

Update on Covid 19 Vaccination Programme

26th April 2022, BNSSG Primary Care
Commissioning Committee

Overview

- Update on BNSSG vaccination programme
- Current cohorts
- Outreach update

Latest published statistics for BNSSG

2,110,117
Total vaccinations

777,661 First dose vaccinations

735,322 Second dose vaccinations

597,134 Booster or third primary vaccinations



36,555



People vaccinated as part of our outreach programme

84.6%
of people in our area aged 16+ have had their first dose



83.2%
of people aged 12+ have had their first dose

Bristol, North Somerset & South Gloucestershire




**Covid-19
Vaccination
Programme**



For more information
Visit the BNSSG
Healthier Together
website

Vaccination Sites

-  **1** Large Vaccination Centre
-  **53** GP Clinics
-  **13** Pharmacy Clinics
-  **2** Hospital Clinics

Social media

 @HTBNSSG  @BNSSGCCG
 @BNSSG_CCG

Shaping better health

Latest published statistics for BNSSG

- Latest vaccination figures, (published 14 April 2022), show that across BNSSG we have now given **2,110,117** vaccinations in total. Of that total **777,661** are first dose vaccinations, **735,322** are second dose vaccinations and **597,134** are booster or 3rd Primary doses.
- **84.6%** of all eligible people aged over 16 and **83.2%** of all eligible people 12+ have had their first dose vaccination
- We have given **36,555** vaccinations in our outreach clinics since March 2021.

First dose vaccination rates in our area and nationally:

	12-15	16-17	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+
National	58.7%	73.1%	81.4%	82.4%	89.0%	90.6%	95.9%	89.5%	95.1%	98.7%	100%*	98.7%	93.6%	100%*	97.9%
BNSSG	62.6%	78.5%	81.2%	81.2%	92.2%	98.9%	100%*	96.4%	98.0%	100%*	100%*	100%*	94.9%	100%*	98.6%
BNSSG total	26,728	15,187	82,984	65,038	68,656	65,010	60,026	55,564	59,400	59,832	50,724	42,634	41,480	36,100	46,942

*100% signifies that the number of people who have received their first dose exceeds the latest official estimate of the population from the ONS for this group.

Latest statistics for BNSSG

First Dose Target Uptake	Cohort #	Cohort Name	# Eligible
95.0%	1	Care Home Residents & Staff	5,511
95.0%	2	80+ & frontline H&SCW	112,038
95.0%	3	75-79	36,688
95.0%	4	70-74 & CEV	60,498
95.0%	5	65-69	39,958
90.0%	6	At Risk (16-64)	134,985
90.0%	7	60-64	27,908
90.0%	8	55-59	36,746
90.0%	9	50-54	41,170
85.0%	10	40-49 (C10)	95,413
85.0%	11	30-39 (C11)	129,040
85.0%	12	18-29 (C12)	143,356
75.0%	13	12-15 At Risk (C13)	2,904
75.0%	14	12-17 Immuno Contacts (C14)	2,449
75.0%	15	16-17 (C15)	17,994
60.0%	16	12-15 (C16)	41,813
60.0%	17	5-11 At Risk (C17)	6,385
40.0%	18	5-11 (C18)	76,674
	other	All Other (<5yrs)	44,530
81.9%		Total Population	1,056,060

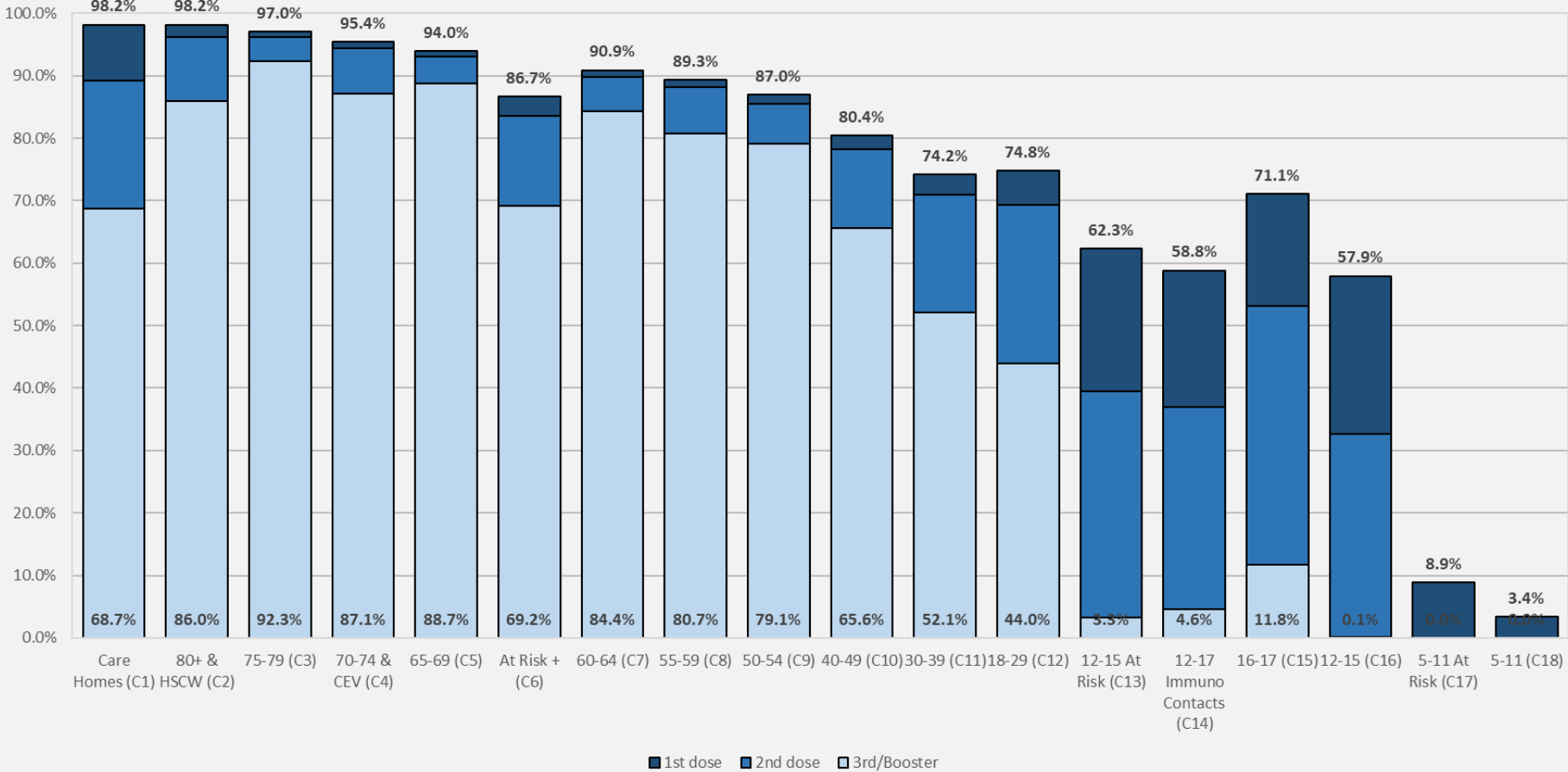
Foundry Reported Vaccinations			
First Dose	Second Dose	Third Dose & Boosters	Second Booster Doses
5,411	4,917	3,788	1,000
109,987	107,828	96,359	19,451
35,598	35,269	33,879	12,091
57,730	57,072	52,674	4,130
37,546	37,167	35,439	546
117,060	112,847	93,349	2,037
25,366	25,065	23,543	81
32,820	32,389	29,658	76
35,798	35,189	32,560	64
76,703	74,688	62,632	107
95,812	91,480	67,281	92
107,172	99,456	63,045	42
1,810	1,148	96	1
1,441	905	113	0
12,787	9,561	2,115	2
24,221	13,648	44	1
569	0	0	0
2,573	0	0	0
1	0	0	0
780,405	738,629	596,575	39,721
2,155,330			

Uptake Eligible Population		
First Dose as a % of # Eligible	Second Dose as a % of 1st Doses	Third Dose & Boosters as a % of 2nd Doses
98%	91%	77%
98%	98%	89%
97%	99%	96%
95%	99%	92%
94%	99%	95%
87%	96%	83%
91%	99%	94%
89%	99%	92%
87%	98%	93%
80%	97%	84%
74%	95%	74%
75%	93%	63%
62%	63%	8%
59%	63%	12%
71%	75%	22%
58%	56%	0%
9%	0%	
3%	0%	
0%	0%	
77%	95%	81%

note: 'All other' not included in Totals

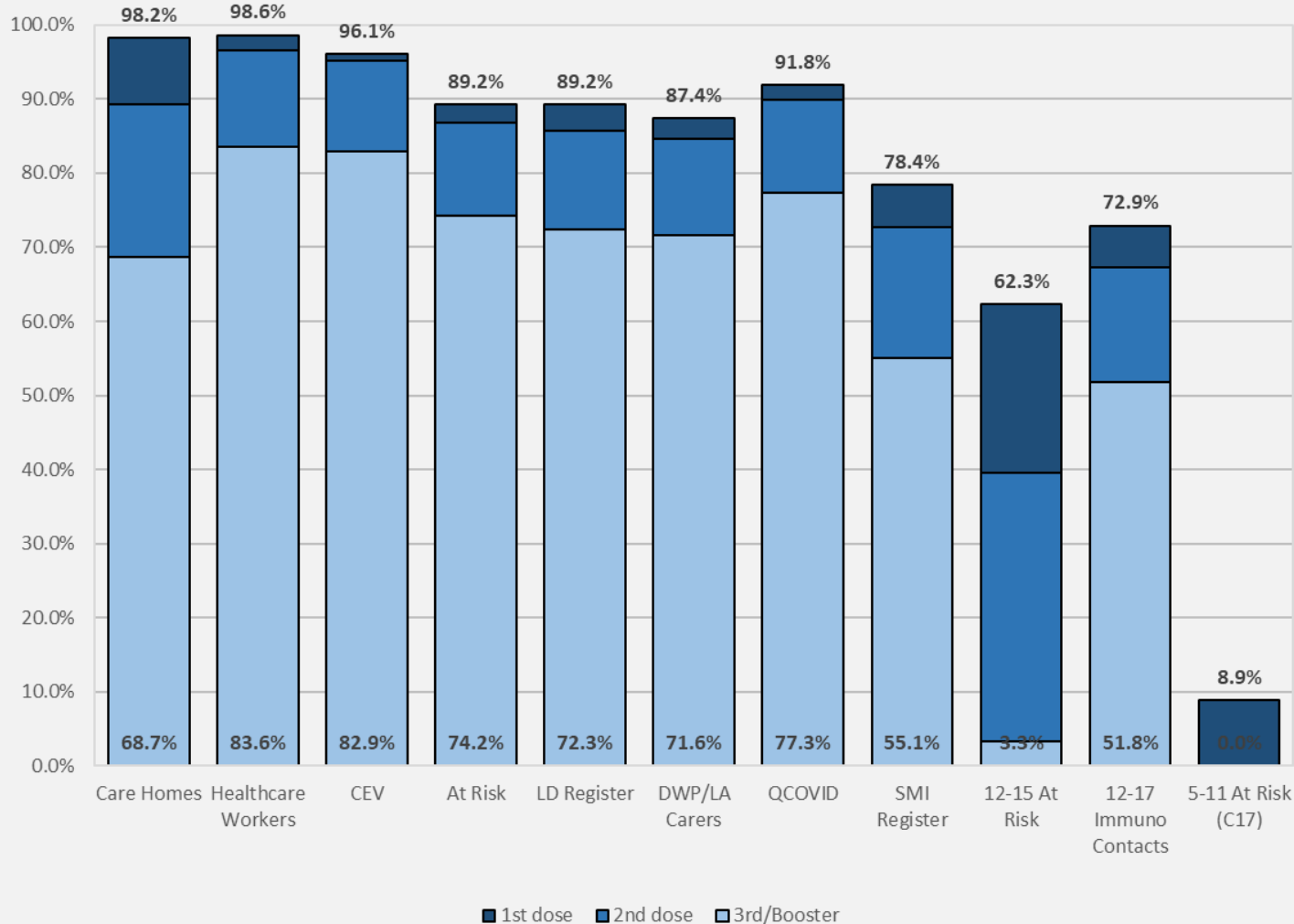
Latest statistics for BNSSG

First Second & Third Dose uptake as a proportion of all eligible persons by Cohort



Latest statistics for BNSSG

First Second & Third Dose uptake as a proportion of all eligible persons by At-Risk Sub-Cohort



New sub-cohort has been 'pulled' from the data this last week relating to patients on the SMI Register.

This has pulled c.5.2k patients mostly from the At-Risk sub-cohort

Issue re: data accuracy in that the 'recognised' CCG SMI total register is c.7.5k persons.

Current focus of the vaccination programme

- Spring Booster programme
- 5-11y olds without underlying conditions
- Evergreen offer
- Programme evaluation
- Planning the future delivery model
 - Reviewing our networks in BNSSG
 - Travel times
 - Maintaining a focus on addressing health inequalities

PCNs

- PCNs have access to programme workforce to support delivery to housebound patients or care homes to be able to maintain a focus on core business
- Confirmed the use of Improved Access to deliver Spring Boosters
- Along with UWE and community pharmacies, some sites are vaccinating 5-11 year olds
- Plans to maintain evergreen delivery alongside core general practice in fewer PCN sites

Current Cohorts:

Cohort	Vaccine	Booster/ Primary	Doses	When	Place of Delivery
Anyone aged 18+ except those who are severely immunocompromised	MRNA OR AZ if age 40+	2 Primary Doses	<u>2 doses</u> 2 nd dose 8 weeks after 1 st dose Must be at least 4 weeks (28 days) after positive COVID test	Now	<ul style="list-style-type: none"> - Walk-ins • Book on the Day • Vaccination Centre • PCN Clinics • Community Pharmacy • Outreach • Hospital clinics where appropriate
	MRNA (unless PEG allergy then AZ)	Booster 1	<u>Dose 1</u> At least 3 months after final primary dose Must be at least 4 weeks (28 days) after positive COVID test	Now	
In addition – for adults aged 75 years and over and residents in a care home for older adults	MRNA (unless PEG allergy then AZ)	Booster 2	<u>Dose 2</u> 6 months after previous dose and operational flexibility whereby individuals in care homes or housebound patients may be offered the booster alongside other residents providing there is at least three months from the previous dose	21 March 2022	<ul style="list-style-type: none"> - Walk-ins • Book on the Day • Vaccination Centre • PCN Clinics • Community Pharmacy • Outreach • Hospital clinics where appropriate

Current Adult Cohorts

Cohort	Vaccine	Booster/ Primary	Doses	When	Place of Delivery
Anyone 18+ who is severely immunocompromised	MRNA	3 Primary Doses	<u>3 doses</u> 3 rd dose is 8 weeks after 2 nd dose Must be at least 4 weeks (28 days) after positive COVID test	Now	With evidence of eligibility: <ul style="list-style-type: none"> • PCN clinics • Walk Ins • Book on the day • Community Pharmacy - Outreach - Vaccination Centre • Hospital clinics where appropriate
	MRNA (unless PEG allergy then AZ)	Booster Dose1	1 booster dose 3 month after 3 rd dose Must be at least 4 weeks (28 days) after positive COVID test	Now	
	MRNA (unless PEG allergy then AZ)	Booster Dose 2	2 nd Booster dose 3 months after 1 st individuals who have received the 1 st booster (fourth) dose more recently should also be offered the booster during the spring 2022 campaign providing there is at least three months from the previous dose. This will ensure they have additional protection against a potential summer wave and will align with their peers to facilitate an autumn programme	21 March 2022	

Current Children and Young People Cohorts

Cohort	Vaccine	Booster/ Primary	Total Doses	When	Place of Delivery
16 & 17 Year Olds (unless severely immunocompromised -see below)	Pfizer 16yr olds and above can have AZ if there is a clinical reason not to have an MRNA and they have had it before	2 Primary Doses	<u>2 doses</u> Must be 12 weeks after positive COVID test result 2 nd dose at least 12 weeks after 1 nd dose	Now	Where staff signed off: <ul style="list-style-type: none"> • Schools/ Colleges • Community Pharmacies • Outreach • Walk Ins • PCN • Vaccination Centre
	Pfizer 16yr olds and above can have AZ if there is a clinical reason not to have an MRNA and they have had it before	Booster Dose	<u>1 Dose</u> 30 micrograms Pfizer-BioNTech COVID-19 vaccine (Comirnaty®) no sooner than 3 (91 days) months after completion of their primary course:	Now NBS open for Booster doses from 17/1/22	
Household contact of people with weakened immune system aged 16-17	Pfizer 16yr olds and above can have AZ if there is a clinical reason not to have an MRNA and they have had it before	2 Primary Doses	<u>2 doses</u> Must be at least 4 weeks (28 days) after positive COVID test 2 nd dose 8 weeks after 1 st dose.	Now	<ul style="list-style-type: none"> • Schools/ Colleges • Community Pharmacies • Outreach • Walk Ins • PCN • Vaccination Centre
	Pfizer 16yr olds and above can have AZ if there is a clinical reason not to have an MRNA and they have had it before	Booster Dose	1 Dose Must be at least 4 weeks (28 days) after positive COVID test . No sooner than 3 (91 days) months after completion of their primary course:	Now	

