|  |
| --- |
| **NHS England and NHS Improvement (North East and Yorkshire)**  **Yorkshire and the Humber Flu Programme 2021-22** |
| **Frequently Asked Questions & Answers** |
| **This is a live document and will be routinely updated. This document can only reference national policy or local commissioning arrangements. The intention is to circulate FAQs regularly. Please note that this is not an NHS England policy document; formal policies, which are worked through NHSE/PHE Gateway will be sent to you directly. This document is a reference tool to help support local providers and stakeholders and is an effort to share, collaboratively, questions that we receive.** |
| **This document and any information provided herein is guidance only. All information is given in good faith and is accurate at the response date listed in this document. Information may be superseded by later versions, therefore please ensure you read/review all questions to ensure you are receiving the most up to date information. The commissioning team believe the content of this to be correct at the date of issue.**  **Questions in bold are new questions added to a new version.** |

| **No.** | **Question** | **Answer** | |
| --- | --- | --- | --- |
|  | **A: Guidance / Legislation on delivery models** | | |
| A1 | What National guidance has been issued for 21-22 Flu Programme so far? | [National flu immunisation programme plan](https://www.gov.uk/government/publications/national-flu-immunisation-programme-plan?utm_source=7122860a-fe26-4d1c-94d3-0cccddbd93dd&utm_medium=email&utm_campaign=govuk-notifications&utm_content=weekly)  The annual flu letter describes the national flu immunisation programme and outlines which groups are eligible for flu vaccination.   * 3rf Feb 2021  [C1076-NHSEI-Flu-reimbursement-letter (psnc.org.uk)](https://psnc.org.uk/sheffield-lpc/wp-content/uploads/sites/79/2021/02/C1076-NHSEI-Flu-reimbursement-letter-3-February-2021.pdf) * 1st April 2021 [NHS England » Achievements and developments during 2020/21 flu season](https://www.england.nhs.uk/publication/achievements-and-developments-during-2020-21-flu-season/) * 14th July 2021 Enhanced Service Spec:Phase 3 Coronavirus Vaccination: Letter to GP’s and Phase 3 Enhanced Service Spec: [Coronavirus » Enhanced Service Specification: Phase 3 coronavirus vaccination (england.nhs.uk)](https://www.england.nhs.uk/coronavirus/publication/enhanced-service-specification-phase-3-coronavirus-vaccination/) * 14th July 2021 <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/07/C1347-Letter-to-community-pharmacy-Phase-3-Expression-of-Interest-process.pdf> * 17th July 2021 (Updated 28th July) [National flu immunisation programme 2021 to 2022 letter - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/national-flu-immunisation-programme-plan/national-flu-immunisation-programme-2021-to-2022-letter) * <https://www.gov.uk/government/publications/national-flu-immunisation-programme-plan> | |
| A2 | Where can I find the GP Enhanced Service specification? | [NHS England » NHS England Enhanced Services Influenza Specifications](https://www.england.nhs.uk/publication/nhs-england-enhanced-services-influenza-specifications/) | |
| A3 | What will the pharmacy delivery be for 21/22? | [Community Pharmacy Service Specification for the upcoming 2021/22 flu season](https://generalpracticebulletin.cmail19.com/t/d-l-qukhitd-jujdjlttkd-j/) | |
| A4 | What are the issues relating to indemnity insurance for delivery of 2021/22 flu programme? | NHSE/I cannot advise on indemnity insurance and practices should always ensure that their indemnity insurance covers them for any delivery plans. | |
| A5 | Can Patient Group Directions (PGD's) be used across Primary Care Networks / Clinical Commissioning Groups (PCNs / CCGs)? | The general principle is that you can use one PGD but there must be an MOU/SLA etc to cover the governance etc. The following link states: If a registered healthcare professional (HCP) is approved to operate under a PGD within the legislation and their own practice then it can be considered that that HCP is also authorised to operate under the same PGD for the treatment of patients across the PCN provided this has been agreed by the PCN. <https://www.sps.nhs.uk/articles/patient-group-direction-use-in-primary-care-networks/>. This also applies to a CCG footprint. | |
| A6 | Who can deliver under a PGD - can this be extended to ALL Healthcare Professionals? | The list of Health Care Professionals who can deliver under the NHSE/I Commissioned Flu Services PGD as follows:   * nurses and midwives currently registered with the Nursing and Midwifery Council (NMC) * pharmacists currently registered with the General Pharmaceutical Council (GPhC) (Note: This PGD is not relevant to the national community pharmacy seasonal influenza vaccination advanced service nor privately provided community pharmacy services) * chiropodists/podiatrists, dieticians, occupational therapists, orthoptists, orthotists/prosthetists, paramedics, physiotherapists, radiographers and speech and language therapists currently registered with the Health and Care Professions Council (HCPC) * dental hygienists and dental therapists registered with the General Dental Council * optometrists registered with the General Optical Council.   This list cannot be extended to other healthcare professionals; however, the development of a national protocol is being considered.  Further detail can be found at: <https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-19-patient-group-directions-pgdspatient-specific-directions>; https://www.sps.nhs.uk/articles/can-doctors-and-dentists-supply-or-administer-medications-under-patient-group-directions-pgds-or-written-instructions/: | |
