

Seasonal Influenza 'Under 65 Years At Risk' Resource Pack

LONDON REGION 2020/21



INTRODUCTION



Vaccinations must go on in Southwark!

Given the coronavirus pandemic, it is more important than ever that uptake of flu vaccination in under 65s at risk is optimised in 2020/21 to protect those at risk, prevent ill-health and minimise further impact on the NHS and social care.

Currently, we do not have a vaccine or treatment for COVID-19 but we do for flu.

Practices should prepare for the worst i.e. prepare for co-circulation of flu and COVID-19. Severity and personal risk can be reduced by optimising flu vaccination uptake.

Preparing for co-circulation of COVID-19 and flu

General Practices and Community Pharmacies should urgently review vaccine orders now to make sure the number of vaccines ordered meet at least national ambitions and previous uptakes rates, whichever is highest.

Please note: All information is correct at time of circulation - July 2020

HOW TO GET THE MOST OUT OF THIS RESOURCE PACK

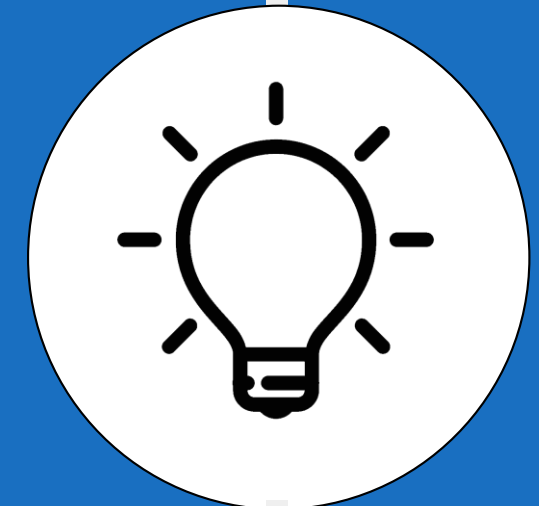
The aim of this Resource Pack is to provide you with information and data to support your local practices to improve the uptake of the seasonal 'flu vaccination for the at risk under 65 years cohort.

The pack contains information on:

- Shared responsibilities for improving uptake
- Suggested steps to improving uptake
- Local data (provided from IMMFORM)
- Useful links and materials

We recommend that you:

- Share this pack with your GP Practices and PCN Leads
- Use this pack as discussion points for GP Practice and local flu planning meetings
- Keep a copy on your local intranet
- As a GP Practice outline three things you will commit to the 2020/21 flu season



WHAT TOOK PLACE IN 2019/20

- Low uptake rates compared to the 2018/19 'flu season in all cohorts
- Clinical at risk group decreased again for London (and decreased nationally) – this is a difficult group to reach for a number of reasons including the majority are working age
- The at risk cohort increased and slightly more were vaccinated, however, the overall uptake rate was lower than the previous year of 55%



WHAT NEEDS TO HAPPEN IN 2020/21

Winter 2020 may be faced with co-circulation of COVID-19 and flu.

Therefore planning this year is more challenging with the uncertainties of staff absences, and how long policies around social distancing and school closures will remain in place. Therefore it is more important than ever to make every effort to deliver flu vaccination programme efficiently.

Those most at risk from flu are also most vulnerable to COVID-19. Patient and public concerns about COVID-19 may increase demand for the flu vaccination in all groups this year, and some in at risk groups may have concerns about maintaining social distancing when being given the vaccine. Eligible populations should be given flu vaccination as soon as possible so that individuals are protected when flu begins to circulate.

Vaccination programmes need to take into account:

- Social distancing
- Targeting vulnerable and at risk groups early in the season
- Stock Sharing across PCNs if necessary
- Communicating to patients that it is safe to come to surgery or pharmacy for their vaccination

At Risk Groups Uptake

London Data

- There has been a year on year increase in the at risk cohort
- The total eligible London cohort in 2019/20 was: 1,104 718
- This was an increase of 20,136 from the previous flu season
- The total number vaccinated in 2019/20 was: 462,303
- There was a slight increase in the numbers vaccinated from the previous year by 923. However, uptake was lower at 41.8% down from the previous year of 42.5%

Disease Group	% uptake in London 2019/20	% uptake in London 2018/19
Patients with diabetes	60.4	60.6
Patients with chronic kidney disease	47.2	48.6
Patients with immunosuppression	39.3	44.9
Patients with chronic respiratory disease	45.0	44.1
Patients with chronic heart disease	35.8	43.5
Patients with Chronic Neurological Disease (including Stroke/TIA, Cerebral Palsy or MS)	38.3	43.2
Patients with chronic liver disease	36.5	39.7
Patients with Asplenia or dysfunction of the spleen	26.9	32.4
Patients with morbid obesity (BMI > 40) AND in one or more clinical risk group	49.3	52.9

CORE STANDARDS

Under the new GP contract a set of core standards have been agreed for immunisations:

