination – what could you do to encourage them?

Could you pay special attention to making invitations to those groups with the lowest uptake or highest clinical risk?

Prepare: operational delivery

Check your vaccine ordering and calculate how much extra you will need to achieve the vaccine targets and when. Ensure sufficient vaccine storage

Align appointments with vaccine delivery schedules so you can give the right vaccine

Plan your appointment schedule and ensure sufficient appointments to achieve the targets

- consideration is given to various models to use during Covid set out in the Appendices
- use the **LMC flu calculator and capacity and demand modelling tool** (see Resources)
- if you have a shortfall in appointments, review plans and flag as soon as possible to PCN/CCG – let them know what other resource or support you need

Consider prioritising your cohorts and phasing delivery – see over

Work with your PCN to develop plans for housebound, shielded and people in care homes

Consider using the **Vaccination Agency Agreement** to enable care home staff and/or community nursing to vaccinate on your behalf

Prioritise and Phase Delivery



You may want to consider the following approaches to planning and organising this year's programme to maximise your capacity:

Phase 1

- Care homes (residents and staff) – consider collaborative arrangements with community nurses and community pharmacists. Make use of an MDT session as a one stop opportunity.
- GP practice staff; social care staff – vaccinate as early as possible so they are protected and can act as champions
- 2 – 3 year olds - high risk of transmission to wider community. Vaccine available to order from 31st August.

Phase 2: consider high volume clinics maybe weekends, evenings, other venues

- Under 65s at greatest risk from flu: chronic liver disease, chronic neurological disease (including people with LD), immunosuppressed and asplenic
- 65 years and over with one or more risk factors
- under 65 with 2+ risk factors or single with severe disease

Phase 3

- Single risk factor, with respiratory and diabetes targeted first - consider high volume clinics maybe weekends, evenings, other venues

Other considerations

- Shielded patients – consider separate time slots eg early morning, collaboration with community nurses and community pharmacy
- Housebound - consider collaborative arrangements with community nurses and community pharmacists
- Children – use half term to mop up any that didn't attend earlier in the season
- Learning disabilities – make reasonable adjustments e.g. nasal vaccine for people who are needle phobic, longer appointments, EMLA cream, distraction

- Homeless – approach local day centres or hostels

50-64 years – not to be vaccinated until advised

Take every opportunity to discuss vaccination with patients, making every contact count

Be aware that not everyone sees themselves as vulnerable. Framing vaccination as part of a healthy lifestyle might generate a more positive response from older patients and those at risk¹

Ensure patients understand:

- that flu vaccination is a positive lifestyle choice
- why they are eligible (LTC puts them at increased risk of flu and complications) - part of their management of their condition
- how to book and when clinics are

Make use of pop-ups/alerts on the system to remind staff that patients are eligible

Use your patient forums to get the word out

Use social media, practice Facebook pages and websites to send out positive messages, explain eligibility, importance in the lead up to flu season

Working within your PCN, identify and engage with local statutory services and voluntary groups who work with eligible people who have not been vaccinated

For children, think specifically about parents and engage them at every opportunity.

1. International longevity centre UK (2019) Under the skin: listening to the voices of older people on influenza immunisation.
<https://ilcuk.org.uk/wp-content/uploads/2019/05/ILC-Under-the-skin.pdf>

Send a personalised invitation from a clinician to all eligible patients

- use national template letters – tailor them further if you want (use the suite of letters prepared for specific groups– see Resources section)

Use multiple channels for initial invitations

Recall non-responders and continue to call until active decline

- build in admin time for staff to recall patients who haven't responded
- phone calls can be more effective than other methods

Provide reassurance about Covid precautions, letting people know

- how you will keep them safe particularly those at greatest risk
- what to expect when they attend

Offer opportunistically throughout the season when patients contact the practice or attend for other reasons, including during phone/on line consultations

Use text messages for reminders

If using digital media, include links to trusted websites and encourage people to find out more via face to face interventions e.g. with pharmacist, health visitor; provide prompt/links to on line booking.