| A7 | Is vaccination permitted ‘off site’/away from the CQC registered premises? | Response from CQC <https://www.cqc.org.uk/guidance-providers/registration/registration-flu-vaccination-arrangements>:   1. The vaccination site will be at an existing practice location already listed in my/our conditions of registration for TDDI/D&SP and I/we will be responsible for the quality and safety of the service.  * *In this case, you are already registered to carry on the Registered Activities (RA’s) at the proposed location and no application is necessary.*  1. The vaccination site will be hosted at another location which is not listed in my/our conditions of registration, but already listed in the conditions of registration of another CQC registered provider (host) for TDDI/D&SP.  * *If the host will be responsible, you will not need to make any application. You could update your SOP to tell us that you are helping the host. The host is already registered to carry on the RAs at the proposed location and no application is necessary.* * *If you will be responsible, you will not need to make any application. You will need to update your SOP to tell us that you are running the vaccination site as a ‘satellite’ of your own practice. There will be no separate inspection of the service, which will be included as a part of any inspection of your main practice location.*  1. You will provide vaccination and other medical services at a site, in premises which have not been used for the carrying on of a RA. The location is not listed in my/our conditions of registration or in the registration of any other CQC registered provider.   I/we will be responsible for carrying on the RA and the quality and safety of the service at the location and the location will be equipped and maintained to the standard expected for patient healthcare, i.e. surgery   * *While sites ONLY used for vaccination generally don’t need to be added as a location, the other services you provide there may mean that you will need to make an application to vary your location condition by adding the location to your registration.* * *You need to speak to the local Registration Team. If the service is already in operation, you will be in breach of your location condition and you should not do that without consulting us. If the service needs to start urgently, we may be able to agree this and process your application in retrospect.* * *This location may be inspected in its own right and separately to existing practice locations.*  1. The vaccination site will be in premises which have not been used for the carrying on of an RA. The location is not listed in my/our conditions of registration or in the registration of any other CQC registered provider and will only be used as a vaccination site where healthcare professionals will bring the necessary equipment and records to carry out vaccinations and removed at the end of the session, i.e. no medical equipment or storage of medicines is held on site.   *You will not need to make any application. If you will be responsible, you will need to update your SOP to tell us that you are running the vaccination site as a ‘satellite’ of your own practice.* | |
|  | **B: Cohorts** | | |
| B1 | Which cohorts are eligible for the 2021-22 Flu Immunisation Programme? | [National flu immunisation programme 2021 to 2022 letter - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/national-flu-immunisation-programme-plan/national-flu-immunisation-programme-2021-to-2022-letter) | |
| B2 | Will BAME be included in the Flu ‘at risk’ cohort, due to the evidence suggesting BAME are at increased risk of COVID? | Patients in BAME communities are not a specific at-risk group, however the updated Annual flu letter 28th July 2021 reiterates:   * the need to ensure those who are living in the most deprived areas, from ethnic minority and other underserved communities, have equitable uptake compared to the population as a whole. * Providers are expected to ensure they have robust plans in place for tackling health inequalities for all underserved groups to ensure equality of access * GP practices must request details of the Patient’s ethnicity status if they have not previously provided this information to the GP practice and where provided by the Patient or their carer, the GP practice must record the ethnicity information in the Patient record. | |
|  | **C: Vaccine characteristics, supply, movement** | | |
| C1 | What vaccines are recommended for the 2021-22 Flu Immunisation Programme? | <https://nhsei-flu-reimbursement-letter-3-feb-21.pdf> | |
| C2 | What is the current guidance on rules around sharing vaccines between organisations and/or PCNs Medicines and Healthcare Products Regulatory Agency (MHRA)? | Awaiting guidance for the 2021/22 season. | |
| C3 | Can Injectable (inactivated) vaccine be given to children whose parents refuse on the grounds of porcine | Yes, for 2021/22 season no supply constraints are anticipated and the alternative offer (IM injectable/Inactivated) should be made routinely available from the start of the season where applicable. | |