- All practices will have a named lead
- Practices should ensure the availability of sufficient trained staff and convenient, timely appointments to cover 100% of their eligible population
- Practices should ensure their call/recall and opportunistic offers are being made in line with national standards
- Practices should participate in agreed national catch-up campaigns
- Practices should adhere to defined standards for record keeping and reporting of coverage data
- Practices are expected to offer all routine, pre and post-exposure vaccinations and NHS travel vaccinations to their registered eligible population, as the majority already do



WHAT WE CAN DO

Actions for NHSE&I, STPs/CCGs, Practices and Pharmacies

NHSE&I

- NHSE&I will issue a number of SLAs for the delivery of flu vaccinations to improve uptake in the at risk groups.
- Circulate template copy for GP use aimed at patients with particular at risk conditions
- Monthly CCG & LA teleconferences to share data, updates & solutions
- Oversee CCG/STP flu action plans
- Provide latest updates and information in a timely way
- Ensure health inequalities are addressed in plans and commissioned services

STPs/CCGs

- Create 'flu action plans with targets and priorities
- Performance manage practices
- Provide assurance to NHSE&I
- Share data locally throughout the 'flu season
- Consider visits to practices to check they:
 - are cleaning their patient lists for an accurate denominator
 - are scheduling clinics from October
 - have sufficient stock but if experiencing delivery delays to focus on cohorts where there are no delays
 - have a proactive call and recall system
 - make a 100% offer to eligible patients
 - use recommended vaccines
 - record vaccinations given by alternative healthcare provider
 - vaccinate patients even if they present late in the season
 - Ensure health inequalities are addressed in plans and commissioned services

WHAT WE CAN DO

Actions for NHSE&I, STPs/CCGs, Practices and Pharmacies

Practices

- Administer flu vaccine during other appointments
- Discuss practice uptake during weekly meetings
- Consider training receptionists as often first port of call in a practice
- Designate Flu Leads within practices – GPs, Nurses and Receptionists
- Promote flu vaccine on practice website
- Offer flexible clinics outside of normal working hours – especially as a large proportion of under 65 years at risk are of working age.
- Routinely review IMMFORM to monitor performance
- Identify eligible patients early
- Update the patient register throughout the flu season paying attention to patients who enter at risk groups during the flu season.
- Follow-up patients, especially those in at risk groups, who do not respond or fail to attend scheduled clinics or appointments
- Offer flu vaccination in clinics and opportunistically
- Utilise clinical pharmacists to sign post and deliver immunisations
- Ensure health inequalities are addressed in your service provision
- Ensure Annual Flu Training has been completed prior to flu season
- Promote flu vaccines
- Ensure good governance and safety to avoid double jabbing

Pharmacies

- Sign up to the London SLA
- Support the delivery of flu programme
- Ensure timely data flows to Sonar and practices
- Offer flu vaccinations opportunistically
- Ensure annual flu training has been completed prior to flu season
- Support QOF and incentive scheme
- Promote flu vaccines in pharmacy – leaflets and posters
- Discuss with patients the benefits of flu vaccinations
- Ensure good governance and safety to avoid double jabbing
- Ensure processes for off-site vaccinations e.g. in Care Homes are followed
- Ensure health inequalities are addressed in your service provision

IMMUNISATIONS DURING COVID-19

Practices and Pharmacies

Practices and Pharmacies should reassure individuals that the most up-to-date guidance on maintaining social distance in the waiting room (e.g. separating individuals by 1m plus where 2m is not possible) and decontamination of premises and equipment is being strictly followed in line with Public Health England (PHE) guidance on Infection Prevention and Control (IPC).

In practice, this may be achieved by adjusting appointment times to avoid waiting with others. In some areas, practices may also be working with neighbouring practices to deliver COVID-19 and non-COVID-19 activity on separate sites (please see below for additional information).

Compliance with national advice from PHE and others on preventing spread of coronavirus through appropriate infection control measures will help ensure parents, carers and pregnant women feel confident that it is safe to attend for vaccination.

Further information on COVID-19 precautions for primary care is available on the Resource page of this guide.



The '*new normal*'- making it safe

THE APPOINTMENT PROCESS

Pre-appointment

- Patients should be invited – try not to have drop in clinics
- It may be necessary to call or have a brief teleconsultation with patients to talk through any anxieties they may have about attending surgery
- Explain why it's important, talk through convenient time and place and if the vaccination is to take place in a different place (e.g. cold hub), why it's different
- Use text messages to remind patients that their 'flu vaccination appointment is due and remind them they that they can come to the practice for a medical appointment
- Try to schedule the appointments rather than rely on them to book the appointment
- Do a risk assessment – ask if they have symptoms, not to attend if unwell

Appointment

- Patient should attend alone where possible
- By having allocated appointments, it should reduce waiting times but people waiting to observe 2m social distancing guidance
- Consider using an outdoor space or use a large well ventilated room
- Only have one patient in the room at a time
- Check the patient details and check that they don't have COVID19 symptoms
- Observe PPE guidance from PHE Table 2
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/878750/T2_poster_Recommended_PPE_for_primary_patient_community_and_social_care_by_setting.pdf
- Keep close contact to 15 minutes maximum

Post-appointment

Input details onto the system and ensure the data is sent to any other provider needing it if appropriate
Ensure the environment is cleaned
See
<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>
Ensure you have enough PPE

National Vaccine Uptake Ambitions

Eligible groups	Uptake ambition
Routine programme for those at risk from flu	
Aged 65 years and over	75%, reflecting the World Health Organization (WHO) target for this group.
Aged under 65 'at risk', including pregnant women	At least 55% in all clinical risk groups , and maintaining higher rates where those have already been achieved. Ultimately the aim is to achieve at least a 75% uptake in these groups given their increased risk of morbidity and mortality from flu.
Children's programme	
Preschool children aged 2 and 3 years old	At least 50% with most practices aiming to achieve higher.
Primary school aged children	An average of at least 65% to be attained by every provider across all primary school years.