Offer Vaccination – the Appointment



Arrange bookable clinics as well as opportunistic vaccination

To help working age adults, offer appointments outside of normal working hours and at weekends

For parents of small children, consider appointments after school pick up times (3.30 to 6.30)

Consider October half term as an opportunity to mop up vaccination of pre-school children and adults of working age

Try to vaccinate in cohorts – families, patient and carer/household contacts

Timeliness is key

Start vaccinating as soon as vaccines arrive

- aim to finish by end November before flu starts circulating

Code all vaccinations as soon as they are given

- ensure vaccinations delivered elsewhere are entered coded onto the patient's record, including from pharmacy, secondary and schools providers
- attribute dedicated staff and timeframes to
 - update the practice systems with DT Mesh and NHS mail messages from Pharmoutcomes <https://digital.nhs.uk/services/electronic-notifications-from-pharmacy-to-gp-systems#pharmacy-administered-flu-vaccinations>. This may include some secondary care providers this year (TBC)
 - check discharge forms/summaries from acute trusts and maternity flu notifications to capture all vaccinations given

Keep the register up to date

- liaise closely with maternity to ensure the pregnant list is up to date

Monitor uptake weekly, hold regular team meetings to take stock, check everyone knows the plan, celebrate success and agree additional actions. Do this with your extended and PCN team as well

Practicalities

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On 21st August, the government issued new guidance on infection prevention and control which outlines the changes required to assist in restoring services in this 'new' health and care environment whilst COVID-19 remains a threat.

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/new-recommendations-for-primary-and-community-health-care-providers-in-england>

A PDF version of the guidance is available here

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/910885/COVID-19_Infection_prevention_and_control_guidance_FINAL_PDF_20082020.pdf

Page 14 of the guide states *In some clinical outpatient settings, such as vaccination/injection clinics, where contact with individuals is minimal, the need for single use PPE items for each encounter, for example, gloves and aprons is not necessary. Gloves and aprons are recommended when there is (anticipated) exposure to blood/body fluids or non-intact skin. Staff administering vaccinations/injections must apply hand hygiene between patients and wear a sessional facemask.*

Note: LAIV is not aerosol generating

PPE Ordering

Practices should continue to order their PPE from their normal suppliers in the first instance.

PPE can also be ordered from the PPE portal <https://www.nhs-ppe.co.uk/customer/authentication>. Practices are advised to sign up now

Providers in critical need of PPE can order from the HIOW Local Resilience Forum (LRF) for a rapid delivery. Please use the online order form [here](#).

Training

- **Training recommendations for healthcare practitioners** for the 2020/21 flu programme is available at the link below. This includes recommended training requirements by workforce group tailored for the pandemic (Appendix A),
<https://www.gov.uk/government/publications/flu-immunisation-training-recommendations>
 - **A flu specific e-learning programme** is available free of charge on the e-Learning for Healthcare (eLfh) website. Anyone who gives or advises on flu vaccine can undertake this programme which consists of a core module and separate sessions on the inactivated and live flu vaccines.
<https://www.e-lfh.org.uk/programmes/flu-immunisation/>
 - New flu immunisers are likely to require additional training (e.g. in vaccine administration, storage and legal issues) if they have not administered vaccines before, depending on their intended role in delivering the flu programme. They could obtain this by undertaking the relevant sessions in the general eLfh
<https://www.e-lfh.org.uk/programmes/immunisation/>
 - **PHE slide sets** for the childhood and adult programme are available on the government website
<https://khub.net/documents/135939561/350113940/The+national+flu+immunisation+programme+for+2020+to+2021+slideset.pptx/b4ba1e7f-41c8-d7fb-c8bc-ff23dc7ef3fc?t=1597743114551>
<https://khub.net/documents/135939561/350113940/The+childhood+flu+immunisation+programme+for+2020+to+2021+slideset.pptx/90d44b5b-ed6-04be-55e8-8e951a70350b?t=1597743166510>
- Training information for pharmacists** is available on the PSNC website
<https://psnc.org.uk/services-commissioning/advanced-services/flu-vaccination-service/flu-vaccination-training/>
- **A video for health professionals** on how to administer the live vaccine by NHS Education for Scotland is available at the link www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/public-health/health-protection/seasonal-flu/childhood-seasonal-flu-vaccination-programme-resources-for-registered-practitioners.aspx

GPES/CQRS Business Rules

The Seasonal Flu 2020-21 business rules will be published (once fully tested) here:

<https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/quality-and-outcomes-framework-qof/quality-and-outcome-framework-qof-business-rules/enhanced-services-es-vaccination-and-immunisation-vi-and-core-contract-components-2020-2021>

There will be a new updated expanded cluster list with the relevant SNOMED codes.

