|  |  |
| --- | --- |
|  | Local Medical Committees for  Croydon, Kingston & Richmond, Surrey, East Sussex, and West Sussex |
|  | The White House  18 Church Road  Leatherhead  Surrey KT22 8BB |
| **Supporting and representing all local NHS General Practice** | **Chief Executive: Dr Julius Parker** |

**Seasonal Flu Planning Guide 2021/22** Version Three



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Updated on: 17 August 2021

**Seasonal Flu Planning Guide 2021/22**

**INTRODUCTION**

This guide has been produced to assist practices when planning the operational aspects of their FLU delivery programme 2021/22. It should be read in conjunction with the references and reading guidance at the end of the document. This document considers some of the implications of the following four documents:

1. [COVID-19 Vaccination Autumn / Winter (Phase 3) planning](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/07/C1327-covid-19-vaccination-autumn-winter-phase-3-planning.pdf) letter
2. [General Practice Enhanced Service Specification for phase 3 of the COVID-19 vaccination programme](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/07/C1351-Letter-to-GPs-Phase-3-opt-in.pdf)[[1]](#footnote-1),
3. [National flu immunisation programme 2021 to 2022 letter - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/national-flu-immunisation-programme-plan/national-flu-immunisation-programme-2021-to-2022-letter)
4. [NHS England Enhanced Services Influenza Specifications](https://www.england.nhs.uk/publication/nhs-england-enhanced-services-influenza-specifications/)

For ease of access **\*NEW\*** areas of information have been denoted in the contents page, and reflect recently added updates or information, therefore this version of the Flu Planning Guide simply builds on the original version released in July.

The Flu Campaign in 2020/21 was highly successful, with 80.9% of those over 65 years vaccinated in England, a record, and exceeding the World Health Organisation target of 75%. The widening of eligibility to include those aged 50-64 is occurring again this year and the programme is also to be extended to include school years 7-11

NHS England’s most important message is that practices should continue their planning for this year’s flu season as normal, but this straight-forward advice is tempered by the guidance that, to an extent, this year the flu programme will overlap with the Covid-19 Booster [Phase 3] programme, which a significant proportion of GP practices will be delivering. Community Pharmacists will also be offering flu vaccines, as usual, and a much smaller number will also be delivering Covid-19 Booster vaccinations. [The LMC and LPC](https://www.sslmcs.co.uk/resources/related?tagid=47328) will jointly write an additional letter to all contractors about working together whilst delivering the flu vaccination programme.

**The following questions have yet to be addressed:**

* Outcomes of the trial data on the co-administration of flu and Covid-19 Booster vaccines, although and assumption is being made, subject to patient choice, this is likely to be recommended, at least for some cohorts.
* Trial data on which Covid-19 vaccine can be delivered based on a patients previous Covid-19 vaccination history.
* What the suite of Covid-19 Booster vaccines will be, and whether there will be age or other eligibility specific recommendations.
* The portability of any delivered Covid-19 Booster vaccines, under MHRA guidance.
* The 15-minute observation period recommendation for Pfizer being continued.

Depending on this additional information, practices may be able to modify their flu programmes and potentially offer practice based Covid-19 Booster vaccinations, for a proportion of patients, and also have the opportunity to pool flu vaccines at local Collaborative Group Designated Sites for other clinics. There are significant logistical challenges associated with these approaches, and practices will also wish to carefully track vaccinations given in order to ensure a verifiable claims process. Current guidance is that no national flu stock will be available as an additional supply to either GP practices or Community Pharmacists.

Given these uncertainties, practices, except where a definite decision has been made to subcontract to a third-party organisation, are likely to wish to begin booking patients into September flu clinics during August.

As it stands, this guide cannot address everyone’s explicit questions. It does however collate various resources in one place and provide a checklist of considerations which we hope may support practices.

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.

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**PART 1**

# FRAMEWORK FOR PLANNING PRACTICE FLU PROGRAMME

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

**Considerations:**

The [national influenza immunisation programme](file:///C:\Users\JulieFreeman\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\52VW5XYR\National%20flu%20immunisation%20programme%202021%20to%202022%20letter%20-%20GOV.UK%20(www.gov.uk)) aims to provide direct protection to those who are at higher risk of influenza associated morbidity and mortality. Groups eligible for influenza vaccination are based on the advice of the Joint Committee on Vaccination and Immunisation (JCVI) and include older people, pregnant women, and those with certain underlying medical conditions.

The expanded influenza vaccination programme that we had last year will continue in 2021 to 2022 as part of our wider winter planning when we are likely to see both influenza and COVID-19 in circulation. This means that as a temporary measure the offer for 50 to 64-year-olds will continue this; hospitalisation from COVID-19 also increases from the age of 50 years onwards.

As a temporary measure, the programme will also be extended to 4 additional cohorts in secondary school, so that all those from years 7 to year 11 will be offered vaccination. Vaccinating children reduces transmission of influenza and [JCVI have recommended](https://app.box.com/s/njxjb2xn9zom2c8e8hsiqx8fqx0oykxo/file/751024555367) that expanding into secondary schools would be cost-effective, particularly if COVID-19 is still circulating .

**Therefore, those eligible for** [**Childhood seasonal Influenza vaccination 2021/22**](https://www.england.nhs.uk/wp-content/uploads/2021/08/BW821_i_ESS-childhood-seasonal-flu-vax-programme_August21.) **are registered patients; and**

* Aged two and three (but not aged less than two or aged four or over on 31 August 2021 – i.e., born on or after 1 September 2017 and on or before 31 August 2019)

**Therefore, those eligible under the** [**Seasonal influenza vaccination in 2021/2022**](https://www.england.nhs.uk/wp-content/uploads/2021/08/BW821-ii-ESS-seasonal-flu-vax-programme-Aug21.pdf) **are:**

* those aged 6 months to under 50 years in clinical risk groups;
* pregnant women;
* those aged 50 years and over;
* those in long-stay residential care homes;
* carers;
* locum GPs;
* close contacts of immunocompromised individuals;
* frontline health and social care staff employed by:
  + a registered residential care or nursing home;
  + registered domiciliary care provider;
  + a voluntary managed hospice provider;
  + Direct Payment (personal budgets) and/or Personal Health Budgets, such as Personal Assistants;
* Frontline health and social care staff employed by:
  + a registered residential care or nursing home; or
  + a voluntary managed hospice provider;

that are not registered with the GP practice but who elect to receive their vaccination from the GP practice.

* Those living in:
  + Long-stay facilities;
  + Nursing homes;
  + Other long-stay health and social care facilities; or
  + A housebound patient described in 11.16.

that are not registered with the GP practice

The Enhanced Service runs from 01 September 2021 to 31 March 2022, as usual, but colleagues are asked to maximise vaccination update prior to the likely circulation of flu in early Autumn, prioritising the highest risk groups.

### Sign-up to the Enhanced Service \*NEW\*

Practices needed to sign-up to this Enhanced Service by Monday 16 August; CCGs should have circulated a sigh-up sheet to return.

Separately, all practices must also sign up to the CQRS payment and activity reporting.