Source: Flu letter 2019/20

Please note: This information is correct at the time of circulation. July 2020
 However, significant uplifts are expected in these cohorts, please refer to the most recent National Flu letter

Recommended Flu Vaccines

Providers should ensure that they have ordered adequate supplies of the recommended vaccines for their different patient groups, as set out in the letter from NHS England in December 2019

Eligible group	Type of flu vaccine
At risk children aged from 6 months to less than 2 years	Offer QIVe . LAIV and QIVc are not licenced for children under 2 years of age.
At risk children aged 2 to under 18 years	Offer LAIV If LAIV is contraindicated offer: <ul style="list-style-type: none"> • QIVe to children less than 9 years of age. • QIVc should ideally be offered to children aged 9 years and over who access the vaccine through general practice. Where QIVc vaccine is unavailable, GPs should offer QIVe. • It is acceptable to offer only QIVe to the small number of children contraindicated to receive LAIV aged 9 years and over who are vaccinated in a primary school setting.
Aged 2 and 3 years on 31 August 2020 All primary school aged children (aged 4 to 10 on 31 August 2020)	Offer LAIV If child is in a clinical risk group and is contraindicated to LAIV (or it is otherwise unsuitable) offer inactivated influenza vaccine (see above).
At risk adults (aged 18 to 64), including pregnant women	Offer: <ul style="list-style-type: none"> • QIVc • QIVe (as an alternative to QIVc)
Those aged 65 years and over	Offer: <ul style="list-style-type: none"> • aTIV* should be offered as it is considered to be more effective than standard dose non-adjuvanted trivalent and egg-based quadrivalent influenza vaccines. • QIVc is suitable for use in this age group if aTIV is not available. <p>* It is recommended that those who become 65 before 31 March 2021 are offered aTIV 'off-label'.</p>

Source: <https://www.england.nhs.uk/wp-content/uploads/2020/05/national-flu-immunisation-programme-2020-2021.pdf>

DATA FLOWS FROM OTHER PROVIDERS



Maternity/Acute Trust

Data from Maternity units/Acute Trusts will be sent to practices within 24 hours (48 hours on weekends). Practices must upload the data onto the patient record as soon as it is received.

Pharmacy

Since last season practices have been receiving a notification from Sonar when a vaccination has been delivered in pharmacy. However, this **still needs to be uploaded manually** by the practice so that it is recorded in the patient record and can be extracted by IMMFORM.

GPs must ensure that the correct email is registered with Sonar or they will not receive the Pharmacy notifications. Last season the majority of notifications were received from Sonar within 24 hours.

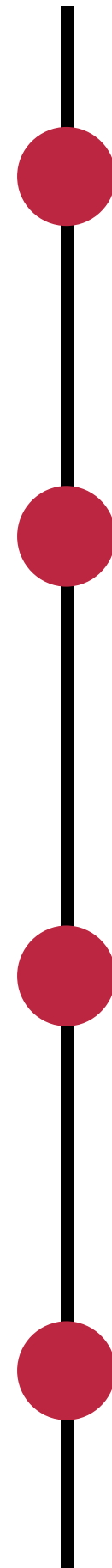
School Aged Vaccination Provider

School providers are responsible for vaccinating children from the age of 5 to 11 years (Reception to Year 7) at school and all ages in special schools. Data will be sent to the practice generic workflow/discharge email address every two weeks during the flu season. The practice should update the patient record as soon as they receive the data. Please note that if a parent requests their GP to provide the flu vaccination for their child (irrespective of 'at risk' status) the GP should vaccinate and may claim an item of service payment of £10.06 in the usual way. The Practice should **always** provide details of the child to the School provider to avoid double jabbing.

QOF

Please note: NHSE&I and the BMA are currently negotiating QOF and this guidance will be updated once negotiations are complete

These targets are for the uptake levels GPs should reach in 2020/21. GPs are entitled to QoF payments based on the percentage of patients who have received the flu vaccine, with the following conditions:



CHD007

The percentage of patients with **coronary heart disease** who have had influenza immunisation in the preceding 1 August to 31 March – **7 points**.
Achievement Thresholds 56-96%.

STIA009

The percentage of patients with **stroke or TIA** who have had influenza immunisation in the preceding 1 August to 31 March – **2 points**.
Achievement Thresholds 55-95%.

DM018

The percentage of patients with **diabetes** on the register who have had influenza immunisation in the preceding 1 August to 31 March – **3 points**.
Achievement Thresholds 55-95%.

