Londonwide LMCs Guide

Londonwide LMCs Guide: Seasonal Flu Vaccination Programme 2020/21

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Introduction

In view of the risk of co-circulation of seasonal flu and Covid-19 this winter, the 2020/21 national flu campaign will be essential in protecting our vulnerable patients and reducing clinical workload due to flu.

The following information is intended as a living guide for the seasonal flu vaccination programme for 2020/21, taking into account the additional complexities of delivering a programme during a pandemic and includes national and local changes to the flu programme. It will be updated as required.

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Please read this guide in conjunction with the NHSE primary care FAQs (published 23 October 2020).

1. Eligible cohorts for the seasonal flu vaccines

- The details of eligible groups who should receive immunisation can be found in the Seasonal influenza and pneumococcal polysaccharide vaccination programme 2020/21 DES. This includes details of clinical risk groups who should receive immunisation.
- In addition, all **2 and 3 years olds** (age as of 31 August 2020) who are not part of a clinical risk group are eligible for vaccination in GP surgeries through the Childhood seasonal influenza vaccination programme 2020/21 DES (children aged 4-11 are covered by the school programme).
- Public Health England (PHE) have published a 'quick guide' to eligible groups for GPs and community pharmacists

New cohorts for 2020/21

- Household contacts of those on NHS shielded patient list.
- Children of school year 7 in secondary schools (through the schools' programme).
- Health and social care workers employed through Direct Payment and/or Personal Health Budgets.
- Locum GPs (to be vaccinated at the practice they are registered as a patient).

The government have announced that the programme has also now been extended to those aged 50-64 who are not in a clinical risk group from 1 December 2020.

2. Vaccines that should be offered to eligible cohorts

There are four main vaccines licensed for the 2020/21 flu season, with an additional vaccine (QIVr) given temporary authorisation on 21 October 2020 for use if licensed vaccines are unavailable for their recommended age group. Further details regarding this vaccine can be found here.

- QIVe (quadrivalent influenza vaccine - egg grown).
- LAIV nasal spray (live attenuated inactivated vaccine- quadrivalent) – NB contains porcine gelatine**.
- QIVc (quadrivalent influenza vaccine- cell grown).
- Ativ (adjuvanted trivalent influenza vaccine).
- QIVr (inactivated quadrivalent recombinant flu vaccine).

These posters (Flu vaccines 2020 to 2021 season and Which flu vaccine should children have?) summarise which influenza vaccine to offer in each age and clinical risk group, taken from the from Public Health England (PHE) and the Department of Health and Social Care (DHSC) letter of August 2020.

**** Porcine gelatine in LAIV:**

LAIV is based on a form of gelatine derived from pigs. If parents refuse use of the LAIV vaccine and the child is in an at-risk group, they can be offered the QIVe vaccine as an alternative. If the child is not in a clinical at-risk group, they can be offered the QIVe vaccine from November, subject to availability. It should be explained to parents that this vaccine is not as effective for this age group.

Patients with egg allergy

- JCVI has advised (JCVI, 2015) that children with an egg allergy – including those with previous anaphylaxis to egg – can be safely vaccinated with LAIV in any setting (including primary care and schools). The only exception is for children who have required admission to intensive care for a previous severe anaphylaxis to egg, for whom no data are available. These patients should be referred to a specialist for assessment with regard to receiving immunisation in hospital.
- Adult patients with egg allergy can be immunised in any setting using an inactivated influenza vaccine with an ovalbumin content less than 0.12 micrograms/ml (equivalent to 0.06 micrograms for 0.5 ml dose), excepting those with severe anaphylaxis to egg which has previously required intensive care who should be referred to a specialist for assessment with regard to receiving immunisation in hospital.

- Further information regarding managing patients with egg allergy is contained in the Green Book.

