

National Seasonal Influenza Immunisation Programme 2020/21: primary care frequently asked questions

23 October 2020

This guidance is correct at the time of publishing. However, as it is subject to updates, please use the hyperlinks to confirm the information you are disseminating to the public is accurate.

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1. Introduction

These frequently asked questions (FAQs) provide information to general practices and community pharmacies to support delivery of the 2020/21 annual flu programme. We will update them periodically to reflect new queries or additional information.

They should be read alongside the [updated annual flu letter](#) published on 5 August and the relevant [General Practice](#) and [Community Pharmacy Service](#) specifications.

If you have a question not covered here, email england.fluops@nhs.net and we may include it in a future version.

2. Key documents/useful sources of information

- Second annual flu letter: www.gov.uk/government/publications/national-flu-immunisation-programme-plan
- The 'Green Book': www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book
- The general practice seasonal influenza and pneumococcal immunisation DES specification: www.england.nhs.uk/publication/directed-enhanced-service-specification-seasonal-influenza-and-pneumococcal-polysaccharide-vaccination-programme-2020-21/
- The general practice enhanced service specification childhood seasonal influenza vaccination programme 2020/21: www.england.nhs.uk/publication/enhanced-service-specification-childhood-seasonal-influenza-vaccination-programme-2020-21/
- Service specification: community pharmacy seasonal influenza vaccination advanced service: www.england.nhs.uk/publication/community-pharmacy-seasonal-influenza-vaccine-service/
- Wessex LMC flu operational guidance: www.wessexlmcs.com/flu202021
- RCGP delivering mass vaccinations during COVID-19: https://elearning.rcgp.org.uk/pluginfile.php/149506/mod_page/content/75/Mass%20Vaccination%20at%20a%20time%20of%20COVID%20V2.0.pdf
- PSNC flu resources page: <https://psnc.org.uk/services-commissioning/advanced-services/flu-vaccination-service/>
- CQC guidance on registration and flu vaccination: www.cqc.org.uk/guidance-providers/registration/registration-flu-vaccination-arrangements
- COVID-19: guidance for the remobilisation of services within health and care settings Infection prevention and control recommendations: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/910885/COVID-19_Infection_prevention_and_control_guidance_FINAL_PDF_20082020.pdf

3. Eligible cohorts

Which new cohorts are eligible for an influenza vaccination this year?

- 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.
- 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.
- Children of school Year 7 age in secondary schools (those aged 11 on 31 August 2020). [NB: This cohort is vaccinated by schools providers and not by community pharmacy or general practice.]

There is an additional cohort included in the [general practice influenza and pneumococcal immunisation DES](#):

- Household contacts of immuno-compromised individuals.
This cohort is already included in the [community pharmacy seasonal influenza vaccination advanced service](#) and [Green Book](#), and the change is to bring the directed enhanced service (DES) in line with these.

The Department of Health and Social Care (DHSC) is also aiming to phase in vaccination of those in the 50–64 year old age group (who are not in the clinical at risk groups) in November and December 2020, after the existing eligible groups have been prioritised, and when additional vaccine supply will become available.

How should I plan for vaccinating over-50 year olds (who are not in the clinical at risk groups) without a formal decision as to whether they will be included in the vaccination programme?

DHSC is aiming to phase in vaccination of those in the 50–64 year old age group (who are not in the clinical at risk groups) in November and December 2020, after the existing eligible groups have been prioritised, and when additional vaccine

supply will become available. Further information on this will be sent out in due course.

These patients are not currently eligible for vaccination (or payment) under the [general practice influenza and pneumococcal immunisation DES](#), unless they also fall into one of the eligible cohorts listed in the DES specification; nor are they eligible to be vaccinated under the [community pharmacy seasonal influenza vaccination advanced service](#) until the arrangements for this cohort are announced.

At this stage, providers should prioritise planning to achieve the target uptake rates in the current list of eligible cohorts.

[GENERAL PRACTICE ONLY] I am worried that I will not be able to access sufficient vaccine to achieve the target uptake rates in all of the eligible groups – should I prioritise the vaccination of patient cohorts?

You should prioritise your available stock 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.

There is sufficient vaccine available nationally to vaccinate all eligible cohorts. Public Health England (PHE) has secured additional supplies of vaccines for children, which are available to general practices via ImmForm. DHSC has secured additional supplies of flu vaccines, and further information on accessing these additional central vaccine supplies is available at www.gov.uk/government/publications/accessing-government-secured-flu-vaccines-guidance-for-gps.

Before requesting access to central vaccine supplies, providers will be expected to have first used vaccine stocks they have purchased directly from manufacturers/suppliers. The majority of DHSC stock will be arriving from November.

[GENERAL PRACTICE ONLY] The [updated flu letter issued on 5 August](#) indicated that an inactivated vaccine may also be offered to those children whose parents refuse the live attenuated influenza vaccine (LAIV) due to the porcine gelatine content. Should I be offering this now?

No. The flu vaccine is offered to children aged 2 to 3 years 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 cannot have the nasal spray, the child will be offered an alternative flu vaccination by injection.

Those 2 to 3-year olds who are not at risk, but whose parents would prefer that they did not have the nasal spray (for example for religious reasons), can request the alternative vaccine from their practice.

The [childhood seasonal influenza vaccination programme 20/21 enhanced service, influenza and pneumococcal immunisation DES](#) will be updated to reflect this change. Practices should not provide the alternative vaccine before November, to enable at risk children to be prioritised first.

Should there be an emphasis on vaccinating groups particularly at risk of COVID-19, e.g. because of their ethnicity?

We know there is evidence of disproportionate mortality and morbidity among black, Asian and minority ethnic (BAME) people, people from disadvantaged areas, and people with learning disabilities who have contracted COVID-19; and it is important that people in these groups, who are also in one or more of the eligible flu cohorts, are vaccinated.

What are the reasonable adjustments that might need to be made to enable someone with a learning disability to get their flu vaccination?

