**Seasonal Flu Planning Guide**

**INTRODUCTION**

This guide has been produced to assist practices when planning the operational aspects of their FLU delivery programme 2020/21. It should be read in conjunction with the references and reading guidance at the end of the document. In particular, practices are encouraged to read the [Department of Health Commentary on this year’s flu season](https://www.england.nhs.uk/wp-content/uploads/2020/05/national-flu-immunisation-programme-2020-2021.pdf) to include the [most recent update letter (04 Aug)](#_REFERENCE_&_READING_1), in order to understand the planned expansion of the programme this year and to be aware of the contractual changes that have taken place with regards to [Immunisation and Vaccination programmes](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/06/clinical-guidance-for-hcps-on-imms-for-covid-19.pdf) as these form the parameters around which the programme will be delivered.

Please note that at the time of this release there is an absence of comprehensive central governance on several issues including:

* Access to additional vaccine supplies
* Patient cohort prioritisation
* Definitive PPE guidance
* Funding for the additional costs arising from the expanded programme

As and when this information becomes available, the guide will be updated.

As it stands, this guide cannot address everyone’s explicit questions on planning and providing each individual practice’s Flu Programme. It does however provide a checklist of considerations, with hints and tips, which may support practices to effectively create practice flu plans or offer alternatives which practices may wish to consider.

It remains each practices responsibility and discretion to plan the delivery of their Flu programme (*a contractual requirement*) as they see fit although it is open to practices to collaborate in doing so, most obviously within their own PCN. Many key factors are regulatory and are beyond the scope of local organisations, but others require logistical planning.This guide provides checklists which can be used in such plans.

Provision has been made for practices to escalate, having compiled their plan, any identified areas or issues which require additional CCG support and to report concerns to the CCG, (*See* [*Local Practice Support Requirements*](#_LOCAL_PRACTICE_SUPPORT)*)*.

One remaining uncertainty is the timescale for the development and delivery of a Covid19 vaccine, and whether this will overlap with the 2020/21 flu season.

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# **PART 1**

## **FRAMEWORK FOR PLANNING PRACTICE FLU PROGRAMME**

### **Cohorts and prioritisation of patients to be immunised**

**Considerations:**

*Further national guidance is awaited, however*

* Identify the required cohorts of patients as described in the programme and calculate expected needs against current orders. You may find the following tools helpful; the [Wessex LMC Flu Calculator](https://www.wessexlmcs.com/flu202021) and our [‘quick & easy’ planner](#_APPENDIX_1_-).
* System Providers are yet to provide flu searches; in the absence of such searches your CCG are currently working towards providing a prioritised and centrally available search.
* Plan to adapt for COVID-19 Second wave (*for example, renewed shielding or school closures*) or local outbreak restrictions
* Consider flexible scheduling of dedicated clinics for clinical cohorts, may be a Sunday clinic for over 65 years immuno-compromised patients for example
* Are there any alternative arrangements you are putting in place to support the immunisation of care home residents this year?
* Do you have plans in place to immunise?
  + Shielding/high risk patients
  + Eligible patients for pneumococcal vaccination
  + those who are homeless.
  + practice staff
  + Learning Disabilities patients
  + children and young people, different vaccines, and different risks
  + house bound and care homes (*which may be covered by separate Community services arrangements*)

### **Vaccine ordering**

**Considerations:** ([*see NHSE JCVI advice letter*](#_REFERENCE_&_READING))

We are aware that this year’s stock order has likely been in place for some time, and recognise the complexity when calculating the volume of stock for a Seasonal Flu campaign; made more so by the introduction of targeted vaccines across specific age groups.

A practice may review their performance year on year, consider increasing pharmacy activity, review historical ‘*at risk*’ groups attendance (*including contraindications and decline rates*), negotiate with the vaccine supplier, consider the profit to the practice and the return thresholds before ordering and doing so early enough to guarantee your preferred delivery dates.

* The aTIV vaccine is licenced for patients who are 65 years old or older at the time of the vaccination. Quadrivalent influenza cell-culture vaccine (QIVc) is also licenced for use in this age group but **only** where aTIV is no longer available.

**HINTS & TIPS:** if you know when your flu vaccines will be delivered and subsequently when you plan to open your flu clinics, you might wish to think about how to capture otherwise well patients who are not quite 65 yet, but who will be due to turn 65 by the time you are able to offer clinics; this way you can ensure they receive the aTIV.