Current Children and Young People Cohorts

Cohort	Vaccine	Booster/ Primary	Total Doses	When	Place of Delivery
16 & 17 Year Olds - Severely immunocompromised	Pfizer 16yr olds and above can have AZ if there is a clinical reason not to have an mRNA and they have had it before	3 Primary Doses	<u>3 doses</u> Must be at least 4 weeks (28 days) after positive COVID test 3 rd dose 8 weeks after 2 nd dose (if possible delayed until 2 weeks post immunosuppression)	now	With evidence <ul style="list-style-type: none"> • PCN clinics • Vaccination Centre Hospital • Walk In
	Pfizer 16yr olds and above can have AZ if there is a clinical reason not to have an mRNA and they have had it before	Booster 1	<u>Dose 1</u> Must be at least 3 months(91 days) after primary in line with the clinical advice	1 st Booster Now	With evidence <ul style="list-style-type: none"> • PCN clinics • Vaccination Centre • Hospital • Walk In
	Pfizer 16yr olds and above can have AZ if there is a clinical reason not to have an mRNA and they have had it before	Booster 2	<u>Dose 2</u> 2 nd Booster dose 3 months after 1 st Individuals who have received the 1 st booster (fourth) dose more recently should also be offered the booster during the spring 2022 campaign providing there is at least three months from the previous dose. This will ensure they have additional protection against a potential summer wave and will align with their peers to facilitate an autumn programme	21 March 2022 ^t	With evidence <ul style="list-style-type: none"> • PCN clinics • Vaccination Centre • Hospital • Walk In

Current Children and Young People Cohorts

Cohort	Vaccine	Booster/ Primary	Total Doses	When	Place of Delivery
Healthy 12 -15 Year olds	Pfizer	2 Primary Doses	<p><u>2 doses</u> 2nd dose at least 12 weeks after 1st dose At least 12 weeks from positive Covid Infection*</p> <p>New JCVI Advice that children who are aged 12 years old in school year 7 should preferably receive the Comirnaty® 10 micrograms/dose. This is applicable for any 12 year-old born after 31 August 2009. This will require further changes to PGDs and national protocols.</p>	Now	<ul style="list-style-type: none"> • School and Colleges by SAIS • Community clinics • Vaccination Centre (NBS appointments) • PCNs (where subcontracted and using NBS), walk in or local booking system • Outreach clinics <p>Staged consent not require if parent /legal guardian is present a point of vaccination</p>

Current Children and Young People Cohorts

Cohort	Vaccine	Booster/ Primary	Total Doses	When	Place of Delivery
Children aged 12 - 15 severely immunocompromised	Pfizer	3 Primary Doses	<p>3 doses</p> <p>3rd dose 8 weeks after 2nd dose (if possible delayed until 2 weeks post immunosuppression)</p> <p>Must be at least 4 weeks (28 days) after positive COVID test*</p> <p>New JCVI Advice that children who are aged 12 years old in school year 7 should preferably receive the Comirnaty® 10 micrograms/dose. This is applicable for any 12 year-old born after 31 August 2009. This will require further changes to PGDs and national protocols.</p>	Now	<ul style="list-style-type: none"> PCN clinics via Digital Booking System Vaccination Centre with prior agreement <p>Staged consent not require if parent /legal guardian is present at point of vaccination</p> <p>Assurance process required for sites delivering 10ug doses</p>
	Pfizer	Booster 1	<p>Dose 1</p> <p>1st Dose 30 micrograms Pfizer-BioNTech COVID-19 vaccine (Comirnaty®) no sooner than 3 months after completion of their primary course:</p>	1 st Dose Now	<p>New JCVI Advice that children who are aged 12 years old in school year 7 should preferably receive the Comirnaty® 10 micrograms/dose. This is applicable for any 12 year-old born after 31 August 2009. This will require further changes to PGDs and national protocols.</p>
	Pfizer	Booster 2	<p>2nd Dose - 6 months after last vaccine</p> <p>(Individuals who have received the 1st booster (fourth) dose more recently should also be offered the booster during the spring 2022 campaign providing there is at least three months from the previous dose. This will ensure they have additional protection against a potential summer wave and will align with their peers to facilitate an autumn programme</p>	21 March 2022	

Current Children and Young People Cohorts

Cohort	Vaccine	Booster/ Primary	Total Doses	When	Place of Delivery
<p>Clinically at risk 12-15 year olds or a household contact of someone with a weakened immune system</p> <p>Clinically extremely vulnerable children with severe neuro-disabilities</p>	Pfizer	2 Primary Doses	<p><u>2 doses</u> Must be at least 4 weeks (28 days) after positive COVID test* 2nd dose 8 weeks after 1st dose. New JCVI Advice that children who are aged 12 years old in school year 7 should preferably receive the Comirnaty® 10 micrograms/dose. This is applicable for any 12 year-old born after 31 August 2009. This will require further changes to PGDs and national protocols.</p>	Now	<ul style="list-style-type: none"> PCN clinics via local Digital Booking System Also will be identified via school based immunisation team Vaccination Centre with prior agreement <p>Staged consent not require if parent /legal guardian is present at point of vaccination</p> <p>Children who turn 12 between 1st and 2nd doses should receive the same 2nd dose as 1st ie 10µg</p>
	Pfizer	Booster Dose	<p><u>1 Dose</u> 30 micrograms Pfizer-BioNTech COVID-19 vaccine (Comirnaty®) no sooner than 3 months after completion of their primary course:</p>	Now	<p>Assurance process required for sites delivering 10ug doses</p>

Current Children and Young People Cohorts

Cohort	Vaccine	Booster/ Primary	Total Doses	When	Place of Delivery
5-11 Year Olds- At Risk including household contacts people with weakened immune system	Pfizer	Primary	<p><u>2 doses</u></p> <p>Pfizer BioNTech COVID-19 2 x vaccine 10µg. 8 week interval between 1st and 2nd dose</p> <p>The minimum interval between any vaccine dose and recent COVID-19 infection should be 4 weeks*</p>	Now	<p>PCN based clinic – opt out arrangement Community clinics Vaccination Centre ‘mop up’ clinics</p> <p>Children who turn 12 between 1st and 2nd doses should receive the same 2nd dose as 1st ie 10µg Assurance process required for sites delivering 10mg doses</p>
<p>5-11 Year olds who are Severely Immunocompromised in proximity to their first or second COVID-19 doses including those who are temporarily severely immunocompromised</p> <p><i>Most individuals whose immunosuppression commenced at least two weeks after the second dose of vaccination do not require an additional primary vaccination at this stage, although specialist advice may need to be sought.</i></p> <p><i>Children who had received brief immunosuppression (≤2mg/kg prednisolone per day) for an acute episode of asthma and children on replacement corticosteroids for adrenal insufficiency are not considered severely immunosuppressed sufficient to have prevented response to the primary vaccination</i></p>	Pfizer	Primary	<p><u>3 doses</u></p> <p>Pfizer BioNTech COVID-19 3 x vaccine 10µg. 8 week interval between 1st and 2nd dose 8 week interval from 2nd dose - the third dose should be delayed until two weeks after the period of immunosuppression, The minimum interval between any vaccine dose and recent COVID-19 infection should be 4 weeks*</p>	<p>Doses 1 and 2 Now</p> <p>Third Dose Awaiting JCVI Guidance however can be given using the Protocol if recommended by child’s clinician (GP, Consultant, Nurse Specialist)</p>	<p>PCN based clinic – opt out arrangement Community clinics Vaccination Centre ‘mop up’ clinics</p> <p>Children who turn 12 between 1st and 2nd doses should receive the same 2nd dose as 1st ie 10µg Assurance process required for sites delivering 10mg doses</p>

Current Children and Young People Cohorts

Cohort	Vaccine	Booster/ Primary	Total Doses	When	Place of Delivery
5-11 Year Olds- Healthy	Pfizer	Primary	<p><u>2 doses</u></p> <p>A non-urgent offer of two 10 mcg doses of the Pfizer-BioNTech COVID-19 vaccine (Comirnaty®) to children aged 5 to 11 years of age who are not in a clinical risk group. The two doses should be offered with an interval of at least 12 weeks between doses Should be at least 12 weeks from positive Covid Infection*</p>	4 th April	<p>PCNs Community Pharmacy UWE Outreach/ Community Clinics Parental supervision</p> <p>Assurance process required for sites delivering 10mg doses</p>

Maximising Uptake – Reducing Inequalities

Over the last month the team have been back out to regular outreach venues as well as roving clinics homeless shelters, rehousing apartments, refugee hotels, workplaces, housebound and safe houses. Some examples below....



Haven't had a chance to get your Covid-19 vaccination?



GRAB A JOB at a local drop-in clinic

Come along to Avon Lodge on 8th April from 8am - 11am
Open to anyone 12 years and over for 1st, 2nd, 3rd

roving COVID vaccinations
8 1st, 8 2nd, 32 Boosters



The Rock Community Centre
Tel. 0117 938 4636

Haven't had a chance to get your Covid-19 vaccination?

Please come along to:



The Rock Community Centre
St Peter's Hall
Ridingleaze
Lawrence Weston
Bristol
BS11 0QF

Saturday 26 February 10am-5pm
&
Saturday 26 March 10am-5pm

Open to anyone 12 years and over for 1st, 2nd, 3rd or booster dose, if eligible

If you need support or information about Covid-19 please call Caafi Health on 0117 924 7442 or email bnsg.massvaccination@nhs.net



Imperial Apartments 31st March

Haven't had a chance to get your Covid-19 vaccination?



GRAB A JOB at a local drop-in clinic

Imperial Apartments, Whitchurch Lane, BS14 0TJ




@ Symes Community Building family walk-in vaccination clinic 9th April

Bristol, North Somerset & South Gloucestershire CCG
7 April at 10:09

Haven't had a chance to get your Covid-19 vaccination?
Come along to @ Symes Community Building in Hartcliffe this weekend!

Walk-in between 10am – 6pm to get your first, second, booster or spring booster vaccination, if eligible.
If you need support or information about Covid-19 please call Caafi Health on 0117 924 7442 or email bnsg.massvaccination@nhs.net



Walk-in Vaccination Clinic @Symes Community Building

Open to all ages for 1st, 2nd, 3rd, booster or spring booster dose, if eligible.

Saturday 9 April 10am-6pm
&
Saturday 14 March 10am - 6pm



Haven't had a chance to get your Covid-19 vaccination?

Please come along to:



@Symes Community Building
Peterson Avenue
Hartcliffe
Bristol
BS13 0BE

36,555 Vaccinations in outreach
Since March 2021

Weekly For All Healthy Living Centre walk-in family clinics



Every Tuesday – providing Covid vaccinations for families from 5+ year olds




Still haven't had your Covid-19 vaccination?



GRAB A JOB at a local drop-in clinic

Please come along to:
Healthy Living Centre, Lonsdale Avenue, Weston-super-Mare, BS23 3SJ
Vaccinations available every Tuesday Between 12.30pm - 6pm
Visit www.grabajab.net for more information

Open to anyone 5 years and over for 1st, 2nd, 3rd or Booster dose, if eligible

If you need support or information about Covid-19 please call email bnsg.massvaccination@nhs.net



Haven't had a chance to get your Covid-19 vaccination?

Come along to the pop up Covid-19 vaccination clinic



Bristol Fruit Market
Albert Crescent
Bristol
BS2 0YQ

Thursday 17 March
8.30am - 11.30

“Some rough sleeper / street attached clients were actively encouraged in on the day by the efforts of homeless health service staff”
(Homeless Mar 2022)

Barton Hill walk-in vaccination and roving clinics

Still haven't had your Covid-19 vaccination? Please come along to:

Vali ma qaadatay tallaalka Koofid-19? adlan kaalay:
Jie miałaa jeszcze szczepionki na Covid-19? rozszę przyjdź do:

لم تأخذ لقاح كوفيد 19 بعد؟
فضلا تعال إلى:

Wellspring Healthy Living Centre
Beam Street
Barton Hill
Bristol
BS5 9QY

Saturday 5 and 19 February 10am-4.30pm
Saturday 5 and 19 March 10am-4.30pm

Every 2 weeks - Covid vaccinations for families (12+ year olds)



Communications & Insight Update

Operational Communications:

- Launch of vaccinations for 5 to 11 year olds
- Media: Dr Neil Kerfoot on Heart radio, Clare Armour interviewed on Children's Vaccination Pods at UWE for ITV Westcountry, Points West and BBC Radio Bristol.
- Ongoing promotion to support uptake of spring boosters and vaccinations for clinically extremely vulnerable 5 to 11 year olds through partner channels and community radio
- Working with Healthier Together comms leads to find new messaging to drive home clinical need for vaccinations and boosters
- Behavioural change campaign planning - qualitative research underway
- Evaluation of Vaccination Programme - interviews carried out
- Planning for additional campaigns to increase uptake in specific areas
- Award entries to raise profile of programme nationally

Maximising Uptake:

- Promotion of walk-in clinics on local radio stations and social media.
- Comms support for outreach clinics including posters, social media, leaflets
- Comms support for Reducing Inequality Grants drop-in sessions.
- Design of new materials to increase visibility of clinics

Regular Programme Outputs:

- Promoting clinics on www.grabajab.net
- Social media calendar
- MP briefings
- Weekly infographic with uptake figures
- Updating and distributing Anti-Vax Guidance
- Weekly radio briefings



The NHS is now offering coronavirus vaccines to children aged 5 to 11 years.

Appointments will be available locally from Tuesday using the National Booking Service.

The poster features the 'Healthier Together' logo, the NHS logo, and a circular inset image of a 'SPACE EXPLORER' themed vaccination pod. The pod is a small, futuristic-looking room with a table and chairs, designed to make the vaccination experience more engaging for children.

Meeting of Primary Care Commissioning Committee

Date: Tuesday 26th April 2022

Time: 9:30 – 11:50

Location: Microsoft Teams

Agenda Number :	8	
Title:	Flu end of season update report 2021/22	
Confidential Papers	Commercially Sensitive	No
	Legally Sensitive	No
	Contains Patient Identifiable data	No
	Financially Sensitive	No
	Time Sensitive – not for public release at this time	No
	Other (Please state)	No
Purpose: Information		
Key Points for Discussion:		
<p>This paper covers the work undertaken to support the 2021/22 influenza season and identifies and addresses any potential risks that could affect our local area for the next season. It also highlights the end of season Flu vaccine uptake positions for the eligible cohorts.</p>		
Recommendations:	<p>We recommend that PCCC:</p> <ul style="list-style-type: none"> ▪ Acknowledges the work undertaken in 2021/22 and the potential next steps subject to the publication of further national flu guidance for 2022/23. ▪ Continue to ensure cross system and programme working with the Covid vaccination programme so that efficiencies can be made with planning and supporting vaccination uptake. Taking opportunities to co-administer covid and flu vaccines where possible. ▪ Supports the continuation of collaborative working to support vaccine uptake, not only of patients but also by Frontline Health and Social Care Workers including care home staff. ▪ Following the national recommendations, we ensure a system wide focus on the clinical risk groups, in particular those we are not performing as well on such as chronic liver disease. 	

	<ul style="list-style-type: none"> ▪ Continue the Business Intelligence support and further link with the Covid Data Analysts to have combined data analysis subject to the national covid programme requirements. ▪ Supports clear, consistent communications being issued early in the season as well as throughout the season to encourage uptake, taking into account the learning from this flu season and the Covid vaccination programme. ▪ Support the ongoing delivery of vaccination via informed outreach clinics, supported by community champions and organisations such as Caafi Health to improve the health and wellbeing of the diverse populations and address health inequalities. A Flu health inequalities working group will help to ensure oversight of this work
<p>Previously Considered By and feedback :</p>	<p>Paper taken to April Primary Care Operational Group who acknowledged the work undertaken.</p>
<p>Management of Declared Interest:</p>	<p>N/A</p>
<p>Risk and Assurance:</p>	<p>Following a review of this Flu season, risks identified for the forthcoming season include:</p> <ul style="list-style-type: none"> ▪ It is important that the right vaccine is ordered and administered to the right eligible groups. Work will be undertaken to ensure that practices have pre ordered sufficient vaccines to drive up uptake of flu vaccine for 22/23. This is especially important next season as it has been advised that a national stockpile will not be available. ▪ As this year’s flu season had very low levels of circulating Flu, there is a risk that patients/staff may think the 22/23 season will also be very low and they ‘won’t need the vaccine’. We will therefore need to ensure clear early communications are in place. ▪ Difficulties in relation to stock supplies following phased deliveries or potential batch failures. If this is to happen clear, prompt communications will be required. ▪ There is a risk that the covid vaccination programme will again impact on the flu vaccination programme, with patients choosing to have one vaccine rather than both. To reduce this risk, clear messaging will be needed and close working with the covid vaccination programme leads. There is also a risk from the covid infection as well should there be a surge at the start of the flu season resulting in patients/staff missing vaccination clinics. ▪ Risk some staff may not want to be vaccinated, we will continue to learn from staff surveys in relation to reasons for decline.