Reporting

As in previous years, flu vaccine uptake data collections will be managed using the ImmForm website <https://portal.immform.phe.gov.uk/>. Queries about ImmForm login/passwords should be emailed to helpdesk@immform.org.uk.

Currently, it is intended that data collections will follow established processes but these may be modified during the season. Details and guidance will be available at: www.gov.uk/government/collections/vaccine-uptake. Queries about data collections can be sent to influenza@phe.gov.uk.

GP practices that are not able to submit automated returns should discuss their arrangements with their system supplier. If automated monthly returns fail, practices will be required to submit manually via ImmForm to meet contractual obligations.

Monthly data collections will take place over five months. The first will be for vaccines administered by the end of October 2020 (collected in November 2020), with the final collection for all vaccines administered by the end of February 2021 (collected in March 2021).

Weekly uptake data will also be collected from practices that have fully automated extract and upload facilities provided by their system suppliers. These will be published in the PHE weekly flu report available throughout the flu season at: www.gov.uk/government/statistics/weekly-national-flu-reports

Resources

NHS England and NHS Improvement



Government Website: A whole range of resources are available on the government website, including the flu letter, clinical guidance, publicity and training materials available at:

<https://www.gov.uk/government/collections/annual-flu-programme#2020-to-2021-flu-season>

Green Book Influenza chapter available at: www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book

Letter on vaccines to be used available at: <https://www.england.nhs.uk/wp-content/uploads/2019/12/NHS-England-JCVI-advce-and-NHS-reimbursement-flu-vaccine-2020-21.pdf>

Summary of Product Characteristics (SPC) for flu vaccines are available at: www.medicines.org.uk/emc/

Flu resources (including flu calculator) <https://www.wessexlmcs.com/flu202021>

RCGP Mass Vaccination Guidance. Delivering Mass Vaccinations During COVID-19 -A Logistical Guide for General Practice available at:

https://elearning.rcgp.org.uk/pluginfile.php/149506/mod_page/content/75/Mass%20Vaccination%20at%20a%20time%20of%20COVID%20V2.0.pdf

Guidance from the CQC on registration for flu vaccination delivery arrangements

<https://www.cqc.org.uk/guidance-providers/registration/registration-flu-vaccination-arrangements>

Resources: Campaign Materials and Improving Uptake Guidance

Leaflets, posters, information materials and other resources to support the annual flu programme available at: www.gov.uk/government/collections/annual-flu-programme

To order leaflets, posters and download translations visit: HealthPublications@gov.uk. You will need to register for the free service

- Tailored flu letters for eligible groups

Healthcare Workers flu Immunisation resources (leaflets, posters, guides and resource packs) available at <https://campaignresources.phe.gov.uk/resources/campaigns/92-healthcare-workers-flu-immunisation-resources>

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/824680/HE_flu_immunisation_social_care_staff_leaflet.pdf

Learning Disabilities guidance to help practices support people to access flu vaccination available at: <https://www.gov.uk/government/publications/flu-vaccinations-for-people-with-learning-disabilities/flu-vaccinations-supporting-people-with-learning-disabilities>. Easy read resources are available from the government flu programme website – link above

Childhood Programme: Increasing influenza immunisation uptake among children. Best Practice Guidance for General Practice available at www.gov.uk/government/organisations/public-health-england/series/annual-flu-programme

Appendix 1: Operational Models

NHS England and NHS Improvement



1. Core Principles

1. Safely operationalise flu vaccination for patients and staff, maintaining social distancing and infection control
2. Maximise the opportunity to vaccinate eligible cohorts & meet a potential increased demand for flu vaccination. Minimising the logistical challenges to deliver vaccination
3. Minimise disruption to routine services. Reducing unneeded footfall in practices
4. Effective & efficient delivery, based on collaborative locally determined solutions at practice (or scale level). Reducing cost, workload demands and complex logistical set-up for practices

2. Key Factors for delivery: these factors determine the delivery options

1. The size of the eligible population to vaccinate.
2. Infrastructure at the practice level (and larger than practice level). This includes the available workforce and the premises infrastructure.
3. Collaborative working opportunities. This includes working relationships at scale (e.g. PCNs); with community providers and secondary care.