*You may wish to use the ‘quick & easy’* [*template planner*](#_APPENDIX_1_-) *to gauge numbers and* [*Wessex LMC calculator*](https://www.wessexlmcs.com/flu202021)

### **Social and Physical Distancing**

**Considerations:**

*To include all requirements and options of how to address them*

* Do you have sufficient space to undertake in-house flu clinics with social distancing measures observed?
* Determine how internal (*NHS setting*) social/physical distancing will be ensured, such as tape on the carpet/floor, spacing seating arrangements 2m apart
* Determine how external social/physical distancing will be ensured, such as tape on the floor, spacing 1.5m apart
* Whether you can utilise Hot Hub space out of core hours, if available
* PPE (*increased time required*); are there good access routes to additional stock?
* Patient flow
* Asking patients to wait in their car until their appointment time or, when called by reception
* Use of every other car parking space

*NOTE: we are mindful that some practices may have estates issues or not have access to patient parking, but where this is possible, options could be explored*

* How will you keep children from being actively near other patients?
* Time required per vaccinator
* Recovery time

**Bookings**

* Run your clinic by appointment only to better manage patient flow and promote social distancing
* When booking in patients to the clinic/appointment, check that they have not been overseas in the last 14 days and/or have any symptoms
* Send SMS reminders to patients that advises them to reschedule their appointment if they are unwell
* Ask patients to bring only one parent/guardian for childhood immunisation appointments.
* Recommend patients wear short sleeved tops to reduce time and touching
* Determine how many people will be present from one family

### **Site location for delivery of Service**

**Considerations:**

*Sites could include, but are not limited to:*

* + Home practice
  + PCN or practice Buddying
  + GP Access Hubs
  + Alternative, at scale sites
  + Community Pharmacy

**Alternative Sites:**

**Considerations:** should *you choose to provide the flu clinic offsite*

* Where might the best alternative site be
* Does this have hand washing facilities and separate entry and exit
* Availability for facilities such as sharps and clinical waste disposal
* Anaphylaxis safety in the chosen location
* How will you maintain physical distancing?
* Is there power and are you able to store vaccines?
* How will you maintain the Cold Chain offsite or outdoors?
* Do you have a fridge in location that is compliant; can fridge temperatures can be monitored; is the fridge capacity enough?
* Who will monitor physical distancing, what measures will you have in place?
* Ensure all staff are clear about how patients will be monitored, who is responsible; consider how will the patient contact you if vaccines are administered outside
* Do you need to check that Public Liability is in place and, especially if it is a non-NHS building, will their Public Liability support this activity?
* If you approach an organisation because they have good car parking space for a drive through, do not forget that it is the landlord that needs to give permission.
* Is there a reliable source of WiFi available for the medical record?
* Is there mobile reception and connectivity at this site in case of emergency?
* How would you access and record the vaccination so that the patient’s own practice remains eligible to claim for the activity?
* Will the clinicians attending the clinic have access to the patient’s own MR on their SMART cards?
* Are patients randomly arriving or are they booked by practice to reduce the movement between systems?
* Is there a suitable space to change into and out PPE?
* Is there suitable storage for PPE to ensure there is no cross contamination, also who removes and disposes of the PPE.
* Consider the option of a *'drive though'* flu clinic within the PCN
* Have a backup plan if the weather is bad, what is your contingency?
* Develop a safety plan for patients and staff in this location
* Consider anaphylaxis reactions, i.e. you may want to advise patients to wait at least 5 minutes before leaving the premises or driving a car?
* Vehicle driver is not immunised that day, they can assist with monitoring those immunised so that everyone gets home safely

**Pharmacy considerations:**

* Do all relevant staff have the necessary access to SONAR to download flu data from community pharmacies?
* Are you having conversations with your local community pharmacies about how best to work together to maximise the uptake of flu vaccination this year?
* Have you identified the need for alternative premises/venues to host your flu clinic this year?

### **Care Quality Commission (CQC)**

**Considerations:**

The CQC has now published guidance on registration requirements for flu delivery for 2020/21; if this occurs ‘*off-site*’, that is, not at your practice, the CQC is using current registration arrangements unless

1. **Other services in addition to flu immunisation** are being delivered, at a site not currently registered. This will require separate registration.
2. **Only flu immunisation** services are being delivered in which case a ‘*statement of purpose*’ for one currently registered GP practice is required, and no further registration.