	<ul style="list-style-type: none"> ▪ Risk if national commissioning arrangements are not amended for the 2 and 3 year old cohort, that access to the vaccine may be an issue affecting uptake. ▪ Due to the changes in eligibility criteria, there is a risk of confusion and possible complaints as a result of the 50-64 year old cohort and secondary school aged children not being eligible.
Financial / Resource Implications:	Minimal financial resource implications to the CCG as this vaccination programme is currently funded by NHS England.
Legal, Policy and Regulatory Requirements:	There are no legal implications to the CCG. There are legalities around the supply of medications via patient group directions, national protocol and written instructions. Cold chain requirements must also be followed.
How does this reduce Health Inequalities:	By monitoring influenza vaccine uptake across BNSSG variations were identified and actions taken to reduce any potential inequalities and any unwarranted variation for example the vaccine outreach work took place in areas of low uptake. The support from Caafi Health and Community Champions in conjunction with the covid vaccination has helped to raise the importance of vaccination in these areas and capture insights from these communities to help increase uptake.
How does this impact on Equality & diversity	There should be no implications for equalities as GP practices, community providers and community pharmacies are accessed and used by all. The vaccination outreach work also helped to support communities to access the vaccinations. Locally this has been data led and clinics completed in conjunction with the Covid Vaccination programme in areas of low vaccine uptake. All patients were able to have their vaccination administered where clinically appropriate in line with national guidance, regardless of ethnicity, disability or age.
Patient and Public Involvement:	The influenza vaccination programme is a national programme led by NHS England and Public Health England and so any public involvement will have been at a national level. Feedback from patients received in relation to the outreach work in conjunction with the Covid programme has also been used to support the programme.
Communications and Engagement:	NHS England/PHE has issued key messages to GP practices which CCGs supported and also shared key messages with commissioned providers where appropriate. Local communications have been undertaken for areas of low vaccine uptake by the CCG Communication team in conjunction with the Covid vaccination programme. For example, communications have been issued to the maternity and 2 and 3 year old cohorts.
Author(s):	Debbie Campbell, Lisa Rees, Jacci Yuill, Fiona Budd

**Sponsoring Director /
Clinical Lead / Lay
Member:**

Dr Peter Brindle

Agenda item: 8

Report title: Flu end of season update report 21/22

1. Background

Influenza is a key factor in NHS winter pressures. It impacts on those who become ill, the NHS services that provide direct care, and on the wider health and social care system that supports people in at-risk groups. Work is undertaken with partners in multiple agencies such as PHE, local authorities and NHS England to develop an influenza plan. This plan aims to reduce the impact of influenza in the population through a series of complementary measures. These measures help to reduce illness in the community and unplanned hospital admissions, and therefore pressure on health services generally and A&E in particular.

The attached report highlights the Flu vaccination uptake in BNSSG for the 2021/22 season. This shows that despite an increasingly challenging and unpredictable time for the NHS this Flu season, with the roll out of the covid vaccination programme and high levels of the covid virus circulating, an increased vaccine uptake of 86% was noted for the over 65 years cohort, meeting the national ambition of 85%. Although the uptake of 56% in the at-risk cohort did not meet the national ambition of 75%, the uptake level was similar to the previous season. Uptake in the pregnancy and 2 and 3 year old cohorts, however, saw a decrease compared to last season.

The outreach work was continued from the small pilots of last season and undertaken in conjunction with the Covid mass vaccination programme. Overall, 642 flu vaccines were administered this season via outreach, with some of those presenting for their first Flu vaccination. Working with Caafi Health and Local Authority Community Champions alongside VSCE agencies helped to support raising awareness of the flu vaccine eligibility in trusted settings and helped us to capture insights to inform and shape future opportunities.

All providers were asked to achieve an offer of flu vaccination of 100% to frontline staff. Staff vaccination uptake was noted to be lower than the previous season, however, some high uptake rates were noted with UHBW attaining 84% and Sirona 73% uptake for their frontline clinical staff. AWP's uptake was higher than their 2019/20 season uptake at 57%, however showed a decrease from last season. AWP were affected by delayed deliveries of vaccines that impacted on the number of clinics that could have been provided early in the season which may have affected rates. NBT's uptake was potentially affected by workforce availability due to covid infection and

also complexities of collating staff vaccination information when vaccination was undertaken outside of the trust.

A clear communications strategy was in place this season with consistent messaging across the system. Both national and local communications were issued and targeted messaging in areas of low uptake such as for the pregnancy cohort and for the 2 and 3 year olds.

2. Recommendations

We recommend that PCCC:

- Acknowledges the work undertaken in 2021/22 and the potential next steps subject to the publication of further national flu guidance for 2022/23.
- Continue to ensure cross system and programme working with the Covid vaccination programme so that efficiencies can be made with planning and supporting vaccination uptake. Taking opportunities to co-administer covid and flu vaccines where possible.
- Supports the continuation of collaborative working to support vaccine uptake, not only of patients but also by Frontline Health and Social Care Workers including care home staff.
- Following the national recommendations, we ensure a system wide focus on the clinical risk groups, in particular those we are not performing as well on such as chronic liver disease.
- Continue the Business Intelligence support and further link with the Covid Data Analysts to have combined data analysis subject to the national covid programme requirements.
- Supports clear, consistent communications being issued early in the season as well as throughout the season to encourage uptake, taking into account the learning from this flu season and the Covid vaccination programme.
- Support the ongoing delivery of vaccination via informed outreach clinics, supported by community champions and organisations such as Caafi Health to improve the health and wellbeing of the diverse populations and address health inequalities. A Flu health inequalities working group will help to ensure oversight of this work.

3. Financial resource implications

There will be minimal financial resource implications to the CCG as this vaccination programme is funded by NHS England.

4. Legal implications

It is expected that there will be no legal implications to the CCG. There are legalities around the supply of medications via patient group directions, national protocols and written instructions. A Patient Group Direction (PGD) is a written instruction for the sale, supply and/or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.

Patient group directions (NICE guideline MPG2, 2017) states that the majority of clinical care should be provided on an individual, patient-specific basis. The supply and administration of medicines under PGDs should be reserved for those limited situations where this offers an

advantage for patient care (without compromising patient safety), and where it is consistent with appropriate professional relationships and accountability.

The national influenza vaccine protocol provides a legal mechanism for the administration of inactivated influenza vaccine by appropriately trained persons in accordance with [regulation 247A](#) of the Human Medicines Regulations 2012 (HMR 2012), inserted by [The Human Medicines \(Coronavirus and Influenza\) \(Amendment\) Regulations 2020](#).

There is also the potential legal implication around wholesale dealing which could affect the transfer of stock and cold chain requirements must also be followed.

5. Risk implications

This paper reviews all areas of potential risk associated with the influenza vaccination programme and how risks have been or will be mitigated for the next Flu season.

6. How does this reduce health inequalities?

By monitoring influenza vaccine uptake across BNSSG, variations in vaccination uptake were identified and actions taken to reduce any potential inequalities and any unwarranted variation for example the vaccine outreach work took place in areas of low uptake. The support from Caafi Health and Community Champions in conjunction with the covid vaccination have helped to raise the importance of vaccination in these areas and capture insights from these communities to help increase uptake.

7. How does this impact on Equality and Diversity?

It is expected that there will be no implications for equalities as GP practices, community providers and community pharmacies are accessed and used by all. All patients will be able to have their vaccination administered where clinically appropriate in line with national guidance, regardless of ethnicity, disability or age and this has not changed for the current influenza season. Public Health England and BNSSG CCG both have encouraged vaccination uptake in areas with lower vaccination uptake rates for example in ethnic minority populations where English isn't the first language and/or those who are unable to read. Locally this has been data led and clinics completed in conjunction with the Covid Vaccination programme in areas of low uptake.

8. Consultation and Communication including Public Involvement

NHS England/PHE has issued key messages to GP practices which the CCG supported and key messages shared with commissioned providers where appropriate. Local communications have been undertaken for areas of low vaccine uptake by the CCG Communication team in conjunction with the Covid vaccination programme. For example, communications have been issued to the maternity and 2 and 3 year old cohorts.

Healthier Together



Improving health and care in Bristol,
North Somerset and South Gloucestershire

2021/22 Flu End of Season Update

Created by Debbie Campbell, Lisa Rees (Medicines Optimisation), Jacci Yuill (Quality) and Fiona Budd (BI)



Summary of 21/22 Flu season

- Despite increasingly challenging and unpredictable times for the NHS this Flu season, with the roll out of the covid vaccination programme and high levels of the covid virus circulating, the BNSSG area saw an increased vaccine uptake compared to last season in the over 65years cohort and managed to maintain similar uptake in the at risk cohorts to last season, with the exception of the pregnancy and 2/3 year old cohort which showed a decrease.
- System wide flu groups established with membership from all stakeholders and clear governance arrangements in place.
- One Care collaborative working to support primary care, with designated Flu Teamnet page, EMIS searches and proactive primary intelligence dashboard
- Good system wide communications strategy, targeting harder to reach groups
- Positive results shown via outreach work, which was data led and in conjunction with the Covid vaccination programme
- Feedback suggests the covid vaccination programme impacted on the flu vaccine uptake in patients.
- Community pharmacy showed increased numbers of vaccines delivered this season reflecting their accessibility.
- Learning established from 21/22 and being taken forward into plans for the forthcoming flu season.

Overview of the impact of flu in the South West

- The hospital admission rates and ICU/HDU admission rates with confirmed influenza remains low in the South West. (see Figures 2 and 3)
- Microbiology – The percentage positivity in respiratory samples reported to DataMart continued to remain low for influenza A, influenza B throughout the season.

Figure 3. Hospital admissions with confirmed influenza – SARI Watch (Sentinel Surveillance)

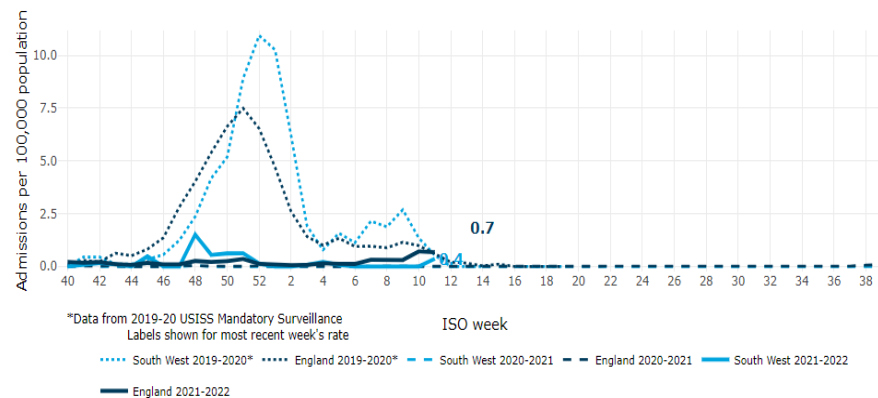


Figure 6. Influenza, SARS-CoV-2 and RSV positivity in respiratory samples – Respiratory DataMart system

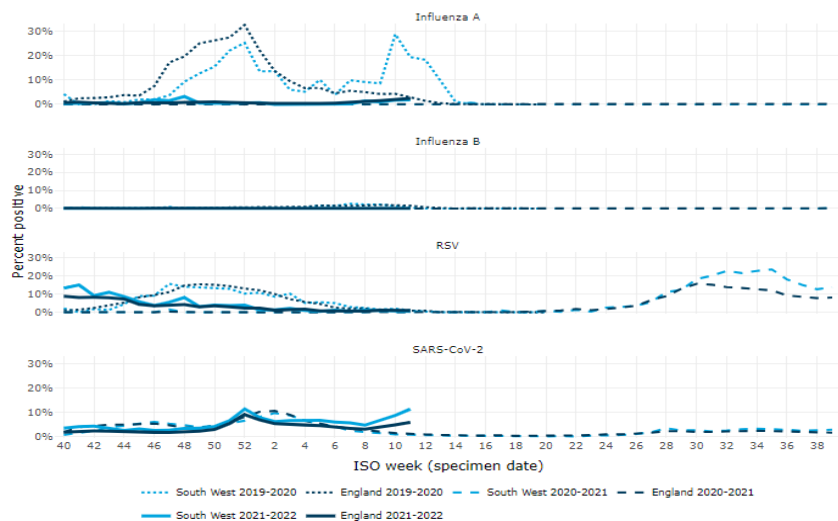
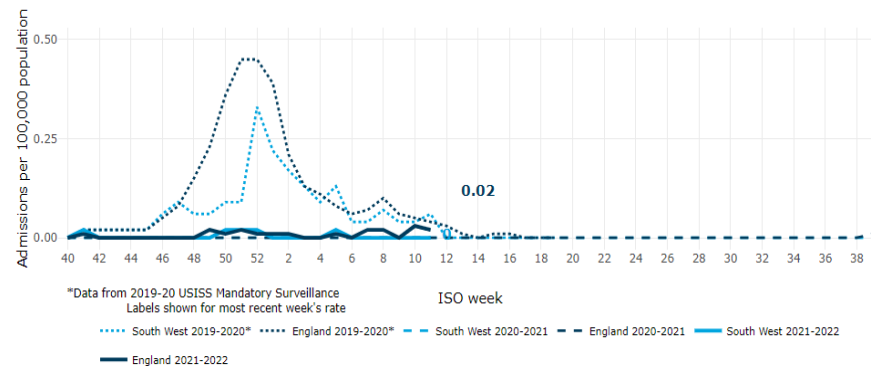


Figure 2. ICU/HDU admissions with confirmed influenza – SARI Watch (Mandatory Surveillance)



System wide Influenza Planning Group

- This system group was established at the start of the season to support and monitor influenza vaccinations across BNSSG. Meetings were held throughout the season.
- Good representation from all parties across the ICS including representatives from primary and secondary care, CCG, Avon LPC, Avon LMC, Local Authorities, Public Health and the Screening and Immunisation Team.
- Lessons have been reflected upon from previous years and to address some of the issues highlighted, a flu data working group, a care provider working group and Flu outreach group were set up.
- A synergistic approach to both the flu and covid vaccine campaigns, with cross system working was an aim for the season.
- Good governance was in place with the System Flu Group which feeds into the BNSSG Vaccination Programme Partnership Board as well as into Bronze command.

Performance locally against end of season ambition

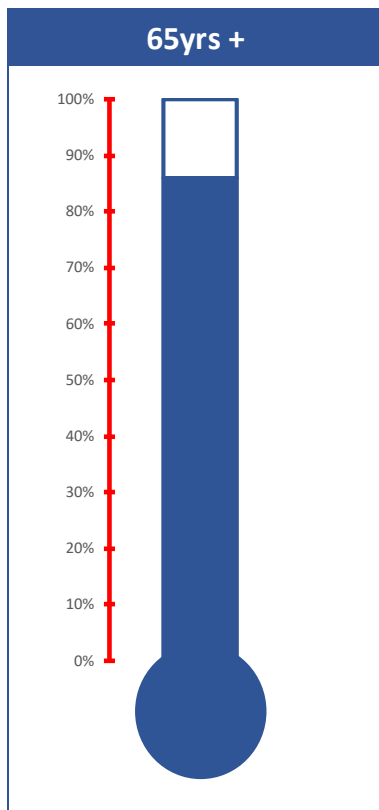
- Overall, uptake has been similar to last season and in line with the South West region.
- National uptake ambition for 21/22 for all groups was at least 75%, with the exception of the over 65 years where the ambition was 85%.
- The total uptake for the over 65 years cohort has exceeded this national ambition and shown an increase compared with the previous season.
- There has been a number of complexities to the service delivery this year following the delay of the flu vaccine, the covid vaccination programme as well as the low levels of flu virus circulating.

