

To: All Practices

25th September 2018

Dear Colleagues

Further guidance for 2018/19 Flu season

I am writing to provide further guidance on the 2018/19 flu season; the first part of this letter assumes you have been notified that your influenza vaccine supplies have been confirmed, noting that your practice's Flud vaccines order will be supplied in a phased way: 40% in September, 20% in October, and 40% in November. Community Pharmacy supplies of Flud are being phased in the same proportions. There are no problems with supply volumes of Quadrivalent vaccine (QIV) but there have been some localised delivery delays

The second part of the letter offers guidance if your practice does not have confirmed orders for flu vaccines: if this applies to your practice, please advise both the NHS England/your CCG and the LMC, if you have not already done so.

What arrangements should practices make given the phased delivery of Flud?

Based on NHS England advice, practices should prioritise those aged 75 and older, which is not really feasible opportunistically but may be possible in terms of booked clinics, and those patients in residential care homes and equivalent long stay facilities.

Practices are then advised to:

- Invite eligible patients to reattend in October/November, when further supplies of aTIV will be available. This is the preferred option.
- Signpost patients to local community pharmacies, unless you are aware they have no supplies. However, you can advise patients that community pharmacies are receiving the same phased supply as the practice, and so may not have current stock available.

The key message is to emphasize the importance and value of having a flu vaccination and it remains as useful even if delayed until November, or early December, because levels of circulating flu-like illness in the community only tend to rise in December.

Practices should not, in the LMC's view consider giving such patients QIV until at least November, since it will only be at this point that all local stocks of a TIV have been used and there are no further deliveries planned, **unless advised otherwise by NHS England/Public Health England.**

Colleagues should note the LPC will be providing the same advice to CP colleagues.

Local Medical Committees for
Croydon, Kingston & Richmond, Surrey,
East Sussex and West Sussex

The White House T: 01372 389270
18 Church Road F: 01372 389271
Leatherhead
Surrey KT22 8BB www.sslmcs.co.uk

What are the arrangements for Community Pharmacy (CP) flu vaccination service

The CP flu vaccination Advanced Service 2018/19 is essentially similar to that for GPs in terms of patient eligibility and vaccination recommendations, however, because CPs do not have a registered patient list, the following applies:

- Informing the patients registered GP, this should be done on the day of the vaccination, or the following working day
- CPs are strongly encouraged to utilise a web-based IT platform to notify the GP practice, if this is available for use, as it is locally.
- CPs are **not** required to advise the site of the vaccination, the manufacturer, batch number, or expiry date of the vaccination given, and therefore these details should not be requested by the practice
- CPs must record patient consent; if a patient does not have capacity to provide informed consent, CPs are advised to refer the patient to their GP for vaccination
- CPs are permitted to offer 'off-site', that is, not at the Pharmacy premises, vaccinations in two circumstances:
 - At the patient's home, if requested by the patient and where pharmacy services have previously been provided to the patient
 - In a residential care home, or similar long stay care facility, again, providing an existing relationship exists, such as providing pharmacy services to the patient. However, before undertaking the latter CPs should contact the patients General Practitioner to advise of this proposal

There is no additional fee paid for off-site immunisations. No other 'off-site' immunisations are permitted under the National Advanced Service, but for **CPs in London**, a local specification allows off-site immunisation at other locations

Colleagues who would like further information regarding the CP Flu service specification can contact either Surrey and Sussex LPC (Jameswood@communitypharmacyss.co.uk), Kingston and Richmond LPC (tpscps@aol.com) (Terry Silverstone) or Croydon LPC (mswlpc@btinternet.com) or LMC (Julius.parker@sslmcs.co.uk) or the PSNC Website <https://psnc.org.uk/services-commissioning/advanced-services/flu-vaccination-service/flu-vaccination-faqs/>

The LMC would anticipate that if a practice receives notification from a local CP in relation to a residential/care home for which the practice has already made plans to vaccinate residents, the practice should advise the CP that an immunisation plan is in place for the home and that no alternative arrangements are needed. The LPCs have been advised CPs should be informed this is the LMCs advice. If there are any concerns about such notifications, please contact the LMC, or ask the CP to contact the LPC.

In order to ensure prompt communication between CPs and GPs if a practice hasn't already nominated a secure email to receive pharmacy notification purposes, they can email helpdesk@phpartnership.com or visit <https://pharmoutcomes.org> and message the helpdesk team.

Which patients are eligible to receive which vaccine.

This is the first year that different vaccines have been recommended for eligible adult patients.