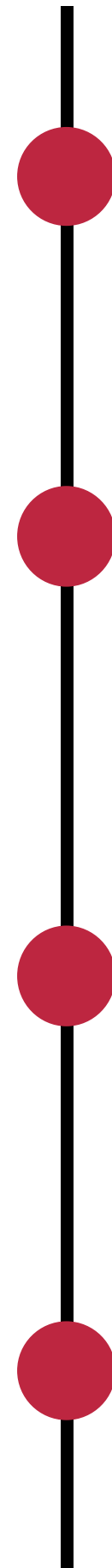
COPD007

The percentage of patients with **COPD** who have had influenza immunisation in the preceding 1 August to 31 March – **6 points**.
Achievement Thresholds 57-97%.

QOF

In 20120/21. GPs will be entitled to incentive payments for PCNs to improve seasonal flu vaccine coverage for the over 65 age group, in collaboration with community pharmacies

There will be an aligned incentive for community pharmacy in the Pharmacy Quality Scheme (PQS)



Asthma Domain:

Improvements to the register, diagnosis and ongoing care of patients

COPD Domain:

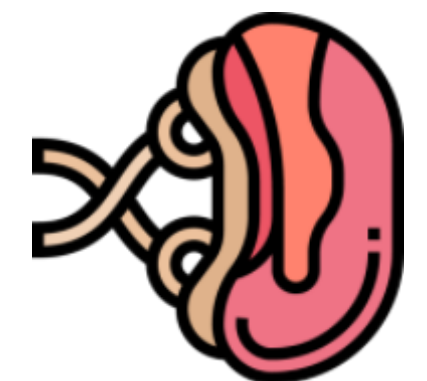
Improvements to the accuracy and timeliness of diagnosis and ongoing care of patients

Heart Failure Domain

Improvements to the accuracy and timeliness of diagnosis and focus upon ongoing review and medication optimisation

Diabetes Domain

A new indicator will be introduced to incentivize practices to offer an annual HbA1c test in people known to have non-diabetic hyper glycaemia