All patients with a learning disability are entitled to receive a flu vaccination under the terms of the learning disabilities health check DES and the community pharmacy advanced service. Together with partners we have developed materials (see link below) to support communication to people with a learning disability.

People with learning disabilities should be invited for vaccination if they are on a GP practice register, so it is important practices ensure their registers are up to date.

The law says that services must make 'reasonable adjustments' for people with a learning disability. This means making changes to services so that they are easier for people with a learning disability to use, and could include: using inclusive,

accessible information; considering the accessibility of the environment (reception, waiting area, consulting room); and adjusting the timing of appointments, and length of visit.

Further examples of reasonable adjustments can be found on the [PHE website](#).

There is also here a link to resources about annual health checks and flu:

<https://suffolkordinarylives.co.uk/information/resources-for-gp-surgeries/> including:

- example letter to invite people for their flu jab
- example letter to invite people for their annual health check
- crib sheet with top tips for GPs about supporting people with a learning disability to get their flu jab
- crib sheet with top tips for GPs about supporting people with a learning disability to get their annual health check
- easy read information for people about what to expect from their flu jab and their annual health check – both online and face-to-face.

What if I don't have access to sufficient vaccines or have the capacity to vaccinate the additional cohorts?

In signing up to the [childhood seasonal influenza vaccination programme 20/21 enhanced service](#), [influenza and pneumococcal immunisation DES](#) and/or [community pharmacy seasonal influenza vaccination advanced service](#), you are indicating that you are signing up to the delivery of the requirements within the relevant specification, which includes the specified cohorts.

If a provider has concerns about its capacity to deliver additional vaccinations, it should discuss these with the local commissioner. We expect commissioners to play a key role in overseeing and supporting the delivery of this year's expanded flu programme. Alternatively, support may be available from other local providers/within the primary care network (PCN).

DHSC has recently consulted on proposals to provide an exemption from the need for a wholesale dealer's licence to permit the safe transfer of vaccines and other medicines for the treatment of flu and COVID-19 in response to patient need. The exemption – if implemented – would support the movement of vaccines between practices in line with guidance.

DHSC and PHE have procured additional supply to ensure sufficient vaccine is available nationally to support the target uptake rates specified in the [national flu immunisation programme 2020 to 2021 – update letter](#) including sufficient doses to support vaccination of the social care workforce.

This season, GP practices and pharmacies should prepare to offer vaccination over a longer than usual timescale – into January and February 2021 – to ensure all cohorts are covered, particularly as the additional national supply secured by DHSC is being made available in November/December.

How do eligible patients of Digital First primary care providers access a flu vaccination this season?

This depends on whether their provider has signed up to the [childhood seasonal influenza vaccination programme 20/21 enhanced service, influenza and pneumococcal immunisation DES](#).

If the provider has signed up, it is contractually obliged to make arrangements to offer and deliver vaccinations to its registered eligible patients in line with the specification. This may involve, for example, sub-contracting with another provider to deliver this service on its behalf.

Alternatively, if the provider chooses not to sign up to the enhanced services then the clinical commissioning group (CCG) will need to make alternative arrangements to ensure patients can access flu vaccinations if they are eligible for one.

In addition, any eligible adult patient of any practice (including Digital First providers) can access an NHS flu vaccine through the community pharmacy advanced service.

How can eligible individuals who are not currently registered with a GP access a flu vaccination this season?

There may be a relatively small number of patients who are not currently registered with a general practice, who may be eligible to have an NHS flu vaccination. Patients may self-present requesting a flu vaccination and should be encouraged to register with the practice.

Any eligible adult patient can access a vaccine at a community pharmacy, regardless of whether they are registered with a GP practice.

This may be especially pertinent for some vulnerable groups such as rough sleepers because – while being homeless is not a criterion in itself for a flu vaccine – they may have other health issues that make them eligible, and would make them especially vulnerable to flu.

Pharmacies should consider discussing with non-registered patients presenting for flu vaccination whether they wish to register with a local GP practice.

[GENERAL PRACTICE ONLY] Which cohorts am I contractually obliged to operate call and recall for?

The cohorts are:

- patients aged 2 and 3
- those aged 65 or over at the end of that financial year
- morbidly obese
- those in a clinical at risk category, as defined in the [Green Book \(chapter 19\)](#) including:
 - those suffering from chronic respiratory disease (including asthma)
 - chronic heart disease
 - chronic kidney disease
 - chronic liver disease
 - chronic neurological disease
 - Asplenia or dysfunction of the spleen
 - immuno-suppression due to disease or treatment
 - diabetes mellitus
- living in long-stay residential or nursing homes or other long-stay health or social care facilities.

It is accepted that practices may not have any reliable mechanism for systematically identifying patients in the below cohorts and thus, patients in these cohorts should be vaccinated opportunistically/if they identify themselves to the practice and are not subject to call and recall by practices:

- health or social care staff employed by a registered residential care home, registered nursing home or registered domiciliary care provider
- health or social care workers employed through Personal Budgets and/or Personal Health Budgets, such as personal assistants
- health or care staff employed by a voluntary managed hospice provider
- a household contact of a person on the shielded patient list or immunocompromised individual
- A carer
- A locum general practitioner
- Diagnosed as pregnant.

The national Call and Recall service will contact all patients in the 50-64 cohort (who do not fall into any of the at-risk categories above) to notify them they are eligible for a vaccination once it is confirmed that the programme has been extended to this group. While practices are not contractually obliged to offer call and recall for this group, they are strongly encouraged to contact eligible patients in this cohort and invite them for vaccination at the point they become eligible.

Practices are encouraged to ensure that patient contact details are as up to date as possible to facilitate effective call and recall.

[GENERAL PRACTICE ONLY] The updated flu letter states there will be a new national call and recall service. How does this affect the call and recall requirements in the general practice enhanced service/DES specifications?

Practices should continue to operate call and recall for the relevant cohorts. The new national call and recall service is supplementary to the usual call and recall requirements and is intended to help achieve the target uptake rates this season. The national call and recall service has started to send letters to eligible cohorts.