Full details are available [here](https://www.cqc.org.uk/guidance-providers/registration/registration-flu-vaccination-arrangements).

**PART 2**

## **DETAILS TO CONSIDER WITHIN THE FRAMEWORK**

### **Financial Planning**

The LMC is clear that the additional costs associated with planning and delivering an expanded seasonal flu programme cannot fall to general Practice. We await notification of the financial flexibilities and options which may be made available to practices.

It is possible but, yet, has not been confirmed, that there will be a seasonal flu PCN incentive payment within the Investment and Impact Fund (IIF). The implementation of the IIF was deferred by COVID 19 from April- October, but details of the remaining six months period of payment are still awaited.

* Prepare a draft costs plan including vaccines, PPE, additional equipment required, staff overtime, reduced ability for ad-hoc opportunistic vaccinations etc. capturing all activity across different areas/systems.
* If you are asking some of your clinical team to provide flu vaccines at home, then you might want to consider whether the person driving has ‘*business use*’ insurance on their car. This may incur additional costs.
* The LMC is in discussion with CCGs about the use of a proportion of Extended Hours appointments to deliver flu immunisations. An update will be provided as soon as possible.

### **Workforce and staffing resources**

### **Staffing**

**Considerations:**

* Consider dividing into teams to minimise possible COVID-19 exposure for staff.
* Consider using one team to provide flu clinics with back up team(s) if a team member becomes unwell.
* Are all staff involved with the flu programme up to date with necessary training including Anaphylaxis?

### **Staff Training**

**Considerations:**

The national team has published revised guidance on flu training giving more clarity on the recommended training requirements by workforce groups for flu vaccination e.g. including HCAs new to vaccination and those already involved in flu vaccination delivery.

There is a suggested content section and a flu vaccinator competency document that can be used by assessors. The national team is in the process of updating the eLearning package on the e-Learning For health website to reflect the content for this year’s flu season.

[Flu immunisation training recommendations](https://www.gov.uk/government/publications/flu-immunisation-training-recommendations?utm_source=27465a16-0300-4a32-a6a5-9331f2f1f548&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate)

### **Maximising IT and digital resources**

**Considerations:**

*To include safety net for IT failure – forms of kit for alternative site use.*

* Utilise your GP Digital Facilitation Team, it is likely they will seek to support practices in preparation for flu season.
* You might find it useful to receive training on the ‘*stock*’ functionality within your clinical system if it is not something your routinely use.
* You might also find it useful to utilise the use of protocols, auto-consultations, or templates.
* Third parties might be able to provide support by way of searches and templates for you, such as Ardens or Insight Solutions.
* It may also be useful for your digital team to explore what organisations such as AccuRx, iPlato (*or similar*) can provide by way of SMS templates area available to support practices when contact patients.

### **Coding, Reporting, Data collection and Audit control**

**Considerations:**

* When your vaccines arrive, it is likely your ‘*responsible person*’ will update the batch numbers in the clinical system.
* You may pull this into your ‘*stock*’ within the clinical system, should you use that function.
* You may wish to update your Vaccine Templates (*used by the clinical team when administering*).
* If you use auto-consultations, it will be useful to review and test them on a test patient prior to any formal use.
* You also might wish to ensure that any linked ‘*quick action*’ buttons within templates are reviewed and tested on a test patient.
* If you are working at PCN level, discuss together how activity is recorded in the medical record, also:
  + *You might want to include a discussion around application of codes to include the date/time and place functions*
  + *Any unintended impact on auto extractions via GPES and subsequently CQRS*
  + *If you work collaboratively would it be helpful to have a uniformed approach for clinicians to support efficiencies?*

**Local Prioritisation Considerations:**

If you are running your own searches, you may want to consider the risk groups (*see over*).[[1]](#footnote-1)

**In 2020/21, flu vaccinations will be offered under the NHS flu vaccination programme to the following groups[[2]](#footnote-2):**

* 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 such as those with:
  + 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*)
* 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
* health and social care staff, employed by a registered residential care/nursing home or registered domiciliary care provider, who are directly involved in the care of vulnerable patients/clients who are at increased risk from exposure to influenza. The national flu immunisation programme 2020 to 2021
* health and care staff, employed by a voluntary managed hospice provider, who are directly involved in the care of vulnerable patients/clients who are at increased risk from exposure to influenza.
* health and social care workers employed through Direct Payments (*personal budgets*) and/or Personal Health Budgets, such as Personal Assistants, to deliver domiciliary care to patients and service users.