Centrally supplied flu vaccines:

The DHSC has shared new guidance for general practice on accessing their centrally supplied flu vaccines. In summary:

- The vaccine is provided free of charge for practices but they will only be paid an Item of Service for administering the vaccine for an eligible individual.
- There are four approved suppliers which practices can order from. You can only order supplies when you have used up your locally allocated stock for a particular cohort, ie, you cannot order to tide you over until your next delivery and you should speak to local practices in your network regarding excess stock.
- As the 50-64 age group has now been added to the list of eligible groups practices can start ordering stock for this patient group.
- The main bulk of deliveries will be from November onwards.
- You can share vaccine amongst practices as per previous guidance if there is surplus stock.
- There are minimum and maximum order sizes according to vaccine.

3. The delivery model

There are many additional complexities to take into account when considering how you wish to deliver the flu immunisation programme this year.

Consequently, practices will need to employ innovative delivery models; options available will depend on your local facilities and area, and there may be further options through working collaboratively as a Primary Care Network (PCN).

In determining the delivery model, aspects to be considered include:

- The duration of time patients spend in the facility, avoiding clinically unnecessary wait times, should be minimised (the Royal College of Nursing (RCN) have advised that there is no need to keep patients waiting unless this is specifically indicated in the summary of product characteristics for a given vaccine).
- Patients must be able to social distance at 2m unless wearing personal protective equipment (PPE) due to clinical care. Consider arrangements in any potential waiting areas and patient pathways through the premises.
- The safety of staff must be maximised. Ensure appropriate PPE (see below), avoid unnecessary close contact.
- Vaccine storage and handling requirements must be met, including maintenance of the cold chain.
- Clinical waste must be disposed of appropriately.
- Ventilation should be maximised.
- People with additional needs may require additional measures such as seating or fast tracking.
- Additional travel requirements should not be prohibitive to your local population.
- Patients must be made aware that they should not attend if they have confirmed or suspected Covid-19, or meet the criteria for self-isolation/ quarantine.
- Patients should be informed of the infection control measures and what to expect in advance.

There is a lot of useful information regarding these and other practical considerations in the Royal College of General Practitioners' (RCGP) publication 'Mass vaccination at time of covid'.

Options that could be explored include:

- **Delivery in practice premises**
  Ensuring that procedures are in place to minimise patient waiting times, ensure distancing is employed throughout the practice eg as patients move through the practice and in any potential waiting areas. Useful resources include:
  - Appendix B of RCGP's 'Delivering Mass Vaccinations During COVID-19' provides a suggested vaccination centre layout.
  - Wessex LMCs' Winter flu vaccination practice premises check list is also very helpful.
- **Delivery in alternative premises**
  In order to minimise risk, it may be more appropriate to use larger premises such as a larger health facility, school or community centres.
- **Drive-through service**
  As the risks of transmission are less outside some practices are exploring using outdoor spaces, either in the immediate vicinity of the practice or in a larger space such as a local supermarket car park. Useful resources include:
  - Appendix C of RCGP's 'Delivering Mass Vaccinations During COVID-19' provides a suggested vaccination centre layout.
  - Wessex LMCs' Drive Through - options check list also very helpful.

Tools to help practices determine their delivery model

Wessex LMCs have devised a helpful Wessex LMCs - Flu calculator to assist with making decisions on various delivery models. This also has a costing section to help to determine whether proposed models are financially viable.

4. Care Quality Commission (CQC)

CQC has produced guidance to assist practices considering alternative delivery models.

Londonwide LMCs have summarised CQC's recommended key considerations and registration requirements here.

If the vaccinations are to be delivered at an existing practice or branch location, there is **no** requirement to register or notify the CQC.

5. Indemnity

Please see our important guide Influenza Vaccinations – Medico-legal Considerations.

In summary:

- The state backed clinical negligence scheme will cover clinical negligence claims, even if administered in a novel location. It will not cover other potential claims that may arise. You should check that you have adequate and appropriate public liability insurance.
- Vaccination of practice staff is **not** covered by the state backed indemnity scheme. The General Practitioners Committee (GPC) have advised that all three of the main medical defence organisations have confirmed that they will provide indemnity cover, at no extra charge, for practices who vaccinate their staff this year. Note this service is an employer responsibility.