### 2021 to 2022 Seasonal Flu Uptake ambition[[2]](#footnote-2)

| Eligible groups | Uptake ambition |
| --- | --- |
| Routine programme for those at risk from influenza |  |
| Aged 65 years and over | At least 85%, reflecting the World Health Organization (WHO) target for this group. |
| Aged under 65 ‘at risk’, including pregnant women | At least 75% in all clinical risk groups |
| Aged 50 to 64 years | At least 75% |
| Children’s programme |  |
| Preschool children aged 2 and 3 years old | At least 70% with most practices aiming to achieve higher. |
| School-aged children | At least 70% to be attained across all eligible school years. |
| Reducing levels of inequality |  |
| All ages | No group or community should have a vaccine uptake that is more than 5% lower than the national average. See paragraph 18 for more details. |
| Health and social care workers |  |
| Frontline health care workers | 100% offer with an 85% ambition |
| Frontline social care workers | 100% offer with an 85% ambition |

### Collaboration Groups and Sub-contracting \*NEW\*

Practices may collaborate (within a formed Collaboration Group to deliver the Covid-19 Booster [Phase3] programme, if they have signed up to this) to also deliver the Flu programme, although two Enhanced Services are contractually separate and participation is independent although, there is no expectation that any practice will *not* deliver the flu programme.

Practices may also sub-contract the delivery of this Enhanced Service; this clause is included to align the two Enhanced Services together to allow joint delivery of the programmes, depending on the practice preference and JCVI and MHRA guidance. Practices are likely however to wish to make arrangements for:

* + Opportunistic flu vaccinations.
  + Patients who want the flu vaccination but not the Covid Booster vaccination, and vice versa.
  + Patients who want both vaccinations, but not simultaneously.

The eligibility criteria for the two programmes, for adults, very closely overlap.

### Vaccination Payments \*NEW\*

**Seasonal flu payments:**

Payment arrangements, of £10.06 for each seasonal flu vaccination, and a dispensing fee for purchased stock, are unchanged.

**Covid vaccination payments**

The individual Covid vaccination payment of £12.58 remains unchanged; in additional, an additional payment of £10.00 will be made for vaccinations:

* To patients living in Care or Residential Home setting, and
* To staff employed or engaged by a Care or Residential Home, where, in both cases, the vaccination occurs in that setting.
* To housebound patients
* To homeless patients in hostel/hotel accommodation if attendance at a vaccine site would not be possible.

### Frontline Health and Social Care Workers[[3]](#footnote-3) \*NEW\*

**Considerations:**

All frontline health and social care workers are expected to have influenza vaccination to protect those they care for.

The influenza chapter in ‘*Immunisation against infectious disease*’ ([Green Book](https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book#the-green-book)), which is updated periodically, gives detailed descriptions of the groups outlined above and guidance for healthcare workers on administering the influenza vaccine (*for healthcare workers, providers should use the current definition as set out in*[*chapter 12*](https://www.gov.uk/government/publications/immunisation-of-healthcare-and-laboratory-staff-the-green-book-chapter-12)*of the Green Book*).

Employees for these organisations are eligible for an NHS flu vaccination:

* frontline health and social care staff employed by:
  + a registered residential care or nursing home;
  + registered domiciliary care provider;
  + a voluntary managed hospice provider;
  + Direct Payment (personal budgets) and/or Personal Health Budgets, such as Personal Assistants;

and who are registered with the GP practice; or

* Frontline health and social care staff employed by:
  + a registered residential care or nursing home; or
  + a voluntary managed hospice provider;

that are not registered with the GP practice but to elect to receive their vaccination from the GP practice.

**Top Tips:** For clarity, staff employed by general practice should obtain their flu vaccination from their own GP practice or from a community pharmacist.

### Residential Care and Nursing homes[[4]](#footnote-4)

**Considerations:**

Since last year, the Community Pharmacy Seasonal Influenza Advanced Service Framework enables community pharmacies to vaccinate both residential care or nursing home residents and staff in the home setting in a single visit.

Good practice guidance material can be found at [Increasing Health and Social Care Worker Flu Vaccinations: Five Components](https://www.england.nhs.uk/increasing-health-and-social-care-worker-flu-vaccinations/) and marketing resources will be available to download and order from the [PHE Campaign Resource Centre](https://campaignresources.phe.gov.uk/resources/).

### 

### Flu Vaccination of Eligible Patients Previously Diagnosed with Covid-19

**Considerations:**

* Awaiting guidance 2021/22

### Delivering Flu Vaccination to Children[[5]](#footnote-5) \*NEW\*

The Enhanced Service Specification for childhood seasonal influenza vaccination programme 2021/22 can be found [here](https://www.england.nhs.uk/wp-content/uploads/2021/08/BW821_i_ESS-childhood-seasonal-flu-vax-programme_August21.pdf).

Since 2013, influenza vaccination has been offered to children in a phased roll-out to provide both individual protection to the children themselves and reduce transmission across all age groups to protect vulnerable members of the population.

**Considerations:**

* Public Health England (PHE) procures vaccines for the children’s programme, and these can be ordered through [Immform](https://portal.immform.phe.gov.uk/Logon.aspx?returnurl=%2f). The live attenuated influenza vaccine (LAIV) should be offered to eligible children aged 2 years and over, unless contraindicated. QIVc, which is now licensed for all children aged 2 years and above, will be available to order for children in at risk groups who are contraindicated to receive LAIV, and as an alternative offer for children aged 2 and over whose parents’ object to LAIV on the ground of its porcine gelatine content. Children in clinical risk groups aged 6 months to less than 2 years should be offered QIVe.
* LAIV is offered to children as it is generally more effective in the programme than the injected vaccines. It is also easier to administer and considered better at reducing the spread of influenza to others, who may be vulnerable to the complications of influenza.
* In order for providers to receive payment for administration and reimbursement of vaccine they will need to use the specific influenza vaccines recommended in the NHSEI letters referred to [above](https://www.gov.uk/government/publications/national-flu-immunisation-programme-plan/national-flu-immunisation-programme-2021-to-2022-letter#nhsletter).
* Last season due to supply constraints the alternative offer for children whose parents or guardians objected to LAIV on grounds of porcine gelatine content was only able to be made from November onwards. This season no supply constraints are anticipated, and the alternative offer should be made routinely from the start of the season where applicable.
* Last year the school age immunisation national service specification had a requirement that, to provide early protection, the provider would complete the influenza vaccination as early as possible after the influenza vaccine became available and at the latest by 15 December for all eligible children. In order to facilitate the service expansion alongside the continuation and catch up of the routine school age immunisation programmes this season the completion date for school age influenza vaccinations has been extended until the end of January 2022 although providers are encouraged to complete as soon as possible.
* Parents of any child at risk from influenza because of an underlying medical condition can choose to receive influenza vaccination in general practice, especially if the parent does not want their child to have to wait for the school vaccination session (which may be one of the later sessions).

GP practices should invite these children for vaccination, making it clear that parents have the option to have their child vaccinated in general practice.

### Vaccine ordering

**Considerations:**

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.

