NHS England

A Guide for CCGs

Seasonal Influenza 'Under 65 Years At Risk' Resource Pack

LONDON REGION 2019/20

INTRODUCTION

IMPROVING UPTAKE IN CAMDEN

The aim of this Resource Pack is to provide your CCG 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

WHAT TOOK PLACE IN 2018/19

- Low uptake rates compared to the 2017/18 'flu season in all cohorts
- The at risk cohort increased but fewer people were vaccinated than in 2017/18
- Uptake rates decreased across all clinically at risk groups
- The biggest decrease was among patients with chronic liver disease and patients with asplenia
- Influenza activity started in January 2019 and peaked in weeks 5 and 6
- Influenza like illness (ILI) rates were considerably lower than in 2017/18
- Impact of A(H1N1) was predominantly seen in 15-44 and 45 to 65 age groups

WHAT NEEDS TO HAPPEN IN 2019/20

- Better advance planning to ensure better performance
- Ensure that practices start the season well as evidence shows those who start the season well end the season well
- Ensure vaccinations given by alternative providers are consistently uploaded onto GP clinical systems
- Uptake rates in clinical at risk groups (6 months to 65 years) should be at 50% for London
- As a minimum, performance in 2019/20 must match uptake rates for the 2017/18 'flu season

At Risk Groups London Data

- The cohort to be vaccinated increased by 36,114 in 2018/19 but equally we vaccinated 14,345 fewer people than in 2017/18
- There were sharp decreases in some CCGs – e.g. Merton decreased by 9.6%, Camden by 8.8% and Bexley by 8%
- Uptake rates decreased across all clinically at risk groups
- The biggest decrease was among patients with chronic liver disease and patients with asplenia

Disease Group	% uptake 2018/19	% uptake 2017/18	difference
Patients with diabetes	60.6	64.0	-5.3%
Patients with chronic kidney disease	48.6	51.5	-5.6%
Patients with immunosuppression	44.9	47.3	-5%
Patients with chronic respiratory disease	44.1	46.9	-5.9%
Patients with chronic heart disease	43.5	46.4	-6.25%
Patients with chronic neurological disease (including Stroke/TIA, Cerebral Palsy or MS)	43.2	45.0	-4%
Patients with chronic liver disease	39.7	43.5	-8.7%
Patients with asplenia or dysfunction of the spleen	32.4	35.2	-7.9%

WHAT WE CAN DO

Actions for NHSE&I, CCGs and Practices

NHSE&I

- Issue Housebound SLA to District Nurse Providers/GP Confederations
- Issue Unregistered Patients SLA to GPs
- Enable Acute Trusts to vaccinate at risk under 65s via SLA
- Circulate template letters for GP use aimed at patients with particular at risk conditions
- Monthly CCG & LA teleconferences to share data, updates & solutions
- Oversee CCG flu action plans
- Provide latest updates and information in a timely way

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

Practices

- Administer flu vaccine during other appointments
- Discuss practice uptake during weekly meetings
- Information such as flu leaflets on waiting room seats on a daily basis
- 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

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: https://www.england.nhs.uk/wp-content/uploads/2019/03/annual-national-flu-programme-2019-to-2020-1.pdf

Recommended Flu Vaccines

Eligible group	Type of flu vaccine
At risk children aged from 6 months to less than 2 years	Offer **standard egg-grown quadrivalent influenza vaccine (QIVe)*** QIVe is offered to these children as the live attenuated influenza vaccine (LAIV) is not licenced for children under 2 years of age.
At risk children aged 2 to under 18 years	Offer **live attenuated influenza vaccine (LAIV)** If child is contraindicated to LAIV (or it is otherwise unsuitable) offer **standard egg-grown quadrivalent vaccine (QIVe)***
Universal children's Programme: **Those aged 2 and 3 years on 31 August 2019** **All primary school aged children (aged 4 to 10 on 31 August 2019)**	Offer **live attenuated influenza vaccine (LAIV)** If child is in at risk group and is contraindicated to LAIV (or it is otherwise unsuitable) offer standard egg- grown quadrivalent vaccine (QIVe)*
At risk adults (aged 18 to 64), including pregnant women	Offer EITHER **standard egg-grown quadrivalent influenza vaccine (QIVe)** OR **cell-grown quadrivalent influenza vaccine (QIVc)** These two vaccines are considered equally suitable for use in adults under 65 years of age.
**Those aged 65 years and over ** **	Offer EITHER **adjuvanted trivalent influenza vaccine (aTIV)***** OR **cell-grown quadrivalent influenza vaccine (QIVc)** These vaccines are considered equally suitable for use in adults aged 65 and over.