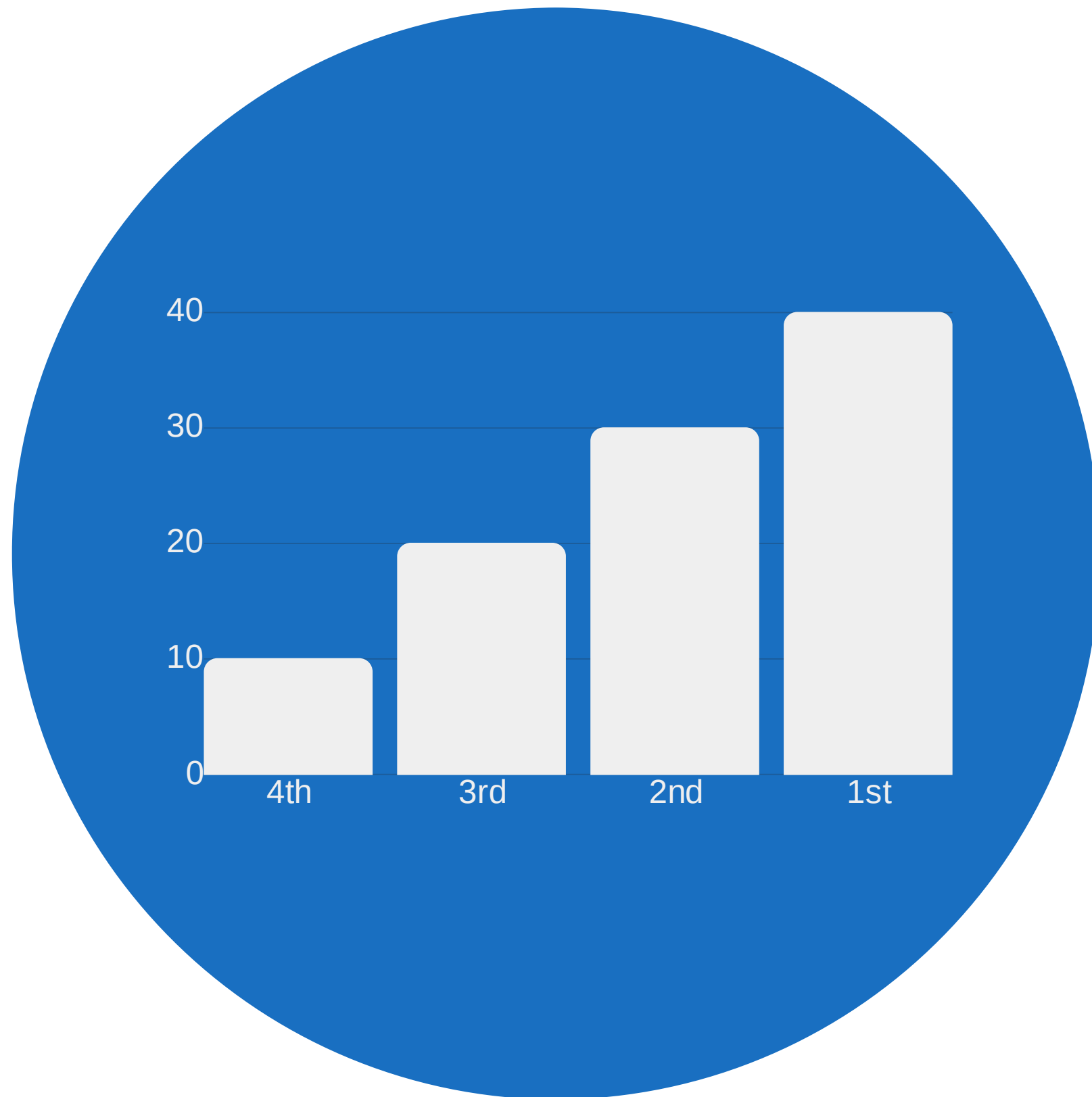
0%

of London CCGs
achieved the national
interim minimum target
of 55% in 2019/20

London Rank

- In 2019/20 London region was ranked **10th out of 10 Regions** in England for the overall under 65s at risk cohort
- However, as a region London vaccinated 217,672 more than the highest performing region
- **At the end of the 2019/20 flu season 642,415 individuals remained vulnerable to flu**

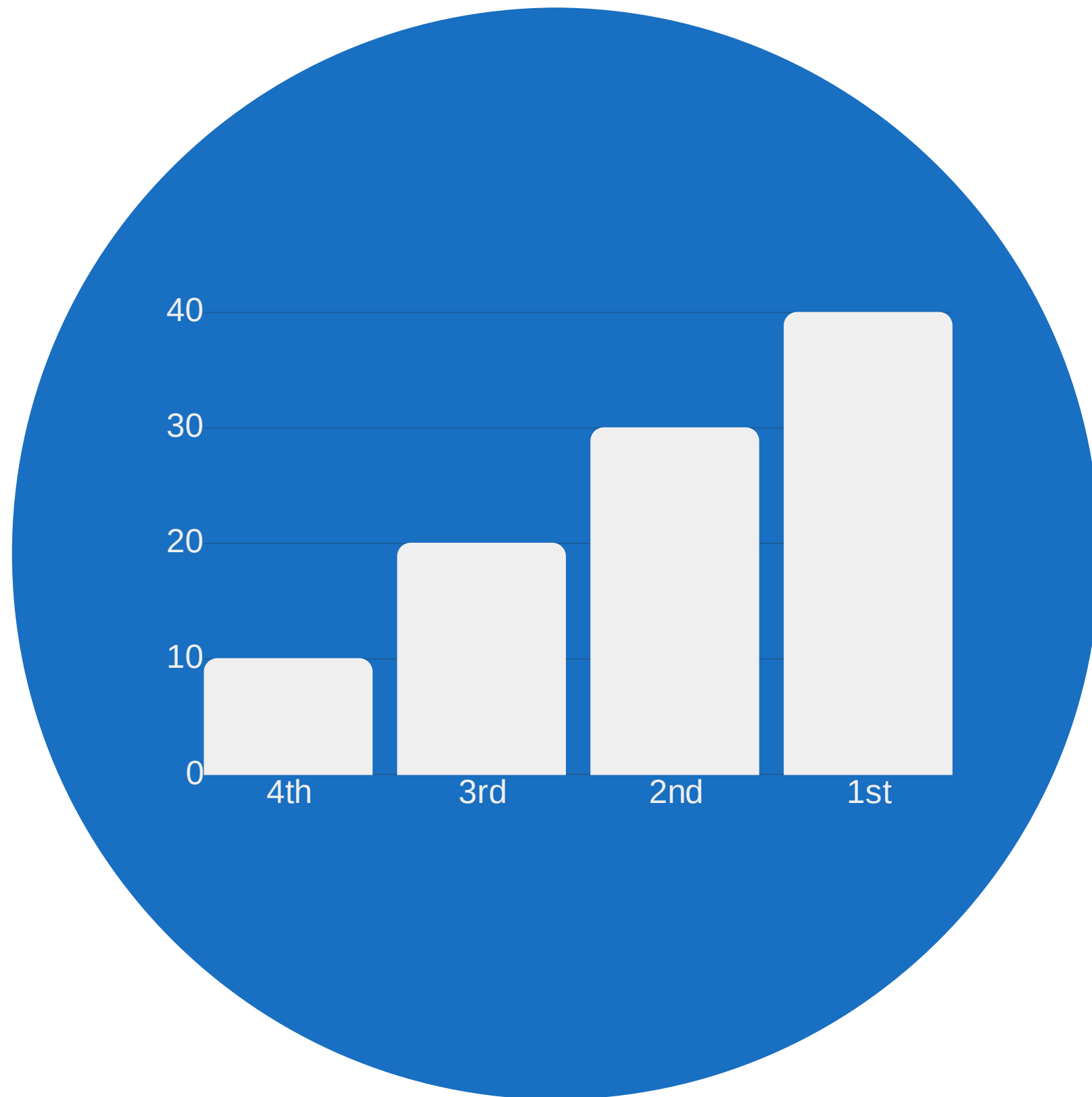
This represents an estimated loss of income of around **£6,500,000** across all London CCGs based on the NHSE item of service payment of £10.06. This does not include any vaccine discounts negotiated by practices with suppliers and QoF points. With discounts, the total loss of income will be greater.



