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Gateway reference # 12647

TO:

Laurence Buckman, Chairman, General Practitioners
Committee, BMA

CC:

All Chief Executives in Primary Care Trusts in England,
All SHA Flu Lead Directors

24 September 2009

Dear Laurence,

A (H1N1) Swine Influenza; Vaccine delivery communications

Thank you for your helpful call last week drawing my attention to a couple of issues about the arrangements to administer the swine flu vaccination to at risk patients following the agreement between the GPC and NHS Employers.

Firstly, I should record my personal thanks for all your work to reach an agreement on this matter. I believe that this agreement puts us in the best possible position to deliver the swine flu vaccination building on an established model of vaccination delivery and drawing on the experience and expertise of the GP community. Reaching an agreement on a vaccination programme has always been an important element of our resilience strategy. I am firmly of the view that these arrangements will help save lives and will minimise costs for the NHS in responding to this pandemic.

You correctly pointed out that an important element of the vaccination agreement is that district nurses will vaccinate housebound patients (in the priority groups). In line with our joint aim that as many people in the target groups get offered the swine flu vaccine as possible, in England we believe it would be unreasonable for GP practices to be charged for the time of district nurses engaged in this. I want to reassure you that PCTs will be asked to plan their vaccination programmes on this basis.

You also asked about payment to GPs for vaccinating themselves, their practice staff or other at risk frontline health or social care staff. We have always been clear that the Swine Flu Vaccination agreement reached was specifically about payments to

practices in respect of the 9.5million people in the JCVI recommended priority groups. It is the responsibility of employers to organise vaccination of eligible frontline staff either through existing occupational health arrangements or by putting other local arrangements in place to vaccinate staff. GPs as employers should therefore be making arrangements to secure the appropriate vaccination of themselves and their practice staff.

I hope that this has clarified the issues that you have raised with me. You will see that I have copied this letter to PCT Chief Executives to make clear these points; and I am very happy for you to copy to LMCs if this is helpful.

Yours sincerely,



Ian Dalton
National Director of NHS Flu Resilience
Department of Health