**Additionally, in 2020/21, flu vaccinations might be offered under the NHS flu vaccination programme to the following groups:**

* + individuals between 50-64 years, following prioritisation of other eligible groups and subject to vaccine supply

**Organisations should vaccinate all frontline health and social care workers, to meet their responsibility to protect their staff and patients and ensure the overall safe running of services.**

The list above 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.

### [**Patient Group Directions (PGD) and Patient Specific Directions (PSD)**](https://www.bma.org.uk/media/1592/bma-patient-group-and-patient-specific-directions-jan-2016.pdf)

**Considerations:**

It is anticipated that the Seasonal Flu 2020/21 PGD will be made available to practices at the end of August. However, the below links provide some background on PGDs and PSDs more generally that maybe helpful for some.

* Ensure that your [**Patient Group Directions (PGD)**](https://www.bma.org.uk/media/1592/bma-patient-group-and-patient-specific-directions-jan-2016.pdf) have been received and signed by your nurse team; this should be kept as evidence as part of the HR file.
* [**Patient Specific Directions (PSD)**](https://www.bma.org.uk/media/1592/bma-patient-group-and-patient-specific-directions-jan-2016.pdf) in general, most of the occasions where a non-prescribing health care professional supplies or administers a Prescription Only Medicine (POM) they do so under the terms of a PSD. A PSD is an instruction from a doctor, dentist, or non-medical prescriber for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis.

**HINTS & TIPS:** you may wish to upload the PGD so it is accessible on a shared drive, this allows you to add a quick access hyperlink to a clinical template; this makes double checking PGD parameters quick and easy for your healthcare professionals when working.

### **Vaccine Storage**

**Fridge Considerations:**

* Do check that you are satisfied with your fridge performance and whether it is due for a calibration or service.
* [Consider best practice when monitoring your fridge temperatures](https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-17-vaccine-storage-fridges-gp-practices); check that you have robust mechanisms for [recording of fridge temperatures and the ability to identify where a fault has occurred](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/300304/Protocol_for_ordering__storing_and_handling_vaccines_March_2014.pdf) remember stability data, i.e. how routinely are you checking the fridge.
* You may wish to refresh your [emergency procedures](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/859773/PHE_vaccine_incident_guidance_January_2020.pdf) and have these accessible near fridges so that everyone knows what to do in the event of a fridge failure.
* If you have more than one clinical fridge you may wish to consider how you can mitigate the risk vaccine loss in the event of a fridge failure, possibly by distributing the stock between the clinical fridges you have at your disposal.
* Do you have enough fridge capacity?
* You may wish to mark those boxes of vaccine that have been ‘*centrally supplied*’ through the Imm Form website for specific elements of the childhood flu campaign, these are *free of charge* and are not be subject to a PPA reimbursement.

**Maintenance of Cold Chain**

* You may wish to check that you have suitable cold storage containers to transport the vaccines in and, a methodology to sign in/out vaccines. Is there a duration or a threshold the vaccines must be used within to assure the cold chain is maintained?
* Sharing of vaccine fridges may be an option so long as there is not any storing with other items other than vaccines; the vaccines are well identified, and daily temperature checks are documented, as per guidance.
* Do not forget to plan for any fridge malfunctioning.