| C4 | Is there evidence to say that drivers who are vaccinated are safe to drive immediately, will the staff be covered to vaccinate them? | Recipients of any vaccine should be observed for immediate Adverse Drug Reactions. There is no evidence to support the practice of keeping patients under longer observation. 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 [Green Book](https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book). Practitioners should also refer to the summary of characteristics for the specific vaccine to check for any specific advice. A full risk assessment of the drive through facility (including time post vaccination) should be undertaken prior to commencing delivery via this model. Practices should refer to the RCGP guidance on delivering mass vaccination (see question 40) and other guidance that becomes available. 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. | |
| C5 | Can the nasal spray be used for people with learning disabilities where it would be difficult for them to receive the injection?. Is there any guidance on this and is it a potential offer? | Yes - Practices are advised of the importance to ensure patients with a learning disability are vaccinated.  Patients with a learning disability are included in the eligibility for payment under this ES. GP’s can use their clinical discretion to offer LAIV ‘off-label’ under a PSD (from their centrally supplied vaccine stock) to patients with a needle phobia. This is not limited to those with a learning disability and may include those in a clinical risk group with a serious needle phobia who may otherwise go unimmunised if they refuse to have an injected inactivated vaccine.  Please see the enhanced service specification and link below, this is considered a reasonable adjustment. Nothing has changed in terms of the licensing of the product and it would not be eligible under the PGD, but is referenced in the PGD and can be given ‘off label’ using a PSD:  [Flu vaccinations: supporting people with learning disabilities - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/flu-vaccinations-for-people-with-learning-disabilities/flu-vaccinations-supporting-people-with-learning-disabilities) | |
| C6 | Is flu nasal spray aerosol generating?  What level of PPE is required? | No: Coughing and sneezing which may occur following administration of live attenuated influenza vaccine (LAIV) are not included as high risk aerosol generating procedures, see this link: <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe> however a local risk assessment should be carried out and any queries raised with the local infection prevention and control team. | |
|  | **D: PCN / pharmacy / collaborative delivery** | | |
| D1 | If immunising as a PCN does the PCN need to be CQC registered? | [NHS England » Frequently Asked Questions: Third iteration](https://www.england.nhs.uk/primary-care/primary-care-networks/resources/pcn-faqs/third/#will-pcns-need-to-register-with-the-cqc-and-do-practices-need-to-modify-their-current-registration-when-they-become-a-part-of-a-pcn) | |
| D2 | Can practices work with a single pharmacy? Are there any competition rules etc? | Practices would need to seek advice from their LMC or advisory body in relation to this.  NHSE/I are unable to advise on competition rules.  We would, however, expect patients to be notified of all their available options and assumptions should not be made as to where they will find it easier to access services. | |
| D3 | Do pharmacies need the permission of GP’s to immunise the residents of a care home or is it just the need to inform them? | Pharmacists are not required to obtain GPs permission to vaccinate patients in care homes but are required to inform the GP of this intention. The pharmacy contractor will ensure that a notification of the vaccination is sent to the patient’s GP practice on the same day the vaccine is administered or on the following working day  [Community Pharmacy Service Specification for the upcoming 2021/22 flu season](https://generalpracticebulletin.cmail19.com/t/d-l-qukhitd-jujdjlttkd-j/) | |
| D4 | CQRS payments for PCN flu delivery: How do I claim payment for vaccinations if my practice has delivered this as part of a PCN model? | Please see attached interim guidance developed by NEY commissioning team. National guidance is in development and will be shared as soon as possible. | |
| D5 | CQRS payments. How do I claim for patients I vaccinate that are not registered at my practice? | National Guidance is being developed and will be shared as soon as possible. | |
|  | **E: Care Homes** | | |
| E1 | Can practices immunise the care home staff they are linked to, to prevent too many people going into the home and also improve staff uptake, can GP claim for these vaccines? | Yes - please refer to the enhanced service and CQRS guidance | |
| E2 | Is there a way that registered nurses in care homes can deliver the flu vaccines to residents this year? | Anyone delivering/administering flu vaccine would need to provide evidence/assurance that they have completed and are up to date with the necessary immunisation training requirements. Any agreement would need CCG approval to ensure compliance with all legal frameworks/workforce sharing agreements. | |
|  | **F: Health and Social Care Workers** | | |