* For 2019/20 PHE has purchased QIVe for children. (However, please note that QIVc is licenced for children aged 9 years and over).

** JCVI recommended that TIV-HD is equally suitable for use in those aged 65 and over. However, it is not eligible for reimbursement in the 2019/20 season.

***Although aTIV is not licensed for those less than 65 years of age, it is recommended that those who become 65 before 31 March 2020 can be offered the vaccine 'off label'. The PHE Patient Group Direction (PGD) for inactivated influenza vaccine for 2019/20 will incorporate this off label indication.

Source: https://www.england.nhs.uk/wp-content/uploads/2019/03/annual-national-flu-programme-2019-to-2020-1.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

Sonar has been working to ensure that GPs receive a notification (FHIR message) on their clinical systems once a Pharmacist has completed entering patient vaccination details onto Sonar. The practice can then open this notification on their clinical system and upload the designated patient information onto their system. **Please note that this is not an automatic upload onto the practice system.** This will only affect Systm One practices (starting from September) and EMIS practices (starting from October). It is important to note that the right SNOMED code needs to be entered onto Sonar. If for whatever reason an unrecognised code is used, a notification email will be sent to the practice as per last season. GPs must ensure the right email is registered with Sonar in addition to uploading this information onto their clinical systems.

Sonar is willing to offer training for CCGs. If you would like a session please contact Sonar on info@sonarinformatics.com or pritpal.thind@sonarinformatics.com

School Aged Vaccination Provider

School providers are responsible for vaccinating children from the age of 5 to 10 years 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.

QOF

Sets targets for the uptake levels GPs should reach in 2019/20. 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

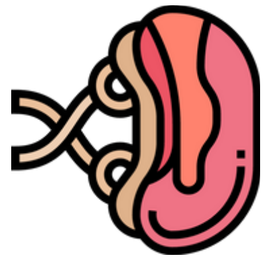
The percentage of patients with **diabetes** on the register who have had influenza immunisation in the preceding 1 August to 31 March – **3 points**.
Achievement Thresholds 55-95%.