### **Infection Control**

**Changes due to Covid-19: Considerations[[3]](#footnote-3)**

* Enhance hygiene practices for staff and patients: washing hands frequently is the single most effective way to reduce the spread of germs that cause respiratory disease.
* Alcohol-based hand gel is a suitable alternative if used and stored safely around children.
* Display prominently signage regarding hand hygiene, respiratory etiquette, and social distancing.
* For all Face to Face appointments the [COVID-19 infection prevention and control (IPC)](https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control) should be followed.
* You may wish to consider now which rooms (*and the route of access to that room*) best supports efficient patient through put and ease of Infection Control adherence during a flu clinic.
* Do you prefer that patients need to wait in their cars until called?
* Think through what processes you must perform for Infection Prevention and Control (IPC) between patients?
* Alternatively, will it be more useful for your patients to queue outside? Think through how you think you would manage the outside area to support social distancing.
* Do you need to have longer booked appointments to allow the room to be IPC cleaned between patients?
* Do you have enough effective PPE in stock for each that clinic.
* You may have increased clinical waste during your flu clinics and need to plan for additional collections to dispose of this safely.
* Will you need administrative support on the day so that the PC and desk area remains untouched bar one staff member to reduce cross contamination?
* You may also want to consider the cost implications of longer clinics and their cost implications.

### **Staff Safety**

**Considerations:**

* Do review your staff risk assessments & BAME assessments, this should enable you mitigate, wherever possible, any operational risks to your planning process.
* That risk assessment could include, but is not limited to, anti-bacterial gels, screen protection, cleaning protocols.
* Think through the messages that you wish to provide to those being vaccinated at home; you may not wish your team to enter the home unless the patient is bed bound for example.
* Consider the practicalities of how PPE is put on & taken off; how will it be stored to avoid cross contamination. Further guidance can be found [here](#_REFERENCE_&_READING_1).
* Double check that anaphylaxis training is up to date and check whether resus protocols need to be adjusted due to Covid.
* It is useful for the whole practice to have sight of the flu plan and input into it, their knowledge will be central to the successful delivery of such a highly challenging programme.
* It may be useful to think through a SOP should a staff member test positive for COVID who has recently worked within a flu clinic. This might be especially useful if there is collaborative working so there is a shared agreement.
* IT might be useful to consider whether a formal MOU is required for staff who are working collaboratively as part of a PCN wide flu clinic for example, and who will be vaccinating patients other than those registered to their own practice.

### **Patient Communications**

**Considerations:**

* Could you stagger or prioritise groups and dovetail these to available clinics?
* How might your practice target individuals who expect to share living accommodation with a shielded patient on most days over the winter?
* If you have Workforce pressures, you may have considered what other methods could be utilised to support the booking of appointments. It maybe, for example, that you work collaboratively with your PCN to find a solution that builds in resilience for you all.
* Do you have adequate communications materials to support delivery of your flu programme this year, for example, posters, web materials, text materials etc
* Ask patients to use their own hand sanitiser
* Ask patients to wear their own face coverings
* Ensure adequate and clear advertising of the clinics
* Ensure Reception and all staff have a script so there is a consistent message
* Place a message about flu clinics and COVID-19 in 2020/21 on your webpage
* Documentation and patient identification; use a data extraction tool to arrange a separate clinic for over 65s and immunocompromised patients
* Ensure adequate patient identification methods
* Decide how you will document and record vaccine administration
* Ensure appropriate transfer of vaccination information

### **Timelines**

**Considerations: –** *to include*

* Completion of framework plan (Inc. prioritisation of cohort patients)
* Date of sending out first invites and dates for the follow up phasing
* Dates for receiving vaccines/ follow up dates
* Reporting requirements for achievements
* Claiming schedules

### **Practice FLU Plan**

* [**PRACTICE IMMUNISATION ‘*QUICK & EASY*’ PLANNER 2020/21**](#_APPENDIX_1_-)
* [**Wessex LMC FLU Planner**](https://www.wessexlmcs.com/flu202021)

### **CCG Support**

**CCG may be able to supply assistance in the following:**

* Assist in planning for the sizeable cohorts for call & recall
* Clinical support: vaccines, delivery models, PPE
* Managerial support
* Data collection or resources for planning
* Contractual issues (*jointly with the LMC*)
* Financial: utilisation of existing or recently identified funding streams
* Is there anything else you would like support with relating to the 20/21 Flu programme?
* Please complete the [Local Practice Support Requirement](#_LOCAL_PRACTICE_SUPPORT) template if you wish to notify the CCG of any identified requirements (*this purposely does not include national items over which the CCG has no control*)
* Would you like support from the CCG to explore alternative venues to deliver flu clinics (*see* [*Local Practice Support Requirements*](#_LOCAL_PRACTICE_SUPPORT))

