

Report to:	Primary Care Commissioning Committee
Date of Meeting:	28 th August 2020
Title of Report:	National and Local Flu Campaign 2020/21
Presented by:	James Crick, NHS Hull CCG
Author:	Robert Thompson, Head of Nursing & Quality, NHS Hull CCG

STATUS OF THE REPORT:

To approve	<input type="checkbox"/>	To endorse	<input type="checkbox"/>
To ratify	<input type="checkbox"/>	To discuss	<input type="checkbox"/>
To consider	<input type="checkbox"/>	For information	<input type="checkbox"/>
To note	<input checked="" type="checkbox"/>		

PURPOSE OF REPORT:

The purpose of this report is to present details to the Committee of the changes to this year's Influenza Campaign in response to the COVID19 pandemic and .the Hull City Council / Hull CCG joint plan in response to the challenges posed by the campaign.

RECOMMENDATIONS:

a) It is recommended that the Committee note the content of the report.

REPORT EXEMPT FROM PUBLIC DISCLOSURE No Yes

If yes, grounds for exemption
(FOIA or DPA section reference)

CCG STRATEGIC OBJECTIVE (See guidance notes on page 4)

Links to Strategic Objectives 1/2/3/4/5/6/7/8/11

IMPLICATIONS: <i>(summary of key implications, including risks, associated with the paper),</i>	
Finance	CCG Practices have requested financial support to deal with the challenges of delivering this year's flu campaign.
HR	No HR implications
Quality	The CCG has a responsibility to monitor the quality of Primary Care services.
Safety	It is important that arrangements are in place to ensure that there is maximum uptake of flu vaccination while delivering the campaign safely for staff and people in receipt of the vaccination.

ENGAGEMENT:
None

LEGAL ISSUES:
None

EQUALITY AND DIVERSITY ISSUES:

	Tick relevant box
An Equality Impact Analysis/Assessment is not required for this report.	√
An Equality Impact Analysis/Assessment has been completed and approved by the lead Director for Equality and Diversity. As a result of performing the analysis/assessment there are no actions arising from the analysis/assessment.	
An Equality Impact Analysis/Assessment has been completed and there are actions arising from the analysis/assessment and these are included in section xx in the enclosed report.	

THE NHS CONSTITUTION:

- 1) The NHS aspires to the highest standards of excellence and professionalism
- 2) NHS works across organisational boundaries and in partnership with other organisations in the interests of patients
- 3) Quality of care
- 4) You have the right to expect NHS organisations to monitor, and make efforts to improve, the quality of healthcare they commission or provide.

CCG Strategic Objectives

Objective No	CCG Strategic Objective
1	Integrated commissioning
2	Integrated delivery
3	Delivery of statutory duties
4	Hull Place Based Plan
5	Vulnerable people
6	Children and families
7	Clinical leadership / innovation in commissioning
8	Working with partners to develop and implement a single quality improvement plan.
9	Implement a revised Organisational Development Strategy
10	Implement a revised Research Strategy
11	Improvement in clinical outcomes
12	To embed Patient and Public Involvement across the organisation and ensure that the CCG meets its statutory duty under 14Z2 of the Health and Social Care Act

NATIONAL AND LOCAL INFLUENZA CAMPAIGN 2020/21

1. INTRODUCTION

The purpose of this report is to present to the Committee details of the Joint Plan between Hull City Council and NHS Hull CCG to deliver the Influenza Immunisation Campaign .

2. BACKGROUND

The national Influenza Vaccination Campaign is a well embedded Public Health campaign historically delivered mainly by GP practices to their registered population via the Influenza and Pneumococcal Vaccination Directed Enhanced Service. As the campaign has developed and new cohorts of patients added, additional providers have been brought in e.g. delivery by Community Pharmacy and in recent years separate providers for school based campaign. However up until the 2019/20 campaign, the majority of delivery was via GP Practices.

3. INFORMATION

The Influenza Campaign 2020/21: National Update August 2020.

In light of the risk of flu and COVID-19 co-circulating this winter, the national influenza immunisation programme will be absolutely essential to protecting vulnerable people and supporting the resilience of the health and care system.