Every year JCVI reviews the latest evidence on influenza vaccines and [recommends the type of vaccine to be offered to patients](https://app.box.com/s/t5ockz9bb6xw6t2mrrzb144njplimfo0/file/737845224649). Providers should ensure that they have ordered adequate supplies of the recommended vaccines for their different adult patient groups, as set out in 2 [letters from NHS England and Improvement (NHSEI)](https://www.england.nhs.uk/publication/achievements-and-developments-during-2020-21-flu-season/) on 3 February and on 1 April 2021[[6]](#footnote-6).

### Summary of recommended vaccines

* for those aged 65 years and over – the adjuvanted quadrivalent influenza vaccine (aQIV), with the cell-based quadrivalent influenza vaccine (QIVc) or the recombinant quadrivalent influenza vaccine (QIVr) offered if aQIV is unavailable
* for under-65s (including those at risk, pregnant women and 50- to 64-year-old cohort) offer QIVc or QIVr, as an alternative if these are not available, the egg-grown quadrivalent influenza vaccine (QIVe) should be considered for use

**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 the otherwise well patients who are not quite 50 yet, but who will be due to turn 50yrs by 31 March 2022.

*You may wish to use the ‘quick & easy’* [*template planner*](#_APPENDIX_1_-) *to gauge numbers.*

## Social and Physical Distancing

**Considerations:**

*To include and address all requirements and options:*

* Do you have sufficient space to undertake in-house flu clinics with appropriate 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.
* Check whether utilisation of Hot Hub space out of core hours is necessary.
* Check PPE requirements and options for obtaining additional stock if necessary.
* 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 \*NEW\*

**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 (London) or PhamOutcomes](#_Notification_Arrangements) 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:**

Last year CQC published guidance on registration requirements for flu delivery ‘*off-site*’, that is, a venue that is not at your practice.

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).

If we are notified of any changes in 2021/22, we will advise.

**PART 2**

# DETAILS TO CONSIDER WITHIN THE FRAMEWORK

## Financial Planning

**Considerations:**

* 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 for housebound patients, then you might want to consider whether the person driving has ‘*business use*’ insurance on their car. This may incur additional costs.

## Practice FLU Plan

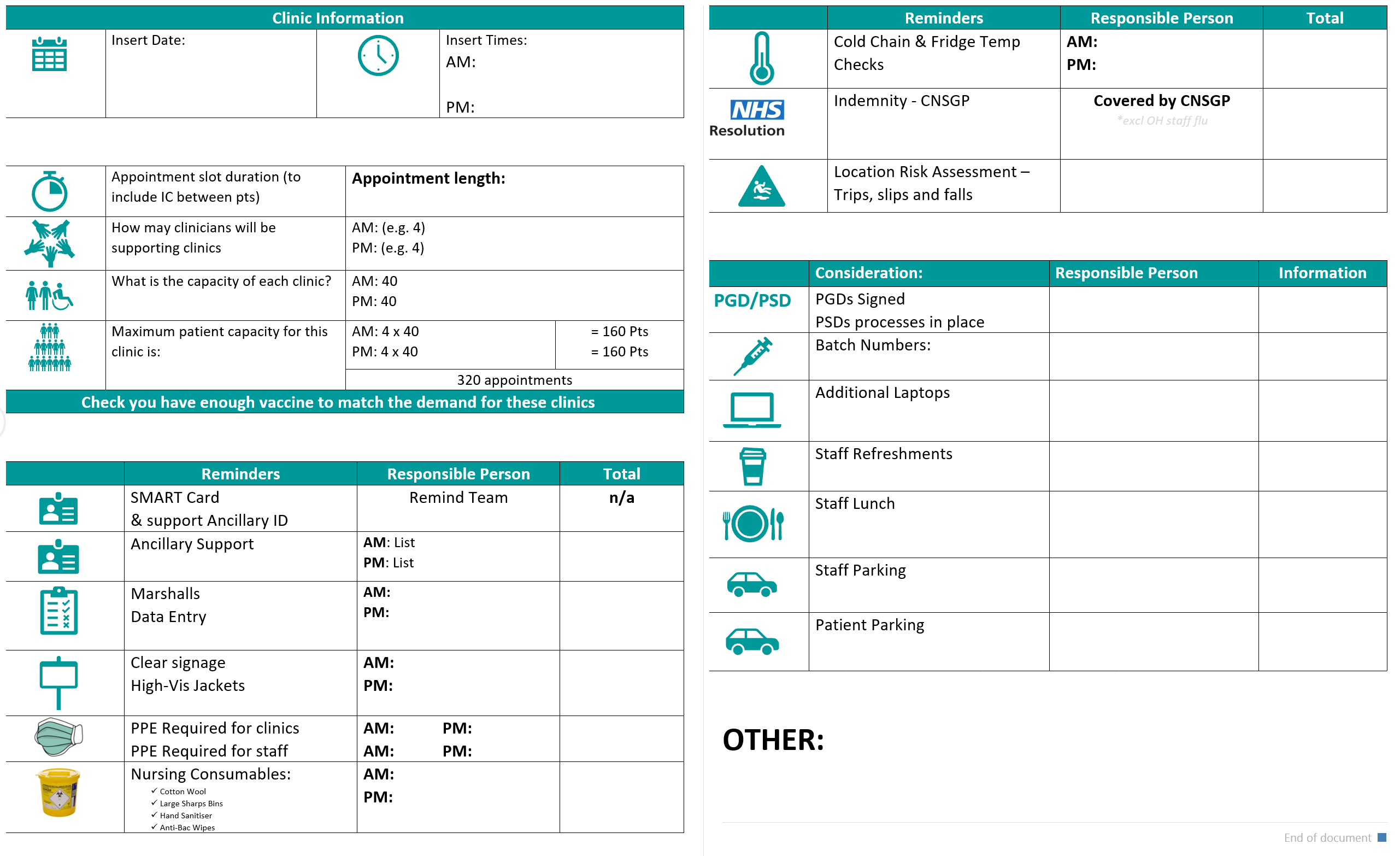
**Considerations:**

* [PRACTICE IMMUNISATION ‘*QUICK & EASY*’ PLANNER 2021/22](#_APPENDIX_1_-)

### Practice Visual Clinic Planner

**Considerations:**

Below is visual planner which may be very useful in the practice for everyone to refer to; you can also download a word version of this Clinic Planner by clicking the embedded document found [here](#_REFERENCES,_READING_GUIDES).

****

If you do not wish to use a visual planner, or, need assistance compiling your own, then here are a few considerations you might want to make:

* **Preparation and Planning**
* It is important to be aware of when your deliveries are due to arrive, it might be useful to check your delivery dates and confirm all is in order with your supplier. Always have a plan B.
* Social distancing: consider markings on the ground; inside and out. Clear signage will support your clinic delivery.
* Staff could be sent an admin instruction on what to do before arrival on the day.
* Vaccinators could potentially work in both areas; inside and out.

