

Wildwood Offices
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25th September 2020

To: GP practices in Midlands, CCG/LA/STP Flu Leads, CCG Primary Care Leads

Dear colleagues,

Flu immunisation update

I am writing to update GP practices on flu immunisation plans for this year.

Vaccine shortages

We are starting to receive reports of some practices running out of vaccines due to high patient demand. There has recently been a relaxation in MHRA rules meaning that transfer of vaccines between providers is now possible if certain conditions are met - see Appendix 1. Alternatively, patients can be signposted to community pharmacies and advised to phone ahead to check vaccine availability. There will also be a national stockpile of flu vaccines available this year.

National flu vaccine stockpile

The protocol to access the national flu vaccine stockpile is expected by the end of September 2020. It is expected to initially be available to GP practices followed by community pharmacies and Acute Trusts. Details such as the ordering mechanism, ordering limits and whether the vaccine will be free are awaited and will be shared as soon as available. We are asking the national team to release the stockpile as soon as possible.

Patient eligibility

Practices are reminded that **locum GPs who are registered patients of the practice** are part of the GP enhanced service for the first time this year and must be offered flu immunisation on request – details [here](#). In addition, there is a wider definition of eligible health & social care worker namely:

- Health and social care staff employed by a registered residential care/nursing home or registered domiciliary care provider
- Health care staff employed by a voluntary managed hospice provider
- Health and social care workers employed through Direct Payments and/or Personal Health Budgets (such as personal assistants) to delivery domiciliary care to patients and service users.

Please note **adults aged 50 to 64 with no at-risk conditions are not currently eligible** for flu vaccination – they should not be immunised, and no payment will be given for doses given. Practices will be notified if and when this changes during the flu season.

There is no national guidance on prioritising patients within the current eligible groups. Therefore, we would expect that if an eligible patient presents to the practice and vaccine is available, they are offered immunisation.

Porcine content of LAIV

Appendix 2 provides further guidance on use of alternative flu vaccines for children if parents object to the porcine content of LAIV (live attenuated influenza vaccine).

National initiatives

There will be a national call and recall system this year with letters sent to eligible patients. The letters and schedule of release will be shared with practices when available. Practices must still call eligible patients in line with contractual requirements as the national letters are mainly around rising awareness. In addition, the national letters may not be sent to every eligible patient due to limitations in the address database held nationally.

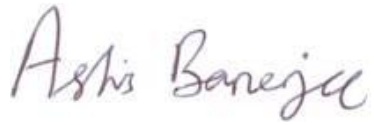
Local initiatives

I hope you will join the recent local scheme we have announced around sending invite letters to the most vulnerable at-risk patients. (immunocompromised, liver disease, neurological disease). Appendix 3 contains some FAQs based on queries we have received.

We are planning to produce regular practice level flu uptake figures and will be sharing this at least fortnightly from early October 2020.

Thank you for your continued support in this very difficult year. If you have any queries, please email england.midsflupmo@nhs.net

Kind regards,

A handwritten signature in dark ink, reading 'Ash Banerjee'. The signature is written in a cursive, flowing style.

Dr Ash Banerjee

Screening and Immunisation Lead

Public Health England and NHS England and NHS Improvement - Midlands

Appendix 1 – MHRA guidance

NHS national flu immunisation programme guidance to manage locally held vaccine stock in primary care providers and NHS Trusts

The flu immunisation programme continues to play a critical role in protecting those who are most at risk of complications and/or severe disease should they develop influenza. It is important to ensure the continued delivery of vital NHS public health services.

While there are no known central supply issues of flu vaccine stock, it may be necessary for CCGs, Primary Care Networks (PCNs), General Practitioners or NHS Trusts to facilitate the transfer of locally held vaccine stock from one NHS provider to another to ensure the continued delivery of the flu immunisation programme in the event of acute local supply issues.

The Medicines and Healthcare Products Regulatory Agency (MHRA) has the role of regulating the supply of medicines. Routinely, medication can only be distributed between providers where a wholesaler licence exists, however the MHRA has confirmed that with regards to the flu vaccines in the 2020/2021 flu season, during COVID-19, it would not prevent the transfer of locally held flu stock for the NHS Flu immunisation programme, in the circumstance of acute, temporary, local supply issues, provided that:

- The CCG, PCN, General Practice or NHS Trust believes the transfer of flu vaccine(s) is necessary to support the continued delivery of the NHS flu immunisation programme either in primary care or NHS Trusts during the COVID-19 response and will ensure the effective use of available resource;
- The CCG, PCN, General Practice or NHS Trust that is holding the vaccine stock has assurance that the flu vaccine has been stored in the correct temperature-controlled conditions;
- confirmed daily record keeping of temperature monitoring is available;
- The CCG, PCN, General Practice or NHS Trust that requires locally held flu vaccine stock can verify the assurances given; and
- the flu vaccine(s) can be transported appropriately under the right cold chain conditions.

CCGs, PCNs, Primary Care and NHS Trust providers should refer to Public Health England's protocol for the ordering, storing and management of vaccines

<https://www.gov.uk/government/publications/protocol-for-ordering-storing-and-handling-vaccines>.

Please be aware that errors in vaccine administration and/or vaccine related incidents should be reported to the regional NHSEI public health S7a commissioning team.

An open consultation is underway on changes to Human Medicine Regulations to support the rollout of COVID-19 vaccines which considers provisions for wholesale dealing of vaccines, ending Friday 18th September 2020.