4. Data and record keeping

[GENERAL PRACTICE ONLY] Will the practice be informed when a patient has a flu vaccination in another setting – i.e. maternity, outpatients, school or community pharmacy?

All flu providers are contracted to notify the practice of a vaccination given to one of their registered patients and the practice should update the patient's record accordingly.

It is even more important this year that this is done quickly to avoid the national call and recall service inviting people who have already been vaccinated, so we can ensure that resources are targeted towards those who still need to receive their vaccination this season.

We are working with all providers to streamline and improve data flows and are exploring all options of electronic interoperability. It is planned that vaccine events should flow automatically into the GP systems when this work is completed but until this is implemented, practices are expected to update the patient's records upon receipt of information from other providers the same day if possible (or the next working day).

[GENERAL PRACTICE ONLY] If the population eligible for flu vaccination is being expanded, what reimbursement will practices get to cover the increase in data entry of vaccines administered by other providers?

Work is underway to facilitate the automatic flow of records of vaccinations carried out by other providers into the GP practice record, which should mean there is no increase in workload.

Improved records should also support practices, with the four seasonal flu vaccination indicators for patients with diabetes, chronic obstructive pulmonary disease (COPD), coronary heart disease (CHD) and stroke/transient ischaemic attack (TIA) within the Quality Outcomes Framework (QOF); as well as achieving the new financial incentive this year within the Network DES Investment and Impact Fund (IIF), relating to the over-65s cohort.

To note, although the flu programme has expanded, the traditional providers (ie acute trusts, GP practices, pharmacies and school aged vaccination service providers) will still be commissioned universally to deliver the programme. No additional providers are being commissioned nationally this season. Where appropriate, regional commissioners may decide to supplement their local provision for harder to reach populations.

[GENERAL PRACTICE ONLY] Will patients vaccinated by non-GP practice providers be included in the practice's percentage uptake, and what is the impact within QOF?

Within QOF the four seasonal flu vaccination indicators for patients with diabetes, COPD, CHD and stroke/TIA (see table below) will be paid on a performance basis in 2020/21, with additional points taken from elsewhere in QOF being added to these indicators.

Vaccinations given elsewhere will be included in the QOF achievement calculation, so long as they are recorded appropriately in the patient record.

It should be noted that there is a new financial incentive this year within the Network DES IIF relating to the over-65s cohort.

Indicator ID	Indicator	Points allocation 2020/21	Payment thresholds	Points accrued at lower performance threshold
COPD007	The percentage of patients with COPD who have had influenza immunisation in the preceding 1 August to 31 March	12	57-97%	3
DM018	The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March	6	55-95%	2
STIA009	The percentage of patients with stroke or TIA who have had influenza immunisation in the preceding 1 August to 31 March	4	55-95%	1

CHD007	The percentage of patients with coronary heart disease who have had influenza immunisation in the preceding 1 August to 31 March	14	56-96%	3
	Total	58		

How do I verify eligibility for vaccination for the new cohorts?

- Household contacts of those on the NHS shielded patient list or of immuno-compromised individuals should usually be confirmed as living at the same address as the immuno-compromised individual/patient on the shielded patient list. Eligible individuals are expected to share living accommodation with a shielded/immuno-compromised person on most days over the winter, and so continuing close contact in this case would be unavoidable.
- 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 should present with a letter agreed by the Government and provided and signed by their employer confirming their eligibility for vaccination.
- Other eligible social care workers have been advised that there is no requirement to present ID to receive a vaccination. Social care employers have been advised to provide staff with a letter they can present stating they are a social care worker, which will help show eligibility to providers, but this is not a requirement.

However, at all times, the provider of the flu service should use their own judgement to assess if the patient is eligible if no formal proof is available.

[GENERAL PRACTICE ONLY] How should I record vaccination of a patient in the new and existing cohorts?

The table below outlines how patients are identified in each cohort for payment purposes.

Some patients will be identified based on age and others using clinical diagnosis codes. There are no specific codes for household contacts of shielded patients and personal assistants.

A full list of the codes for each risk category is given in the business rules and expanded code clusters published by NHS Digital. The business rules can be found at:

<https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/quality-and-outcomes-framework-qof/quality-and-outcome-framework-qof-business-rules/enhanced-services-es-vaccination-and-immunisation-vi-and-core-contract-components-2020-2021>

Eligibility	Identifying codes for CQRS purposes
Aged 65 and over	These patients will be identified by age and do not require any additional coding.
Aged 6 months to 64 years in at risk group	These patients will be identified through clinical diagnosis codes as listed in the expanded flu code cluster list published by NHS Digital.
Health or social care staff employed by a registered residential care home, registered nursing home or registered domiciliary care provider	<p>There are three specific codes which must be used to identify patients as falling into these groups:</p> <p>1092561000000107 Employed by care home 1092571000000100 Employed by nursing home 1092581000000103 Employed by domiciliary care provider</p>
Health or care staff employed by a voluntary managed hospice provider	<p>These codes may have been added to the patient record up to 12 months before the CQRS extraction date. These codes only need to be added for payment purposes if the patient is aged less than 65 years and is not in a clinical risk group.</p>
A personal assistant	<p>There is not a specific code to identify this group of patients. Patients who meet this criterion should be coded as:</p> <p>185903001 Needs influenza immunisation</p> <p>This code needs to have been added to the patient record on or after 1 September 2020. This code only needs to be added for payment purposes if the patient is aged less than 65 years and is not in a clinical risk group.</p>

Household contact of an individual on shielded patient list	There is not a specific code to identify this group of patients. Patients who meet this criterion should be coded as:
	185903001 Needs influenza immunisation
	This code needs to have been added to the patient record on or after 1 September 2020. This code only needs to be added for payment purposes if the patient is aged less than 65 years and is not in a clinical risk group.
Household contact of an immuno-compromised individual	There is a specific code to identify this group of patients:
	527401000000103 – Lives with immuno-compromised person
	This code may have been added to the patient record up to 12 months before the CQRS extraction date. This code only needs to be added for payment purposes if the patient is aged less than 65 years and is not in a clinical risk group.
A carer	There is not a specific code to identify this group of patients. Patients who meet this criterion should be coded as:
	185903001 Needs influenza immunisation
	This code needs to have been added to the patient record on or after 1 September 2020. This code only needs to be added for payment purposes if the patient is aged less than 65 years and is not in a clinical risk group.
A locum general practitioner	There is not a specific code to identify this group of patients. Patients who meet this criterion should be coded as:
	185903001 Needs influenza immunisation
	This code needs to have been added to the patient record on or after 1 September 2020. This code only needs to be added for payment purposes if the patient is aged less than 65 years and is not in a clinical risk group.