* **Clinical Processes**
* Patients could be given specific times so that numbers of patients waiting at any one time can be more easily managed.
* Consider what works well for your practice in terms of minute intervals, and plan accordingly.
* Vaccinators could be supported by a dedicated admin person who has access to the GP system. This would minimise problems with infection, protection, and control as there is no risk of touching a patient, then the computer and then potentially transferring to the next patient.
* Automating data entry using macros.  This made it quicker and more accurate.
* dedicate one vaccine only during a session so that there can be no errors.
* Fast track those in wheelchairs and or patients with walking difficulties. This reduces time or blockages of wheelchairs in corridors etc. it also helps with social distancing.
* **Support**
* Key supporting staff might be Flu ‘Marshalls’ either in car parks or external arrival areas,
* Use of high viz jackets if appropriate for easy recognition.
* reception staff to screen patients for COVID-19 symptoms,
* general guides
* Data entry personnel
* **IPC**
* Organise, in accordance with PHE guidance, the wearing and changing of masks.
* Access to continual hand washing stations as well as including use of sanitiser.

### 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 21/22 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))

## Workforce and staffing resources

### Staffing

**Considerations:**

* Consider dividing into teams to minimise possible COVID-19 exposure for staff.
* Consider your staff assignment carefully considering their vaccination history and any current covid threats or variants.
* Are all staff involved with the flu programme up to date with necessary training including Anaphylaxis?

### Staff Training

**Considerations:**

Last year the national team 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.

Within that guidance is a suggested content section and a flu vaccinator competency document that can be used by assessors. The national team updated the eLearning package on the e-Learning For health website to reflect the content for last year and the guidance and training remain relevant for this year (linked below).

[Flu immunisation training recommendations](https://www.gov.uk/government/publications/flu-immunisation-training-recommendations/flu-immunisation-training-recommendations-for-2020-to-2021) - this was published 05 August 2020; nothing further has been released to date.

### Anaphylaxis Training

**Considerations:**

Please see below for details of use and preparation for anaphylaxis when delivering flu vaccines.

* The PSCN guidance states that Pharmacists are required to include anaphylaxis pack as part of their preparation to provide the flu service in the pharmacy or offsite that is inclusive of care homes. Pease see link to the PSNC guidance on page 17, item 15 states: *an anaphylaxis pack (check the expiry of the adrenaline ampules, syringes, and needles)*
  + <https://psnc.org.uk/wp-content/uploads/2020/09/PSNC-Briefing-26-20-Guidance-on-the-Seasonal-Influenza-Vaccination-Advanced-Service-2020-21.pdf>. The guidance also includes information on training requirements for anaphylaxis. *\* Please note this may be updated in due course*.
* The RCGP has produced Delivering Mass Vaccinations During COVID-19 – logistical guide, please see page 10 for anaphylaxis guidance:<https://elearning.rcgp.org.uk/pluginfile.php/149506/mod_page/content/75/Mass%20Vaccination%20at%20a%20time%20of%20COVID%20V2.0.pdf>

*\* Please note this may be updated in due course*.

* The RCN has developed top tips for large scale vaccine delivery, please see link with guidance on anaphylaxis: <https://www.rcn.org.uk/clinical-topics/public-health/immunisation/immunisation-services-and-large-scale-vaccination-delivery-during-covid-19#toptips>

### Flu Delivery via HCAs

**Considerations:**

* [Appropriately trained HCAs](https://www.gov.uk/government/publications/flu-immunisation-training-recommendations/flu-immunisation-training-recommendations-for-2020-to-2021) can be involved in the delivery of flu vaccines to adults **(IM injection)** and children **(only the nasal flu vaccine).**  As this is a delegated role, all practices should have a robust process in place to ensure that both the HCA and the supervisor need to be clear about accountability regarding the delegation and performance of this procedure. All HCAs should be practicing under a PSD written by the delegating professional which could be the patient’s GP or a Nurse Prescriber.

|  |
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| **Please see below the links to the PHE HCA Training standards:**  <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/464033/HCSW_Training_Standards_September_2015.pdf>  **Information on HCAs to administer vaccines** – see this link.  <https://www.themdu.com/guidance-and-advice/guides/flu-and-flu-vaccinations>    **The national team has published a guidance document on flu immunisation training to support healthcare professionals during the COVID-19 pandemic.**  <https://www.gov.uk/government/publications/flu-immunisation-training-recommendations> |

### Green Book - Influenza and COVID-19 vaccination

**Considerations:**

At present, the Green Book chapter on the COVID-19 vaccine states that administration of the COVID-19 vaccine should ideally be scheduled with an interval of at least 7 days to another vaccination (including influenza) in order to avoid incorrect attribution of [potential adverse events](https://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a).

Booster vaccines for COVID-19 are currently under consideration, with trials underway to ascertain whether co-administration of COVID-19 and influenza vaccines will be permissible, subject to the advice of JCVI. Early evidence on the concomitant administration of COVID-19 and influenza vaccines used in the UK, [supports the delivery of both vaccines at the same time](https://www.gov.uk/government/publications/jcvi-interim-advice-on-a-potential-coronavirus-covid-19-booster-vaccine-programme-for-winter-2021-to-2022/jcvi-interim-advice-potential-covid-19-booster-vaccine-programme-winter-2021-to-2022) where appropriate.

We await final confirmation as to the results of the trial and how they can ultimately be delivered.

### Patient Group Directions (PGD) and Patient Specific Directions (PSD)

**Considerations:**

It is anticipated that the Seasonal Flu 2021/22 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) once received, are 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 either 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 (or intranet) allowing quick access, particularly as hyperlinks can be added to clinical templates; this makes double checking PGD parameters quick and easy for your healthcare professionals when working.

### Staff Safety

**Considerations:**

* Do review your staff risk assessments[[7]](#footnote-7) & 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.
* Double check that anaphylaxis training is up to date and check whether resus protocols need to be adjusted due to Covid.
* It may be 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 may 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.

### Occupational Health (Staff Flu)

**Considerations:**

Staff vaccinations against flu is **not** covered within the state indemnity scheme, the [Clinical Negligence Scheme for General Practice](https://resolution.nhs.uk/services/claims-management/clinical-schemes/general-practice-indemnity/clinical-negligence-scheme-for-general-practice/) (CNSGP). The three main indemnity organisations have suggested practices contact their practice indemnity insurer as the administration of flu vaccine in these circumstances may be covered by arrangements already in place; the LMC suggests this should be confirmed by all practices who may wish to immunise staff directly.

* The following options are available to practices:
  + All staff with a clinical condition which makes them eligible for the NHS national seasonal influenza vaccination programme should be encouraged to attend their registered GP practice (or a community pharmacist) to obtain this immunisation. As of course you may not be aware whether staff are eligible, this should be given as generic advice.
  + Some GP practices may have commissioned an Occupational Health Service for staff; if this offers seasonal flu immunisation, this service can be used.
  + Practices can adapt the national PHE PGD and named nurse/s within the practice can then vaccinate practice staff; a GP within the practice needs to sign the PGD and thereby assume responsibility for this administration. The PGD is available below: [Written Instruction for the administration of seasonal ‘flu vaccination (2021/22 version) – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice](https://www.sps.nhs.uk/articles/written-instruction-for-the-administration-of-seasonal-flu-vaccination/)
  + Practices would need to ensure:
    - *A record of the immunisation is kept.*
    - *Encourage the staff member involved to share this information with their registered GP and obtain consent to do so.*
    - *Ensure confidentiality of the staff members’ clinical information, enquired about during the immunisation process.*
  + In terms of the above option the LMC advises indemnity is confirmed beforehand.
  + Practices could offer to pay for privately obtained flu immunisation from another provider.
  + A GP in the practice could generate a Patient-Specific Direction (PSD) for each staff member to be immunised; again, indemnity arrangements should be confirmed beforehand.