Providers are asked to focus on achieving maximum uptake of the flu vaccine in existing eligible groups, as they are most at risk from flu or in the case of children transmission to other members of the community.

The full list of those eligible in 2020/21 as part of the NHS funded influenza vaccination programme including individuals meeting existing flu eligibility criteria can be found in Appendix A at the end of this paper.

This year as part of our wider planning for winter, and subject to contractual negotiations, this season flu vaccination will be additionally offered to:

- Household contacts of those on the NHS Shielded Patient List. Specifically individuals who expect to share living accommodation with a shielded person on most days over the winter and therefore for whom continuing close contact is unavoidable.
- Children of school Year 7 age in secondary schools (those aged 11 on 31 August 2020).
- Health and social care workers employed through Direct Payment (personal budgets) and/or Personal Health Budgets, such as Personal Assistants, to deliver domiciliary care to patients and service users

- Further extension to the vaccine programme is aimed for November and December to include the 50-64 year old age group subject to vaccine supply. This extension is being phased to allow providers to prioritise those in at risk groups first.

Primary Care

GP practices are reminded that the Directed Enhanced Service requires that a proactive call and recall system is developed to contact all at-risk patients through mechanisms such as by letter, e-mail, phone call, or text. Any automated call and recall list should be subject to clinical review. Template letters for practices to use will be available at www.gov.uk/government/collections/annual-flu-programme nearer the time. Practices should also operate a proactive call system for patients not considered at-risk.

General practice IT system suppliers will provide system searches using specific codes to enable vaccine uptake monitoring throughout the flu season. This approach will enable practices and support the collection of high quality, robust and timely data on vaccine uptake throughout the delivery of the programme. This will also support GP practices and other providers to act to address issues relating to uptake. In addition Ardens have created specific additional searches and data input templates to facilitate high levels of data quality

GP practices should also note that upon receipt of notification of vaccinations given by another provider e.g. community pharmacist /midwife and Community Nurse, the vaccination should be recorded in the patients' electronic GP practice record in a timely manner. Any data extraction/uploads will only include patients vaccinated outside the GP practice if the information has been returned and appropriately recorded in the patients' GP practice record using the specified codes.

In addition to the established ImmForm data collection, further work is currently being undertaken by Public Health England, NHSx, and NHS England to improve the coverage and timeliness of these data collections as well as reducing the burden from data collections. As in previous years, data will be collected on the uptake of the vaccination. Currently, it is intended that these data collections will follow established processes. Flu vaccine uptake data collections will be managed using the ImmForm website. Weekly uptake data will be collected from a group of GP practices that have fully automated extract and upload facilities provided by their general practice system suppliers. These data will be published in the PHE weekly flu report available throughout the flu season at: www.gov.uk/government/statistics/weekly-national-flu-reports

Workforce and Maximising Coverage and Uptake

All frontline health and social care workers should receive a vaccination this season. This should be provided by their employer, in order to meet their responsibility to protect their staff and patients and ensure the overall safe running of services. Employers should commission a service which makes access easy to the vaccine for all frontline staff, encourage staff to get vaccinated, and monitor the delivery of their programmes. Humber Foundation Trust has historically provided

vaccination to CCG staff and has allowed GP Practices to immunise their own staff on completion of an Occupational Health consent form. Humber has also historically reimbursed practices the cost of the vaccine leading to high levels of uptake among GP practice staff and taking pressure off Humber led clinics for staff.

Department of Health and Social Care (DHSC) is exploring options to expand the workforce that is able to administer vaccinations as part of the COVID-19 response. Key stakeholders and the public will be consulted on the proposed changes over the summer, including via stakeholder meetings. In line with the government's consultation principles, the consultation will be published on gov.uk in due course and will clearly set out the policy proposals.

Building on good practice from previous flu seasons and to reflect the need to achieve maximum coverage this year, all Hospital Trusts will be asked to offer vaccinations to pregnant women attending maternity appointments and to those clinically at risk eligible patients attending in- and out-patient appointments. Hull University Teaching Hospital (HUTH) has historically immunised pregnant women in antenatal appointments which has helped significantly targeting this cohort of patients.