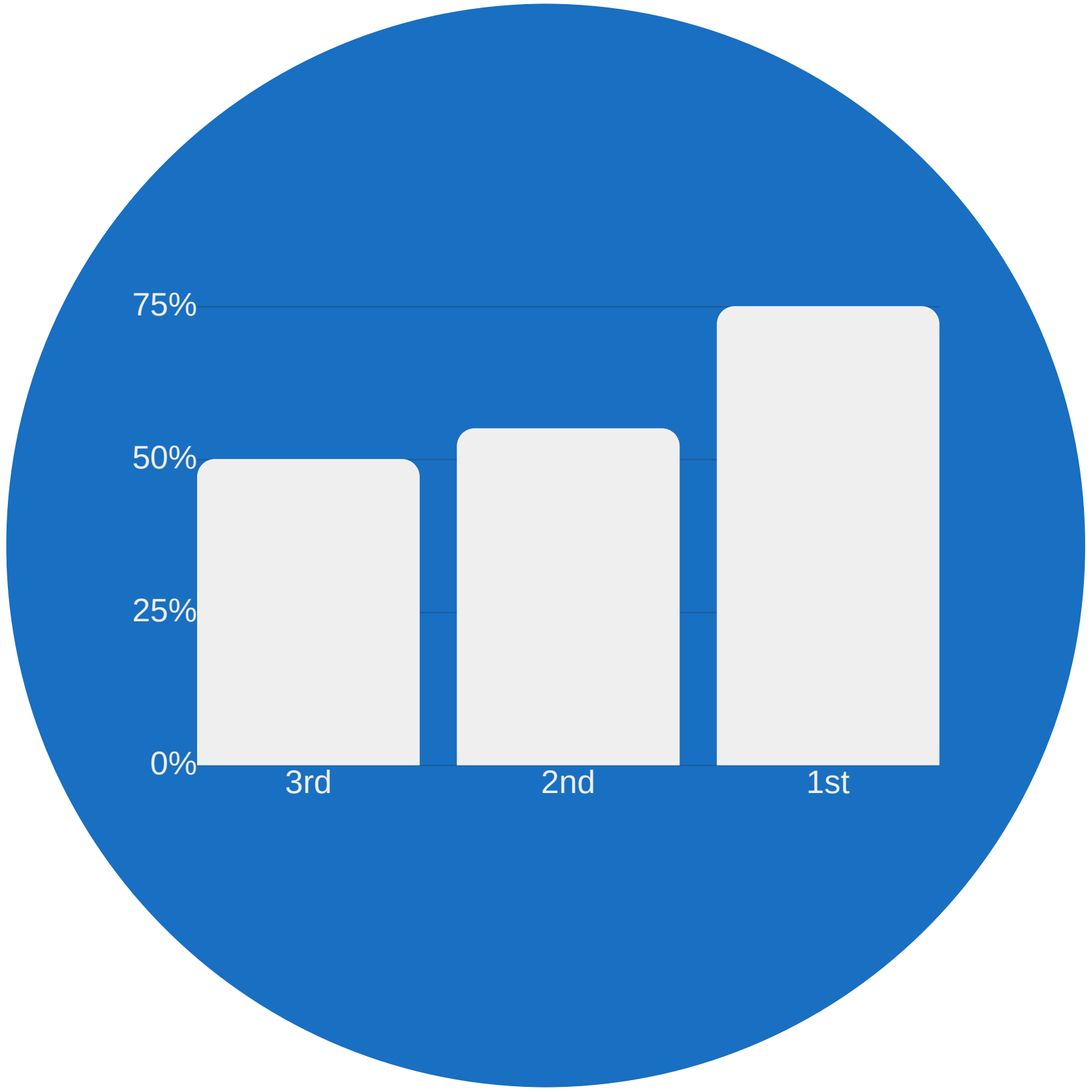
COPD007

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%.

88%

of Camden practices did not achieve the national interim minimum target of 55%





CCG RANK

- In 2018/19 Camden CCG was ranked **17th** in London for the overall under 65s at risk cohort