Locum GPs are eligible for influenza immunisation via their registered GP under the 2021/22 DES.

### Infection Control

**Changes due to COVID-19: Considerations.**

* Enhanced 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 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.
* 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 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.

### Personal Protective Equipment (PPE)

**Considerations:**

On the 21st of August 2020 further information from the Head of Infection Prevention & Control Southeast Region, NHSE was released, which relates to the PPE requirements for Flu clinics.  The requirements are now confirmed in writing in the updated IPC Guidance (*excerpt and link below*).

**Vaccine and injection clinics: as stated page 14**

*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.* [Link to the new IPC guidance for remobilisation of services is now published](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)

*\*Correct as of going to print.*

### 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 of 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?

**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. Consider any duration of time or a threshold that the vaccines must be used within to assure that 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.

### Vaccination Agreement

**Community Nurse Considerations:**

We have attached an agreement that can be used to enable e.g., community nurses to vaccinate on behalf of a GP practice under their PGD and using their stock.   It can be amended for other organisations as well and is located at the end of this document or is accessible by clicking [here](#_REFERENCES,_READING_GUIDES).

### Vaccine storage and stability chart

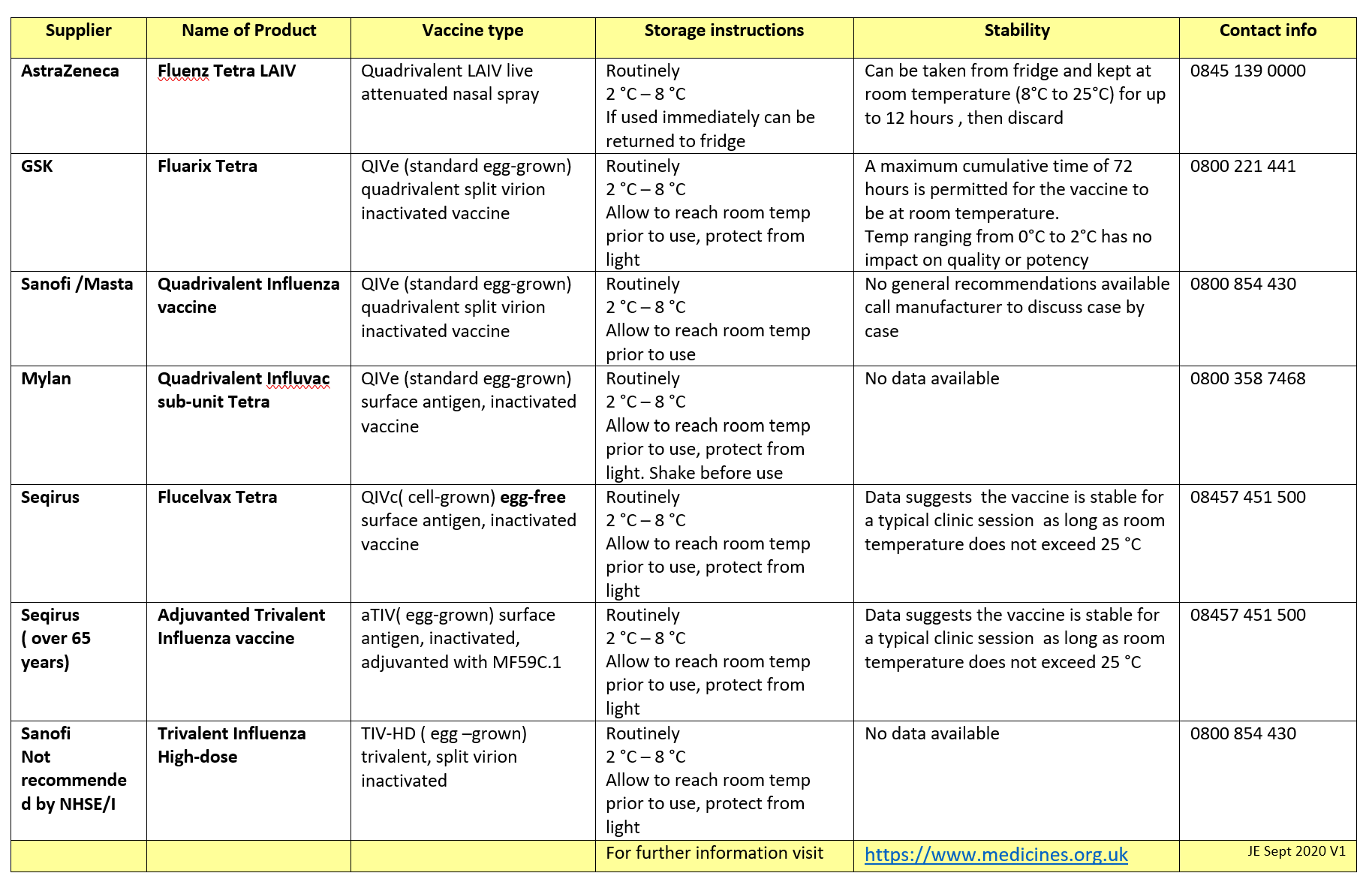


Figure 1 – NOTE Above information based on 2020/21 guidance, we will update if/when further information becomes available

### Vaccine Supply - Sanofi Pasteur Announcement

**16th May 2021**

Further to this, Sanofi Pasteur made an announcement on the 16th of May 2021 that due to an increase in global demand they intend to reduce their QIVe orders with practices by 30% for the 2021/22 season; doses being automatically reduced from GP practice orders. Subsequently Sanofi Pasteur was commissioned to make available 1 million QIVr (SUPETEK) vaccines; Public Health Commissioning Kent, Surrey & Sussex NHSE/I asked practices to amend their order to make up any resulting shortfall.

Pathways for additional vaccine would remain open until all stock had been secured and were described as:

* Sanofi to source the alternative QIVr 1st line flu vaccine.
* Seqirus who are still taking orders for QIVc 1st line flu vaccine.
* Mylan who are still taking orders for QIVe 2nd line vaccine.

The following [JCVI-advised vaccines](https://app.box.com/s/t5ockz9bb6xw6t2mrrzb144njplimfo0/file/737845224649)**will be reimbursed** as part of the NHS Annual Influenza Vaccination Programme for adults in 2021/22. Practices were encouraged to order the most appropriate and clinically effective vaccines for their cohorts. Central stock supply **will not be** made available later in the season.

|  |  |  |
| --- | --- | --- |
| **Those aged 65 years and over** | **Those aged 50 to 64 years** | **At-risk adults, including pregnant women, aged 18 to less than 65 years** |
| • aQIV  • QIVc/QIVr (where aQIV is not available) | •QIVc/QIVr  • QIVe (where QIVc or QIVr is not available) | •QIVc/QIVr  • QIVe (where QIVc or QIVr is not available) |

### 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 to support practices when contact patients.

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

**Considerations:**

* [Section 11 of the Enhanced Service](https://www.england.nhs.uk/wp-content/uploads/2021/08/BW821-ii-ESS-seasonal-flu-vax-programme-Aug21.pdf) includes previous DES guidance on recording vaccination information; Section 11.11 refers to recording such information for patients who are not registered at the practice in line with national guidance, which is awaited.
* 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 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 could be recorded in the medical record, also:
  + *You may wish to include a discussion about application of codes to include the date/time and place functionality.*
  + *Have you ruled out 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 below*).[[8]](#footnote-8) This guidance was issued in 2020/21, no further updates are available as going to print.

