

To all practices Surrey & Sussex LMCs

11th August 2021

Dear Colleagues

Enhanced Service Specification: Seasonal Flu Vaccination Programme 2021/22

I am writing to practices to highlight the Seasonal Influenza Enhanced Service for the 2021/22 programme: this replaces the usual Direct Enhanced Service, as this year the programme is being delivered as an Enhanced Service, analogous to the Covid Vaccination Programme. This reflects the continuing 'planning in uncertainty' environment common to both programmes, which are expected to overlap, but final JCVI [Joint Committee on Vaccination and Immunisation] advice is awaited in terms of the timing and co-administration of vaccines, and the use of Covid-19 vaccines, and from the MHRA [Medicines and Healthcare products Regulatory Agency] in terms of vaccine portability.

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 vaccines. The LMC and LPC will jointly write an additional letter to all contractors about working together whilst delivering the flu vaccination programme.

At present there remain a number of uncertainties which are likely to only be answered by the end of August, by which time the planning for both programmes should be well in hand.

The following questions have yet to be formally addressed:

- **Outcome of the trial data on the co-administration of flu and Covid-19 booster vaccines, although an 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 patient's previous Covid-19 vaccination history.**

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- **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 Covid19 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. The LMC Flu guide is being updated now the Flu Enhanced Service specification is available, but colleagues may find the following points helpful:

- The ES runs from 1st September 2021 to 31st March 2022, as usual, but colleagues are asked to maximise vaccination uptake prior to the likely community circulation of flu in early Autumn, prioritising the highest risk groups.
- **Practices need to sign up to this Enhanced Service by Monday 16th August;** CCGs should circulate a sign-up sheet to return.
- **Separately,** all practices must also sign up to the CQRS for payment and activity reporting.
- Practices may collaborate (within a formed Collaboration Group to deliver the Covid-19 Booster [Phase 3] programme, if they have signed up to this) to also deliver the Flu programme, although the 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 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.

- Section 11.3.1 and 11.3.2 of the Enhanced Service specification 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.
- 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 text messages.
- Section 11.4 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.
- Section 11 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.
- Section 11.14 confirms that Extended Hours appointments can be used to schedule flu vaccinations, although as with previous advice the LMC does not recommend all PCN/Practice Extended Hours appointments are used for this purpose.
- Practices should use IMMFORM, on a monthly basis, as normal.
- The previous DES phrasing, in terms of practices making "reasonable efforts" to ensure patients who cannot attend the practice should be vaccinated, is replicated in this Enhanced Service. This may include making details of such eligible patients available to another provider.
- Section 12.7 refers to claiming for patients who are not registered with the practice, but have been vaccinated in line with national guidance, which, as with Section 11.11, is awaited.
- Payment arrangements, of £10.06 for each vaccination, and a dispensing fee for purchased stock, are unchanged.
- The phrasing of Section 13.7 is clumsy but the LMCs interpretation is that the reference in 13.7.3 to being a patient, is to an eligible patient under the Enhanced Service, rather than a registered patient of the practice, to cover the eligibility criteria in Sections 9.1.9.1 and 9.1.9.2, where vaccinated staff do not need to be registered with the GP practice that provides the vaccination. This also applies to those eligible under Section 9.1.10 who are not registered patients.

I hope this additional background is helpful and would encourage colleagues to refer to and use Version 3 of the LMC Flu Guide, which will be circulated shortly and includes updated details from this Enhanced Service Specification.

The LMC will update all practices as further relevant JCVI and MHRA advice becomes available.

With best wishes

A handwritten signature in blue ink, appearing to read 'Julius', with a stylized, flowing script.

Dr Julius Parker
Chief Executive