- Out of a total of **26, 507** eligible patients, **11,326** were vaccinated

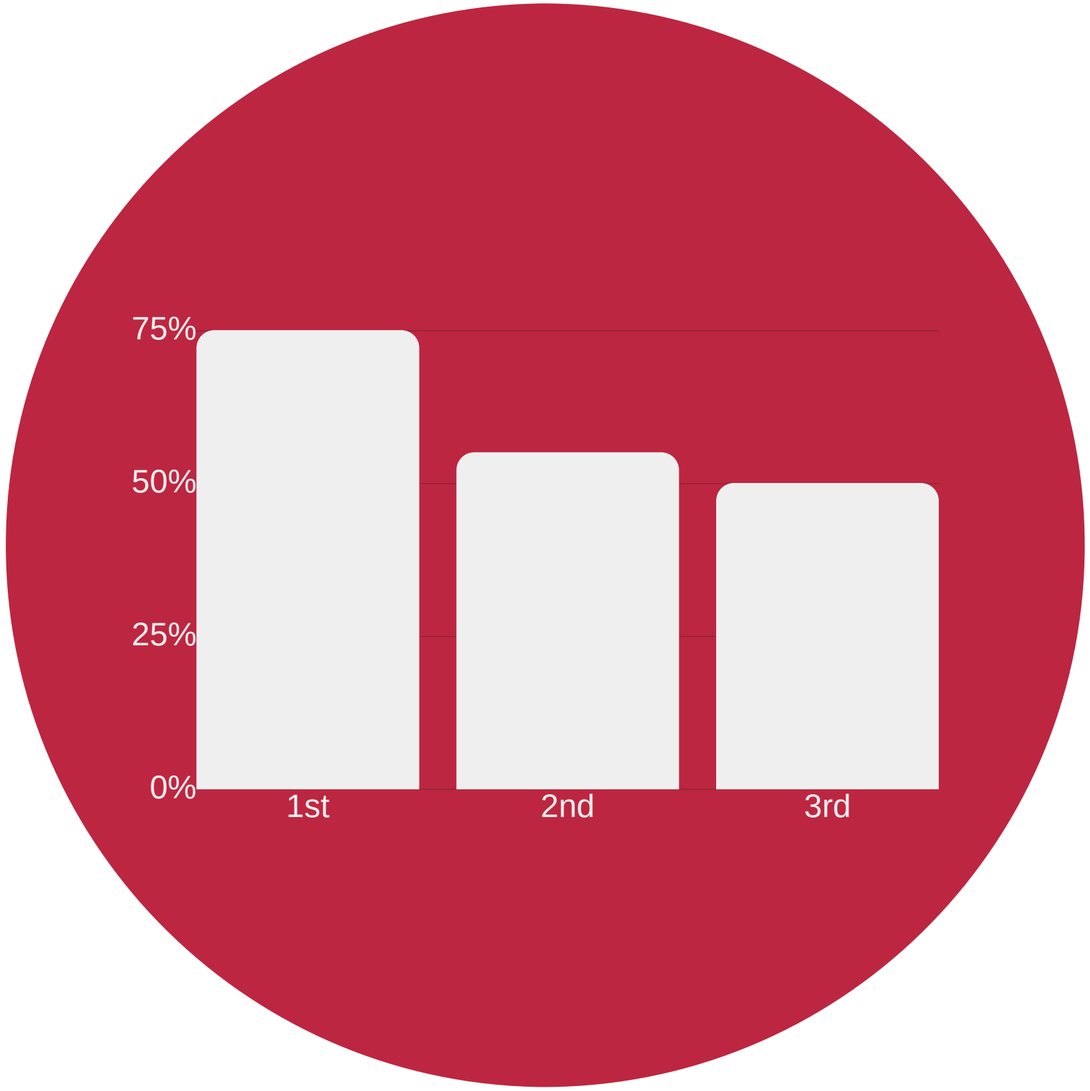
- **15,181 individuals remained vulnerable to flu**

This represents an estimated loss of income of around **£160,918** across all Camden 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.

PRACTICE PERFORMANCE

- **30** practices achieved **less than 55%**
- **4** practices achieved the minimum national target of 55% or above
- Highest performing practice achieved **67.7%** uptake
- Lowest performing practice achieved **22.5%** uptake

The expectation is all practices achieve as a minimum the **London target of 50%** with the ambition to achieve the minimum **national target of 55%**



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.

43.0% patients with heart disease were vaccinated in Camden, leaving **2354** individuals in this cohort vulnerable to flu.

Comparison data:

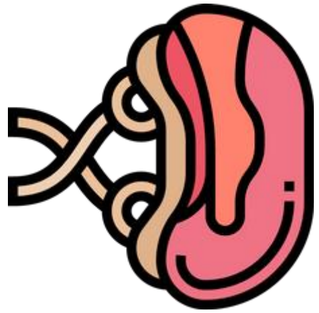
- London 43.5%
- England 48.6%

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.

44.2% patients with liver disease were vaccinated in Camden, leaving **833** individuals in this cohort vulnerable to flu.

Comparison data:

- London 39.7%
- England 43.0%



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

30.3% with asplenia were vaccinated in Camden, leaving **831** individuals in this cohort vulnerable to flu.

Comparison data:

- London 32.4%
- England 40.5%

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

47.0% patients with a respiratory disease in Camden were vaccinated, leaving **5452** individuals vulnerable to flu.

Comparison data:

- London 44.1%
- England 49.8%

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

61.7% patients with diabetes in Camden were vaccinated, leaving **2061** individuals vulnerable to flu.

Comparison data:

- London 60.6%
- England 63.6%

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

47.6% immunosuppressed patients in Camden were vaccinated, leaving **1444** individuals vulnerable to flu.

Comparison data:

- London 44.9%
- England 53.4%

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.

43.9% patients with a neurological disease in Camden were vaccinated, leaving **1190** individuals vulnerable to flu.

Comparison data:

- London 43.2%
- England 50.3%

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

A total of **2308** morbidly obese individuals were left unvaccinated in Camden.

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

50.8% of patients with a kidney disease in Camden were vaccinated, leaving **581** individuals vulnerable to flu.

Comparison data:

- London 48.6%
- England 54.0%

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/

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