**In 2021 to 22, flu vaccinations will be offered under the NHS flu vaccination programme to the following groups:**

* all children aged 2 to 15 (but not 16 years or older) on 31 August 2021
* people aged 50 years or over (including those becoming age 50 years by 31 March 2022)
* those aged from 6 months to less than 50 years of age, in a clinical risk group such as those with
  + chronic (long-term) respiratory disease, such as asthma (requires continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospital admission), chronic obstructive pulmonary disease (COPD) or bronchitis
  + chronic heart disease, such as heart failure
  + chronic kidney disease at stage 3, 4 or 5
  + 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 influenza season)
* household contacts of immunocompromised individuals, specifically individuals who expect to share living accommodation 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 years 7 to 11)
* 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 or nursing home or registered domiciliary care provider, who are directly involved in the care of vulnerable patients or clients who are at increased risk from exposure to influenza
* health and care staff, employed by a voluntary managed hospice provider, who are directly involved in the care of vulnerable patients or 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

Organisations should vaccinate all frontline health and social care workers, in order 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 consider the risk of influenza exacerbating any underlying disease that a patient may have, as well as the risk of serious illness from influenza itself.

Healthcare practitioners should refer to the [influenza chapter](https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19) in ‘Immunisation against infectious disease’ (the [‘Green Book’](https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19)) for further detail about clinical risk groups advised to receive influenza immunisation and for full details on advice concerning contraindications and precautions for the influenza vaccines.

**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 consider the risk of flu exacerbating any underlying disease that a patient may have, as well as the risk of serious illness from flu itself.

### Use of Extended Hours

**Considerations:**

[Section 11.14 of the Enhanced Service](https://www.england.nhs.uk/wp-content/uploads/2021/08/BW821-ii-ESS-seasonal-flu-vax-programme-Aug21.pdf) confirms that Extended Hours appointment can be used to schedule flu vaccinations, although as with the below ‘considerations’ the LMC does not recommend all PCN/Practice Extended Hours appointments are used for this purpose

There is no restriction in the Extended Hours specification about the type of appointment that can be offered, it is permissive in terms of the nature of the healthcare professional whom the patient sees and the reason for the consultation. However, the appointments do have to be recurrent and consistent; that is, at the same time each week.

The LMC do not believe that this means that the appointment type must be recurrent, as the idea was to tailor Extended Hours to the specific needs of the patient and during flu season obviously there is a need for such appointments. In many cases it would be considered as custom for GP practices to offer ‘*flu-clinics*’ at times outside core hours, for example, at weekends, to maximise uptake and patient convenience and avoid some of the disruption that flu clinics could cause during normal hours. It may well be a reasonable to offer a proportion of Extended Hours to be devoted to flu immunisations for a short timescale, perhaps a few months during the flu season, **if those appointments remain within the recurrent, consistent appointment times that are offered overall.**

### Call and Recall[[9]](#footnote-9) and Patient Communications \*NEW\*

GP practices and school-based providers must actively invite in line with the requirements of the Enhanced Service Specification (*for example, by letter, email, phone call, text*) and ensure uptake is as high as possible.

**Call/Recall Requirements:**

* Section [11.3.1 and 11.3.2 of the Enhanced Service Specification](https://www.england.nhs.uk/wp-content/uploads/2021/08/BW821-ii-ESS-seasonal-flu-vax-programme-Aug21.pdf) refer to the proactive call/recall of the patient if considered ***‘at-risk’*** [11.3.1] and the proactive call if the patient is considered ***‘not at-risk’*** [11.3.2]. There appears no further guidance on this point, so the LMC suggests ‘at-risk’ patients are considered to fall within 11.3.1, and therefore to be recalled, if their eligibility relates to a clinical risk, listed in the [Green Book](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/931139/Green_book_chapter_19_influenza_V7_OCT_2020.pdf).
* Section 11.4 requires GP practices to use at least one written communication to patients as part of the call process noting this includes both letters and SMS messages.

**Call/Recall Considerations:**

There is an expectation that the benefits of influenza vaccination among all eligible groups be communicated, and vaccination made as accessible as possible. Community pharmacy service providers do not have a fixed patient list from which to undertake call and recall activities. However, they should proactively offer influenza vaccination to any patient they identify as being eligible to receive it should the patient present in the pharmacy for any reason.

We can confirm that NHSEI will be recommissioning of a National Call and Recall service for the 2021 to 2022 season. This national call and recall service will supplement rather than replace local contractual call and recall mechanisms which should continue as contracts dictate.

* Could you stagger or prioritise groups and dovetail these to available clinics?
* If you have Workforce pressures, you may have considered 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 communication 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](https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control).
* Do you have adequate and clear advertising of the clinics?
* Would it be helpful if Reception (and all other staff) have a script so there is a consistent message?
* Place a message about flu clinics and COVID-19 in 2021/22 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 are in place.
* Decide how you will document and record vaccine administration.
* Ensure appropriate transfer of vaccination information.

### Ethnicity Status \*NEW\*

**Considerations:**

Section [11.4 of the Enhanced Service Specification](https://www.england.nhs.uk/wp-content/uploads/2021/08/BW821-ii-ESS-seasonal-flu-vax-programme-Aug21.pdf) also requires GP practices to request details of the patient’s ethnicity status where this has not been previously provided. The specification does not say when this information must be asked, during the call/recall or vaccination appointment process. If a patient has already been asked this information and is coded as declining to provide it, the LMC suggests (in the absence of guidance on this point) the patients previous wishes should be followed.

### Timelines

**Considerations: –** *to include*

* 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.