6. Personal protective equipment (PPE)

PHE have published Covid-19: Guidance for the remobilisation of services within health and care settings Infection prevention and control recommendations which states:

- In some clinical outpatient settings where contact with individuals is minimal, such as vaccination/ injection clinics, the need for single use PPE items such as gloves and aprons for each encounter is not necessary.
- Gloves and aprons are recommended when there is (anticipated) exposure to blood/body fluids or non-intact skin.
- Staff administering vaccinations/injections must apply hand hygiene between patients and wear a sessional facemask.
- In a primary care setting patients/individuals and accompanying persons will also be asked to wear a mask/ face covering at all times.

Practices will need to consider whether they will provide face coverings for patients who attend without masks, considering this may be a missed vaccination opportunity if turned away. Please note:

- PHE do not recommend face coverings for children under the age of three for health and safety reasons.
- DHSC have listed the circumstances when people may not be able to wear a face covering. This list includes:
  - Children under the age of 11.
  - Where putting on, wearing or removing a face covering will cause severe distress.
  - People who cannot put on, wear or remove a face covering because of a physical or mental illness or impairment, or disability.

7. Storage of vaccines

Vaccine storage and handling requirements must be met, including maintenance of the cold chain. This is an important consideration, especially when considering alternative delivery models.

8. Recording

Recording of vaccinations must be accurate and should be as time effective as possible. Ardens has produced a number of resources, including how to record vaccinations in a batch from the appointments screen.

Several practices have used a barcode method over a number of years. It involves sending each patient an invitation letter with a barcoded, tear off ticket which they subsequently present at the practice flu clinic. The tickets are used to populate a list of patients, to which vaccination data is added as a batch process.

Detailed instructions on how to run barcoded clinics from Dr Mark Essop are available here.

9. Coding

Wessex LMCs have collated the codes for seasonal flu in an easy to use document (go to page 18 of the document).

NHS Digital have published the expanded cluster list of Snomed codes along with its Quality and Outcomes Framework (QOF) v44 business rules.

10. Contracts and funding

Payment through the Direct Enhanced Service (DES) for seasonal flu immunisations

The main payment for delivery of the flu campaign is an Item of Service (IoS) payment of £10.06 for unit delivered to eligible patients as per the seasonal flu DES for both adult and child groups. The details of the payment mechanisms for eligible cohorts are outlined in the two national DES documents (adult DES and child DES. Practices are eligible for payment between the period of 1 September 2020 until 31 March 2021, although emphasis is placed on early vaccination once the recommended vaccines are available. Claims should be made monthly through CQRS.

New contractual requirements for 2020/21 agreed between NHSE and the GPC include:

- Reasonable co-operation with any national call and recall service.
- Within at least one written communication offering vaccination to eligible patients (including letters and SMS text messages), practices must include a request that the patient advises the practice of their ethnicity status, if they have not previously provided this information to the practice; and where provided by the patient or their carer, the practice must record the ethnicity information in the patient record.
- When the practice administers the vaccine – or receives notification from another provider that a vaccine has been administered to one of the practice's registered patients – the practice should update patient records either on that day or the next working day.

Quality and Outcomes Framework (QOF)

In guidance jointly published by NHS England and the BMA on 4 September 2020, the revised QOF requirements for 2020/21 recognise both the challenges involved with the delivery of the annual flu programme in the current operating climate and the increasing importance of maximising vaccination opportunities.

The QOF points allocated to flu vaccination are doubled in 2020/21 to 36 points for targets for four long term conditions (COPD, diabetes, stroke or TIA and coronary heart disease).

One requirement of indicator QILD007 (27 points) is for practices to develop and implement a plan to improve their delivery of flu vaccinations to people with a Learning Disability for 2020/21.