## **REFERENCE & READING GUIDES**

|  |
| --- |
| **[Directed Enhanced Service, Seasonal Influenza and Pneumococcal Polysaccharide Vaccination Programme 2020/21](https://www.england.nhs.uk/publication/directed-enhanced-service-specification-seasonal-influenza-and-pneumococcal-polysaccharide-vaccination-programme-2020-21/)** |
| **LMC Flu Advice Letter** – Dr Julius Parker issued a *Preparations for the 2020/21 Seasonal Flu Programme* on the 15 July 2020, a copy of which has been embedded for you here. |
| **The Department of Health & Social Care and Public Health England** outlined the programme on the 14th May 2020. This letter entitled ‘[The National Flu Immunisation Programme 2020/21](https://www.england.nhs.uk/wp-content/uploads/2020/05/national-flu-immunisation-programme-2020-2021.pdf)’ contains the links that will direct you to the **service specifications** to include **coding and claiming**.  **The Department of Health & Social Care and Public Health England** released a further ‘update’ letter on the 04 August 202 to include further details of the Expansion Programme, Vaccine Supply, the Vaccine Ambition, and IPC. |
| **The Department of Health & Social Care and Public Health England** have also provided a useful document entitled [Clinical Guidance for healthcare professionals on maintaining immunisation programmes during COVID-19](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/06/clinical-guidance-for-hcps-on-imms-for-covid-19.pdf). This document has a section entitled ‘***What personal protective equipment (PPE) should be worn when administering vaccines?***’ which may be useful. |
| **NHSE**s JCVI advice letter from the 20 December 2019 can be found here. |
| **Mass vaccinations** – Dr Julius Parker issued an *Immunisations Update relating to the 2020/21 Seasonal Flu Programme. He included the RCGP Advice Letter called Delivering Mass Vaccinations during COVID*. |
| [**Wessex LMC planning template**](https://www.wessexlmcs.com/flu202021) – Wessex LMC have produced a useful aid to assist practices with a wide selection of suggestions for operational delivery including a flu calculator. Please note this could be adapted to suit your o practice requirements. |
| **CQC have released a guidance document entitled:** [**Registration: Flu Vaccination Arrangements** –](https://www.cqc.org.uk/guidance-providers/registration/registration-flu-vaccination-arrangements) this may be useful for those looking to utilise a non CQC registered premises. |
| **SWL STP -** have produced a useful facemask checklist that may be useful to you. |
| **Other useful Links**  [PHE Protocol for ordering, storing, 2and handling vaccines](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/300304/Protocol_for_ordering__storing_and_handling_vaccines_March_2014.pdf)  Community Pharmacies are already able to transfer medicines to other healthcare providers without a wholesalers licence under specific circumstances, and should refer to the relevant guidance at [Guidance for pharmacists on the repeal of Section 10(7) of the Medicines Act 1968](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/423246/Guidance_for_pharmacist_on_repealed_exemption.pdf),  The NHS Specialist Pharmacy Service has made available guidance on the use of [Patient Group Directions in Primary Care Networks](https://www.sps.nhs.uk/articles/patient-group-direction-use-in-primary-care-networks/). |

## **ACKNOWLEDGEMENTS**

The LMC would like to acknowledge several contributors to this document including local practice managers and nurses, Sussex GP Digital Facilitators, Wessex LMC and SWL STP.

Thanks to All.

## **APPENDIX 1 - PRACTICE IMMUNISATION ‘*QUICK & EASY*’ PLANNER 2020/21**

PRACTICE:

DATE:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | **FLU PROGRAMME 19/20** | | | **FLU PROGRAMME 20/21** | | |
|  | **Return Threshold** | **Eligible patients in each area** | **Total number of patients vaccinated in 2019/20** | **Number of patients vaccinated in surgery** | **Number of patients vaccinated in other healthcare setting** | **Total number of patients which are eligible for the aTIV / QIVe vaccine?** | **Total number of vaccines ordered for 2020/21** | **Variance** |
| Total >65  (aTIV or QIVc) | 10% or other |  |  |  |  |  |  |  |
| Total<65  (QIVe) | 10% or other |  |  |  |  |  |  |  |
| Total Flu Child  (<5) | NA |  |  |  |  |  |  |  |
| Housebound | NA |  |  |  |  |  |  |  |
| >50  expanded service | NA |  | NA | NA | NA |  |  |  |
| Flu child Yr. 7  expanded service | NA |  | NA | NA | NA |  |  |  |
| Shielded patients  expanded service | NA |  | NA | NA | NA |  |  |  |
| Total: |  |  |  |  |  |  |  |  |
| Practice Risks: |  | | | | | | | |
| Practice Risk Mitigation: |  | | | | | | | |
| COMMENT: |  | | | | | | | |