CCG RANK

- In 2019/20 **Southwark CCG** was ranked **12th** in London for the overall under 65s at risk cohort compared to 15th in 2018/19
- Out of a total of **39,262** eligible patients, **17,150** were vaccinated
- **22,112 individuals remained vulnerable to flu**

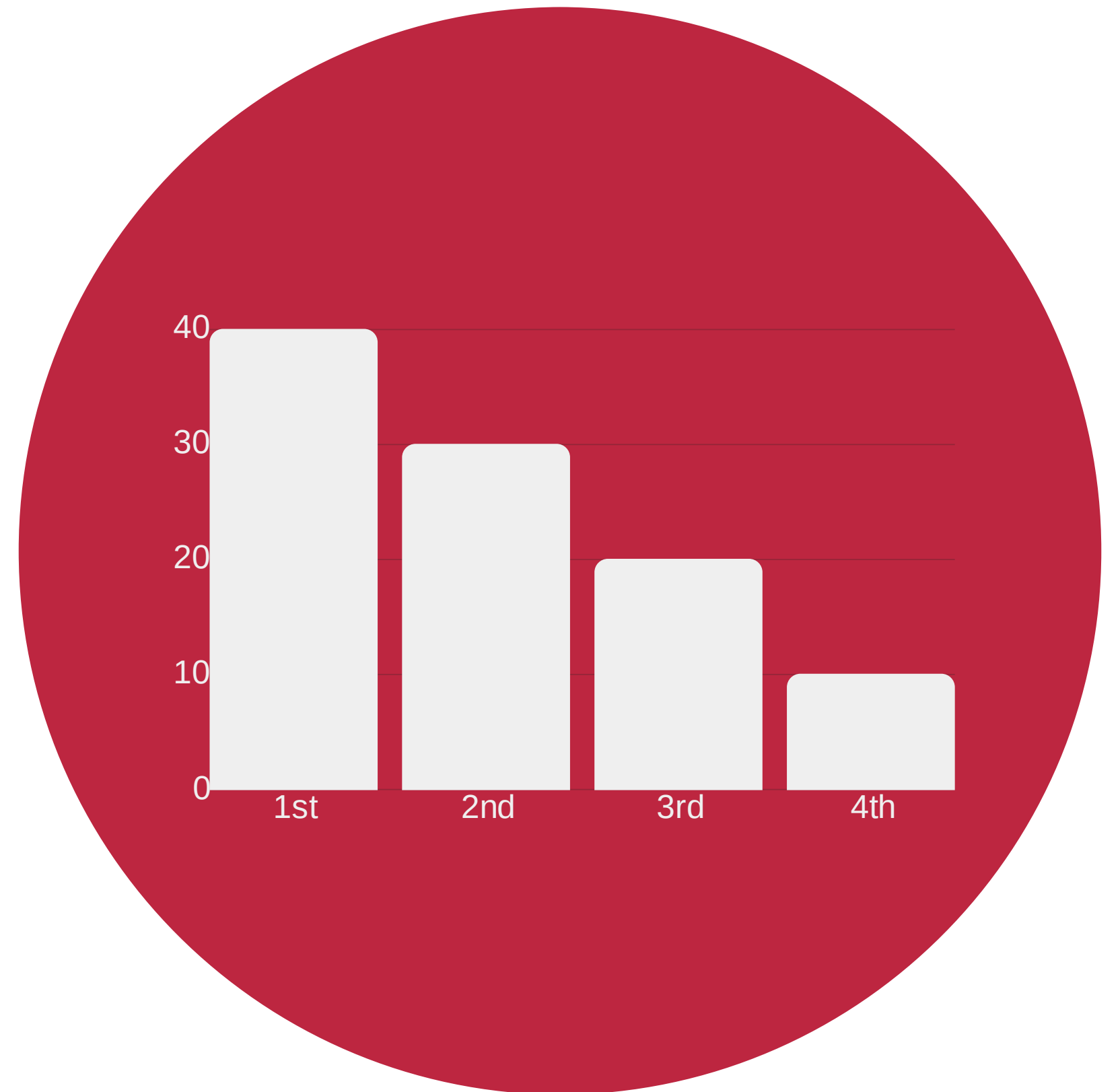
This represents an estimated loss of income of around **£222,447** across all **34** practices based on the NHSE item of service payment of £10.06. This does not include any vaccine discounts negotiated by practices with suppliers and QoF points. With discounts, the total loss of income will be greater.