<https://www.gov.uk/government/consultations/distributing-vaccines-and-treatments-for-covid-19-and-flu/consultation-document-changes-to-human-medicine-regulations-to-support-the-rollout-of-covid-19-vaccines>. Changes to regulations resulting from this consultation may supersede any guidance in this document.

Community Pharmacies are already able to transfer medicines to other healthcare providers without a wholesalers licence under specific circumstances, and should refer to the relevant guidance at <https://www.gov.uk/government/publications/repeal-of-wholesale-dealer-licence-exemption-for-pharmacists>.

The NHS Specialist Pharmacy Service has made available guidance on the use of Patient Group Directions in Primary Care Networks. This can be accessed at <https://www.sps.nhs.uk/articles/patient-group-direction-use-in-primary-care-networks/>

10th September 2020

Appendix 2: Alternative flu vaccine for children

The flu vaccine is offered to children aged 2 to 3 years, to children of reception and primary school age, and, for the first time this year (2020) to children in the first year of secondary school (Year 7). In addition, children who are clinically at risk are offered the vaccine from the age of six months.

The vaccine is given to most children in school in the form of a nasal spray and contains a highly processed form of porcine gelatine.

If a child is at high risk from one or more medical conditions or treatments and can't have the nasal spray, the child will be offered an alternative flu vaccination by injection.

There is a limited supply of the alternative vaccine, which is less effective than the nasal spray for healthy children, so children at risk will be prioritised for this vaccine.

School age children

School age children who are not at risk, but whose parents would prefer that they did not have the nasal spray, can request the alternative vaccine, but it would not be available until November and only then if there was sufficient stock.

Two to three-year olds

Two to three-year olds who are not at risk, but whose parents would prefer that they did not have the nasal spray, can also request the alternative vaccine from their GP. Again, this would mean waiting until November and would depend upon there being sufficient stock of the alternative vaccine. GPs will not provide the alternative vaccine before November, because children at risk must be prioritised.

Midlands at-risk flu letters scheme FAQs 25th September 2020

england.midsflupmo@nhs.net

How do I sign up to the scheme?

You do not need to sign up to the scheme before taking part and sending the letters out. There will be a single process for signing up to the scheme and for providing the activity data once all letters have been sent out. This will be via a single electronic survey – we will shortly be sharing the link to access this survey, but the scheme letter includes details of what information needs to be submitted. Please ignore the comment in the original letter to GP practices which mentions a ‘participation agreement’.

Can I amend the letter – I would like to include details on other clinics we run and remind patients not to visit if they have a cough or temperature?

These letters have been carefully evaluated to work in increasing uptake in their current form. Changing the format, clarity or content could make the letter less effective. Therefore, only the supplied wording can be used. However, practices are welcome to include additional sheets of paper with more information in the envelope. Further information can of course also be provided when patients phone the practice to make an appointment.

Can I send a text or email instead of posting a letter?

The scheme will only pay for letters posted to the recipient – no claim can be made for using email or texts. These letters have been carefully evaluated to work in increasing uptake in their current form. Changing the format, clarity or content could make the message less effective. One of the key elements of the letter is a ‘commitment device’ which is the section at the end where patients make a note of the appointment date and time. Evidence suggests that we are more likely to go through with a plan if we commit to it by writing it down. This commitment device would not work easily via email or text. There may also be information governance issues in sending by email or text as the wording reveals clinical details of the patient.

I have already invited these patients before the scheme launched – what should I do?

If the patient has not had the flu immunisation already you are welcome to send them a letter under this scheme even if you have sent a previous invitation. This would be an individual practice decision – it is advisable to wait a short period after the first invitation before sending a second one, so the patient does not feel harassed. No payment will be made for invitations already sent not using the template letters.

I don't have enough vaccines ordered to join the scheme?

The likely 5% increase in uptake from participation in this scheme in this small cohort (immunocompromised, neurological, liver disease) would likely only have a moderate impact on

required vaccine stocks. We are awaiting the details of how practices with low stocks can access national flu vaccine reserves – details are anticipated by the end of September 2020.

I have done a search on my practice GP system and the number of letters I need to send is very different to that estimated from the 'Letter Estimator' tool you have provided – what should I do?

The 'Letter Estimator' tool is based on the 2019/20 practice IMMFORM submission which is itself based on practice records. It identifies the number of patients classified last year as having neurological disease, immunosuppression or liver disease. If you would like more information on this process and what codes were used please read chapter 11 (page 33) of the 2019/20 IMMFORM guide [here](#)

The number of letters to send under the Midlands scheme should be based on your own search of practice records. The number of letters required may be different to that estimated from the 'Letter Estimator' tool. Possible reasons are due to changes in practice size or changes in coding of clinical conditions.

If the number of letters sent is very different to the estimate from the 'Letter Estimator' tool then please add a comment in the scheme submission survey (details TBC). If the number of letters is much higher than that estimated, then please retain details of the search you did in case we need to query this.

Practices will be paid for all letters sent to eligible patients and only the practice can determine the number of letters that need sending. The 'Letter Estimator' is just a tool to help practices.

What searches should I use to identify the correct patients?

We have not created any local searches for identifying the eligible cohorts. You may be able to get help from:

- Your Clinical System Supplier
- Your responsible CCG who may be able to provide support or further guidance on searched available on your GP Clinical System

Is the payment per letter or per patient? What about patients with multiple conditions?

Only one £1.50 payment will be made per patient – multiple payments will not be made for sending the letter to the same patient multiple times. If a patient is in more than one of the identified clinical risk groups only one letter should be sent.