The "Flu calculator" to assist practices with workforce and appointment needs

Demand and Capacity Planning

A. Needs Estimation

B. Human Resources

C. Vaccination Timetable

D. Vaccination Logistics

3. A & B - Needs Estimate & Human Resources:

Practices highlight eligible patient cohorts using the flu calculator tool

- Enter the number of vaccinations in each eligible cohort & number of available staff to provide the immunisations
- (NB. Enter either total population or the aspirational percentages in each eligible cohort)
- The flu calculator shows the amount of time needed to complete the immunisations per cohort, based on a **2 minutes/per patient/per immuniser rate. * (See table)**
- Flu calculator has red "threshold boxes", showing a significant amount of time is needed to vaccinate that cohort. The aim of the "threshold" is to focus practices on this population and consider if it could be delivered at PCN level, or with additional estate/staff etc.
- **Also enter basic details of the waiting areas (to determine number of patients who can wait within this area, maintaining distancing)**
- **Enter number of exits/entrances to determine the number of "streams" (cohorts) which could occur simultaneously**
- The calculator collects practice information and places it into the PCN (or summary tab) to promote discussion on what can be delivered at scale.

4. C-Vaccination Timetable:

- Match the streams to vaccine availability. Timetable sessions as soon as vaccine is available and match appointments to need
- To reduce disruption to services and maximise uptake, consider clinics outside core hours (e.g. Saturdays)
- Shielded patients are reviewed. Cohorted into those needing domiciliary visits; those who could be accommodated at a practice (with time and spatial consideration such as a cold or ultra-cold site) and/or clinic adaptations e.g. car vaccinated

Table One-Estimated patient transit, based on NZ and Australia Case Studies

Estimated Time *	Activity Stage
1 Min	Covid screening & queue allocation
	Influenza screening checks
1 Min	Administration Time
2 Mins	Vaccine Administration
5 Mins	Patient waiting/recovery

* This was achievable in the Southern Hemisphere, maintaining social distancing of 2m & PPE change (mask worn for the session, aprons not used) and hand hygiene (glove change and hand sanitising) between patients. Also calculates 2 additional rates for "best" and "worst" case planning.

6. Summary & Considerations

- There is no “one size fits all approach”. Delivery models will be determined by infrastructure and population numbers. Likely mixed model of delivery, need to ensure equity of access.
- Rate is based on a 9 minute total transit time per patient, with the rate limiting step calculated as trained staff immunising at a rate of 2 minutes/per patient/per immuniser.
- Domiciliary and shielded patients are a significant workload for practices. Training and support of community teams will be vital to achieve immunisation in these cohorts.

5. D-Vaccination Logistics

Vaccination Delivery Models & Description		Benefits	Limitations
Indoors	Practice Flu clinics various configurations – room allocation, zoning by streams	Use of existing clinical / admin/PPE/ cold chain management. Vaccine admin is easier	Potential disruption if running concurrently due to social distancing. Care to ensure footfall/IPC within practice
	Flu Clinic at alternative site e.g. Community Centres, could be practice or PCN level	Delivery at scale No contamination of practice environment	Increase admin burden if IT not suitable . Additional logistical costs – cold chain, IPC and emergency equipment
	“McDonalds” model – HCW indoors, patient reports to ‘admin window’ on arrival, then moves on to ‘vaccination’ window. (Operating in reverse, the HCW is outside facility - administer vaccine to patient at the door or threshold	Protection/comfort of staff Fewer logistical issues than full outdoor model Reduces contamination of practice	Patient outside (could wait in cars)
	Domiciliary visiting e.g. delivered in collaboration with community partners for shielded/ housebound patient	Opportunity to optimise the health care encounter	Potential to be time / resource intensive (travel/ PPE)
Outdoors	Walk –through clinic in car park (space permitting) with or without temporary structures to protect staff / pts.	Reduced virus exposure for staff and patients. Less disruptive to routine work. Better suited for small cohorts of patients Social distancing	Additional accommodation and logistical costs - cold chain, IPC, admin etc. Autumn weather may impact on efficiency of clinic and patient experience (less volumes, more staff to support rota, DNA).
	Drive Through - Patient / households cohorts within cars, admin via premises window and staff	Social distanced maintained Suited to ‘at scale’ immunisations	Dependent upon premises Sufficient estate for vehicle queues/flows. Could be slower than on foot. Staffing heavy.