Diagnosed as pregnant

Women who have been recorded as being pregnant in the preceding 9 months using one of the codes in the PREG_COD code cluster in the business rules published by NHS Digital.

These codes only need to be added for payment purposes if the patient is aged less than 65 years and is not in another clinical risk group.

[COMMUNITY PHARMACY ONLY] How should I record vaccination of a patient in the new cohorts?

The service specification has been updated with the new cohorts and they have been reflected on the manual form that pharmacies can use to notify the patient's GP that a vaccination has taken place. PharmOutcomes and Sonar systems have also been updated to reflect the new cohorts, so this information can be recorded and transmitted electronically to the GP too.

5. New contractual requirements

[GENERAL PRACTICE ONLY] What changes have been made to the Childhood Seasonal Influenza Vaccination Programme Enhanced Service and Influenza and Pneumococcal Immunisation Directed Enhanced Service Specifications?

No changes have been made to the Childhood Seasonal Influenza Vaccination Programme Enhanced Service published in April 2020.

In relation to the Influenza and Pneumococcal Immunisation Directed Enhanced Service Specification: in addition to the inclusion of the additional cohorts communicated in the [updated annual flu letter](#), the following changes have been agreed between NHS England and NHS Improvement and the BMA GPs Committee for the 2020/21 season:

- Reasonable co-operation with any national call and recall service
- Within at least one written communication offering vaccination to eligible patients (including letters and SMS text messages), practices must include a request that the patient advises the practice of their ethnicity status, if they have not previously provided this information to the practice; and where provided by the patient or their carer, the practice must record the ethnicity information in the patient record.
- When the practice administers the vaccine – or receives notification from another provider that a vaccine has been administered to one of the practice’s registered patients – the practice should update patient records either on that day or the next working day.

A copy of the current service specifications can be found via the links below:

www.england.nhs.uk/publication/directed-enhanced-service-specification-seasonal-influenza-and-pneumococcal-polysaccharide-vaccination-programme-2020-21/

www.england.nhs.uk/publication/enhanced-service-specification-childhood-seasonal-influenza-vaccination-programme-2020-21/

[GENERAL PRACTICE ONLY] Should I be offering the pneumococcal vaccination to eligible patients as well as the flu vaccination?

The ongoing COVID pandemic highlights the critical need to protect those who are at an increased risk of complications and/or severe respiratory disease.

In preparation for this winter, we continue to encourage primary care providers to offer both the influenza and pneumococcal vaccines for all those eligible, in line with the seasonal influenza and pneumococcal polysaccharide DES.

Those eligible for a single dose of pneumococcal vaccination include:

- those aged 65 years and over
- those aged from 2 to 64 years in clinical risk groups.

Re-immunisation with PPV23 is recommended every five years for individuals with asplenia, splenic dysfunction or chronic renal disease, due to the likelihood of antibody levels declining.

While pneumococcal vaccine can be administered at any time during the year, offering this alongside the flu vaccine provides an ideal opportunity to ensure those who are eligible and at an increased risk are vaccinated at the same time.

[COMMUNITY PHARMACY ONLY] What changes are being made to the community pharmacy seasonal influenza vaccination advanced service?

In addition to the inclusion of the additional cohorts communicated in the [updated annual flu letter](#), the following changes have been agreed between NHS England and NHS Improvement and the Pharmaceutical Services Negotiating Committee for the 2020/21 season:

- Pharmacies will only be required to obtain verbal consent from a patient for flu vaccination (as opposed to the previous requirement for written consent).
- The requirement to notify regional teams prior to undertaking vaccinations off-site has been removed.
- The requirement to notify a patient's GP in advance of vaccinating a patient in their home /care home is removed.
- Restrictions on off-site vaccination (these were previously only permitted in a patient's home and in care homes) have been removed and contractors are now

able to vaccinate off-site within professional standards. This includes being able to vaccinate care home staff and residents within the care home setting.

- Contractors will be able to vaccinate patients in any appropriate space within the pharmacy (although the requirement to have a consultation room remains, and the patient must still be able to have their vaccination in the consultation room if they request it).

The Community Pharmacy Seasonal Influenza Vaccination Advanced Service Specification for 20/21 can be found at:

www.england.nhs.uk/publication/community-pharmacy-seasonal-influenza-vaccine-service/

6. Payment and funding

[GENERAL PRACTICE ONLY] What will I get paid per vaccination for the additional cohorts?

Practices can claim a £10.06 item of service fee per vaccination administered, as set out in the GMS statement of financial entitlements. Practices can also claim reimbursement for the cost of any vaccines procured by the practice.

[COMMUNITY PHARMACY ONLY] What will I get paid per vaccination for the additional cohorts?

A fee of £9.58 will be paid for each adult flu vaccination administered by a pharmacy contractor. This payment includes a contribution to cover training and clinical waste costs associated with the vaccination.

For the 2020/21 flu season only a £0.50 fee per vaccination will also be paid.

Pharmacy contractors will be reimbursed the cost of the vaccine in accordance with Part II, Clause 8C (Basic Price) of the Drug Tariff. An allowance at the applicable VAT rate will also be paid.