Cohort	National ambition	BNSSG uptake 2021/22 (end Feb 22)	BNSSG uptake 2020/21	SW region uptake 21/22 (end Feb 22)
Over 65 years	85%	86%	83%	85%
Clinically at risk (6 months to <65yrs)	75%	56%	56%	58%
Pregnant women (all)	75%	44%	45%	44%
2/3 year olds (all)	75%	55%	64% (2 yrs olds) 65% (3 yrs old)	57%
50-64years	75%	58%	53% (only allowed from 01/12/20)	59%

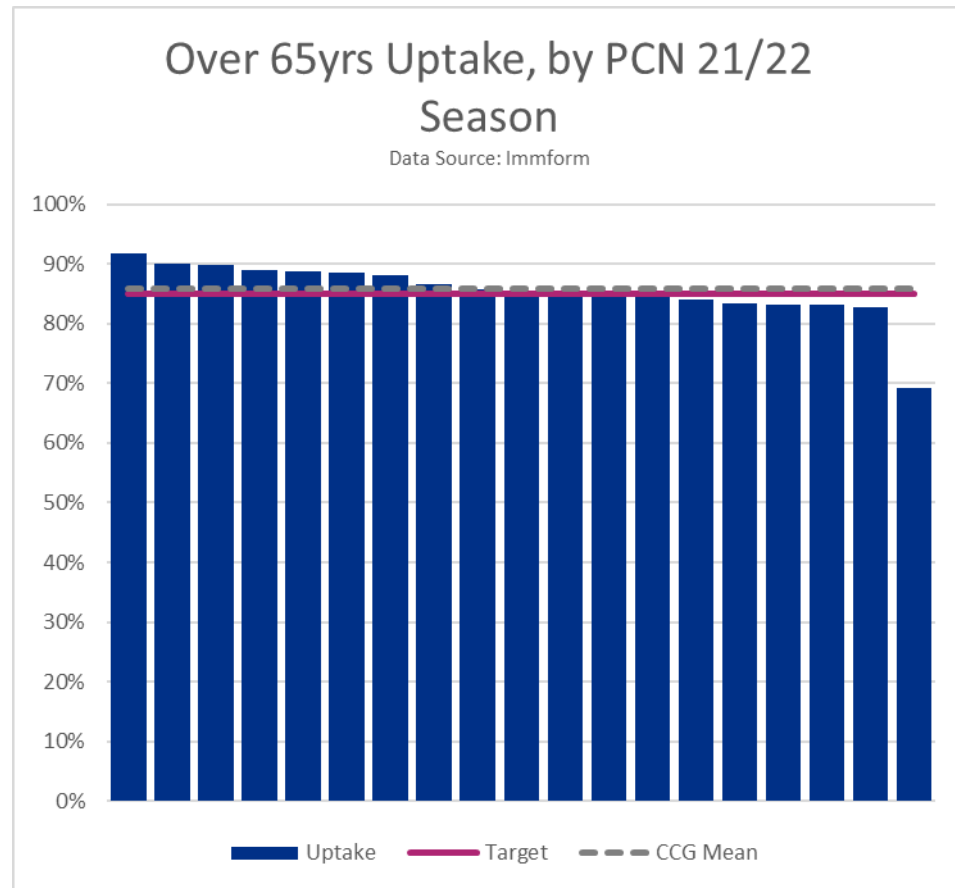
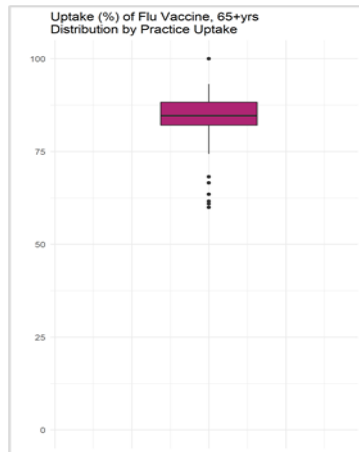
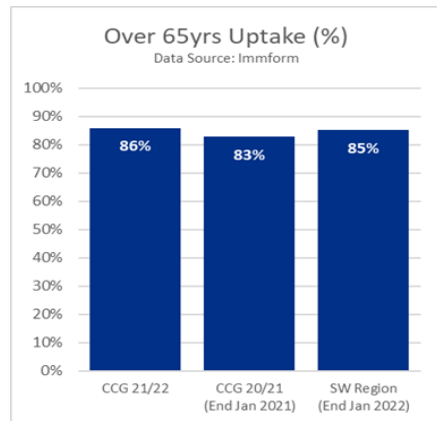
BNSSG data from Immform (as per end Feb 22) <https://portal.immform.phe.gov.uk/> and national uptake data from www.gov.uk

Flu vaccine uptake graphs (over 65 years)

The graphs below show the uptake as per end of February 22 and highlights that the national ambition of 85% was met.



Population	173,210
Vaccinations to date	148,880
Current Uptake	86%
Target	85%
Extra to reach Target	- 1,652
Not Vaccinated	24,330

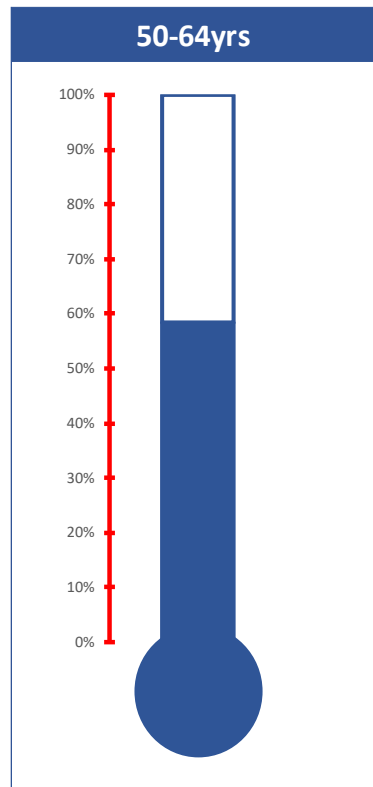


Flu vaccine uptake (over 65 years)

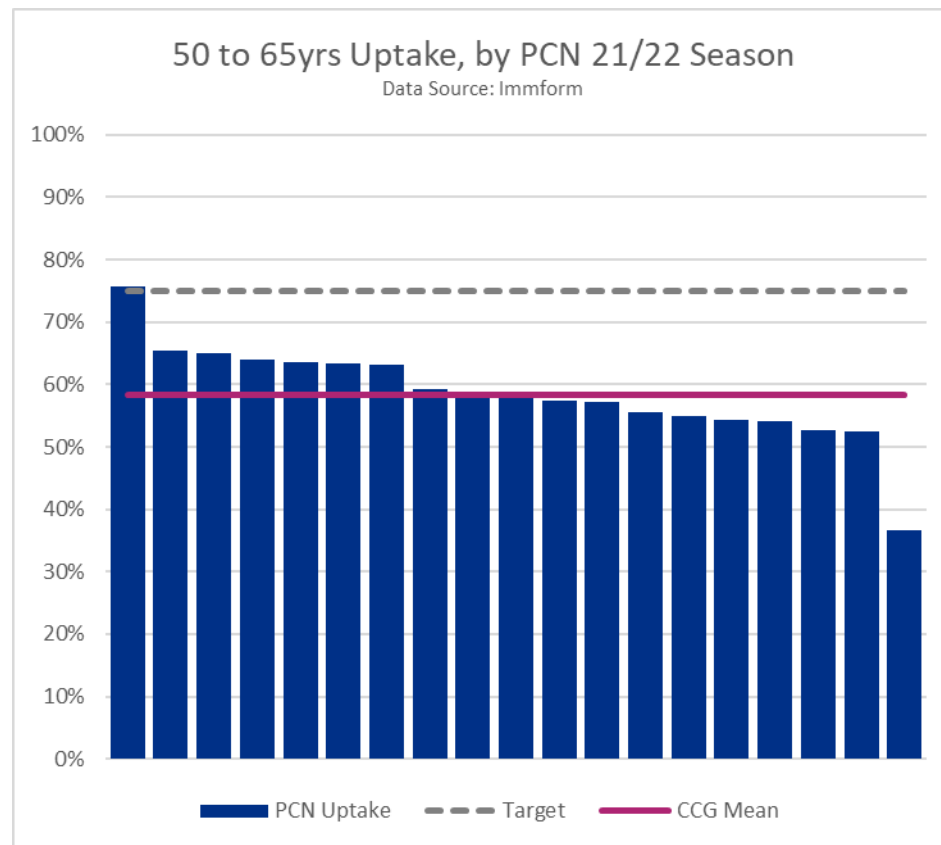
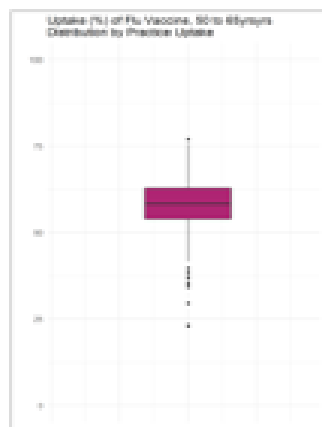
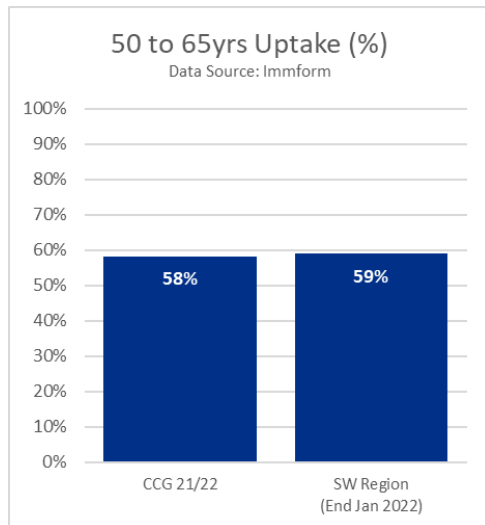
- The uptake in this group was good and the national ambition met.
- Good access to the vaccine via GP and community pharmacy clinics and vaccination of care home residents.
- Care home and housebound patients vaccinated early in the season.
- Similar uptake across PCNs in BNSSG, with the exception of one PCN which is lower across all indicators.
- BNSSG CCG had a similar position to the South West regional uptake.

Flu vaccine uptake graphs (50-64 years)

The graphs below show the uptake as per end of February 22. This cohort was only allowed for part of the season in 2020/21, so hard to predict uptake in 2021/22. Data shows some limited variation across PCNs in BNSSG with some practices meeting the national ambition.



Population	184,783
Vaccinations to date	107,704
Current Uptake	58%
Target	75%
Extra to reach Target	30,883
Not Vaccinated	77,079

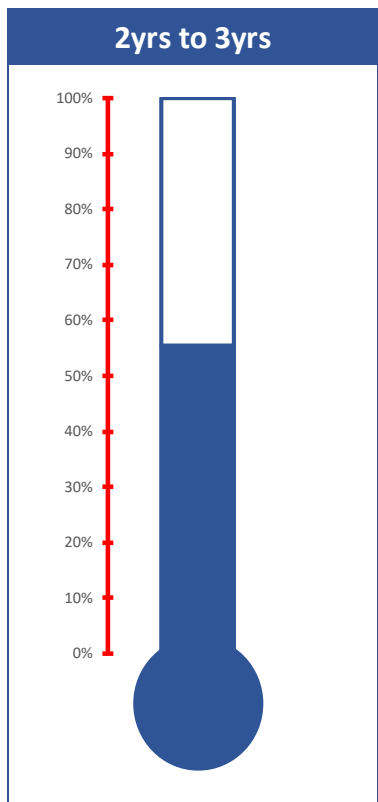


Flu vaccine uptake 50-64 years

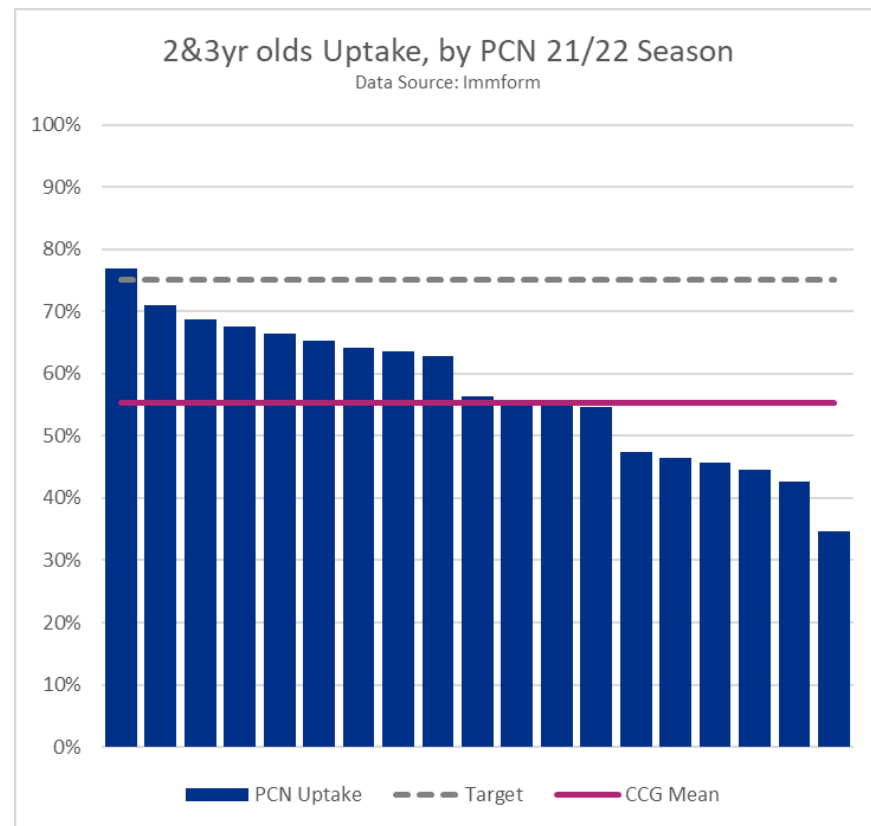
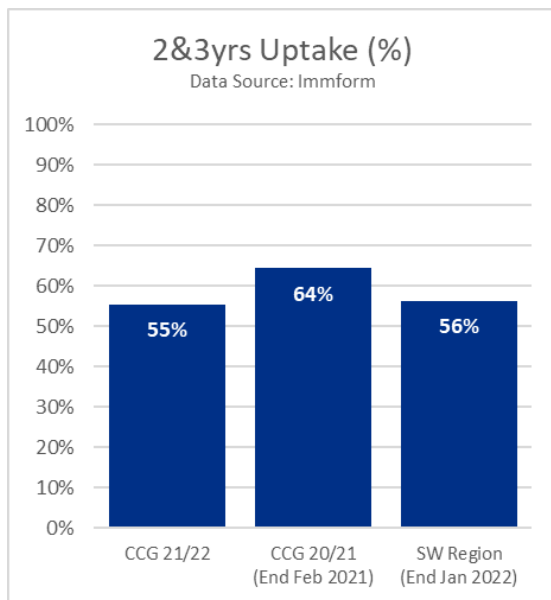
- The demand for vaccine was hard to predict as this was the first full flu season this cohort could receive the vaccine.
- Uptake was 58% as per end of February 22 which is good to note and in line with the South West region. However, given the initial rapid uptake from this group the overall uptake was lower than expected when demand plateaued as the season progressed.
- This group had a good uptake via the community pharmacy route
- This group will not be eligible in 22/23 unless the patient is in a clinical at-risk group and so public communications will be required to highlight this change.

Flu vaccine uptake graphs (2 and 3 years old)

The graphs below show the uptake as per end of February 22. This highlights that the national ambition was not met and that there is some variation across PCNs in BNSSG.



Population	21,790
Vaccinations to date	12,064
Current Uptake	55%
Target	75%
Extra to reach Target	4,279
Not Vaccinated	9,726

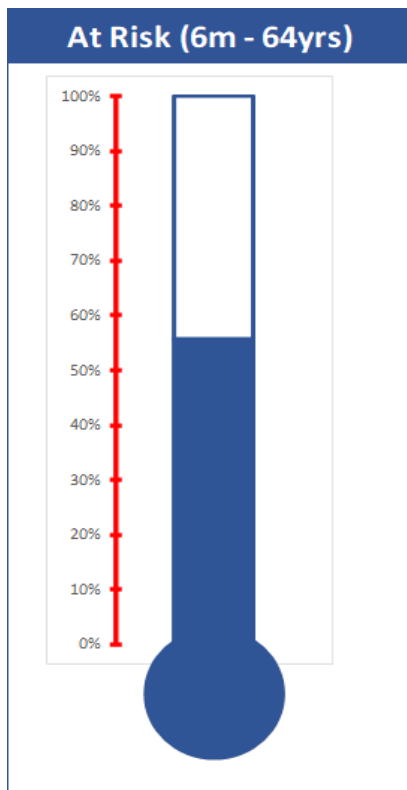


Flu vaccine uptake (2 and 3 year olds)

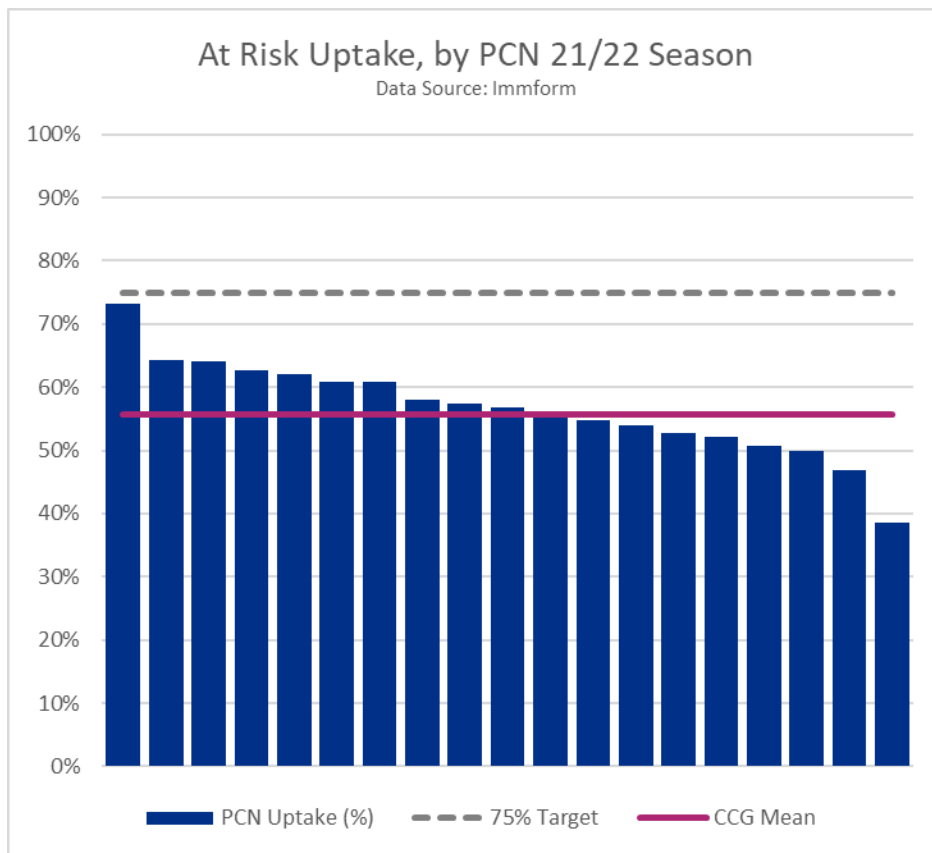
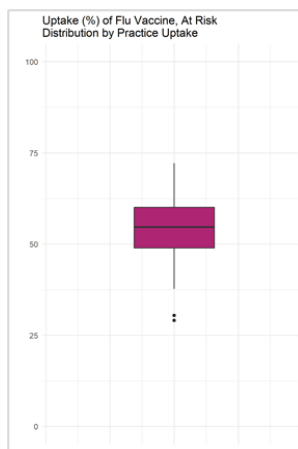
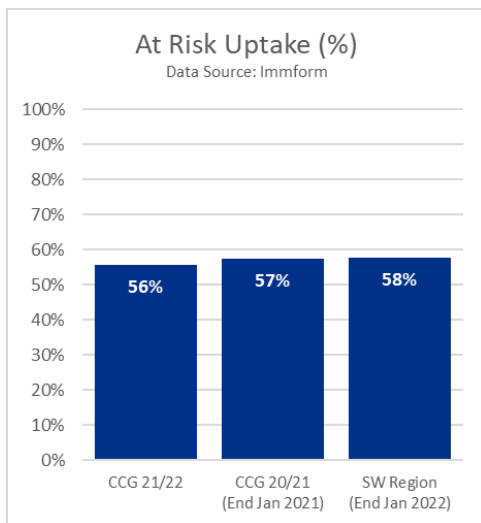
- 55% uptake at the end of February 22, this is similar to the South West average but lower than last season in BNSSG.
- Variation noted across PCNs in BNSSG. Therefore a pilot was investigated to target those in low uptake areas but commissioning arrangements this year prevented this from progressing. Feedback has been shared with NHS England in relation to the issue of the vaccine currently only being available via GP practices.
- Caafi Health (who empowers local communities to access local health care and work to address health inequalities) along with community leaders helped with supportive vaccination messaging.
- Targeted communications were issued to nurseries and childminders via the Local Authorities.
- Low uptake PCNs were contacted and additional clinic invites and reminders issued to this patient group.
- High levels of Respiratory Syncytial Virus (RSV) in the early Flu season may have impacted on uptake.
- This cohort will continue to be a focus for the 22/23 season.