NHS England and Improvement (NHSEI) will continue to support vaccination of social care and hospice workers employed by registered residential or domiciliary care providers. The eligible groups have been expanded this year to include those health and social care workers, such as Personal Assistants, employed through Direct Payment and/or Personal Health Budgets to deliver domiciliary care to patients and service users. Vaccination will be available through community pharmacy or their registered general practice. This scheme is intended to complement, not replace, any established occupational health schemes that employers have in place to offer flu vaccination to their workforce. Further guidance on how providers can ensure their employees get vaccinated will be published shortly.

The Community Pharmacy Seasonal Influenza Advanced Service Framework will be amended to enable community pharmacies to vaccinate both residential care/nursing home residents and staff in the home setting in a single visit to increase uptake rates and offer further protection to this vulnerable group of patients. GP practices are also able to vaccinate in the residential/care home, residents and staff who are registered with the practice.

In addition, this season an inactivated vaccine may be offered to those children whose parents refuse the live attenuated influenza vaccine (LAIV) due to the porcine gelatine content, in order to prevent localised outbreaks this year. Providers of children's vaccination services will receive further instruction on the offering of this service in due course.

BAME and Health Inequalities

It is essential to increase flu vaccination levels for those who are living in the most deprived areas and from BAME communities. We need to ensure equitable uptake compared to the population as a whole and help protect those who are more at

risk if they are to get COVID-19 and flu. It will therefore require high quality, dedicated and culturally competent engagement with local communities, employers and faith groups.

Providers are expected to ensure they have robust plans in place for tackling health inequalities for all underserved groups to ensure equality of access.

Uptake Ambition

Eligible groups	Uptake ambition
Aged 65 years and over	At least 75%
In clinical at risk group	At least 75%
Pregnant women	At least 75%
Children aged 2 and 3 year old	At least 75%
All primary school aged children and school year 7 in secondary school	At least 75%
Frontline health and social care workers	100% offer

Delivering the programme during COVID-19

Providers will be expected to deliver the programme according to guidelines on social distancing that are current at the time. Standard operating procedures in the context of COVID-19 have been issued for General Practice, community pharmacy, and community health services.

Guidance on maintaining immunisation programmes during COVID-19 including the use of personal protective equipment (PPE) is available for all immunisers.

These procedures and guidance mean that a range of different ways of delivering the flu immunisation programme this year should be considered including the following:

- careful appointment planning to minimise waiting times and maintain social distancing when attending
- providing patients with information in advance of their appointment to explain what to expect
- recalling at risk patients if they do not attend in line with contract requirements
- social distancing innovations such as drive in vaccinations and ‘car as waiting room’ models, if possible
- for those on the Shielded Patient List who are high risk for COVID-19 consider the use of domiciliary visits

For the overall schools vaccination programme social distancing measures will create additional challenges, and where possible we still expect the school estate to be used in the event of any local school closures.

Providers need to be prepared to make adjustments to the programme in the face of any local restrictions to ensure those at highest risk can continue to be vaccinated.

Communications and Marketing

The flu vaccination programme will be supported with a major new national public facing marketing campaign to encourage take up amongst eligible groups for the free flu vaccine, due to launch in October. More detailed plans will be shared as these are developed.

PHE will make available a toolkit of adaptable campaign assets, highlighting the protective benefits of the flu vaccination, for NHS Trusts and social care organisations to use in their own staff vaccination campaigns.

Resources for both campaigns will be available to download and order from the PHE Campaign Resource Centre at:

<https://campaignresources.phe.gov.uk/resources/>

Training

All face-to-face training programmes for new immunisers and immunisers requiring annual update training are now available on-line through Health Education England and other training providers.

It is the responsibility of the provider/employer to ensure that all staff delivering the flu vaccine are trained to the national immunisation competency standards and signed off as competent by their assessor prior to delivering vaccinations.

