

To all practices Surrey and Sussex LMCs

18th January 2021

Dear Colleagues

Flu Immunisation Update

As practices continue with this year's Flu Immunisation Programme, it is clear that despite the unprecedented circumstances General Practice has put huge effort into this campaign, with exceptional rates of uptake being recorded, greater than any previously achieved.

The invitation letters for the additional cohort of 50-64 years have now been released and I would like to remind you that this cohort should still be considered for receiving flu immunisation.

The LMC would like to remind colleagues of the following:

1. **The Joint Committee on Vaccination and Immunisation (JCVI)** has published its recommendations for the 2021/22 seasonal flu vaccination programme. NHS England will normally only reimburse for immunisation under the Flu DES that follow JCVI recommendations, but, equally, do normally follow JCVI advice. The NHS England reimbursement advice for 2021/22 is however not yet available. I enclose the JCVI guidance provided, but in summary this is:

Adults 65 years of age and over

- Adjuvanted quadrivalent inactivated influenza vaccine [aQIV]
- High dose quadrivalent inactivated influenza vaccine [QIV-HD]

If aQIV or QIV-HD are not available, the quadrivalent influenza cell-culture vaccine [QIVc] and the quadrivalent recombinant influenza vaccine [QIVr] are considered acceptable alternatives.

Adults at risk [including pregnant women] aged 18 to less than 65 years of age.

- Quadrivalent influenza cell-culture vaccine [QIVc]
- Quadrivalent recombinant influenza vaccine [QIVr]

Local Medical Committees for
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Quadrivalent egg-culture inactivated vaccine [QIVe] could also be considered. The JCVI stated there was a clear additional benefit in the use of quadrivalent influenza vaccines in those less than 65 years old in an at-risk group, compared with trivalent influenza vaccines.

Children aged two to less than 18 years old in an at-risk group, live attenuated influenza vaccine [LAIV] is the first choice, with QIVc and QIVe in that order of preference being alternatives.

Children aged less than two years of age in an at-risk group should be vaccinated with QIVe.

2. NHS Business Services Authority

NHS England has asked the NHSBSA to undertake a reconciliation exercise at the end of the 2020/21 flu season, for all practice item of service claims and data. This is clearly because of the mixed origin of purchased and free DHSC flu stock used this season.

As provided in the original guidance on accessing DHSC stock, practices will be asked at the end of the flu season to sign a declaration saying they have followed DHSC guidance in relation to their flu vaccination policy.

As part of this exercise, practices are being asked to submit flu claims as soon as possible, rather than leaving this to the end of the season. However, if involvement in supporting Covid19 vaccination programme makes this difficult, you need only to advise NHSBSA or PHE if this is the case.

I enclose the guidance available from NHSBSA.

The LMC recommends that practices would commonly be able to audit:

- Total purchased flu stock (to reconcile with PPA reimbursement claims)
- Total DHSC stock received (to avoid inadvertent PPA claims related to free-stock)
- Lost stock: the LMC recommends any lost/damaged stock was contemporaneously documented and records retained.
- Total administered vaccines (to reconcile with CQRS claims)

The NHSBSA process is separate and additional to the CQRS (and any manual) claiming process and is essentially a post-payment verification exercise.

3. Email from David Selling Head of PHE South East

Most practices will already be aware of this email, but I enclose it for completeness.

Dear Practice Colleagues

We recently sent out the attached email to all practices regarding the incorrect automated extractions for Seasonal Flu within the SFLU011, SFLU012 and SFLU013 CQRS indicators for 50-64 non at-risk patients, during September, October, and November.

It has become apparent the majority of these were due to a lack of clarity around coding and these vaccinations should fall within a different CQRS indicator.

Practices and NHSE/I have been working very hard to rectify this issue, however, the manual work this entails for both parties have proven to be very time consuming, time we do not have during these difficult times.

We have now received additional guidance from our National Team. This allows us to approve for payment SFLU011, SFLU012 and SFLU013 CQRS indicators for 50-64 non at-risk patients, during September, October, and November.

We are aware that some practices as a duty of care and in good faith have vaccinated 50-64 non at-risk patients prior to the formal extension which started on 1st December 2020. It has now been agreed on the basis a practice can evidence that these patients were not prioritised over the principal at risk groups a payment can be processed. For example: within a reporting month the figures on CQRS for the at-risk groups is substantially higher than the non-at-risk groups.

Amendment Request Options

- ***Any CQRS activity which has not already been declared for payment, will be approved on the basis as a duty of care and in good faith have vaccinated 50-64 non at-risk patients prior to the formal extension which started on 1st December 2020. Further action is not required by the practice.***
- ***For those practices who have already submitted an amendment form where activity within SFLU0011, SFLU012 and SFLU013 has been re allocated. This remains re allocated to the corrected CQRS indicator and further action is not required.***
- ***Where practices have reverted SFLU0011, SFLU012 and SFLU013 to a zero return and therefore will not have received a payment or a recovery has been made. Please contact us as soon possible to enable us to reinstate the payment.***

*Please ensure prior to submitting a new amendment request the activity is **not** duplicated within other indicators.*

We are currently in receipt of a high level of Seasonal Flu amendment requests and we are endeavouring to process these as soon as possible. If a practice is waiting for their form to be processed and have not declared their automated extraction for payment. You may wish to do so, and a manual payment will be processed for the difference.

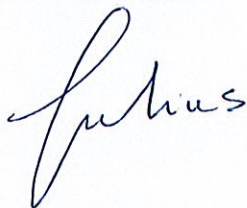
We would like to thank all practices for their patience and hard work whilst we have worked to find a resolution around this year's Seasonal Flu challenges.

If you require further clarity around the content of this email, please send your query to our generic email address shown below.

*This email has been blind sent to the following:
KSS GP Practice Managers and CQRS Administrators
NHSE/I Public Health Commissioning Colleagues
K&M and SYSX PHE Colleagues
K&M and SYSX LMC Colleagues*

If any practices have any queries in relation to this guidance please contact Sarah Parsons (Sarah.parsons@sslmcs.co.uk) in the first instance.

With best wishes

A handwritten signature in blue ink, appearing to read 'Julius', with a stylized flourish at the end.

Dr Julius Parker
Chief Executive