Flu vaccine uptake graphs (at risk groups)

The graphs below show the uptake as per end of February 22. This highlights that the national ambition was not met however uptake was similar to last season and the South West average.

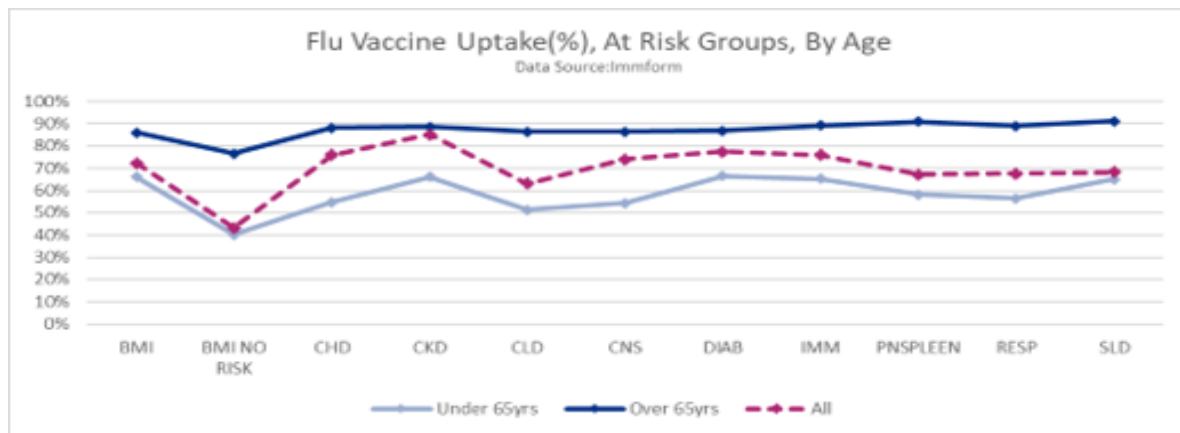
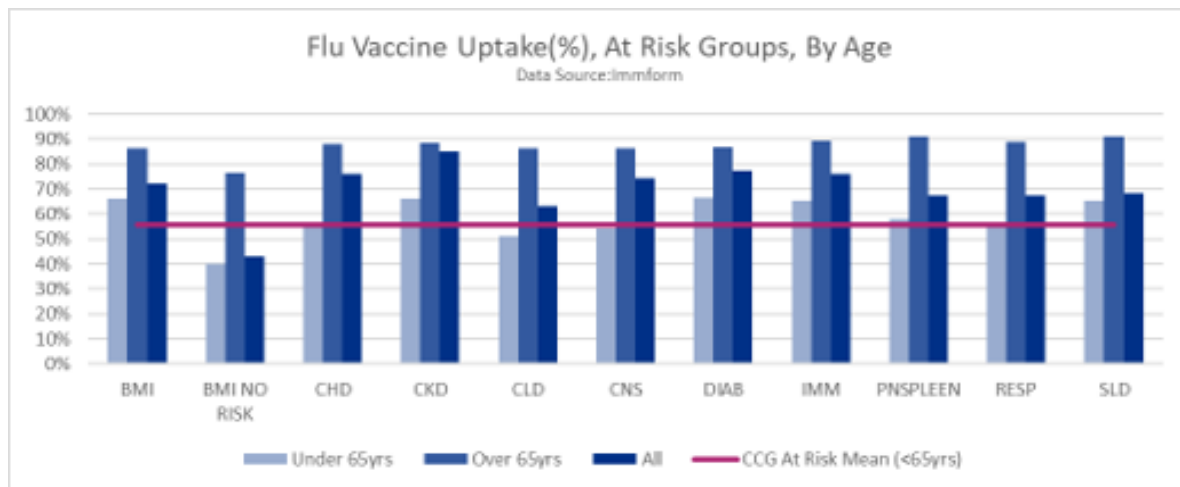


Population	149,326
Vaccinations to date	83,128
Current Uptake	56%
Target	75%
Extra to reach Target	28,867
Not Vaccinated	66,198



Flu vaccine uptake graphs (at risk groups) continued

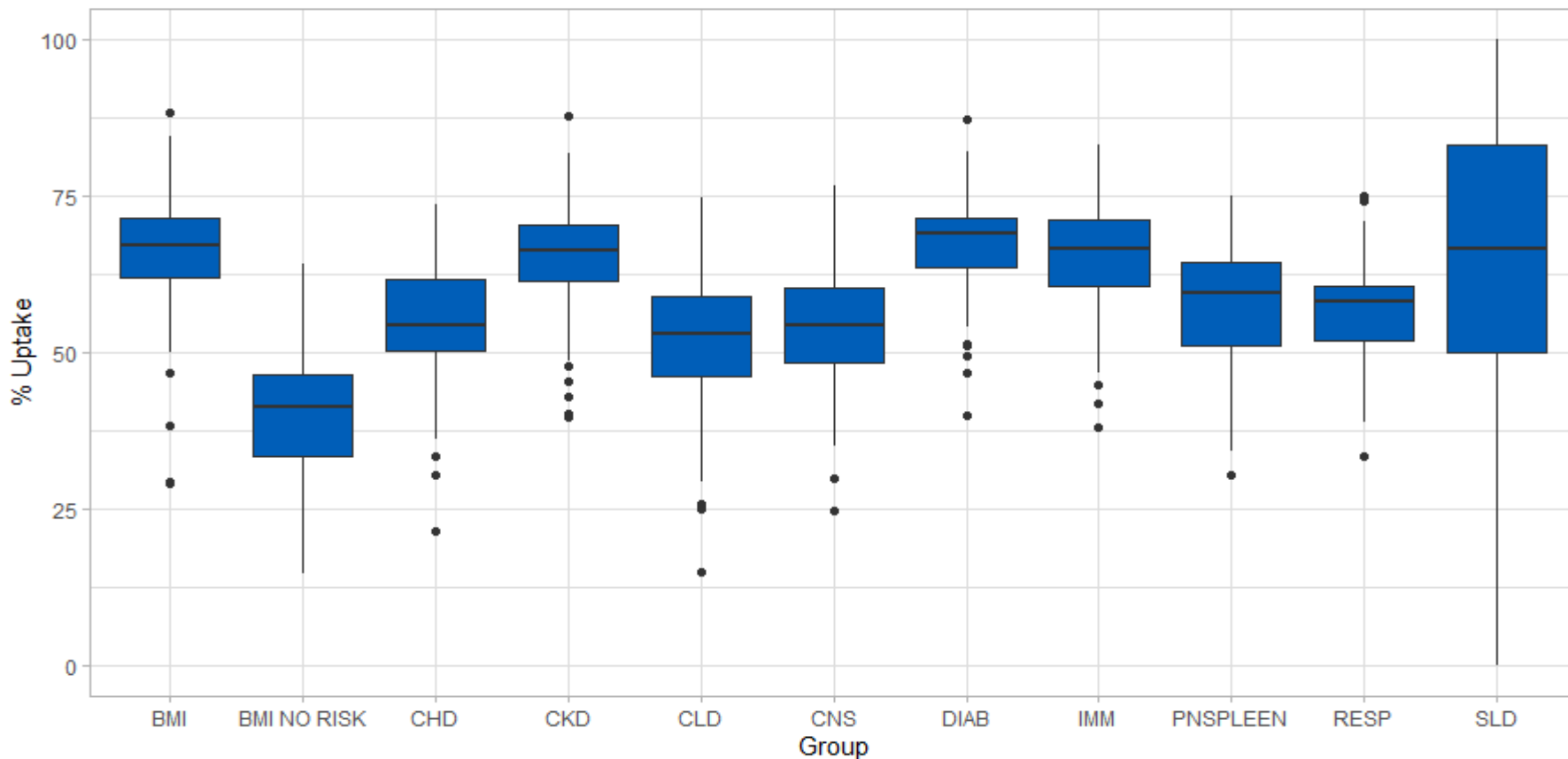
The graphs below show that the uptake was lowest in chronic liver disease and in those patients who are chronically obese with no other risk factors. The data also shows that those aged under 65 years in the at risk groups had a lower uptake.



Key	
BMI	Patients with morbid obesity (BMI>=40) and in one or more other clinical risk group
BMI NO RISK	Patients with morbid obesity (BMI>=40) only
CHD	Patients with chronic heart disease
CKD	Patients with chronic kidney disease
CLD	Patients with chronic liver disease
CNS	Patients with chronic neurological disease (including stroke/TIA, cerebral palsy or MS)
DIAB	Patients with diabetes with other relevant endocrine conditions
IMM	Patients with immunosuppression
PNSPLEEN	Patients with asplenia or dysfunction of the spleen
RESP	Patients with chronic respiratory disease
SLD	Patients with severe learning disability (sub-set of 'Patients with chronic neurological disease')

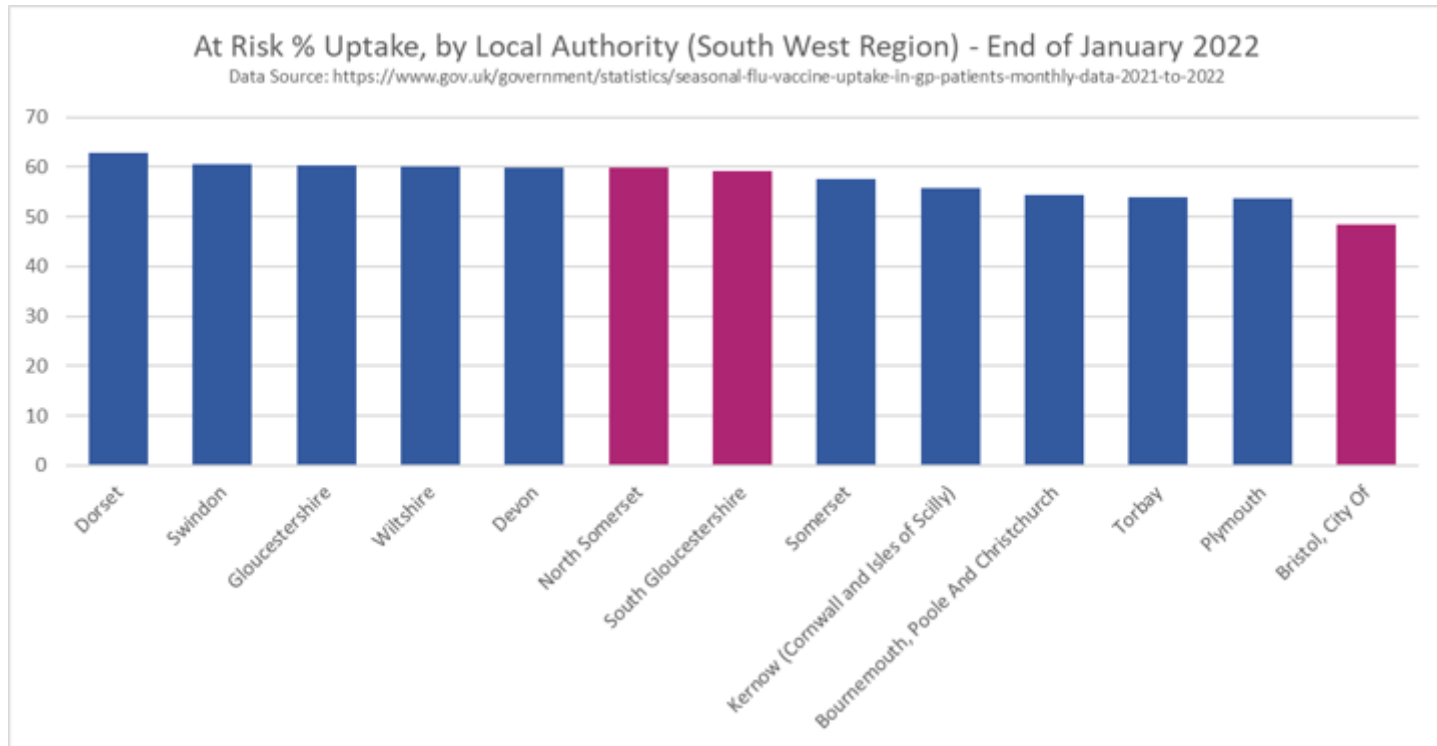
Distribution box plot for at risk cohort for 21/22 season

Uptake for At Risk cohort, 6m to 64yrs, by category
Distribution in each category represents Practice uptake



Flu vaccine uptake graphs (at risk groups) continued

The following graph shows the uptake per Local Authority and highlights population differences with Bristol showing the lowest uptake across the region.