Further information on the funding arrangements for community pharmacy can be found via the Determination for the Community Pharmacy Seasonal Influenza Vaccination Advanced Service (CPSIVAS) at: www.nhsbsa.nhs.uk/determination-community-pharmacy-seasonal-influenza-vaccination-advanced-service-cpsivas

Will there be any funding for additional costs incurred by practices or pharmacies with delivering this year's programme, due to the need for social distancing – eg venue/tent hire, marshalling, outside handwashing facilities if required, etc?

Yes. NHS England and NHS Improvement are making available an additional £15.4 million to local systems and primary care providers to cover reasonable additional costs (over and above the usual fee structures) associated with this year's extended flu programme. This recognises that due to social distancing, some flu

providers may need to adopt alternative delivery models – eg drive-in vaccination or mass vaccination clinics – as well as deliver vaccinations from alternative locations.

All claims will need pre-authorisation and will be restricted to contributions towards the cost of additional venue hire and the costs of additional fridges/mobile cold storage.

Claims will not be authorised for costs that are already funded via other routes, such as other national funding streams, the vaccination Item of Service fee, existing GP contract or CCG funding, or locally agreed contracts.

The funding will therefore not cover:

- additional staff costs
- routine vaccination consumables, eg syringes, disposal of sharps
- personal protective equipment (PPE)
- communications and advertising.

The funding could cover additional expenses incurred by practices/community pharmacies, as well as costs incurred by CCGs on behalf of local providers. There may be scenarios for example, where it is agreed locally that CCGs decide to hire additional venues and make them available ‘as a free good’ to practices/pharmacies.

Applications from practices/pharmacies that can demonstrate joint working and collaborative delivery approaches with other local providers will be encouraged. Further guidance on the claims process and terms will be published shortly, including the arrangements for general practice claims. In the meantime, practices may wish to contact local commissioners for further information on the claims process.

Further information on the process for pharmacy contractors to claim a contribution towards the cost associated with the hire of a venue and cold storage to deliver adult flu vaccinations can be obtained from NHS England and NHS Improvement regional pharmacy contract teams. Their contact details can be found at:

<https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-contract-teams/>

[GENERAL PRACTICE ONLY] Why are the extractions for 50-64 year olds' cohort included in CQRS when this cohort is not yet eligible for vaccination under the DES specification?

This cohort has been included in CQRS as they had to be included at the beginning of the process for extraction requirements, because changes to CQRS cannot be made mid-year.

Commissioners should not approve any claims for this cohort of patients until communications have been issued advising that this additional cohort can be vaccinated.

[GENERAL PRACTICE ONLY] If the delivery of flu vaccinations is being expanded to include multiple other providers, e.g. acute trusts vaccinating maternity/inpatients and outpatients (who may vaccinate some of the cohort normally vaccinated in general practice), what income protection is there for practices?

This year, all hospital trusts have been asked to offer vaccinations to pregnant women attending maternity appointments and to those clinically at risk eligible patients attending in- and outpatient appointments.

There are many areas where acute trusts have been locally commissioned in previous seasons to vaccinate pregnant women and specific groups of at risk patients, e.g. those with renal failure. In order to vaccinate the extended flu cohorts and achieve the ambitious target uptake rates set out in the updated annual flu letter for this season, it is important that every opportunity is taken to vaccinate at risk patients.

As part of this, general practice itself is being asked to vaccinate additional cohorts and significantly increase its coverage of its registered population and this activity is expected to outweigh any opportunistic vaccination carried out by acute trusts.

There is no income protection attached to the [general practice influenza and pneumococcal immunisation DES](#).

7. Vaccine supply

Should I order additional vaccines/allocate some of my vaccine stock for the over-50s?

No. Providers should prioritise their stock for vaccinating patients in the current list of eligible cohorts.

Regarding the ambition to extend the programme to the 50-64 year old cohort, please see page 10.

I have already used all my local stock and am unsure when my next delivery will arrive. What should I do?

We have already seen huge early demand for the flu vaccination and a lot of people have already been vaccinated with thanks to the hard work of practices and community pharmacies.

You should continue to liaise with your manufacturer/supplier to understand when further deliveries of local stock are due so you can advise patients accordingly.

PHE has secured additional supplies of the childhood vaccines which are available via [ImmForm](#). DHSC secured additional supplies of flu vaccine, and further information on accessing these is available at www.gov.uk/government/publications/accessing-government-secured-flu-vaccines-guidance-for-gps

Providers will be expected to have first used vaccine stocks they have purchased directly from manufacturers/suppliers before requesting access to central vaccine supplies, and the majority of DHSC stock will be arriving from November.

[GENERAL PRACTICE ONLY] What ordering controls will apply this season for childhood vaccines?

As in previous years, ordering controls will be in place in 2020 for Fluenz® Tetra (LAIV) to enable PHE to balance supply with demand.

PHE receives multiple deliveries of Fluenz Tetra over several months and so the full volume is not available upfront. Order controls are applied to LAIV to ensure that central stocks are not depleted and vaccine remains available to order by all providers throughout the whole vaccination period.

Ordering controls for GP practices are tailored to each practice and work by allocating an amount of vaccine based on the number of registered eligible patients. Increases to the allocations will be applied as soon a sufficient stock becomes available to do so.

Each practice will initially be allocated sufficient vaccine to vaccinate at least 50% of their eligible children (all 2 and 3 year olds, plus children in clinical risk groups from age 4 to <18 years). These allocations will be increased as soon as more vaccine becomes available and requests for extra vaccine will be considered on a case by case basis throughout the season.

As always, the most up-to-date information on LAIV availability can be found on the [ImmForm website](#).

How do practices/pharmacies access the central supplies of stock, how much will they be able to obtain, when will they be released, and what will the remuneration arrangements be?

Please see the recent DHSC guidance at www.gov.uk/government/publications/accessing-government-secured-flu-vaccines-guidance-for-gps

What is being done to manage potential vaccine supply issues?

The additional central vaccine supply and the proposed additional flexibilities around the movement of vaccines between providers outlined in the recent DHSC consultation will also provide greater flexibility to manage any issues as they arise.