Impact and investment fund

The Impact and Investment Fund for 2020/21 will run from 1 October 2020 to 31 March 2021 as part of the PCN DES, with a new focus on preventive measures during Covid-19. The IIF is an incentive scheme, with PCNs receiving payments for a number of targets including flu immunisation achievements for the over 65 age group. Each IIF point is worth £111, with a maximum number of 72 points for the flu immunisation domain (upper threshold 77%, lower threshold 70%). Please see the full guidance for further details.

Additional national funding schemes

On 23 October 2020, NHSE confirmed an additional funding pot of £15.4m nationally to reimburse reasonable additional costs for flu delivery for Primary Care, including £12.2m for CCG and Practice costs.

Funding will be restricted to contributions towards the costs of:

- Additional venue hires and associated costs (signage, external temporary shelters).
- Additional fridges/mobile cold storage.

Claims will not be authorised for costs that are already funded via other routes, such as other national funding streams, the vaccination Item of Service fee, existing GP contract or CCG funding or locally agreed contracts. The funding will therefore not cover:

- Additional staff costs.
- Routine vaccination consumables ie syringes, disposal of sharps
- PPE.
- Communications and advertising.

Your CCG should be in contact with practices regarding claiming these additional costs. GP practices will need to get commissioner approval for claims from 1 October 2020.

11. Vaccine uptake ambition

This has been increased to achieve a minimum 75% coverage across all eligible cohorts, with a 100% offer to all frontline health and social care workers. Whilst this is an ambition, there is some provision made through QOF and the Impact and Investment Fund (see section 10) to incentivise practices for higher achievement levels.

12. Additional London service level agreements (SLA)

NHS England London have introduced three additional SLAs to help increase delivery to specific patient groups in alternative settings:

1. **Housebound patients SLA**
   Practices are already contracted to deliver care to housebound patients. If the GP practice does not have capacity, the SLA provides a mechanism by which direct nursing providers and at-scale GP organisations can vaccinate their patients, on agreement.
2. **Unregistered patients SLA**
   This SLA allows GPs to provide a flu vaccination to any patient who is not registered with a GP practice. The practice should encourage the patient to register with them.
3. **At-scale GP provider SLA**
   If the practice does not have capacity to vaccinate all eligible patients or requires extra support, this SLA provides a mechanism by which at-scale providers can vaccinate the practice's patients, on agreement. This includes federations and PCNs.

13. Training

Anyone who administers the influenza vaccine, must have successfully undergone appropriate training. The Flu immunisation training recommendations for 2020 to 2021 (Appendix A and Appendix B) provide details.

PHE have also published guidance on immunisations training during the Covid-19 pandemic. This states that the standards should continue to be followed as far as possible during the pandemic.

Face to face training

The training recommendations state that basic life support and anaphylaxis training must have been undertaken face-to-face within the preceding 12 months. However, PHE acknowledge that during the pandemic, it is likely that the opportunity to attend face to face, classroom-based training will continue to be severely limited due to social distancing advice.

PHE state that:

> *'Immunisers can therefore utilise e-learning, online and virtual training sessions to access foundation and update training rather than the face to face or the mixed delivery learning approaches recommended in the standards documents….*
>
> *….Where training is well established, it is recommended that immunisers continue to adhere to the current local requirements as closely as possible, albeit using different methods of training than the method usually recommended. Staff may not be able to exactly match the stated requirements at this time (for example, to attend a 2-day course or updates annually) but they should be allowed to continue to vaccinate as long as both they and their employers believe that they are competent and confident to safely do so.'*

14. Increasing uptake - reaching out to vulnerable groups

The Covid-19 pandemic has starkly exposed health inequalities. As clinicians, we have sadly witnessed and experienced the consequences in London with its extremes of wealth and poverty and its unique diversity. The winter is likely to widen these chilling injustices in health outcomes in our city with the prospect of both Covid-19 and flu circulating at once.