Flu vaccine at risk cohort

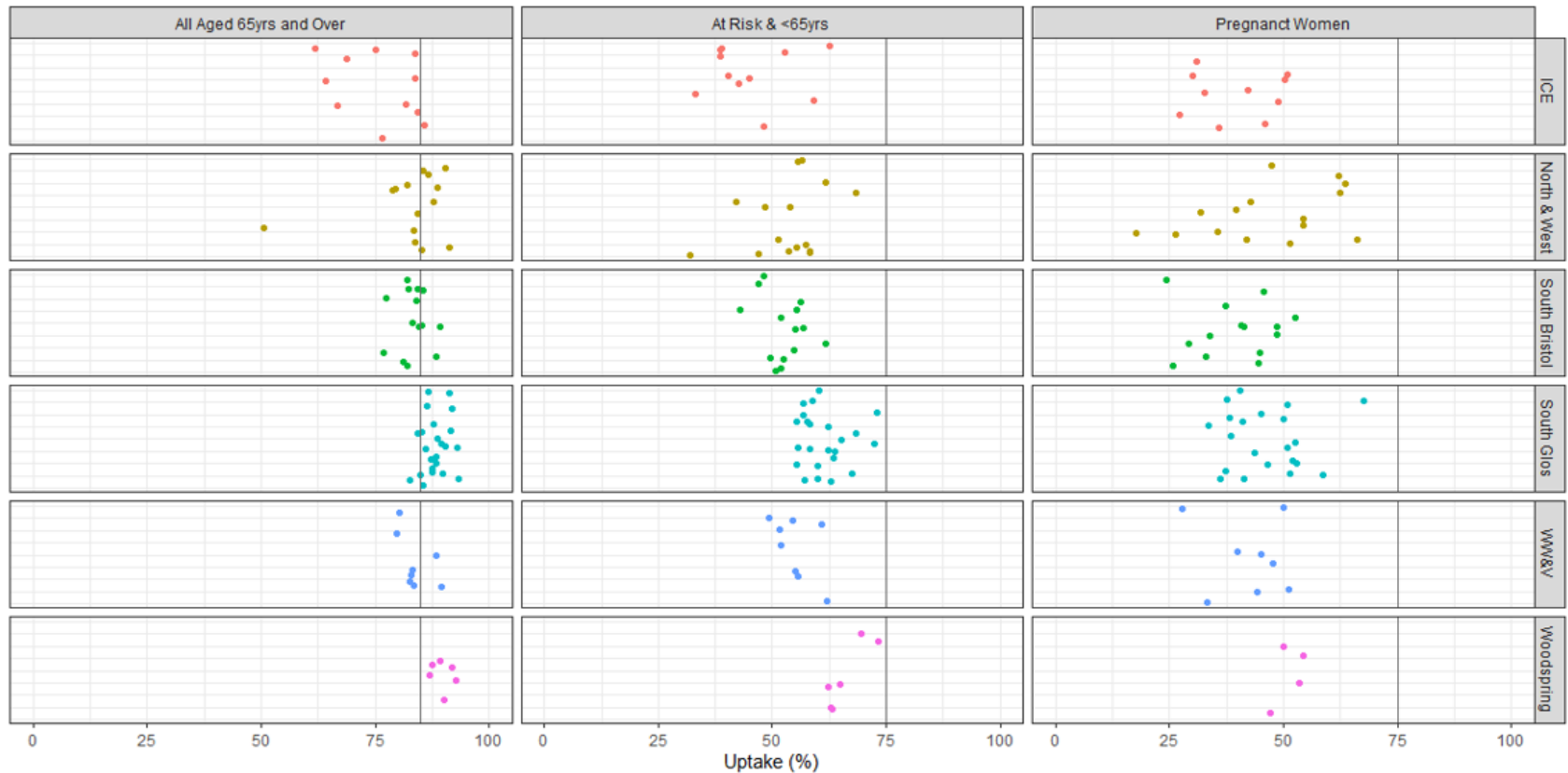
- The data highlights an overall uptake of 56% for the at risk groups. This is similar to the South West region uptake.
- Local data shows that the liver cohort and chronic obesity (no other risk factors) cohort had the lowest uptake. When reviewing the effect of age on this at risk cohort, the data shows a higher vaccine uptake in those aged over 65 years.
- Further review of the uptake data suggested a lower uptake in men, in particular working age males. For example the respiratory cohort showed a 51.1% uptake in males and 61.5% uptake in females. Further work is needed to understand this difference and targeted communications needed.
- Although at risk children are able to have vaccination via their GP practice, many have via the school immunisation programme. As the primary school offer was delayed this season, due to the delivery of the covid vaccination combined with child absence as a result of covid, this may have affected uptake, however, multiple offers of vaccination were offered to this group.
- The box plot shows there are a number of outliers across all clinical areas, with one practice showing a higher uptake for some of the cohorts. Chronic kidney disease and diabetes showed a few practices behaving differently with their lower uptake from the wider group highlighting them as statistical outliers. This data will be shared with these practices to help inform their plans for next season.
- Secondary care were able to vaccinate at risk patients this year and UHBW developed a new patient vaccination referral process for clinical teams, utilising clinic and discharge lists to identify eligible patients. Further work is planned to encourage all trusts to maximise uptake in at risk patients next season in addition to primary care.

Uptake at locality level

The following chart shows the uptake of the vaccine at locality level for the different eligible groups. This highlights that there are different challenges faced by each locality across BNSSG affecting Flu vaccination uptake which supported the decision to hold outreach clinics in some of the lower uptake areas.

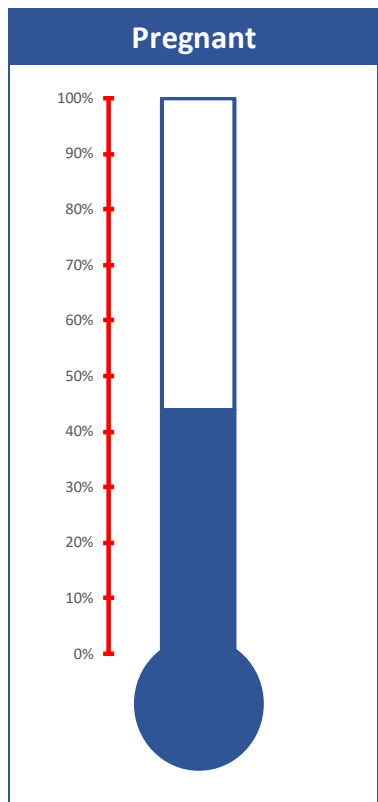
Flu Vaccination Uptake

Practice Uptake, End of February 2022

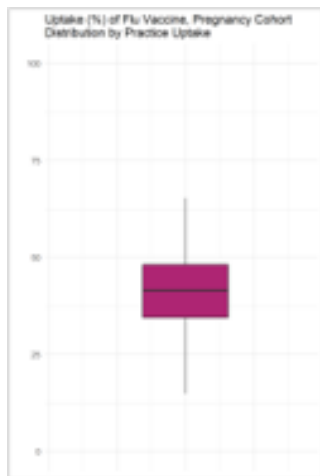
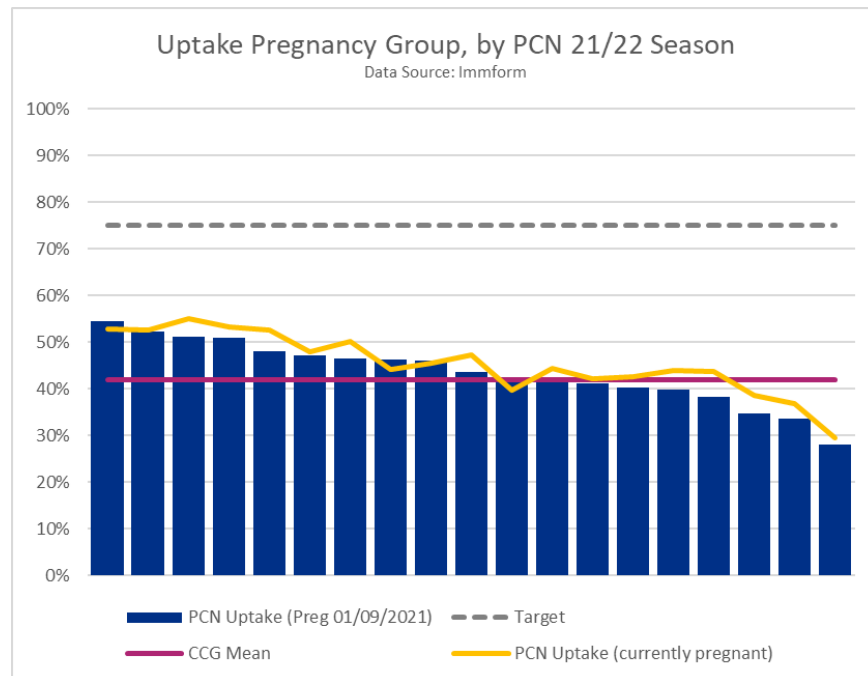
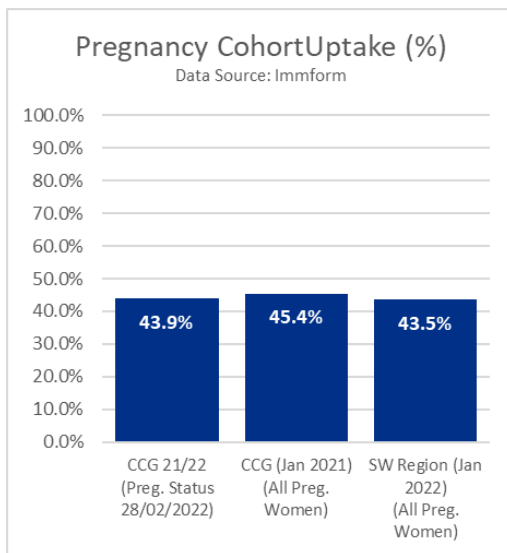


Flu vaccine uptake graphs (pregnancy)

The graphs below show the national ambition uptake was not met as per end of February 22 but highlights that BNSSG are similar to the regional uptake.

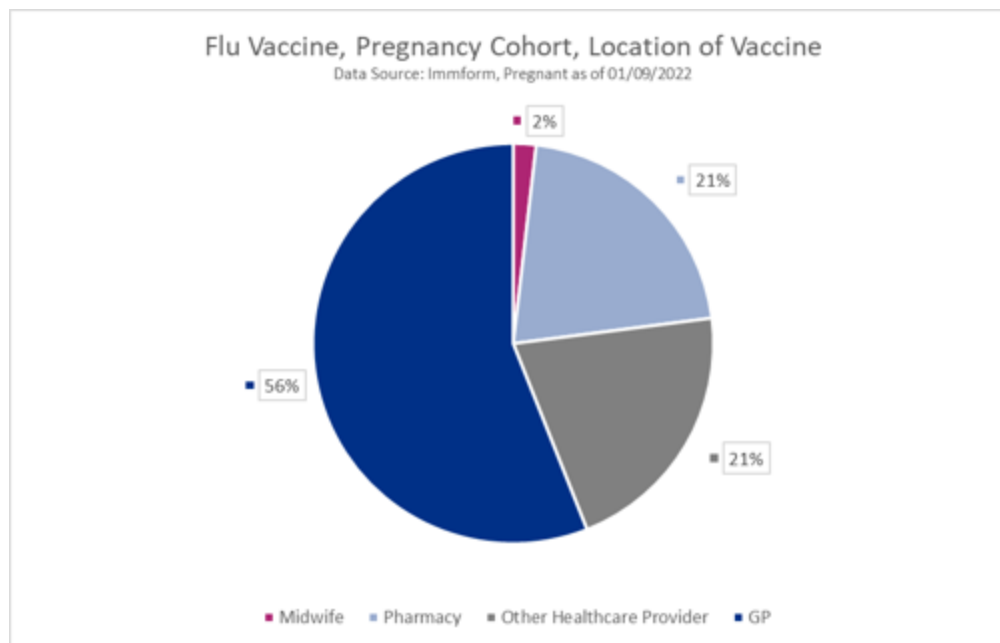


Population	6,157
Vaccinations to date	2,702
Current Uptake	44%
Target	75%
Extra to reach Target	1,916
Not Vaccinated	3,455



Flu vaccine uptake graphs (pregnancy)

The chart below shows that general practice continue to deliver the most flu vaccines to pregnant women. However, good to note the vaccine is accessible from multiple sources including the midwife.



Flu vaccine uptake (pregnancy)

- The data shows the uptake to be 44% at the end of February 22, (based on the pregnancy denominator as of 28/02/22) this is similar to regional uptake and BNSSG's position last season.
- Vaccine offered in GP, Community pharmacy and maternity settings
- Multiple communications were issued including video and social media supported by local clinicians
- There have been some data flow delays this season which meant it was hard to distinguish between reduced uptake and/or missing data. There were also potential quality issues with the pregnancy flag which may have led to an overstated denominator.
- Changes to the messaging around the covid vaccine and pregnancy may have led to confusion and affected uptake in this group.
- Increased vaccine reluctance noted in this group for a variety of reasons
- A vaccines in pregnancy group covering covid and flu vaccines has been set up to try to address the issues in this cohort.

Learning Disabilities population uptake

- Learning disability (LD) is listed as an eligible clinical risk group for the influenza vaccine. This group is now monitored nationally on Immform as either all LD uptake or via a 'severe' LD category.
- NHS Digital has not yet published data on 21/22 season, however uptake identified using Immform data highlights the following as per end of February 22:
 - Uptake in patients aged 6 months and above with a LD as 42.8% (note this includes those aged 65 years and above).
 - Uptake in those aged 6 months and above with a severe LD as 70% (note this includes those aged 65 years and above).
 - Further exploration of the data however shows that only 40.6% of those aged 6 months to 65 years with LD had a vaccination & 67% uptake in those aged 6 months to 65 years with severe LD.
- LD leads at the CCG have been working to encourage good improved coding of LD patients on EMIS through the health checks programme which may have supported better patient identification when practices sent out Flu invites. The covid vaccination programme may also have supported patients in being identified and coming forward for vaccination.
- Also information in relation to reasonable adjustments which could be made such as use of the nasal spray flu vaccine and easy read resources were sent to LD GP leads and GP practice communications.

Community Pharmacy vaccine uptake

Although the majority of vaccines continue to be delivered by General Practice, Community Pharmacies in BNSSG saw a large uptake in Flu vaccinations this year, delivering 73,832 Flu vaccines compared to 42,791 vaccines in the 2020/21 season (these figures are included in the overall uptake totals). This may relate to a number of reasons, including their good accessibility during the pandemic and clinical at risk patients attending the pharmacy to collect their regular prescriptions.

Attendance data shows most patients attended for vaccination during the week but 10.5%(7,754 people) attended at the weekend. The data also suggests that there was an influx of patients presenting for vaccination early in the season which decreased as the season progressed.

Days of Attendance

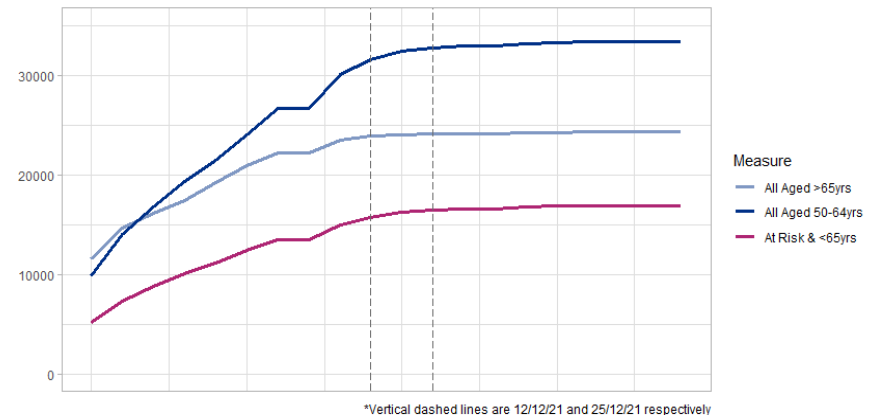
Day of the Week	Number of People
Mon	14166 (19.2%)
Tue	14245 (19.3%)
Wed	12897 (17.5%)
Thu	12871 (17.4%)
Fri	11899 (16.1%)
Sat	6024 (8.2%)
Sun	1730 (2.3%)

Uptake Profile Through Life of Service

Month Commencing	Number of People
Sep 2021	18267
Oct 2021	27605
Nov 2021	20545
Dec 2021	6402
Jan 2022	864
Feb 2022	122
Mar 2022	27

Cumulative Pharmacy Activity by Week and Subgroup

Data source: Immform



Community Pharmacy vaccine uptake continued

The breakdown of the pharmacy data in relation to clinical risk groups shows that the over 65 years cohort had the highest uptake, followed by the 50 – 64 year cohort. Chronic respiratory disease and social care workers were the next highest cohorts. The table below shows the more common groups presenting at pharmacy for vaccination as well as a comparison of these groups with previous years

The data assumes each individual belongs to only one clinical risk group.

Vaccine eligibility	Total patients (21/22)	Total patients (20/21)	Total patients (19/20)
65 years and over	35826	21201	15778
50 to 64 years old	25075	7482	n/a
Chronic respiratory disease	4406	4433	3936
Carer	1030	1982	810
Diabetes	977	1839	1907
Social Care Workers	1221	1375	1199
Immunosuppression	814	823	765
Chronic heart disease	313	644	606

Analysis of Location of service

service_location	Total
Pharmacy	68846 (98.9%)
Long-stay care home or long-stay residential facility	330 (0.5%)
Patient's home	78 (0.1%)
Other	371 (0.5%)

The data above shows that although the majority of vaccines were delivered in a pharmacy, 330 were given in a care home or long stay facility.

Outreach work

- In order to take forward the pop up flu clinic work from last season, which resulted in 33 people being vaccinated via outreach, a working group was set up with representatives from the BNSSG System Flu group who are part of the Covid mass vaccination maximising uptake group to ensure both vaccination programmes were aligned and that lessons learnt were taken forward. Making Every Contact Count was key to success.
- Outreach clinics started mid October and clinics were held in a range of locations such as the Bourneville area of Weston, Hartcliffe and Southmead. Venues included St Paul's Learning Centre, Southmead Mosque and the Rock community Centre. It should be noted that taking flu vaccine to those people experiencing homelessness via outreach sessions worked well. Family clinics also received positive feedback with a whole family approach to vaccination.



Overall, 642 flu vaccines have been given via outreach up to 3rd March 2022. It was positive to note that despite the flu programme being around for many years, a number of people vaccinated were presenting for their first flu vaccination, some co-administered with a Covid vaccine.



Outreach work

Feedback suggests the offer of a flu vaccine alongside a Covid vaccine has been positive.

Support from community pharmacies as well as Sirona to deliver flu vaccinations in an outreach setting has worked well as has the utilisation of community influencers and trusted voices within the community to support key vaccination messages.

- Community pharmacy delivery model in these clinics was useful as they can deliver to all eligible adult patients regardless of where they live.
- Local uptake data helped to inform us of areas that would benefit from outreach work to ensure we were targeting areas with the lowest uptake.
- Working with Caafi Health and Local Authority Community Champions along side VSCE agencies helped to support raising awareness of the flu vaccine eligibility in trusted settings and helped us to capturing insights to inform and shape future opportunities.
- Difficulties however were faced when trying to expand the offer of 2 and 3 year olds in these communities due to current commissioning arrangements and this has been feedback to NHS England.
- Outreach work was presented at the South West regional Flu programme review meeting in April 22.