Hull City Council / Hull CCG – Local Plans

Primary Care

As detailed above in the national flu plan, due to the risk of flu and COVID-19 co-circulating this winter, delivering the flu immunisation programme in primary care will be critical this year to protect our most vulnerable population living in Hull and supporting the resilience of the health and care system.

Our primary care providers should make every effort in achieving the maximum uptake of the flu vaccine in all eligible groups of patients most at risk from flu. In order to deliver the flu vaccine this year, it is essential that all practices have robust, safe and effective flu plans in place to achieve the ambitions as set out by Public Health England and NHS England.

In order to oversee the delivery of the Influenza Campaign in Hull, a Flu Working Group has been created. The first meeting was on 8th August 2020 and had representatives from Hull Primary Care Networks, NHSE, PHE, Hull City Council and the CCG. The plan is for the group to meet monthly and will continue to meet until the end of the flu season in March 2021. It will work in partnership with the

existing PHE led Hull & East Riding Flu Planning Group and the new HCV Flu Planning Group.

The Terms of Reference of the Group enable discuss to address issues within the programme such as estate issues (building space, venues, car parks), vaccine supply issues, PPE requirements, staffing, cold chain requirements, training etc. Several PCN have already submitted requests for financial support with items such as room and building rental, mobile hand washing units, bar code scanners and overtime for weekend working. At present no resources have been allocated to support this although the new Humber Coast and Vale Flu Group may be in a position to allocate resources to support PCN. Details of an update to the Influenza and Pneumococcal DES is expected late August 2020 and this may also include details of additional funding to support practices.

In the absence of funding from the Humber Coast and Vale Group or via the Influenza DES, it may be necessary to bring request for financial support to the CCG Senior Leadership Team or this Committee if it is felt they are necessary to ensure the success of this years campaign.

Future meetings will invite CCG communication team and any other key stakeholders identified. The working group will help facilitate the sharing of 'good practice', information and also escalate any issues through appropriate channels in order to resolve these quickly and effectively to reduce impact on flu vaccine delivery. Engagement and communications with the LMC and LPC will also be developed.

Practices are in the process of planning how they will administer flu vaccine clinics safely to their eligible cohorts of patients during the pandemic in the knowledge that these cohorts of patients are in the same 'risk' groups with COVID-19. The meeting in August 2020 indicated that there is little appetite for mass immunisation sites by practices. Most PCN seem to be opting for managing their patients in house using car parks, one way systems and weekend clinics. Some practices may be challenged to do this due to the nature of GP premises with practices in estate that is converted residential property potentially using other sites in the PCN with newer LIFT facilities to deliver the vaccination.

GP practices are already having conversations with the CCG's IPC lead and seeking advice to ensure patient safety is maintained throughout the process. PPE (Personal Protective Equipment) is one of the main areas for discussion; Public Health England has provided PPE guidelines throughout the COVID-19 pandemic and currently, these guidelines remain unchanged. However, in light of the substantial amount of PPE that will be required under these guidelines in provision of a flu clinic and concerns raised by GPs, NHS England have approached Public Health England to discuss these issues and PHE has since announced they are considering revised guidance for all immunisation services. A decision will be announced late August 2020. All updated information in regard to PPE requirements will be shared with primary care.

In regard to the additional groups of people being eligible for the vaccine this year, there is some concern how general practice will have capacity, resource and enough vaccine supply to meet anticipated demand. Public Health England are addressing these including looking into training 'other' health and care workers

across the system such as dentists and 5th year medical students. Public Health England have purchased further vaccine supplies though it is still unknown if there will be enough vaccine available to include the additional over 50s to 64' age group; this group of people will be offered a vaccine depending on supplies available towards the end of November 2020.

Communications

The CCG Communication & Engagement Team and their Hull Council equivalents will be asked to work together on joint press releases throughout the flu season. Communications will be shared with primary care and the wider population across Hull. Messages will be delivered through Newsletters, Twitter, GP weekly news and press releases on the back of the national campaign. Links to order national flu posters to encourage health and care staff to have a flu vaccine have already been sent to primary care. The message this year is the same as last year: 'Protection'. Protect yourself, your patients and your families. The message is supported with the 'shield' as last year. As detailed above, there is an ambition that 100% of health and care staff will be offered a vaccine and this is the responsibility of all employers to facilitate this across their work place.