## **APPENDIX 2 - LOCAL PRACTICE SUPPORT REQUIREMENTS**

What specific support have you identified or would like if available:

PRACTCE: DATE:

|  |  |  |
| --- | --- | --- |
| **Subject** | **Yes or No** | **Comments** |
| Patient Prioritisation Criteria |  | Both for the whole campaign and in terms of shortage of vaccine |
| Digital IT facilitator Support Assistance |  | Local EMIS or SystmOne flu patient searches if System Suppliers do not issue this promptly  Exploration of any further digital support packages |
| Clarify Community Service provision |  | Facilitating support from Community Services for vaccination of housebound/shielding patients and care homes |
| Procurement ‘*at scale*’ of additional vaccine for **existing eligible patients** |  | To ensure that practices have enough vaccines and share the risks for delivering required thresholds [[4]](#footnote-4) |
| Procurement ‘*at scale*’ of additional vaccine for **expanded cohorts of patients** |  | As above [[5]](#footnote-5). |
| GP Access Hubs  (*if available in your locality*) |  | Assistance with establishing and accessing immunisation services |
| Fridge Capacity |  | Facilitating and co-ordinating shared fridge space, financial efficiencies could also be achieved.[[6]](#footnote-6) |
| Funding Support |  | To support requirements to meet the expanded Flu programmes e.g. additional fridges, PPE, cool bags |
| Workforce |  | Workforce is an issue of concern, both admin and clinical staff due to expected staff shortages.[[7]](#footnote-7) |
| Source supply of additional PPE |  | Where normal routes cease to work - e.g. disposable masks |
| Additional sharps and clinical waste bins |  | Ensure expanded services for existing sites and wider scale services for newly identified temporary sites. [[8]](#footnote-8) |
| Identification of ‘at scale’ sites |  | Facilitating access to any ‘at scale’ sites |
| Setting up newly identified alternative sites - |  | Facilitate the procurement and transport of equipment needed at remote sites – chairs, couch, trollies etc |
| Loan of laptops, tablets, phones /IT to support remote sites |  | - if needed, to support remote site working |
| Facilitation of additional Emergency Aids for remote sites, |  | If required e.g. oxygen/drugs |
| Confirm arrangements for school aged “children”, especially Year 7 |  | In addition, Plan if COVID resurgence closes schools |
| Confirm vaccination protocol for patients who may have recently had COVID19 |  |  |
| Identify Infection Control lead and contact details |  | For practice follow up advice |

1. The Department of Health and Social Care & Public Health England issued a flu update letter on the 4th August, further information about the cohorts for the vaccination programme is listed and an embedded copy can be [found here](#_REFERENCE_&_READING_1). [↑](#footnote-ref-1)
2. Healthcare practitioners should refer to the influenza chapter in ‘Immunisation against infectious disease’ (the “Green Book”) for further detail about clinical risk groups advised to receive flu immunisation and for full details on advice concerning contraindications and precautions for the flu vaccines. This can be found at: [www.gov.uk/government/collections/immunisation-against-infectious-disease-thegreen-book](http://www.gov.uk/government/collections/immunisation-against-infectious-disease-thegreen-book) [↑](#footnote-ref-2)
3. Further practical cold chain information is currently being developed by the T&F flu group. [↑](#footnote-ref-3)
4. *This is a known are of concern and is under current review & regional/national discussions* [↑](#footnote-ref-4)
5. *This is a known are of concern and is under current review & regional/national discussions* [↑](#footnote-ref-5)
6. *This has also been flagged as another key concern, discussions are taking place to identify possible options.* [↑](#footnote-ref-6)
7. *Effort to determine what workforce pressures are likely to be experienced and options to address them are currently being explored, e.g. education hubs for retraining, federations, PCN, locality pooling of staff etc.* [↑](#footnote-ref-7)
8. *Clinical waste collections will need to extend alongside the flu expansion programme.* [↑](#footnote-ref-8)