CCG performance across London

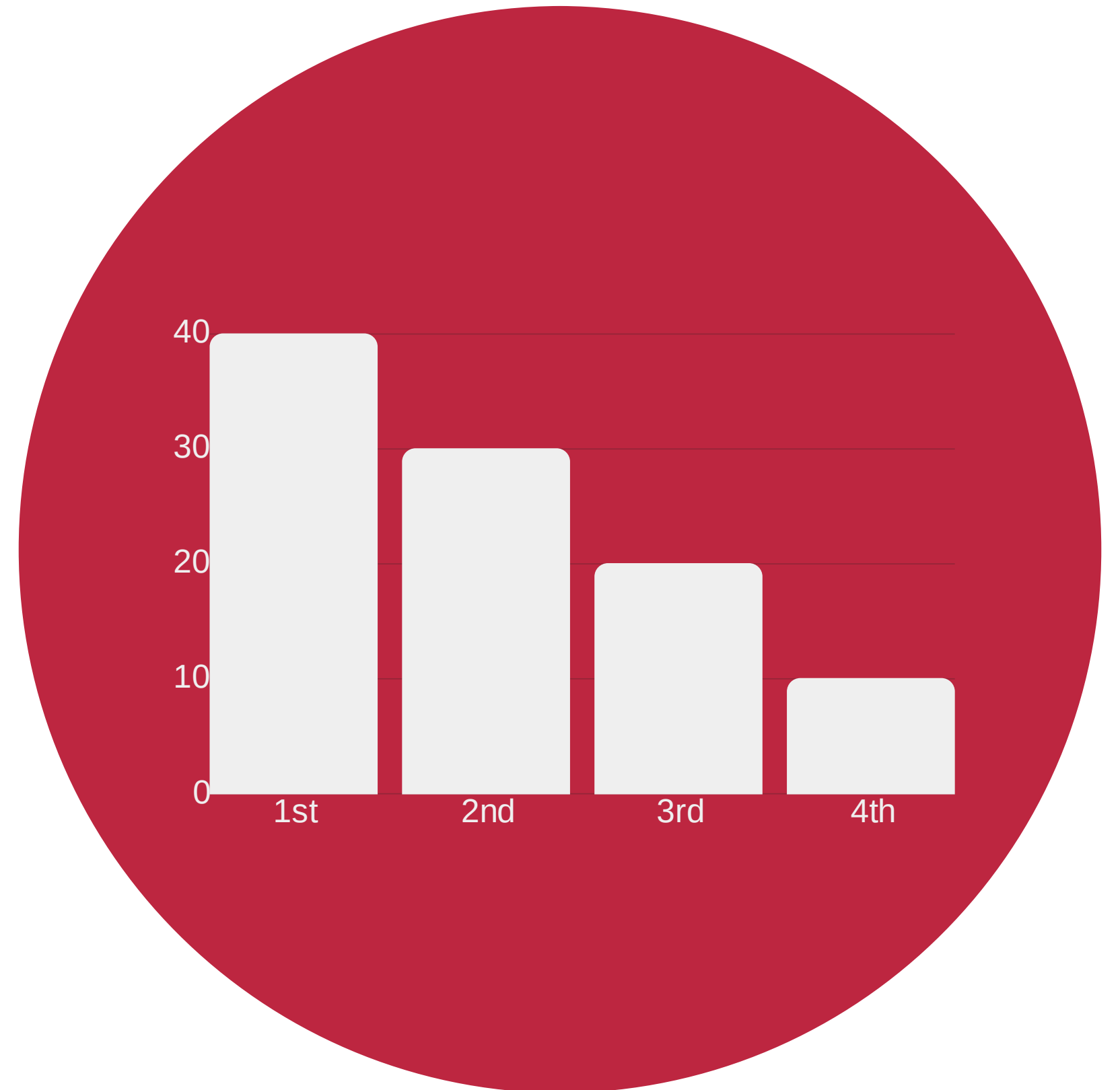
- All 32 London CCGs achieved **less than 55%** (*this refers to the minimum achievement required in 2019/20*)
- Highest performing CCG was Newham which achieved a **46.9%** uptake
- Lowest performing CCG was Hammersmith & Fulham which achieved a **28.7%** uptake

The expectation is all CCGs achieve as a minimum 75% uptake for the 2020/21 'flu season



Southwark Practice Performance

- **32** practices achieved **less than 55%**
- **2** practices achieved the minimum national target of 55% or above
- Highest performing practice achieved **58.1%** uptake
- Lowest performing practice achieved **31.0%** uptake
- **The expectation is all practices achieve as a minimum 75% uptake for the 2020/21 'flu season**



IMPACT OF FLU

FACTS TO CONSIDER



Individuals with **heart disease** can get a severe form of Influenza and are 11 times more likely to die from the influenza infection.

37.8% patients with heart disease were vaccinated in **Southwark CCG**, leaving **2,819** individuals in this cohort vulnerable to flu.

