

To: All Practices in Surrey & Sussex LMCs

26 September 2018

Dear Colleagues

Further Update: Seasonal Flu Immunisation Programme 2018/19

Following on from my advice letter sent to practices yesterday, NHS England has now sent out further guidance which I enclose. To avoid particularly Practice Manager colleagues suffering a conniption, please note now this does not contradict or alter the LMC guidance, but provides further advice which I noted might be forthcoming – but did not expect so soon.

As aTIV (fluad) is in some areas in short supply, or unavailable, the MHRA (Medicines and Healthcare Products Regulatory Authority) have confirmed that in relation to aTIV, this vaccine can be supplied without a wholesaler licence between providers (i.e. GP practices and/or Community Pharmacists) providing:

- The supplying provider can confirm the vaccine has been held properly in temperature-controlled conditions
- Records of temperature monitoring are available
- The recipient surgery can verify the above
- The vaccine can be transported in the appropriate conditions

There is further guidance in Chapter 3 of the Green Book, as below at:

<https://www.gov.uk/government/publications/storage-distribution-and-disposal-of-vaccines-the-green-book-chapter-3>.

The guidance reconfirms NHS England's current advice, as I noted in the LMC letter yesterday, that: "only if there is no accessible supply, and no further supplies are expected, would it be clinically appropriate to offer QIV to eligible patients" (that is patients eligible to receive aTIV). I realise, and indeed have already received emails saying so, that this is extremely frustrating for colleagues, but at this point the LMC must provide this guidance to colleagues; I am also not yet in a position to confirm the reimbursement arrangements in this situation, although I know this is very much a secondary consideration for colleagues who have been focused on trying to ensure the safest care for this cohort of their patients.

The LMC has told NHS England this disruption to normal vaccine supplies will almost inevitably result in lower overall flu immunisation rates within the eligible population than in previous years, it has also caused GP practices significant additional workload and, frankly, created an upsetting situation for practice colleagues.

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For now, I would suggest any practice without supplies of aTIV contact their CCG, who should have a designated flu lead who can try and co-ordinate any transfer of vaccines between practices, although practices are also perfectly at liberty to circulate requests themselves. It may also be helpful to contact your local Community Pharmacy/ies to ascertain their supply situation.

If further guidance becomes available, I will circulate and update all practices. There will be a regular conference between the LMC, LPC, NHSE and PHE during the season so the LMC can raise any specific issues directly.

With best wishes

A handwritten signature in blue ink, appearing to read 'Julius', with a large, stylized initial 'J'.

Dr Julius Parker
Chief Executive