Delivery models – Indoor (Practice/Health)

Benefits:

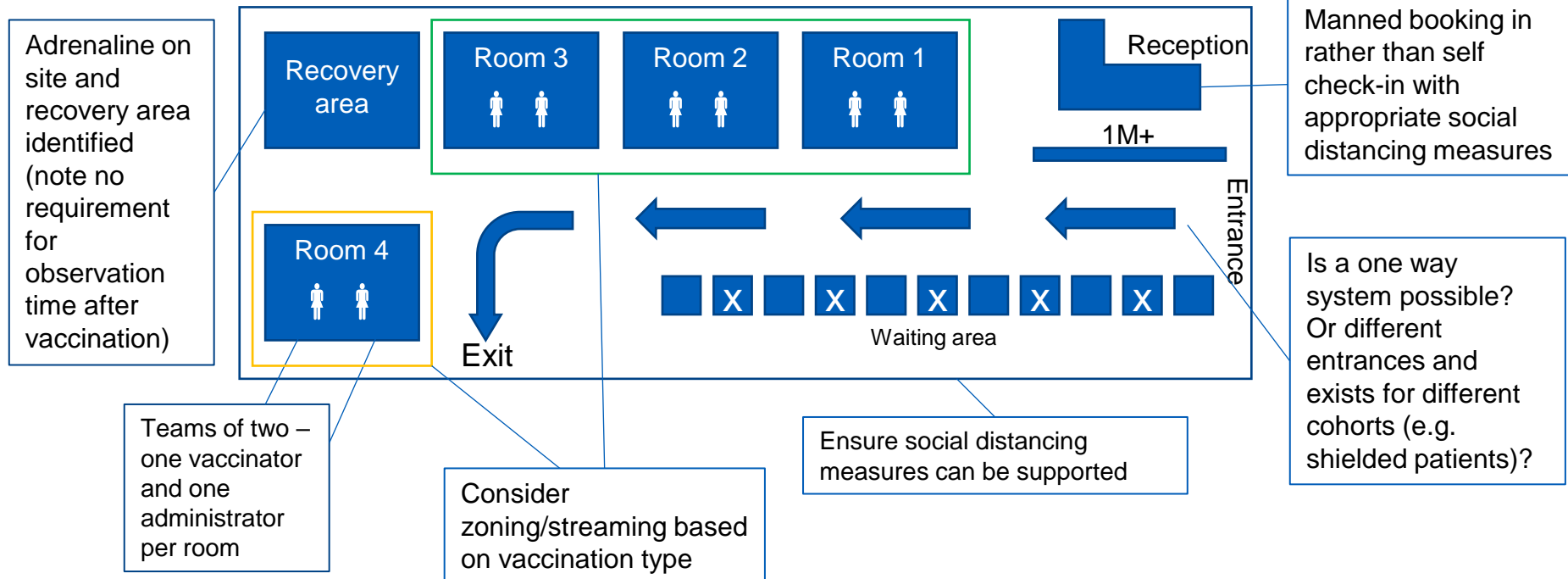
- No I.T., clinical waste or cold chain issues
- Infection prevention and control measures well understood and managed
- Opportunity to link to other interventions (e.g. LTC reviews)

Issues:

- Limited throughput due to social distancing and physical capacity

Considerations:

- Pre-booked or drop-in?
- Cohorting patients
- PPE requirements and hand hygiene



Delivery models – Indoor (alternative site)

Benefits:

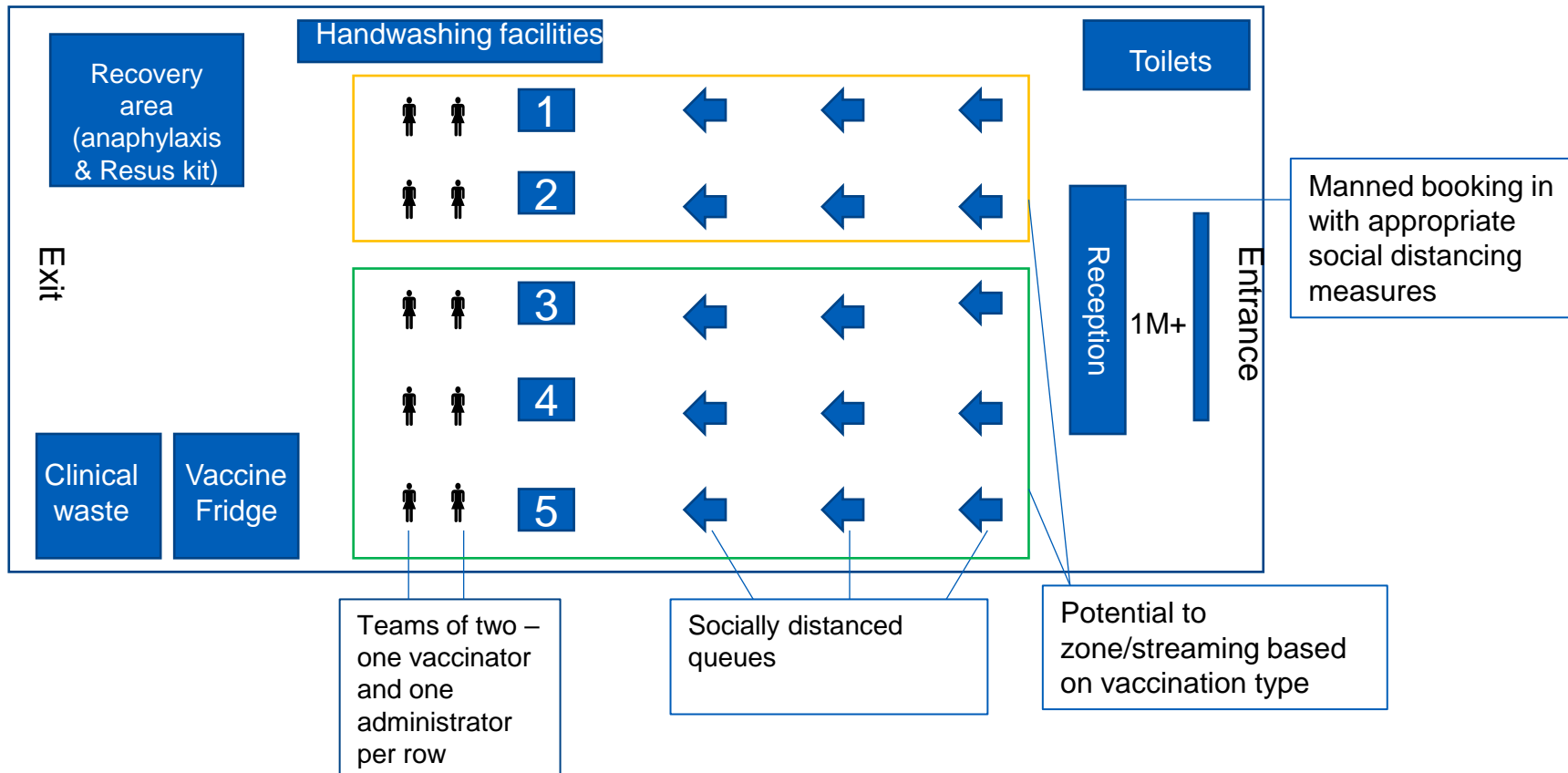
- Substantially increase in throughput

Issues:

- Adequate staffing
- Pooling stock
- Marshalling
- Cost implications

Considerations:

- Cohorting patients
- PPE requirements and hand hygiene
- Furniture
- PCN level delivery or broader
- Cold chain and access to handwashing



Delivery models – Outdoor (at practice/health facility)

Benefits:

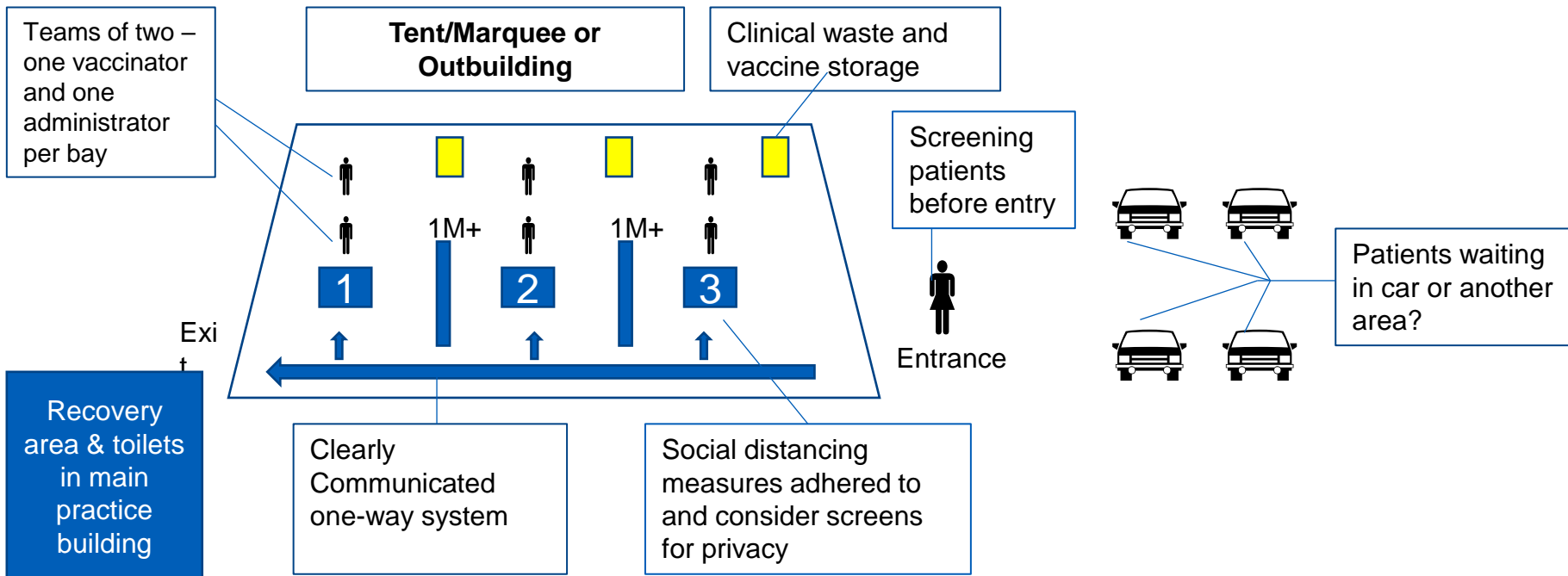
- Less disruptive to routine work
- Minimise cleaning requirements

Issues:

- What to do in inclement weather?
- Security (e.g. overnight)
- Additional cost
- Use one vaccine/cohort per session to avoid potential for error
- May not be appropriate for patients with mobility issues or hidden disabilities?

Considerations:

- Pre-booked or drop-in?
- Which cohorts will it work for?
- Restocking times and breaks
- Staff rotas
- PPE requirements and hand hygiene
- CQC registration
- I.T. equipment or manual recording
- Furniture



Delivery models – Outdoor at scale (drive through)

Benefits:

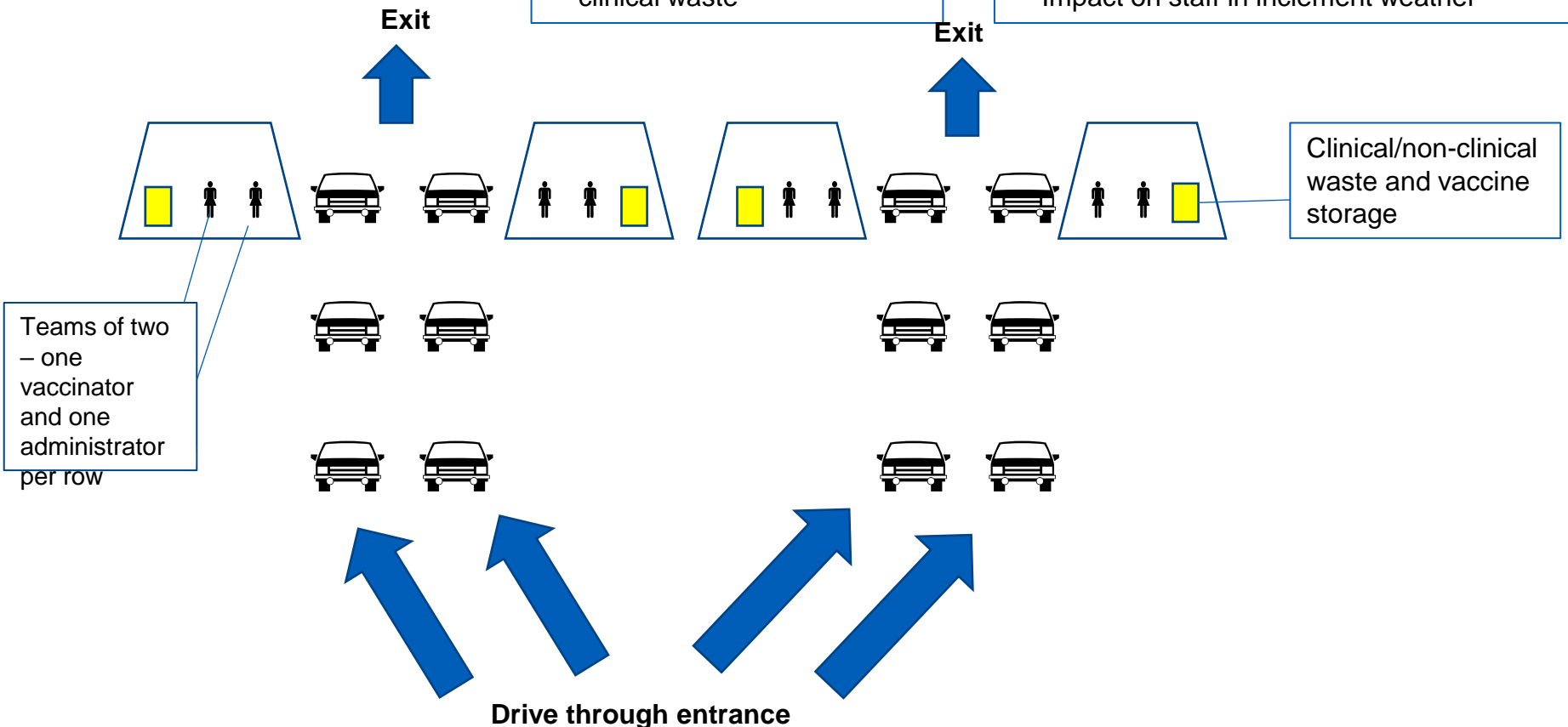
- Substantially increase in throughput
- Minimises potential transmission of Covid 19

Issues:

- Adequate staffing
- Pooling stock
- Marshalling and security
- Cost implications
- Cold chain and clinical/non-clinical waste

Considerations:

- Cohorting patients
- PPE requirements and hand hygiene
- PCN level delivery or broader
- Access to handwashing facilities and toilets for staff
- Impact on staff in inclement weather



Appendix 2: Messages for Patients

NHS England and NHS Improvement



- 1. Flu is much worse than a heavy cold** flu symptoms can be severe and can come on suddenly. You're likely to spend several days in bed and feel very unwell. Some people become seriously ill and have to go to hospital.
- 2. You are at greater risk of complications from flu** –you're eligible for flu vaccination because you need it.
- 3. The flu vaccine is very safe.**
- 4. The flu vaccine is the best protection we have** against an unpredictable virus.
- 5. The flu vaccine CANNOT give you flu.** Your arm might be a bit sore where you were injected and some people have a slight temperature
- 6. The flu vaccine stimulates your body's immune system to make antibodies to attack the flu virus** –if you're exposed to the virus after you've been vaccinated, your immune system will recognise the virus and produce antibodies to fight it.
- 7. It can take up to 2 weeks for the flu vaccine to work,** so get vaccinated as soon as you can.
- 8. You need to have the flu vaccine each year** because the circulating strains of the virus change and so different vaccines are produced to match.
- 9. Pregnant women can have the vaccination at any stage of pregnancy,** flu can make you and your baby very ill. Vaccination can also protect your baby against flu after they're born and during their first few months.
- 10. Your vaccination helps to protect those around you too,** so elderly relatives, those with long-term conditions and other family members are all protected by your vaccination.

Healthy children are offered the flu vaccination because some children can develop a high fever or complications from flu such as bronchitis, pneumonia or a painful ear infection.

Healthy children under the age of 5 are more likely to have to be admitted to hospital with flu than any other age group.

Protecting children against flu helps to stop the spread to other more vulnerable family and friends

For children with long-term health conditions such as diabetes, asthma or heart-disease, **getting flu can be really serious** and these vulnerable children are at greater risk of developing serious complications

Appendix 3: GP practice checklist 2020-2021

NHS England and NHS Improvement