St Paul's walk-in vaccination clinic 13th November 2021



137 adult COVID vaccinations
21 1st, 42 2nd, 74 boosters
44 Adult Flu
10 Children's COVID
35 Children's Flu
19 injectable, 16 nasal

Examples of outreach Flu and Covid vaccination clinics

The Rock Community Centre walk-in vaccination clinic 20th November 2021



240 COVID vaccinations
58 Adult Flu

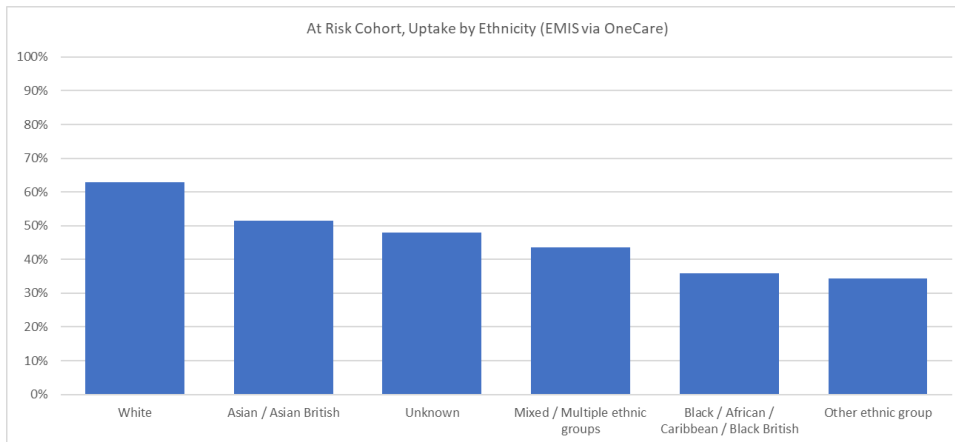
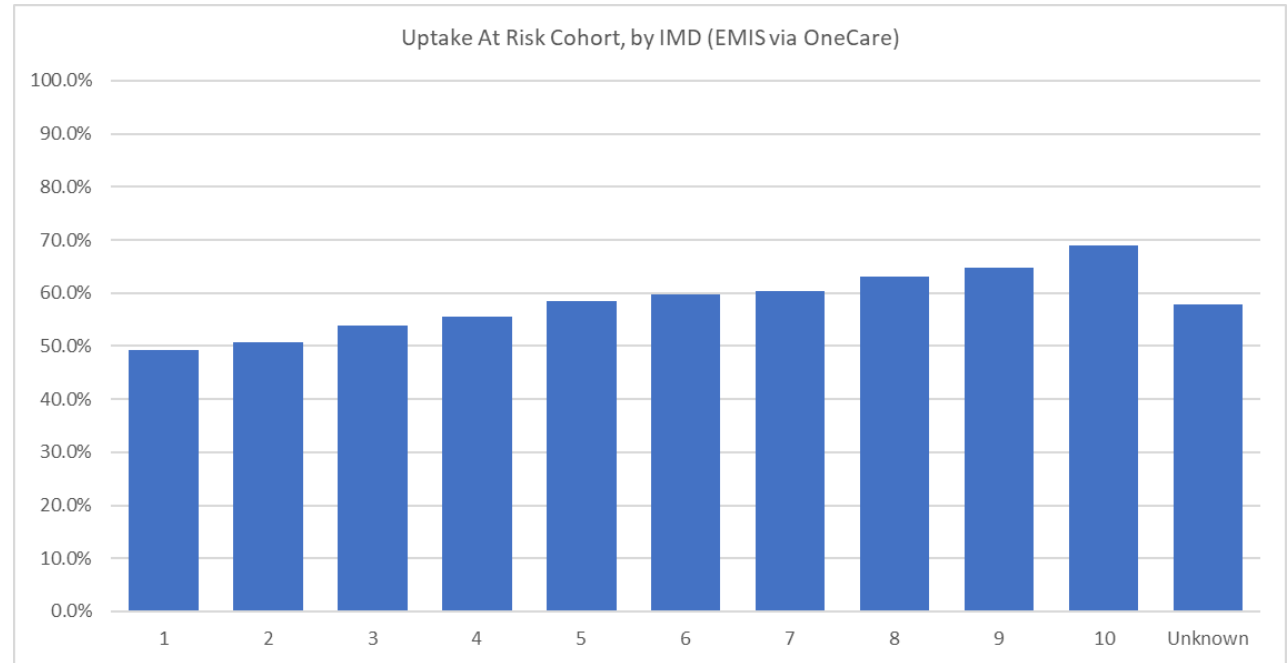
Shahporan Islamic Centre walk-in vaccination clinic 27th November 2021



234 adult COVID vaccinations
12 1st, (inc. pregnant women), 15 2nd
56 Adult Flu
21 Children's COVID
73 Children's Flu
40 injectable, 33 nasal

Outreach At Risk Group

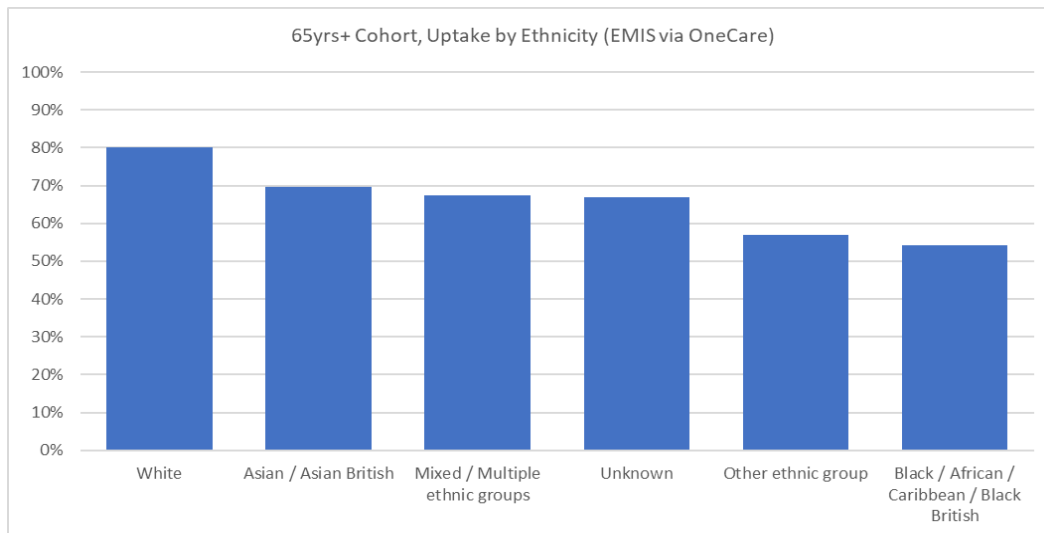
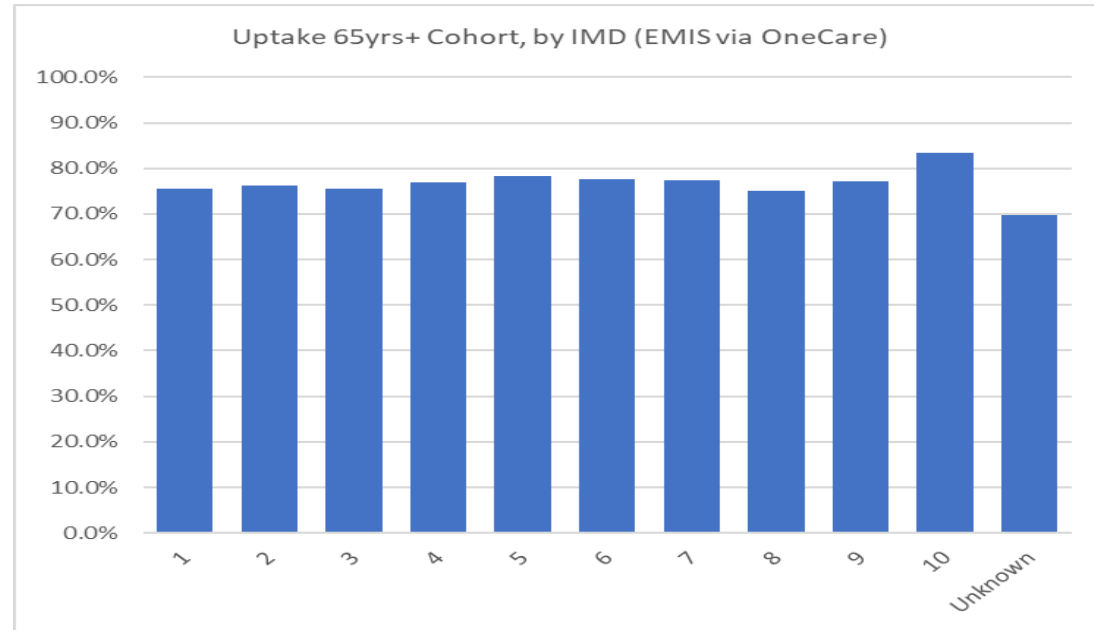
Note: IMD refers to Index of Multiple Deprivation
IMD1 – Most deprived areas
IMD 10 – Least deprived areas



Data for end Feb 22

Shaping better health

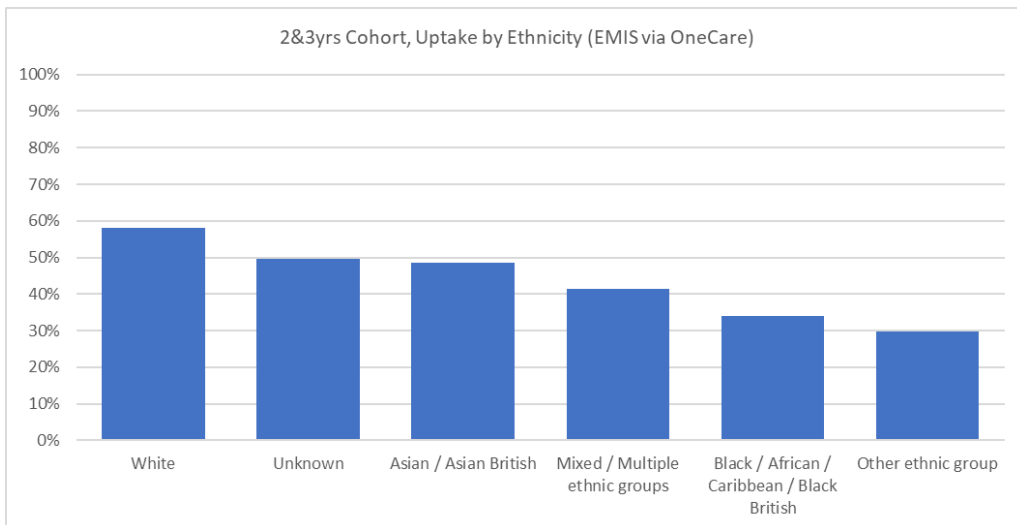
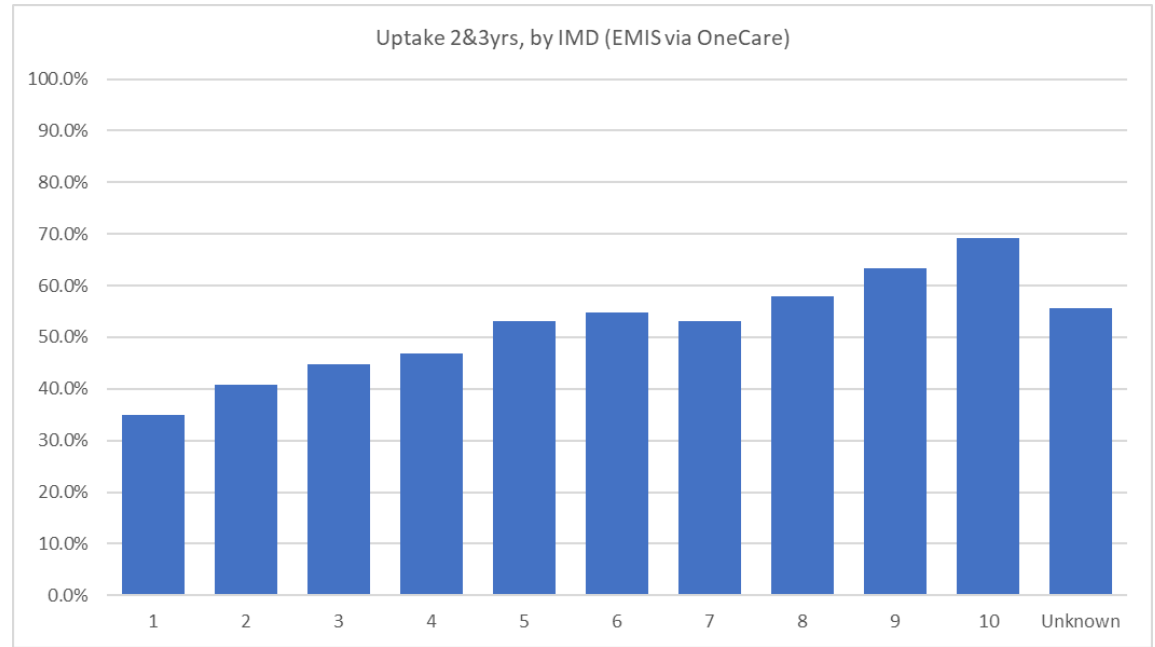
Outreach Over 65yrs Cohort (subset of)



Data for end Feb 22

Shaping better health

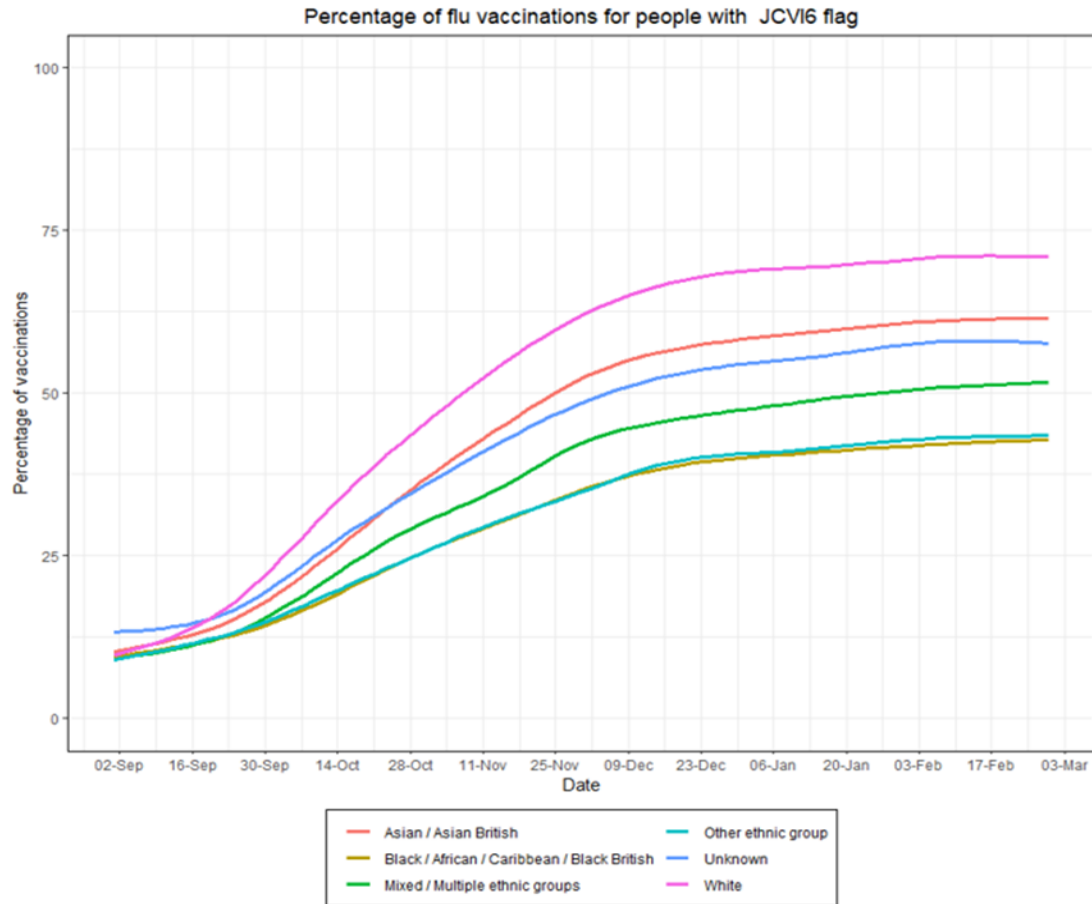
Outreach 2&3yrs Cohort (subset of)