The Medicines and Healthcare Products Regulatory Agency (MHRA) has also issued guidance confirming 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. The guidance can be found at:

https://future.nhs.uk/P_C_N/view?objectId=22677744

8. Regulation and indemnity

[GENERAL PRACTICE ONLY] What are the rules around practices using alternative venues in relation to Care Quality Commission (CQC) regulations?

The CQC has published guidance on this issue which can be found at www.cqc.org.uk/guidance-providers/registration/registration-flu-vaccination-arrangements

[GENERAL PRACTICE ONLY] Will I be covered from an indemnity perspective if I am using an alternative premises or location (including outside locations, e.g. practice car park)?

Where a practice is vaccinating patients under their GMS/PMS/APMS contract, e.g. through the influenza enhanced service/DES, this activity is covered by the Clinical Negligence Scheme for General Practice. The location from which the vaccination is administered is irrelevant.

[GENERAL PRACTICE ONLY] Will I be covered from an indemnity perspective if I administer a flu vaccination to patients that are not registered with my employing GP practice?

Under the general practice enhanced service/DES specifications, practices are only able to vaccinate patients registered with the practice.

However, practices/practice staff can vaccinate non-registered patients, providing there is a documented agreement – e.g. a sub-contracting arrangement – that sets out the consent to the arrangement between the GP practice that is vaccinating the patients, and the GP practice(s) where the patients are registered.

[GENERAL PRACTICE ONLY] Will I be covered from an indemnity perspective if I administer a flu vaccination to patients who are not registered with my employing GP practice, but are registered with another GP practice that is part of my primary care network (PCN)?

Yes, but there should be a documented agreement between the GP practices of the PCN – e.g. via a sub-contract, or in the network agreement that sets out their consent to the arrangement – which might include one (or more) practices vaccinating all eligible patients across PCN member practices.

[GENERAL PRACTICE ONLY] How would Patient Group Direction (PGD) arrangements work if a member of staff working in a practice in one PCN vaccinates patients in another PCN?

PGDs are developed nationally by PHE but are authorised for use by NHS England and NHS Improvement regional teams, so the same PGD applies across all GP practices in that region. Thus, the member of staff would be working to the same PGD, irrespective of which practice they are employed by, and the patients who they are vaccinating.

[GENERAL PRACTICE ONLY] Will I be covered from an indemnity perspective if I administer a flu vaccination to another member of staff employed by the GP practice?

The clinical negligence scheme for general practice (CNSGP) does not cover staff-to-staff flu vaccinations. However, each of the medical defence organisations (MDOs) (MDU, MDDUS and MPS) have confirmed that they will provide indemnity cover for their members (or nurses within the practice team who have been delegated to undertake the activity) that administer flu vaccinations to staff for the 2020/21 flu season.

[GENERAL PRACTICE ONLY] Will I be covered from an indemnity perspective if I administer a flu vaccination to a substantively registered patient, who is also a member of staff employed by the GP practice?

Where a substantively registered patient is clinically eligible for a flu vaccination (ie within an existing eligible patient cohort), this activity would be covered by the CNSGP. Please note that it is not an appropriate use of temporary registration regulations to temporarily register staff members as patients purely for the purposes of administering a flu vaccination.

[GENERAL PRACTICE ONLY] How will any liabilities be mitigated for practices when a member of a community provider, such as a district nurse, gives a vaccination on behalf of a practice using practice stock of vaccinations?

There are a number of ways in which community providers and GP practices can work together to increase flu vaccination uptake. NHS England and NHS Improvement do not direct how GP practices do this, but options include honorary contracts, secondment agreements or formal subcontracting or by using a 'vaccination agency agreement' (VAA).

A VAA allows for a community nurse to act as 'an agent' of the GP practice using GP practice stock. For the past two years, NHS England and NHS Improvement has made a template VAA available to local commissioners and public health teams, which they can make available.

In the above scenarios, clinical negligence liabilities are covered under the CNSGP.

What indemnity will be put in place to support an expansion of the workforce able to deliver the flu vaccination as proposed in the recent DHSC consultation (see Chapter 10)?

The flu vaccination programme is predominantly delivered across general practice and community pharmacy contractors. These providers already have indemnity/insurance in place to cover such contractual activities.

In general practice, where additional workforce are 'engaged' by a GP practice to deliver flu vaccinations, they will be covered by the CNSGP.

Pharmacy contractors will need to check with their indemnity/insurance provider to ensure any new staff engaged to support their flu vaccination delivery are covered under existing arrangements.

9. Infection control

What is the latest advice on the personal protective equipment (PPE) required for flu vaccination?

The latest infection prevention and control (IPC) guidance issued jointly by the Department of Health and Social Care (DHSC), Public Health England (PHE) and NHS England and NHS Improvement states that for administration of vaccines, healthcare workers must apply hand hygiene between patients and wear a sessional facemask, it should also be noted that the guidance also recommends implementation is underpinned by patient and procedure risk assessment (see page 10). When undertaking a risk assessment for vaccine administration, healthcare workers should take into account factors such as the prevalence of COVID-19 infection in their locality, the health status of the person being vaccinated, the route of administration, model of delivery, and any relevant environmental factors.

Consideration of these factors will help the immuniser understand the likely risk of exposure to blood, body fluids and respiratory droplets, which in turn will inform the need for any additional PPE.

If further help is needed, vaccinators should consult with their infection prevention and control team.

Guidance:

www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control

To support the NHS to deliver the flu vaccination programme, DHSC has adjusted the order limits for emergency supply of PPE via the PPE portal. These increased order limits are based on size and type of provider and will enable medium and larger practices to access supplies in line with the predicted increase in activity as a result of the flu programmes. These order limits also reflect the increased need for PPE due to COVID-19.

More information is available on the DHSC PPE portal guidance and the portal customer service team can be reached on 0800 876 6802 for enquiries or registration support: www.gov.uk/guidance/ppe-portal-how-to-order-emergency-personal-protective-equipment

What is the official advice on how long an individual has to stay post-flu injection?

