

Seasonal Flu Campaign 2020-2021

What's different this year and how?



V. 1.0, published: 07.09.2020

In view of the risk of co-circulation of flu and Covid-19 this winter, the national flu campaign will be essential in protecting our vulnerable patients and reducing clinical workload due to flu. Practices need to immunise consistently and efficiently throughout the vaccination window, control patient streams and modify clinical infrastructure to meet social distancing and infection control requirements.

There are several changes to the usual flu programme:

- **Additional Cohorts** – Subject to contractual negotiation, in addition to those patients usually offered the seasonal flu vaccination, this year vaccination will also be offered to:
 - Household contacts of those on the NHS shielded patient list.
 - Children in school year 7 who attend a secondary school.
 - Health and social care workers employed through Direct Payment and/or Personal Health Budgets.

In November and December, subject to vaccine supply, there will be a phased extension of the vaccine programme to include 50-64 year olds. At risk groups should be prioritised first. This additional cohort will significantly increase practice workload.

- **Workforce** – The Department of Health Social Care is exploring options to expand the workforce able to administer seasonal flu vaccines.
- **Social distancing** – Due to continuing Covid-19 pandemic, social distancing measures will apply during flu immunisation clinics. Practices will need to consider the logistics of where patients can wait pre-vaccination and for a short time post-vaccination. There also needs to be rapid throughput, whilst maintaining social distancing throughout. Indoor/outdoor queuing, use of a larger health facility, use of an alternative building or use of drive through facilities may be considered.
- **Infection control** – Practices should consider PPE for both the immuniser and administrative staff. Patients should where possible, be wearing face coverings. Practices will need to consider whether they will provide face coverings for patients who attend without masks. Cleaning between patients may be required. Disposal of clinical waste will need consideration, especially if working in a non-typical setting.
- **Working at scale** – In view of the additional requirements and increased patient numbers, practices may choose to at scale collaboratively, potentially across Primary Care Networks (PCNs) and/or through Federations.
- **Delivery models** – Each practice needs to determine its most appropriate delivery model, depending on factors including estate, workforce and patient population. There may be an additional fast-track queue or seated queue for patients with additional needs. See also the above points on social distancing.
- **Advanced communication** – The flu vaccination process may be further streamlined, by providing clear information to patients in advance of their appointment. This may include: type of vaccination, process, location, type of clothing, PPE required, instructions to attend alone and not attend if unwell. Practices may consider allocating appointment slots for flu immunisation and advise patients to arrive at the time of the appointment itself, rather than early or late.

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- **Approaching hard to reach patient groups and addressing health inequalities** – Practices need to consider how to target these patients, in order to decrease barriers to vaccination. Many of these patients may be at greater risk, including those from deprived areas and Black Asian Minority Ethnic (BAME) communities. These patients may be approached through campaigns at various levels including practice level, PCN or borough level; this may entail a collaborated approach with patient participation groups (PPGs), PCNs and the local LMC respectively. Dedicated engagement also needs to occur with local communities, employers and faith groups. Additionally, this season an inactivated vaccine may be offered to those children whose parents refuse the live attenuated influenza vaccine (LAIV) due to porcine gelatine content. The flu vaccination programme will be supported with a new public facing marketing campaign to encourage uptake, this due to launch in October.
- **Vaccine uptake ambition** – This had been increased to achieve a minimum 75% coverage across all eligible cohorts, with a 100% offer to all frontline health and social care workers. Patients most at risk of flu are also more vulnerable to Covid-19, by protecting these patients risks of hospitalisation and death in this cohort can be reduced.
- **Delivery costs** – Practice delivery costs may be higher this year, especially if practices chose to deliver flu clinics outside working hours or use additional estate. High risk patients should be recalled if they do not attend. Shielded patients at high risk from Covid-19 should be considered for home visits.
- **Call and recall** – Practices should continue using their call and recall mechanisms as per the flu immunisation DES. Template letters for practices to use will be available on gov.uk website nearer the time. NHSEI is also developing a national call and recall service to support local provisions.
- **Additional Enhanced Services** – This year there are also new additional Immunisation Enhanced Services for 2020/2021:
 - Housebound Immunisations Enhanced Service.
 - Seasonal Flu Immunisation Enhanced Service for GP Confederation.
 - Influenza, PPV and shingles vaccinations for individuals unregistered at a GP practice SLA.

References

- [DHSC, PHE, NHSE – The national flu immunisation programme 2020 to 2021 - update](#)
- [RCGP – Delivering Mass Vaccinations During COVID-19](#)
- [Wessex LMC – Operational aspects of Influenza Immunisation 2020/21](#)