In order to offer an equitable flu vaccination programme, your practice could consider how it can reach out to vulnerable groups who have historically had lower uptake of the flu vaccine. The PCN social prescribing link workers may have suggestions on how to reach vulnerable communities or how the local voluntary sector could support you.

Your practice's patient participation group (PPG) or local community leaders may also be able offer suggestions and support.

If you are interested in working in this way, please see more details here, which includes a suggested invitation message for existing PPG groups or a "task and finish" patient group.

15. Communicating with patients

It is key that you keep patients informed on how they can access general practice services, including influenza immunisation, whilst observing infection control measures. This information will need to be reviewed on a regular basis and updated as new information becomes available.

A poster displayed at the entrance and in any waiting area can explain how patients can check their eligibility for immunisation, book an appointment, and what to expect on the day of their appointment. This can be reinforced via:

- A message on the practice website.
- Email or text (with appropriate safeguards such that patient's contact details are not shared).
- Alerting your Patient Participation Group (PPG).
- A message on your telephone system.

Communications regarding delays in vaccinations:

The government has put together resources for patients who may be confused or frustrated about delays in getting their flu vaccine, explaining the supply chain and eligible cohorts. You may consider linking to these resources on your website.

Before booking an appointment

- Do patients know that they should only attend the surgery if invited?
- Are patients advised when booking that, unless they have a specific need to be accompanied (parent/career/interpreter), they will need to attend alone?
- Prior to attending, are patients provided with information regarding the measures that have been implemented to keep them safe (including any PPE, surgery access and cleaning programmes) and what to expect on arrival and throughout their visit?

Before entering the practice for their appointment

- Are patients aware that, unless they have been told otherwise, they should not attend if:
  - They have the symptoms of presumed Covid-19?
  - They are household contacts of anyone with symptoms of presumed Covid-19?
  - They a current temperature prior to entry into the practice?
- You may wish to screen patients on-site to confirm the above.
- You can support on-site screening and messages with a text message on the day of the appointment.

16. Patient Group Directions (PGDs) and Patient Specific Directions (PSDs)

Wessex LMCs has guidance on their website regarding PGDs and PSDs. The national PGD template for the inactivated influenza vaccine is here and the live attenuated influenza vaccine is here. The Specialist Pharmacy Service's (SPS) PCN PGD guidance is here.

However, please note this is for guidance only and cannot be used by practitioners unless it has been authorised in Section 2 by the commissioning lead for your area.

Appendices

A: Patients eligible for the seasonal flu campaign

1. Aged 65 and over on 31 March 2021.
2. Diagnosed as pregnant.
3. Aged six months to 64 years (excluding patients aged two and three on 31 August 2020) defined as at-risk in Annex B.
4. Locum GPs (to be vaccinated by the GP practice where they are registered as a patient).
5. Health and social care staff employed by a registered residential care/nursing home or registered domiciliary care provider.
6. Health and care staff employed by a voluntary managed hospice provider.
7. Health and social care workers employed through Direct Payments and/or Personal Health Budgets (such as personal assistants) to deliver domiciliary care to patients and service users.
8. Household contacts of an individual on the Shielded Patient List.
9. Household contacts of immunocompromised individuals.
10. Living in long-stay residential or nursing homes or other long-stay health or social care facilities.
11. Carers.
12. Aged 2 or 3 years old (age as of the 31 August 2020).
13. Aged 50-64.

B: Patients in clinical risk groups eligible for the seasonal flu campaign

1. Chronic respiratory disease aged six months and over.
2. Chronic heart disease aged six months and over.
3. Chronic kidney disease aged six months and over.
4. Chronic liver disease aged six months and over.
5. Chronic neurological disease aged six months and over.
6. Diabetes aged six months and over.
7. Immunosuppression aged six months and over.
8. Asplenia or dysfunction of the spleen aged six months and over.
9. Morbidly obese (class III- BMI >40 kg/m2).

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