Recipients of any vaccine should be observed for immediate adverse drug reactions (ADRs). There is no evidence to support the practice of keeping patients under longer observation in the surgery. Advice on the management of ADRs can be found in the [Green Book chapter 8](#).

In response to the potential use of drive-through vaccination centres, the Joint Committee on Vaccination and Immunisation (JCVI) has advised that the person receiving a vaccine should not drive. If the person attending for vaccination is driving, they should wait 15 minutes. Evidence indicates that syncope is unlikely to occur beyond 15 minutes post vaccination. No observation period would be required where the individual is not driving.

Onset of anaphylaxis is rapid, typically within minutes, and its clinical course is unpredictable with variable severity and clinical features. Due to the unpredictable nature of anaphylactic reactions it is not possible to define a particular time period over which individuals should be observed following immunisation to ensure they do not develop anaphylaxis.

Some individuals may suffer panic attacks which should be differentiated from anaphylaxis – see [chapter 4 of the Green Book](#). Practitioners should also refer to the summary of characteristics for the specific vaccine to check for any specific advice.

It is the responsibility of the immuniser to ensure that the patient is feeling well following vaccination and feels safe to leave the premises/drive.

10. Workforce and staff vaccination

What additional staff can support vaccination this year, e.g. care home nursing staff?

DHSC recently consulted on options to expand the workforce that is eligible to administer vaccinations as part of the COVID-19 response. A copy of the consultation on the proposed changes is available here:

www.gov.uk/government/consultations/distributing-vaccines-and-treatments-for-covid-19-and-flu

These proposed changes would enable a wider workforce to administer vaccines should these amendments be implemented. DHSC is currently analysing the responses to the consultation and will publish its response shortly.

What training and supervision will staff administering vaccines need?

The relevant general practice and community pharmacy flu service specifications specify the training requirements for staff administering flu vaccines under those arrangements.

For flu, national e-learning training packages developed by PHE are available on the e-learning for health site: www.e-lfh.org.uk/programmes/flu-immunisation/

PHE also publishes PGDs that are available on the NHS England and NHS Improvement website: www.england.nhs.uk/publication/community-pharmacy-seasonal-influenza-vaccine-service/

Training and supervision for staff new to the NHS and new to vaccinations is being developed and will be defined in further detail shortly. However, it is envisaged that all staff will need to have experience of or be trained in the following:

- characteristics of the vaccines
- anaphylaxis training
- injection administration

- basic life support training
- training on the PGD or national protocol
- NHS mandatory training (For all staff new to the NHS)
- several hours' observed competency training (to be signed off by the clinical supervisor) if not experienced in vaccinating
- on-site training on the specific delivery models being used, which should include standard operating procedures, IT and site flow.

How can practices/community pharmacies access additional staff if they need them, and under what arrangements?

The arrangements are still being finalised, but we would expect primary care to deploy their own staff in the first instance, e.g. through staff sharing agreements at PCN level.

If demand cannot be met locally then providers should contact their system/regional workforce leads who will be able to put them in touch with local workforce, e.g. GP/nurse returners first seeking work.

Am I required to vaccinate my staff, and how is this funded?

All frontline health and social care workers should receive a vaccination this season which should – in the case of general practice and community pharmacy – be provided and funded by their employer, in order to meet their responsibility to protect their staff and patients and to ensure the overall safe running of services.

Employers should emphasise to their staff that it is a professional responsibility for them to be vaccinated, both to protect the individual as well as preventing cross infection to patients.

Some staff may be eligible for a free NHS vaccine, which they can access at their registered GP practice or a community pharmacy, if they fall within one of the eligible cohorts set out in the [updated annual flu letter](#).

What happens if staff do not wish to receive the flu vaccine?

Flu vaccinations will not be mandatory for healthcare workers. However, there is an expectation that all frontline health and care staff should have a flu vaccination.

We expect that all primary care contractors will strongly encourage their staff to be vaccinated, to protect both themselves and patients.

Who has responsibility for vaccinating health and social care workers?

It is the responsibility of employers to ensure their employees are vaccinated as part of their occupational health responsibility.

We expect some social care workers to seek a vaccine through the NHS complementary scheme this year.

Social care employers without occupational health schemes can therefore arrange for staff who are eligible for vaccination under the general practice and community pharmacy service specifications to access the vaccine by:

- arranging for a community pharmacy to deliver staff vaccinations on site as part of the complementary scheme (this can be done at the same time as vaccinating residents)
- directing their staff to access free vaccinations from their registered GP practice or at a community pharmacy.

GP practices are not required to operate call and recall for eligible social care workers, but they must vaccinate them if they present at their registered practice.

11. Operational delivery issues

[GENERAL PRACTICE ONLY] I have tried setting up my flu clinics for the entire season, but the NHS App only allows bookings up to 56 days in advance.

Patients can now find appointments in the NHS App up to 16 weeks in advance, where their GP practice IT system supports this.

This was made available at the start of August to enable practices to plan ahead. We are aware that some practices may have defaults set across their system, which means that the viewable period is less than 16 weeks. You can find more information about setting up appointments in our [guidance for practices](#).

[GENERAL PRACTICE ONLY] Are there any tools that can help me with my flu programme capacity and demand planning?

Wessex Local Medical Committees (LMCs) have produced a tool that PCNs and practices can use for this purpose: www.wessexlmcs.com/flu202021

[GENERAL PRACTICE ONLY] Can I use extended access appointments to deliver flu vaccinations?

It is important this year to maximise the opportunities for flu vaccination delivery. Under the network contract DES, PCNs may provide pre-booked appointments.

It is therefore possible for the PCN to offer patients individual flu vaccinations, where it is convenient, in a proportion of the extended hours access appointments in a given daily extended hours 'block' of appointments.

Similarly, with regards to the CCG commissioned extended access, commissioners may wish to allow for a proportion of this time to be used for patients to access flu vaccinations and this should be agreed locally.