| F1 | Can other practice staff, such as receptionists, be trained to administer flu this year? | Guidance is awaited in relation to a ‘national protocol’ (similar to that used for Covid vaccination). This would detail specific roles/responsibilities and training requirements. | |
| F2 | Peer-to-peer vaccination:  Can the Written Instruction used to support peer to peer vaccination be extended to include other registered clinicians (e.g. pharmacists), as this posed a problem in acute trusts where Occupational Health is external to the trust? | <https://www.sps.nhs.uk/articles/written-instruction-for-the-administration-of-seasonal-flu-vaccination/>  The written instruction for OHS seasonal flu vaccination 20/21– has been updated and can be found along with associated documents to support healthcare Occupational Health Services/workforce administration of the seasonal flu. NHS Trusts may consider using a PGD or PSD to vaccinate their own staff where it is determined that a written instruction cannot meet the needs of the organisation (i.e. a wider group of HCPs are required to undertaken vaccinator roles) | |
|  | **G: Maternity and other Secondary Care delivery** | | |
| G1 | Where in Yorkshire and the Humber are flu vaccinations available for pregnant women through maternity units? | The Public Health Commissioning Team are working with YH maternity providers to confirm the offer of flu vaccination to pregnant women.  Under the ES pregnant women remain the responsibility of their registered GP and should be invited by the practice. Women can also request vaccination from their registered GP. | |
|  | H**. Technology and Data reporting** | | |
| H1 | Data reporting - how can we ensure flu vaccinations given in Pharmacy settings are correctly recorded? | Full details can be found in the Pharmacy Service Spec (see link in A3). Information will include:   * Routine details of vaccination i.e. patient details, route/date etc * Eligibility * Name of vaccine, batch number and expiry date (this is a new requirement) * Location where vaccine given if different to the pharmacy * Any immediate adverse reactions | |
| H2 | Data reporting - how can we ensure flu vaccinations given in Secondary Care settings are correctly recorded? | Work is ongoing nationally to improve data reporting and electronic inoperability to allow more timely updates to the patient’s GP patient record. It is anticipated that providers will use this reporting system daily to enable accurate and timely data collection and reporting. | |
| H3 | Is there any guidance re: PRIMIS codes? How do I carry out system searches? What searches should I use? | Please contact your local business support team for advice and support. | |
|  | **J. Covid requirements (inc PPE)** | | |
| J1 | Contraindications to flu vaccine in relation to COVID. Can flu vaccination be given if patients have symptoms of COVID/are a household contact/self-isolating – or should flu vaccination be given as a priority as they would be perceived as vulnerable/at increased risk even if they feel unwell or have symptoms/temp? | As with any vaccination, patients with any signs of infection / fever, should not be vaccinated until symptoms have fully resolved. All exclusions specified on the PGD should be observed. The Summary of Product Characteristics (SPC) should be referred to for any specific concerns/contraindications.  In addition, all COVID requirements for self-isolation and necessary safety precautions should be adhered to, in line with provider policies and national requirements.  Full guidance will be available via PGD / Green Book. | |
|  | **K: Communications** | | |
| K1 | Will there be a national flu campaign this year? | This year PHE will be rolling out a new insight-led national marketing campaign to promote uptake of this winter’s **essential vaccinations**  In addition, NHSEI will be working with local communications teams to do targeted local campaigns based on uptake, using local champions where possible. | |
| K2 | Is there an NHS website to allow patients to find a Flu vaccine? | [Find NHS health services (www.nhs.uk)](https://www.nhs.uk/service-search) This tool within the NHS website allows patients to find local pharmacies that provide the NHS commissioned service and check their eligibility. | |
|  | **L: Governance** | | |
| L1 | What is the role of the CCG/CCG Flu Lead? | CCGs will work with and support providers to:   * improve uptake – to meet national ambitions, * reduce variation and inequalities, and * ensure the recommended vaccines are used   CCGs will have a nominated flu lead who will:   * Provide leadership and support to providers to develop comprehensive and robust flu plans * ensure that there are clear arrangements in place to support oversight of the delivery of the flu programme between September and March as outlined in the national flu letters and related guidance * support general practices to target at-risk population groups to improve uptake and coverage of the flu vaccination to achieve national uptake ambitions; and * ensure that there are mechanisms in place to monitor the demand, supply and where permitted the movement of vaccine to drive up uptake of flu vaccine in all groups. |
| L2 | Can CCG / PCN colleagues attend the ICS flu discussions? | CCG flu leads are part of the ICS Flu Board. PCN colleagues could / should link with their local Operational Flu Group facilitated by the CCG Flu Lead/local Screening and Immunisation Coordinator. |