



Health Executive Group

8 September 2020

Seasonal Flu Vaccination Update

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<b>Is your report for Approval / Consideration / Noting</b>			
This report is for noting by the group			
<b>Links to the STP (please tick)</b>			
<input checked="" type="checkbox"/> Reduce inequalities	<input checked="" type="checkbox"/> Join up health and care	<input type="checkbox"/> Invest and grow primary and community care	<input type="checkbox"/> Treat the whole person, mental and physical
<input type="checkbox"/> Standardise acute hospital care	<input type="checkbox"/> Simplify urgent and emergency care	<input type="checkbox"/> Develop our workforce	<input checked="" type="checkbox"/> Use the best technology
<input type="checkbox"/> Create financial sustainability	<input type="checkbox"/> Work with patients and the public to do this		
<b>Are there any resource implications (including Financial, Staffing etc)?</b>			
No resource implications to note			
<b>Summary of key issues</b>			
<ul style="list-style-type: none"> <li>• Key activities of the SYB ICS flu board</li> <li>• Implications of the pharmacy enhanced service agreement/specification</li> <li>• Emerging risks</li> </ul>			
<b>Recommendations</b>			
The group is requested to note the information provided.			

# SOUTH YORKSHIRE AND BASSETLAW INTEGRATED CARE SYSTEM

## Health Executive Group – September 2020 Seasonal Flu Vaccination Update

### 1. Purpose

To provide the executive team with an update on progress on planning for the delivery of the seasonal flu vaccination programme across SYB.

### 2. Current Position

#### 2.1 SYB ISC Flu Board Activity

The SYB ICS is now well established, having held 4 meetings, with good attendance and engagement from all partners, the board continues to meet fortnightly.

##### 2.1.1 Flu Plans

A peer to peer review process for CCG flu plans was agreed and has been completed by Doncaster, Sheffield and Bassetlaw (one cluster) with Rotherham and Barnsley due to meet week commencing 7<sup>th</sup> September (delay due to annual leave). The process has been well received and has resulted in positive changes to the place-based flu plans, which will continue to be developed and updated within the season as policy and demand requires. The flu plans will be overseen by the local A/E delivery board, with updates to each board meeting, identifying progress, risks and challenges and areas where additional support is required. The place-based flu plans have been amalgamated, based on themes into an ICS flu plan which forms part of the wider NEY flu plan. This is to be shared with the board with updates provided at each board meeting. Plans are ongoing via the NEY vaccination board to carry stress testing on all plans over the coming weeks, this process is aimed at building on the peer review work carried out to date.

The amended DES (flu and pneumococcal) for primary care has just been issued, details are outlined below and will be actioned as required by the public health commissioning team. **This has not yet been discussed at the board.**

The amended DES Influenza and Pneumococcal Immunisation provides for the additional new cohorts of patients to be vaccinated in general practice.

The new cohorts include:

- household contacts of those on the NHS Shielded Patient List or of immunocompromised individuals, and
- 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.
- It also covers a potential cohort of 50-64-year olds later in the flu season, depending on vaccine availability – **as per previous communication, these patients should not be invited or offered appointments until phase 2 has been officially announced.**

In addition, the specification requires that practices **must** include within at least one written communication to eligible patients offering vaccination, **a request that the patient advises the practice of their ethnicity status if they have not previously provided this information to the practice and requires the practice to record this in the patient record.**

All CCGs are continuing to identify plans to enable timely vaccination of housebound patients. Whilst a national community agency agreement has been developed to support delivery to this group, the provision is currently unchanged from 19/20 and does not extend to services/providers outside of Trusts e.g. registered nurses in care homes, community nurses employed by GP practices.

#### 2.1.2 Workforce

Work is progressing with regards to the training and deployment of foundation dentists to support delivery of the flu vaccination programme as and where needed across the ICS.