As described in an earlier Public Health England letter, these are:

- Adjuvanted trivalent flu vaccine [aTIV]. This year there is only one vaccine [Fluad] supplied by Seqirus. This is the primary recommended vaccine for all eligible patients aged 65 years and over and is licensed for this age cohort.
- Quadrivalent vaccine [QIV], this is recommended for all eligible adult patients aged between 18 and 64 years old.

Eligible patients who have their 65th birthday during the coming Autumn/Winter and before 31st March 2019 may be given aTIV “off licence”; PHE’s PGD for 2018/19 incorporates this advice.

Current NHS E/PHE guidance is that QIV should only be offered to the aged 65 and over cohort when all local stocks of aTIV have been used and there are no further deliveries planned: levels of influenza circulating within the population usually only start to rise in December, and therefore eligible patients who attend when, because of the phased delivery of aTIV, practices do not have any stock, should, as advised above, be asked to reattend the following month once further supplies have been received: it is self-evident this is likely to cause difficulties but practices who are expecting further supplies of aTIV should take this approach in the first instance when advising patients; the alternative is to signpost patients to local pharmacies, who may have current stock, but whose deliveries of aTIV are also being phased.

PHE now recommends patients aged 65 or over can be offered QIV in the exceptional circumstances that:

- aTIV is unavailable, and highly unlikely to become available: this is likely to only be confirmed after your November delivery of aTIV
- Practices have signposted patients to local CPs, unless they are aware, or patients are advised, they have no aTIV stock available

In these circumstances PHE advise that:

- Patients are informed that the vaccine they are receiving is not the one nationally recommended for their age cohort, because of its possible lower efficacy
- Patients are also advised however that it may still offer protection against seasonal flu, or attenuate the progression of an infection should they get it
- Document this advice in the patients records

Non-adjuvanted trivalent influenza vaccine (TIV) is not a recommended vaccine for the 2018/19 flu season.

This means:

- For individuals under 65, if QIV is unavailable, which is not the current supply position, and is highly unlikely to become available, or
- For individuals over 65, if aTIV or QIV are unavailable, and are highly unlikely to become available,

Then the same PHE recommended process as above should be followed, that is:

- Consider the situation after the November delivery of aTIV
- Attempt to obtain supplies of QIV
- Signpost patients to alternative CP providers
- Provide and before administering TIV document the PHE advice that should be given to patients

However, although there are reports of delayed delivery of QIV to practices, the LMC understands there should be no supply shortage during the 2018/19 season and so it is **highly unlikely TIV will need to be used at all**

What should you do if your practice has been advised it will have no aTIV (Fluad) delivery

A small number of practices may not have supplies of aTIV [Fluad]. Further NHS England guidance is awaited but, in such circumstances, the LMC recommends practices:

- Notify their local CPs that they do not have, and are unlikely to have, adequate stocks of aTIV. Unless the CP has a wholesaler licence, at present, GPs will not be able to requisition flu vaccines directly from pharmacies.
- Advise patients to contact local CPs to obtain an appropriate flu injection.
- Ask local CPs to make arrangements to immunise patients in local residential care homes or equivalent long stay care facilities and inform the practice if they are able to do so.

The LMC would also recommend such practices try and obtain aTIV supplies from neighbouring practices by circulating a request; CCGs may be in a position to co-ordinate this. **However, any vaccines moved between practices must be transported in an appropriate environment and this documented**

Based on NHS E/PHE guidance, GP colleagues should not commence vaccinating patients who are eligible for aTIV with QIV at this stage, even if this is requested by the patient

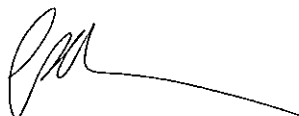
The LMC and LPC have advised NHS England there may be significant disruption to flu immunisation rates in these circumstances: NHS England are apparently exploring temporarily amending the Regulations to allow GP practices to purchase stock from pharmacies. NHS England

are also mapping practices and CPs who do not have aTIV stock to try and identify areas with particular supply issues.

GP colleagues should note that the LPC is providing equivalent advice for CPs who are unable to obtain aTIV, asking patient to contact their GP practice, unless they are already aware that the practice has supply difficulties.

I hope this further advice is helpful: clearly this is going to be a difficult situation for many practices and patients, but hopefully the 2018/19 supply problems will be resolved by 2019/2020.

With best wishes

A handwritten signature in black ink, appearing to be 'J. Parker', with a long horizontal line extending to the right.

Dr Julius Parker

Chief Executive