Comparison data:

- London 35.8%
- England 41.1%

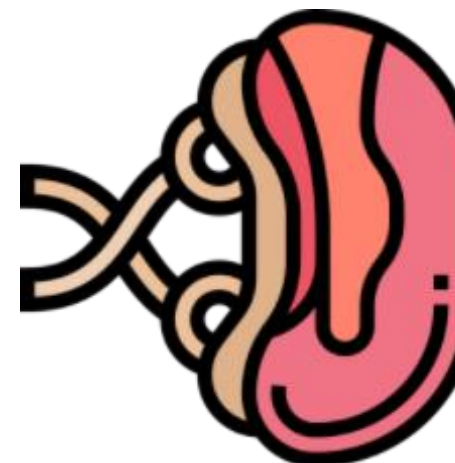


Individuals with **liver disease** are 50 times more likely to die from the influenza infection. Flu can worsen liver diseases or increase the rate of rejection and drug toxicity in individuals who have had a liver transplant.

42.7% patients with liver disease were vaccinated in **Southwark CCG**, leaving **1,991** individuals in this cohort vulnerable to flu.

Comparison data:

- London 36.5%
- England 37.3%



Individuals with **asplenia** can get a severe form of Influenza and are 11 times more likely to die from the influenza infection.

31.3% with asplenia were vaccinated in **Southwark CCG**, leaving **2,390** individuals in this cohort vulnerable to flu.

Comparison data:

- London 26.9%
- England 33.2%



Individuals with **respiratory disease** can get a severe form of Influenza and are 11 times more likely to die from the influenza infection.

46.4% patients with a respiratory disease in **Southwark CCG** were vaccinated, leaving **7,389** individuals vulnerable to flu.

Comparison data:

- London 45.0%
- England 48.8%

Individuals with **diabetes** can get a severe form of Influenza and are 11 times more likely to die from the influenza infection.



60.0% patients with diabetes in **Southwark CCG** were vaccinated, leaving **4,395** individuals vulnerable to flu.

Comparison data:

- London 60.4%
- England 61.2%



A weakened immune system due to a medical condition or drugs puts **immunosuppressed** individuals at a greater risk of catching or developing infections including flu. It also puts patients at a greater risk of developing complications from flu, such as secondary lung infections or pneumonia. The risk of death from flu is almost 50 times greater in patients with weakened immune systems **43.4%** immunosuppressed patients in **Southwark CCG** were vaccinated, leaving **2,400** individuals vulnerable to flu.

Comparison data:

- London 39.9%
- England 44.0%



Flu in individuals with a **neurological condition** can make their condition worse as a result of fever and difficulty in breathing which are common symptoms of flu. It can also lead to problems with other organs. The risk of death from flu is 40 times higher in those with a neurological disease.

39.9% patients with a neurological disease in **Southwark CCG** were vaccinated, leaving **2,450** individuals vulnerable to flu.

Comparison data:

- London 38.3%
- England 42.3%

Morbidly obese individuals can get a severe form of Influenza and are 11 times more likely to die from the influenza infection.



48.0% of patients who were morbidly obese were vaccinated leaving a total of **51** morbidly obese individuals were left unvaccinated in **Southwark CCG**.

Comparison data:

- London 49.3%
- England 52.4%



Individuals with **kidney disease** can get a severe form of Influenza and are 11 times more likely to die from the influenza infection.

51.2% of patients with a kidney disease in **Southwark CCG** were vaccinated, leaving **1,054** individuals vulnerable to flu.

Comparison data:

- London 47.2%
- England 50.6%

LINKS/RESOURCES



<https://www.gov.uk/government/publications/flu-vaccination-who-should-have-it-this-winter-and-why>

Which lists the following at risk groups:

- a heart problem • a chest complaint or breathing difficulties, including bronchitis, emphysema or severe asthma
- a kidney disease • lowered immunity due to disease or treatment (such as steroid medication or cancer treatment)
- liver disease • had a stroke or a transient ischaemic attack (TIA)
- diabetes • a neurological condition, e.g multiple sclerosis (MS), cerebral palsy or learning disability
- a problem with the spleen, e.g sickle cell disease, or where the spleen has been removed
- are seriously overweight (BMI of 40 and above)

<https://www.gov.uk/government/publications/flu-immunisation-for-social-care-staff>

<https://www.gov.uk/government/publications/guidance-on-outbreaks-of-influenza-in-care-homes-poster>

<https://www.gov.uk/government/publications/flu-leaflet-for-people-with-learning-disability>

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/826789/PHE_Flu_Vaccination_A3-poster_August_2019_2020_flu_season.pdf

<https://www.sps.nhs.uk/articles/written-instruction-for-the-administration-of-seasonal-flu-vaccination/>

COVID-19 AND IMMUNISATIONS LINKS/RESOURCES



RCN Clinical guidance for managing Covid-19 - <https://www.rcn.org.uk/clinical-topics/infection-prevention-and-control/novel-coronavirus>

PHE Guidance on immunisation training during the Covid-19 pandemic
<https://www.gov.uk/government/publications/immunisation-training-guidance-during-the-covid-19-pandemic/guidance-on-immunisation-training-during-the-covid-19-pandemic>

NHSE/PHE Clinical guidance for healthcare professionals on maintaining immunisation programmes during Covid-19 –
<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/06/clinical-guidance-for-hcps-on-imms-for-covid-19.pdf>

PHE Infection Prevention and Control guidance <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>

NHSE/I Infection Control <https://www.england.nhs.uk/coronavirus/primary-care/infection-control/>