**Part 3**

# PLANNING IN UNCERTAINTY \*NEW\*

**Considerations:**

The LMC is aware that until further clarification there may be some operational queries that practices may have; overarching uncertainties hold the key to aspects we have included in the list below, although please note these are not exhaustive. Our intention is to update the guide, in particular this section, as information becomes available. Our advice to practices in the meantime is to continue to plan to deliver your own practice-based flu programme as you would have done but give some thought and consideration to the options that may be available to you locally for a dual delivery programme. We understand that these can only be preliminary alternative planning thoughts as there is much requiring clarification before making any significant changes. We hope that this guide will start to explore some of these aspects for you.

| **Uncertainty:** | **Consideration:** |
| --- | --- |
| **Overarching Uncertainties:** | The key pieces of information we are waiting for are summarized as:   * Content of seasonal flu Enhanced Service Specification. * Outcome of the trial data on the co-delivery of the flu and covid booster vaccine. * Trial data on what covid booster vaccine can be given based on a patients previous covid vaccination history * What exactly the suite of the covid booster vaccines is going to be. |
| **Logistics -** |  |
| Transportability (and storage) of vaccines: | Feasibility of a Covid practice-based programme depends on the portability of the Covid vaccine(s) used, which is not yet known, and NHS England has advised individual practice delivery will not occur.  However, CCGs have expressed a willingness to openly explore operational possibilities.  Flu vaccines are of course transportable under certain conditions, but it would be hoped that Flu vaccines will remain at practice level. |
| Delivering to and the mixing of different vaccines both for Flu and COVID-19 adds complexity and increases risks in implementation. | **Awaiting more information & guidance** |
| Can we encourage covid to practice rather than flu to covid centres? | **Awaiting more information & guidance** the LMC supports this approach. |
| Have practices been able to order sufficient quantities of flu vaccine – what are the implications/options if not? | This will vary from practice to practice and area to area. If practices feel that they have under ordered, for whatever reason, including arbitrary ‘capping’ by suppliers they should, in the first instance, let their commissioner know as soon as possible with details of the shortfalls**.** |
| Fridge management space and capacity to do combined service/ stocks. | This will be dependent on the trial and final enhanced service specification, but it is likely to be an issue at practice level. |
| Impact on work force – in practice and at covid centres etc. | We suggest an early consideration of potentially allocating staff to alternative sites if a local collaborative agreement were to be made; how many staff at what times and the level of residual staff left on the practice premises would be obvious starting places, along with the flexibilities of additional hours working and the ensuing financial cost implications. |
| Will there need to be a 15 mins wait for some or all patients | **Awaiting more information & guidance** |
| Commissioner perspective – managing the wide variety of delivery models | Commissioners have expressed a willingness to be as flexible as possible in order to facilitate a joint programme. Following publication of the enhanced service specification the LMC will discuss in all areas what this may look like on the ground. |
| **Pooling -** |  |
| Risk pooling – either on all aspects or on individually identified aspects. | Preliminary discussions with local practices and collaborative groups may begin, but this shouldn’t be a barrier to delivering a practice-based flu programme. |
| If Covid19 programme is delivered at a collaborative site, on behalf of several practices, a pooling of flu vaccine from practices may be needed. This process will require organisation and accountability and may have financial implications. | **Awaiting more information & guidance** |
| What might a mixed economy look like? | **\*** Options might be:   * Only sign up and deliver your own Flu programme as in the past. * Provide EOI to deliver phase 3 along with the Flu programme. * Provide your own Flu programme and sign up to phase 3 but subcontract the delivery at Federation, PCN or other levels. * Provide neither Flu nor Covid at practice level but fully participate in the collaborative delivery of both programs on a wider scale basis. |
| **Finance** |  |
| Financial transfers inc. cost transfer of flu vaccines at what price – like for like vaccine cost only? | Depends on what the specification allows, however the actual cost of the vaccines as acquired on ordering, should be kept separate from the IOS fixed price of administration. The former may vary, and practices should not be out of pocket and the latter is a fixed price.  Any transfer of funds will depend on the level of participation or any local agreement**.** |
| Potential loss of practice income | Explore tentative risk management options, but do not agree to anything until all information is avaialble. |
| Risk to avoid destabilising either practices or federations that have previously delivered programmes by themselves. | As above. |
| **Patient considerations** |  |
| Patient Choice:   * some patients may not want both vaccinations at same time, * some patients may only want same Covid vaccine as they did before. | Practices should make every effort to meet patient choice. |
| Patients may not want to go to two different sites. | Practices should make every effort to meet patient choice. |
| Patient Consents – are currently different for flu and covid. | This needs careful consideration once more information is available as this is likely to have an impact on time and hence processes of implementation and administration. |
| Scoping and handling of outlier groups – e.g., Homeless and travellers etc. | **Awaiting more information & guidance** |
| **Local contractual/agreements** |  |
| What kinds of ‘local’ arrangements are possible | **Based on options noted in Pooling \* above …** |
| How to get best collaborative approach - Providers maybe practices, pharmacists, PCNs, covid centres, federations etc. | **Awaiting more information & guidance** |
| **Risks** |  |
| Loss of control at practice level over the flu delivery – cohort targeting and financial flows very important.  De-coupling of flu from practices is a real risk. | It may cause a lower vaccination uptake overall. |
| Loss of opportunistic health checks that practices make at Flu clinics. | This is likely to occur unless special provision under local agreements is in place given that the flu vaccine is administered at a site other than the patient’s own practice. It may cause a lower vaccination uptake overall. |

**Part 4**

# COMMUNITY PHARMACY AND GENERAL PRACTICE FLU GUIDANCE

## Working Together

**Considerations:**

* Close co-operation between colleagues, meaning pharmacists and general practices in the first instance, at both practice and Primay Care Network (PCN) levels are essential before embarking on any vaccination programme.
* There needs to be a clear understanding as to what vaccination service is being planned and who is to do what, and ideally when and how. This would be diriven by the need to agree on how best to work together locally in the interest of patients.
* Please find below a link to frequently asked questions surrounding funding streams for flu administration. This has been compiled collaboratively between the LMC and the LPC for Surrey and Sussex.

## 

## Notification Arrangements

**Considerations:**

* In line with the resepctive service specifications, we encourage information about patient vaccination is passed promptly and accurately to the patient’s NHS practice, using electronic means. Community Pharmacies across Surey & Sussex will be using the [PharmOutcomes](https://pharmoutcomes.org) system to record and transmit vaccine notifications (London use SONAR).
* GP practices will receive the full details of the vaccination including read codes, in a PDF document via NHSmail and can add any additional information to the patient record manually as appropriate. Some GP systems can receive structured information, which means details can be added directly to a patient's GP record, without having to transcribe the information manually.
* GP practices should ensure they monitor these communications. **As a matter of urgency, practices that haven’t already nominated and activated a secure email for notification purposes, they can email** [**helpdesk@phpartnership.com**](mailto:helpdesk@phpartnership.com) **visit** [**https://pharmoutcomes.org**](https://pharmoutcomes.org) **and message the help desk team**.