In providing a proportion of appointments for flu vaccinations during a block of extended hours access (either through the network contract DES or CCG commissioned service), practices/PCNs and commissioners must ensure sufficient time is still made available for routine activity in that block which is available to all patients.

Will a PCN vaccine supply/reimbursement process be developed?

Currently, only individual practices or community pharmacies can claim reimbursement for vaccines. Work to facilitate the movement of vaccines between providers through proposed changes to MHRA regulations (depending on the outcome of the recent consultation) should help to help to support PCN delivery models.

Will community providers be encouraging/enabling their workforce to give immunisations to all housebound patients on their caseload on behalf of the registered practice?

This will need to be discussed and agreed between the patient's registered practice and the community trust. However, providers are strongly encouraged to collaborate to support vaccination of this vulnerable group in such a way that makes the most efficient use of available resources.

Is there any best practice guidance on how we should approach vaccination this season, in the context of COVID-19 and social distancing for vulnerable, shielded or housebound patients?

Wessex LMC has produced guidance which practices/pharmacies may find useful:
www.wessexlmcs.com/flu202021

What information is there on alternative delivery models that we can consider using this season?

The Royal College of GPs has produced Delivering Mass Vaccinations During COVID-19:
https://elearning.rcgp.org.uk/pluginfile.php/149506/mod_page/content/75/Mass%20Vaccination%20at%20a%20time%20of%20COVID%20V2.0.pdf

Many local systems and providers are already making plans for mass vaccination and preparing drive-through models to support increased uptake while accounting for social distancing.

Is there any best practice guidance on delivering care home vaccination this season?

Providers are strongly encouraged to deliver vaccinations in such a way that minimises the number of parties entering the home to administer vaccinations. A co-ordinated professional approach to maximise local uptake, involving both general practice and community pharmacy providers, will be necessary.

Obtaining early consent of care home residents is a critical enabler to achieving high uptake rates early in the season.

The community pharmacy seasonal influenza advanced service has also been amended this season. This is to enable community pharmacies to vaccinate both residential care/nursing home residents and staff in the home setting in a single visit. This will increase uptake rates and offer further protection to this vulnerable group of patients.

GP practices are already able to vaccinate in the residential/care home those residents and staff who are registered with the practice, and there is an obvious opportunity to align care home vaccination delivery with the new PCN DES Enhanced Health in Care Homes Service Specification.

[GENERAL PRACTICE ONLY] Can practices vaccinate care home staff as 'necessary and immediate' treatment for non-registered patients (as most areas did for practice staff in relation to the antibody testing)?

It is a clinical decision whether a patient requires immediately necessary treatment. However, a GP practice would not be able to claim a fee for a flu vaccination given under this provision, as this is not part of the general practice DES.

[COMMUNITY PHARMACY ONLY] The consultation room in my pharmacy lacks ventilation and is too small to facilitate appropriate distancing. I'm worried about the Infection control implications. What should I do?

The [community pharmacy seasonal influenza vaccination advanced service](#) has been amended for 2020/21 to enable contractors to vaccinate patients in any appropriate space within the pharmacy.

The requirement for the pharmacy to have a consultation room remains, and the patient must still be able to have their vaccination in the consultation room if they request it.

12. Communications

Will there be a national flu campaign explaining to patients what to expect?

Yes, a campaign has been launched that includes targeting individual cohorts with specific messages. Campaign materials are available on the Public Health England Campaign Resource Centre:

<https://campaignresources.phe.gov.uk/resources/campaigns/34-public-flu-vaccination-campaign/resources>

When will there be a national announcement about the later date for over-50s?

A further announcement by DHSC will be made later in the season about 50-64 year olds.

I am already getting over-50 year old patients contacting me requesting a flu vaccination. How should I respond?

The aim is to further extend the vaccine programme in November and December to include people in the 50-64 year old age group (who are not in one of the at risk groups) and further information will be issued on this.

These patients are not currently eligible for vaccination (or payment) under the Influenza and Pneumococcal Immunisation DES – unless they also fall into one of the eligible cohorts listed in the DES specification – nor are they eligible to be vaccinated under the community pharmacy seasonal influenza vaccination advanced service, until the arrangements for this cohort are announced. At this stage, providers should prioritise planning to achieve the target uptake rates in the current list of eligible cohorts.

50-64 year olds can alternatively pay for a flu vaccination at a community pharmacy now, but they will not be eligible to claim back any money they pay for a private vaccination. This message will be reinforced via the PHE flu public messaging campaigns.

Providers may also wish to consider including messaging on their website advising 50-64 year olds not to make an appointment, unless they have already been notified they are eligible to receive an NHS flu vaccination.

The following is some example text providers can use/tailor for their websites to set out who is eligible:

Getting the flu vaccination this year

This is anything but an average year: Getting protection against the flu will be more important than ever this winter as people at high risk from COVID-19 are also those most at risk from flu. Fortunately, we have a safe and effective vaccine for flu and this will be offered to more people than ever before over the winter.

We also have measures in place to protect you from COVID-19 when you come for your appointment.

- Who is eligible to receive the free flu vaccine this year:
- People aged 65 years and over
- Children aged 2 and 3 years old (through GP practice only)
- Pregnant women
- People under 65 with the following conditions:
 - 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
 - a problem with your spleen, e.g. sickle cell disease, or you have had your spleen removed.

- People with a learning disability
- Household contacts of those on the NHS shielded patient list.
- Household contacts of immuno-compromised individuals (GP practice only)

There is a plan for the adult programme to be extended to all people aged 50 to 64 (not already included in one of the groups above) later in the season. At the moment, we need to ensure that those who are most at risk are vaccinated first. If you are aged 50 to 64 and you are in one of the above groups which is eligible already for the flu vaccination – for example you have a health condition which puts you more at risk from the flu – you will be invited for vaccination earlier.

School programme

Primary school children and year 7 (secondary school) children will be offered the vaccine through the school programme.

Health and social care workers

Frontline health and social care workers (through their employer or for social care workers through the complementary GP practice scheme).