The CCG HR service is liaising with Humber Occupational Health to support Hull CCG staff in flu vaccination this year. Plans will be very different from previous years due to COVID and clinics will be offered on a strict appointment basis only. Arrangements are on-going.

Joint Flu Plan with the CCG and Hull City Council

This year a joint flu plan that has been developed with public health in the Local Authority and the CCG. The plan outlines how the flu programme will be delivered across all eligible cohorts of the Hull population with specific target groups including hard to reach groups to address health inequalities.

As mentioned earlier, a Flu Group was convened in early August in order to plan how the flu programme would be delivered in readiness for the start of the flu season. The plan is for the group monthly and will continue to meet until the end of the flu season in March 2021. It will work in partnership with the existing PHE Lead Hull & East Riding Flu Planning Group and the new HCV Flu Planning

4 RECOMMENDATIONS:

It is recommended that the Committee note the content of the report.

APPENDIX A: Groups included in the national flu immunisation programme

1. In 2020/21, flu vaccinations will be offered under the NHS flu vaccination programme to the following groups:

- all children aged two to eleven (but not twelve years or older) on 31 August 2020
- people aged 65 years or over (including those becoming age 65 years by 31 March 2021)
- those aged from six months to less than 65 years of age, in a clinical risk group such as those with:
 - chronic (long-term) respiratory disease, such as severe asthma, chronic obstructive pulmonary disease (COPD) or bronchitis
 - chronic heart disease, such as heart failure
 - chronic kidney disease at stage three, four or five
 - chronic liver disease
 - chronic neurological disease, such as Parkinson's disease or motor neurone disease,
 - learning disability
 - diabetes
 - splenic dysfunction or asplenia
 - a weakened immune system due to disease (such as HIV/AIDS) or treatment (such as cancer treatment)
 - morbidly obese (defined as BMI of 40 and above)
- all pregnant women (including those women who become pregnant during the flu season)
- household contacts of those on the NHS Shielded Patient List, or of immunocompromised individuals, specifically individuals who expect to share living accommodation with a shielded patient on most days over the winter and therefore for whom continuing close contact is unavoidable
- people living in long-stay residential care homes or other long-stay care facilities where rapid spread is likely to follow introduction of infection and cause high morbidity and mortality. This does not include, for instance, prisons, young offender institutions, university halls of residence, or boarding schools (except where children are of primary school age or secondary school Year 7).
- those who are in receipt of a carer's allowance, or who are the main carer of an older or disabled person whose welfare may be at risk if the carer falls ill
- health and social care staff, employed by a registered residential care/nursing home or registered domiciliary care provider, who are directly involved in the care of vulnerable patients/clients who are at increased risk from exposure to influenza.
- health and care staff, employed by a voluntary managed hospice provider, who are directly involved in the care of vulnerable patients/clients who are at increased risk from exposure to influenza.
- health and social care workers employed through Direct Payments (personal budgets) and/or Personal Health Budgets, such as Personal Assistants, to deliver domiciliary care to patients and service users.

2. Additionally, in 2020/21, flu vaccinations might be offered under the NHS flu vaccination programme to the following groups:

- individuals between 50-64 years, following prioritisation of other eligible groups and subject to vaccine supply
3. Organisations should vaccinate all frontline health and social care workers, in order to meet their responsibility to protect their staff and patients and ensure the overall safe running of services.
 4. The list above is not exhaustive, and the healthcare professional should apply clinical judgement to take into account the risk of flu exacerbating any underlying disease that a patient may have, as well as the risk of serious illness from flu itself.
 5. Healthcare practitioners should refer to the influenza chapter in 'Immunisation against infectious disease' (the "Green Book") for further detail about clinical risk groups advised to receive flu immunisation and for full details on advice concerning contraindications and precautions for the flu vaccines. This can be found at: www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book