## Changes from last year – Residential and Care Homes

**Considerations:**

* Awaiting further information

## Promotion of Immunisation Services

**Considerations:**

* GP Practices and Community Pharmacy colleagues are equally at liberty to advertise and promote their immunisation services and we would encourage you to pro-actively do so, but both the LMCs and LPCs would urge colleagues not to express this in ways that undermine the other's professionalism in the eyes of each other and their patients

## REFERENCES, READING GUIDES & USEFUL DOCUMENTS

|  |  |
| --- | --- |
| **Directed Enhanced Service, Seasonal Influenza and Pneumococcal Polysaccharide Vaccination Programme 2021/22** | **Yet to be released.** |
|  |  |
|  |  |
| JCVI guidance released November 2020 |  |
| NHSE Flu Update Letter 03 Feb 2021 |  |
| LMC Update Letter 08 March 2021 |  |
| LMC Update Letter 11 August 2021 |  |
| Practice Visual Clinic Planner |  |
| [Royal College of Nursing Immunisation Skills and Knowledge Competence Tool](https://www.rcn.org.uk/professional-development/publications/pdf-006943) |  |
| Vaccination Agreement for Community Nurses |  |
| **Other useful Links**  [Vaccines available in the UK](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/996263/PHE_Influenza_vaccines_and_Ovalbumin_table_2021_to_2022.pdf)  [Seasonal Flu Planning Guide version one](https://www.sslmcs.co.uk/seasonalfluplanningguide202122versionone)  [COVID-19 Vaccination Autumn / Winter (Phase 3) planning](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/07/C1327-covid-19-vaccination-autumn-winter-phase-3-planning.pdf)  [General Practice Enhanced Service Specification for phase 3 of the COVID-19 vaccination programme](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/07/C1351-Letter-to-GPs-Phase-3-opt-in.pdf)  [interim JCVI advice](https://www.gov.uk/government/news/jcvi-issues-interim-advice-on-covid-19-booster-vaccination)  [Arrangements for Primary Care from 19 July 2021](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/B0783_Primary-Care-letter_190721-002.pdf)  [Frontline health and care staff can work rather than self-isolate - GOV.UK (www.gov.uk)](https://www.gov.uk/government/news/frontline-health-and-care-staff-can-work-rather-than-self-isolate)  [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)  [Flu vaccination in schools - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/flu-vaccination-in-schools)  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/). |  |
| Influenza viruses change continuously and the World Health Organization (WHO) monitors the epidemiology of influenza viruses throughout the world, making recommendations about the strains to be included in vaccines, with [recommendations now confirmed for 2021 to 2022](https://www.who.int/publications/m/item/recommended-composition-of-influenza-virus-vaccines-for-use-in-the-2021-2022-northern-hemisphere-influenza-season). |  |
| In its [COVID-19 Response: Summer 2021](https://www.gov.uk/government/publications/covid-19-response-summer-2021-roadmap/covid-19-response-summer-2021), the Cabinet Office confirmed that:  “Health and care settings will continue to maintain appropriate infection prevention and control processes as necessary, and this will be continually reviewed. Guidance will be updated based on the latest clinical evidence this summer.”  Until further notice, the existing [COVID-19 Infection Protection and Control (IPC)](https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control) guidance continues to apply in healthcare settings. All primary care contractors should continue to follow this guidance. [IPC face covering resources for NHS settings](https://coronavirusresources.phe.gov.uk/nhs-resources-facilities/resources/nhs-IPC-resources/) have also been published by Public Health England (PHE). |  |

## APPENDIX 1 - PRACTICE IMMUNISATION ‘*QUICK & EASY*’ PLANNER 2021/22

PRACTICE:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DATE: | | | **FLU PROGRAMME 20/21** | | | **FLU PROGRAMME 21/22** | | |
|  | **Return Threshold** | **Eligible patients in each area** | **Total number of patients vaccinated in 2020/21** | **Number of patients vaccinated in surgery.** | **Number of patients vaccinated in other healthcare setting** | **Total number of patients which are eligible for the vaccine this year?**  **aQIV | QIVc or QIVr** | **Total number of vaccines ordered for 2021/22** | **Variance** |
| Total >65 | 10% or other |  |  |  |  |  |  |  |
| Total<65 | 10% or other |  |  |  |  |  |  |  |
| Total Flu Child  (<5) |  |  |  |  |  |  |  |  |
| Housebound |  |  |  |  |  |  |  |  |
| >50  expanded service. |  |  |  |  |  |  |  |  |
| Flu child Yr. 7  expanded service |  |  |  |  |  |  |  |  |
| Shielded patients.  expanded service |  |  |  |  |  |  |  |  |
| 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 [[10]](#footnote-10) |
| Procurement ‘*at scale*’ of additional vaccine for **expanded cohorts of patients** |  | As above [[11]](#footnote-11). |
| 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.[[12]](#footnote-12) |
| 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.[[13]](#footnote-13) |
| 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. [[14]](#footnote-14) |
| 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 |



|  |  |
| --- | --- |
|  | Local Medical Committees for  Croydon, Kingston & Richmond, Surrey, East Sussex, and West Sussex |
|  | The White House  18 Church Road  Leatherhead  Surrey KT22 8BB |
| **Supporting and representing all local NHS General Practice** | **Chief Executive: Dr Julius Parker** |

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NHS GP Practices within the Surrey and Sussex LMC area (East and West Sussex, Brighton and Hove, Surrey, and the London Boroughs of Kingston, Richmond, and Croydon) may freely use the information in this guidance to support delivery of their 2021/22 Seasonal Flu and Covid Booster (Phase 3) Vaccination Programmes.

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**Credit:** Please credit Surrey and Sussex LMCs should any section be used.

1. LMC Guidance on Phase 3 can be found at the end of this guide, alongside other useful documents. [↑](#footnote-ref-1)
2. [National flu immunisation programme 2021 to 2022 letter - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/national-flu-immunisation-programme-plan/national-flu-immunisation-programme-2021-to-2022-letter) [↑](#footnote-ref-2)
3. [National flu immunisation programme 2021 to 2022 letter - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/national-flu-immunisation-programme-plan/national-flu-immunisation-programme-2021-to-2022-letter) [↑](#footnote-ref-3)
4. [BW821-ii-ESS-seasonal-flu-vax-programme-Aug21.pdf (england.nhs.uk)](https://www.england.nhs.uk/wp-content/uploads/2021/08/BW821-ii-ESS-seasonal-flu-vax-programme-Aug21.pdf) [↑](#footnote-ref-4)
5. [BW821\_i\_ESS-childhood-seasonal-flu-vax-programme\_August21.pdf (england.nhs.uk)](https://www.england.nhs.uk/wp-content/uploads/2021/08/BW821_i_ESS-childhood-seasonal-flu-vax-programme_August21.pdf) [↑](#footnote-ref-5)
6. [National flu immunisation programme 2021 to 2022 letter - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/national-flu-immunisation-programme-plan/national-flu-immunisation-programme-2021-to-2022-letter) [↑](#footnote-ref-6)
7. The BMA have provided some information and support around risk assessments which can be found here: [COVID-19: risk assessment (bma.org.uk)](https://www.bma.org.uk/advice-and-support/covid-19/your-health/covid-19-risk-assessment) [↑](#footnote-ref-7)
8. The Department of Health and Social Care & Public Health England will issue guidance, once released it should be found here [Annual flu programme - GOV.UK (www.gov.uk)](https://www.gov.uk/government/collections/annual-flu-programme#2021-to-2022-flu-season) [↑](#footnote-ref-8)
9. [National flu immunisation programme 2021 to 2022 letter - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/national-flu-immunisation-programme-plan/national-flu-immunisation-programme-2021-to-2022-letter) [↑](#footnote-ref-9)
10. *This is a known are of concern and is under current review & regional/national discussions.* [↑](#footnote-ref-10)
11. *This is a known are of concern and is under current review & regional/national discussions.* [↑](#footnote-ref-11)
12. *This has also been flagged as another key concern, discussions are taking place to identify possible options.* [↑](#footnote-ref-12)
13. *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-13)
14. *Clinical waste collections will need to extend alongside the flu expansion programme.* [↑](#footnote-ref-14)