#### 2.1.3 Pharmacy/Primary Care Collaboration

The ICS will develop a small working group with the aim of building on work initiated by the WYH ICS to strengthen collaboration between primary care and pharmacy. This approach is strongly supported by NHSEI, with the potential for additional funding (via application) where practices/pharmacies can demonstrate joint working and collaborative delivery approaches with other local providers. Further guidance regarding this is still awaited.

#### 2.2.4 Enhanced Delivery of Vaccination via Secondary Care

In line with the second flu letter, CCGs and the public health commissioning team are developing a framework to support delivery of flu vaccination by Hospital Trusts, extending the offer beyond pregnant women to those clinically at-risk eligible patients attending in- and out-patient appointments.

### 2.2.5 Improved Data Quality and System Searches

In order to ensure robust system searches and high quality and timely data on vaccine uptake throughout the delivery of the programme, two workstreams have been established:

- Work with data quality and clinical applications teams to:
  - Produce detailed searches for practices (aligned to national business rules)
  - Produce guidance for practices to ensure searches carried out correctly
  - Produce a virtual training resource to support practices with system searches.

The searches and training guide have been developed and issued; however, these will need to be recirculated following updated ImmForm rules and SNOMED codes, expected mid-September. The virtual training resource will be issued at the end of September following these updates.

- Development of standard operating procedures, across the whole pathway from provider to GP to ensure correct and timely transfer of data and recording in the patients record.

This work is progressing well, with final drafts to be shared with the flu board w/c 7<sup>th</sup> September. This work also includes consideration how digital technology can support improved data flows.

## 2.2 Pharmacy specification 20/21

The Pharmacy national enhanced service agreement/specification was published and issued to pharmacy providers on 28<sup>th</sup> August. Key changes to the 202/21 service include:

- The removal for the need to obtain written consent. Verbal consent is still required and must be documented.
- Contractors no longer need to notify regional teams prior to undertaking vaccinations off-site e.g. patients own home or care home.
- Contractors no longer need to notify patient's GP in advance of vaccinating a patient in their home / care home. Post vaccination details must still be shared with the patients GP.
- Increased flexibility as to where vaccination may take place:
  - Restrictions on off-site vaccination (only in patient's home and care homes) has been removed. Contractors are now able to vaccinate off-site within professional standards (this includes being able to vaccinate care home staff within the care home and the use of premises away from the pharmacy e.g. car parks and community venues such as community centres, church halls etc)
  - Contractors are now able to vaccinate patients in any appropriate space within the pharmacy (not limited to the consultation room), this will support social distancing and other COVID requirements.
- Learning Disability is now listed as a separate cohort

The specification does not include healthcare workers of essential but non front-line social care workers. Separate local arrangements/agreements would be needed to allow vaccination of these staff by community pharmacists.

## 2.3 Emerging risks

- Late publication of guidance documents/specifications to support delivery of the programme across the ICS for example: expansion to and vaccine supply for the extended cohort 50-64-year olds and specifications for provision by secondary care.
- Potential limited supply of vaccine – vaccine is ordered in advance and current amount may not be sufficient to vaccinate all cohorts this year. Whilst the expansion to 50-64 years olds is not planned until November/December and is dependent on vaccine availability, there is a significant increase in cohorts eligible from the start of programme e.g. household contacts of shielded patients and/or immunocompromised patients, and those employed under personal care budgets. Details re: access to the national stock are not expected until later in September.
- Delays in confirmation of funding. CCGs are having to implement plans without confirmation of funding to support them, specifically where additional venues/estate, equipment to maintain cold

chain etc is required. Once details of funding are received, this will be assessed against the ICS business case.

- Confirmation that Inactivated vaccine for children where parents refuse Porcine content cannot be used until November depending on vaccine availability. This results in missed opportunities and children not attending for a second invite later in the season.

### **3. Recommendations**

The group is requested to note the information provided.

**Paper prepared by: Kathy Wakefield**  
**On behalf of: NHSEI & SYB ICS**  
**Date: 4<sup>th</sup> September 2020**