Data for end Feb 22

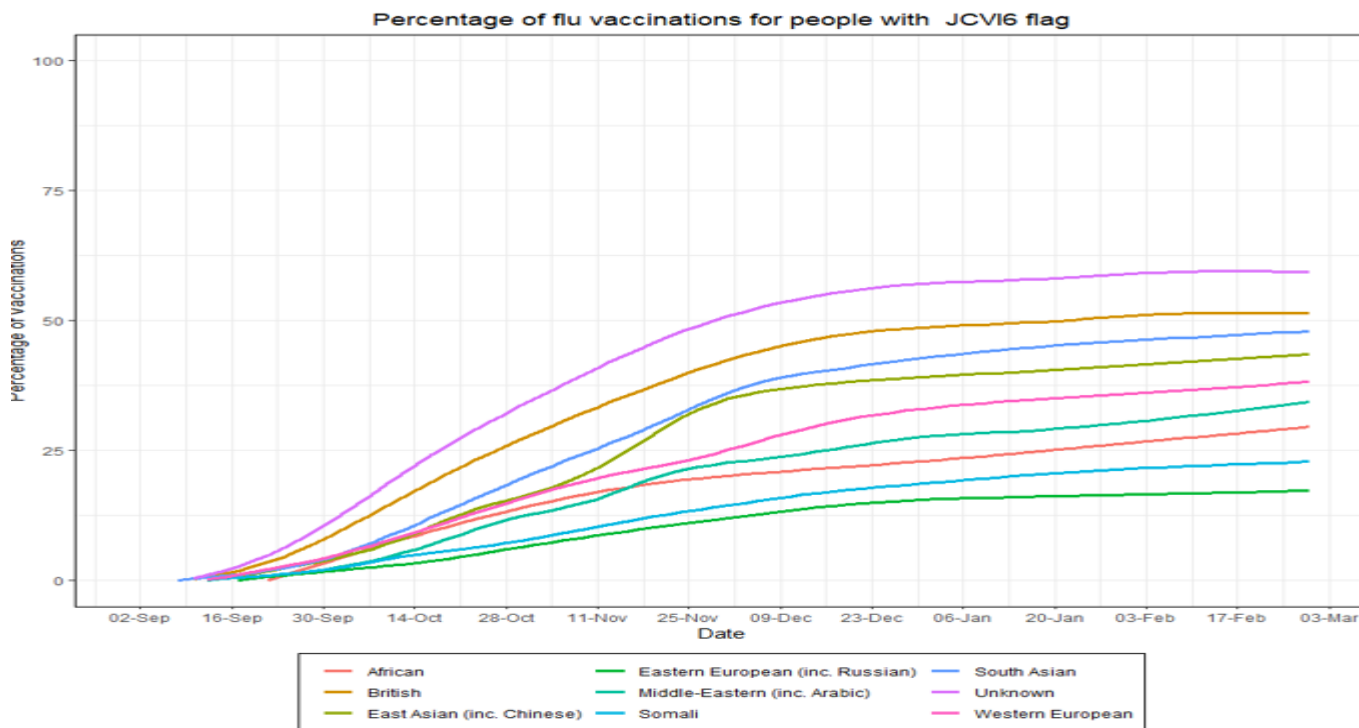
Shaping better health

The following graph shows the uptake in the at risk cohort across the different ethnicity groups and shows that this is proportionate across the groups with increases throughout the season, however the BAME and mixed/multiple ethnic groups had smaller increases.



The following graph shows the uptake in the at risk cohort across the different spoken languages. This shows a similar picture to the previous slide with those of British language or with a western European language having an overall higher uptake with increases throughout the season.

It is interesting to note that there is a steep increase in uptake in the Eastern Asian group in November. This may have been related to covid outreach work, informative discussions and myth busting. The ongoing increases in uptake throughout the season including those late in the season, supports the idea that the outreach model is effective at reaching hard to reach communities.



Staff Vaccinations

- All providers submitted local plans to the quality team for review and assurance.
- Providers remain focused on capturing all clinical frontline staff in their vaccination programme.
- The national target was to achieve a 100% offer of flu vaccinations to frontline clinical staff. Since the autumn the Vaccination Programme has required to remained agile, ensuring an accessible flu and COVID-19 staff vaccination offer against a backdrop of evolving NHS policy and requirements.
- Despite challenging times, high vaccination uptakes were noted by some of our providers, with UHBW showing an uptake of 84%.
- The NBT Flu uptake may have been affected by diversion of resource to the covid vaccination programme and workforce availability due to covid infection. There was also a potential issue in collating all staff vaccination information, if they had a vaccine elsewhere.

Influenza vaccine uptake (FHCW)	2019/20	2020/21 (as per end of Feb 21)	2021/22 (as per end of Feb 22)	Change from 20/21 to 21/22
UHBW*	84.7% UHB, 84.0% Weston	86.40%	84%	↓
Sirona*	BCH -74.0%, Sirona - 58.8%, NSCP- 83.2%	86%	73%	↓
AWP	55%	71%	57%	↓
NBT	82%	65%	59.1%***	↓
*classed as separate organisations in 2019/20				
***From NHSE data based on staff on ESR record and so may include some non-frontline staff. Work is ongoing to review data flows into Foundry.				

Staff Vaccinations - Provider Learning

Positive strategies that supported staff vaccination included:

- Clear strategy and action plans in place reflective of local and national requirements.
- Demonstrate commitment by senior teams
- Clear communication plans with resources such as flu vaccination intranet pages
- Ongoing monitoring of staff uptake which was then communicated to relevant parties e.g. via a 'Jab-o-Metre' or at team meetings
- UHBW used an electronic system for vaccines' pre-screening and consent. This led to reduced admin time spent processing paper forms as well as a more accurate, live data capture which the Programme has then used to tailor its vaccination offer.
- The use of Vaccination(Flu) Track by Sirona and AWP to not only book appointments but monitor uptake was found to be helpful.
- It was important to ensure the vaccination clinics were accessible and able to accommodate all staff such as night time workers.
- With the co-administration of Flu and COVID-19 vaccinations now established, providers will work to consolidate Adult flu and COVID-19 (including multiple COVID-19 vaccines) processes including vaccinator training. This will not only bring efficiencies but also has the potential to improve the quality of the siloed vaccinator training currently on offer and ultimately the care provided.

Staff Vaccinations - Provider Learning

Areas highlighted as going less well:

- Differences in uptake data mechanisms have resulted in disparity e.g. Foundry vs Immform and national advice on Frontline Health Care Workers (FHCW) denominators added to this.
- Vaccination uptake has been historically lower in the Black Caribbean, Black African, other Black background, Asian and Minority Ethnic populations leading to disparate outcomes and varied access to services. UHBW monitored uptake by ethnicity as part of their flu and covid vaccination programmes and their results were alarming with these groups showing low uptake this year. UHBW plan to pilot some actions to improve uptake after which actions with positive uptake can be shared with other local trusts.
- In contrast to previous years, UHBW saw a reduction in the number of people who had a peer-to-peer flu vaccine. This was due to increased demand upon staff working within clinical areas, challenges around in-clinic/in-ward space and the ability for staff to receive both their Flu and COVID-19 vaccinations in one appointment at the Hospital Vaccination clinic.
- AWP noted that having a delay in the delivery of the vaccines from the suppliers impacted on the number of clinics that could have been provided early in the season and this delay was also linked to a decrease in enthusiasm for having the vaccine.

Staff vaccinations

CCG staff:

- Staff were offered two options: (1) Community Pharmacy based Flu voucher scheme (2) Clinics supported by Sirona care & Health.
- Clinics appointments across the BNSSG area, so accessible to staff working from home.
- FluTrack system (Sirona) was used to manage appointment bookings.
- 219/534 41% of staff opted in to have the Flu vaccination via this route with:
 - 14% staff members have been sent a Flu voucher
 - 27% staff opted for the Sirona Flu clinics
 - A number of staff members were vaccinated elsewhere outside the CCG offer

This is a decrease from the number vaccinated via the CCG offer in 2020/21 flu season whereby 56% of staff were vaccinated, however, it is likely that the actual number vaccinated is higher as a number of staff would have been eligible for vaccine due to the national offer to the 50-64yr cohort and so may have chosen to have their flu vaccination alongside their covid vaccination at their GP practice or pharmacy due to the CCG occupational offer only being for the flu vaccine.


A CCG staff survey was shared via CCG communications to seek feedback from staff. Although the response rate was lower than hoped with 69 responses, it highlighted that 81% of staff who responded had received the vaccine either by the CCG offer or via another route. Feedback suggested that although staff were generally able to access the Sirona based clinics, there was a preference towards the clinics at 360 (previously known as South Plaza).


Staff vaccinations


Local Authority:


Winter resilience training was offered again this flu season to care home staff to try to alleviate any issues and encourage the vaccine uptake in both residents and staff in care homes. This was a joint system led session including Local Authority representatives, screening and immunisation team, Public Health England and the CCG.

Although resident uptake was noted to be good, the uptake in staff was low and will need to be a focus for next season. The data below is taken from the Capacity Tracker (March 22) which is subject to some limitations such as the reliance on self reporting from the care homes and the staff themselves informing their employer about their vaccinations.

Residents					
	No. Residents	Total Vaccinated	Not Vaccinated	% Vaccinated	
South Gloucestershire Council	1817	1536	281	84.5%	
Bristol City Council	2306	1873	433	81.2%	
North Somerset District Council	2266	1968	298	86.8%	
ALL STP	6389	5377	1012	84.2%	

Staff (Permanent)					
	No. Staff	Total Vaccinated	Not Vaccinated	% Vaccinated	
South Gloucestershire Council	2731	875	1856	32.0%	
Bristol City Council	3916	1129	2787	28.8%	
North Somerset District Council	3154	1223	1931	38.8%	
ALL STP	9801	3227	6574	32.9%	

Staff (Agency)					
	No. Agency	Total Vaccinated	Not Vaccinated	% Vaccinated	
South Gloucestershire Council	113	11	102	9.7%	
Bristol City Council	243	17	226	7.0%	
North Somerset District Council	223	31	192	13.9%	
ALL STP	579	59	520	10.2%	

Staff (Dom Care)					
	No. Staff	Total Vaccinated	Not Vaccinated	% Vaccinated	
South Gloucestershire Council	2279	359	1920	15.8%	
Bristol City Council	2716	553	2163	20.4%	
North Somerset District Council	1927	285	1642	14.8%	
ALL STP	6922	1197	5725	17.3%	

Communications

- Good communications are key to ensuring a successful Flu campaign. This season it was highly important to work as a system to promote the flu vaccine as well as the covid vaccine as well as to prioritise the uptake among vulnerable groups, hard-to-reach and underserved communities.
- A local BNSSG winter communications group ensures consistent messaging across the Integrated Care System.
- A new health literacy booklet was developed to support people keeping well over the winter months and this will include vaccination information.
- National communications have been produced for the staff vaccine programme and patient facing communications/ tools were also available. The wider national winter vaccination communications include an integrated campaign signalling the importance of both the flu and covid vaccines building on learnings from previous flu and COVID-19 vaccine marketing activity to bust myths, overcome barriers and hero the benefits of vaccines to drive uptake effectively. A 'boost your immunity' national headline campaign was also available and materials shared in a PHE [campaign resource centre](#).



Communications continued

- Locally this included the development of a local 'grabajab' webpage to promote the Flu vaccination campaign alongside the Covid booster vaccinations. Items on BBC Points West and BBC Radio Bristol supported by local GPs and Community Pharmacists. A Radio Ujima session was also undertaken to highlight the importance of vaccination.



A local maternity focused social media video and a 2 and 3 year olds focused social media video has been filmed to help encourage uptake in these specific cohorts. Local Authorities also issued communications regarding this cohort to childminders and nurseries to support uptake.

- To prevent the Flu messaging becoming lost in ongoing Covid campaigns, BBC Points West and ITV West Country have had specific features on Flu vaccinations, with the filming taking place in a local GP vaccination clinic.
- NHS England/ PHE have also issued a communication to GP reception staff to ensure they were aware of the eligible cohorts for the Flu vaccine this year.

NHS Bristol, N Somerset & S Gloucestershire CCG @BSSG_CCG

We're calling on people who are pregnant to come forward for their flu vaccine – there's still time to protect yourself from flu this winter.

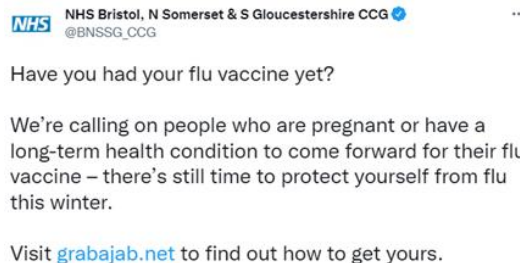
Visit grabajab.net to find out more.

[youtube.com/watch?v=OnLKib...](https://www.youtube.com/watch?v=OnLKib...)
#Bristol#NorthSomerset #SouthGlos



Communications continued

- Public communications were also published including the development of an animation which explained to patients how they can help protect themselves against flu this winter. Communications have included information for children, eligible adults and pregnant women, and details why it's very important that people at increased risk from flu, or who care for someone vulnerable, have their free vaccination every year.



- Regular communications relating to Flu were issued to practices in the General Practice Bulletin and a Flu resource webpage available on the One Care Teamnet website. Recent reminders have included supporting patients with learning disabilities with their flu vaccinations and reminders about vaccinating clinically 'at risk' children.

Learning from 21/22: What went well?

- Having a good system wide focus for the programme
- Accessible vaccinator training through collaboration with the Avon Local Medical Committee (LMC) and Training Hub
- The community outreach clinics to support the 'hard to reach' groups showed positive results. In particular the family clinics and homeless work. Effective engagement and relationships with community groups through Community Champions and by working with VSCE agencies and Caafi Health. The offer of interpretation and translation services at clinics was noted to be of particular support.
- Supporting practices digitally by working in conjunction with OneCare e.g. EMIS searches to help identify eligible patients
- Establishing local data flows early in the season and ensuring focused Business Intelligence input was invaluable to address health inequalities and to ensure the outreach work was data led.
- TeamNet communications, Flu webpage and Frequently Asked Questions have been invaluable to address queries in Primary Care
- Good relationships between community pharmacy and GP practices
- Media coverage of the Flu vaccination programme went well, showcasing vaccinations in both GP and pharmacy settings
- Community Pharmacy delivered more vaccine than in previous years
- New patient vaccination referral process for clinical teams and utilising clinic and discharge lists to identify eligible patients worked well at one secondary care trust



Learning from 21/22: What went less well?

- The Covid vaccination programme impacted on the flu vaccination programme, with some patients declining the vaccine and choosing to only have the covid vaccine.
- The uptake in the clinical at risk groups although similar to last season was lower than hoped. The learning from providers, patient and nurse feedback as well as the covid vaccination programme will be used to support some of these hard to reach groups.
- Vaccine delays from suppliers, delayed delivery and reduced enthusiasm all affected uptake
- Despite communications, only a small percentage of care workers, including permanent staff, were vaccinated. A survey is planned to ascertain this groups feedback and how this uptake can be improved next season.
- No central identification of housebound patients so there is a reliance on local systems
- Nationally there were data extraction issues between EMIS and the Immform database this season
- Accurate maternity data continues to be difficult to obtain this year. The group will liaise with the Screening and Immunisation team in relation to this issue for next season
- Electronic systems which accompanied Vaccination Programme highlight issues around the equality of access and uptake of both flu and COVID-19 vaccines among some staff groups.
- Delivering flu vaccine messaging alongside covid vaccine messaging was difficult.
- The primary school vaccination programme was delayed due to the covid vaccination in secondary school aged children being given priority. This potentially affected uptake. Also some parents had high anxieties regarding the covid vaccine linked with flu.
- Challenges around reporting due to the frontline health care workers denominator definition being revised and then then revoked in February.
- Challenging commissioning arrangements which limited innovation to allow a more dynamic delivery model e.g. in the 2 and 3 year old cohort

Risks for the 22/23 flu season

- It is important that the right vaccine is ordered and administered to the right eligible groups. Work will be undertaken to ensure that practices have pre ordered sufficient vaccines to drive up uptake of flu vaccine for 22/23. This is especially important next season as it has been advised that a national stockpile will not be available.
- As this year's flu season had very low levels of circulating Flu, there is a risk that patients/staff may think the 22/23 season will also be very low and they 'wont need the vaccine". We will therefore need to ensure clear early communications are in place.
- Difficulties in relation to stock supplies following phased deliveries or potential batch failures. If this is to happen clear, prompt communications will be required.
- There is a risk that the covid vaccination programme will again impact on the flu vaccination programme, with patients choosing to have one vaccine rather than both. To reduce this risk, clear messaging will be needed and close working with the covid vaccination programme leads. This is also a risk from the covid infection as well should there be a surge at the start of the flu season resulting in patients/staff missing clinics.
- Risk some staff may not want to be vaccinated, we will continue to learn from staff surveys in relation to reasons for decline.
- Risk if commissioning arrangements are not amended for the 2/3 year old cohort that access to the vaccine may be an issue affecting uptake
- Due to the changes in eligibility criteria there is a risk of confusion and possible complaints as a result of the 50-64 year old cohort and secondary school aged children not being eligible.

Next steps for 22/23 flu season

- Start planning for 22/23 season early and in conjunction with the Covid vaccination programme to ensure joint planning as although low flu levels this season, may see a surge.
- The CCG Quality, Primary Care Contracts, Locality and Medicines Optimisation teams will continue working together in collaboration with the Screening and Immunisation team (SCRIMS) and other system partners including Local Authority, OneCare, Avon LMC, Avon LPC and local trusts to ensure that the requirements of the annual national flu programme for the 2022/23 flu season are met.
- Ensure an end of season summary is communicated to GP practices and Community Pharmacies to help them plan for next season.
- Ensuring that there are clear arrangements in place to support oversight of the flu programme. We plan to continue with the Flu governance procedures and meeting grouping as in 21/22.
- Working with NHS England to ensure that practices have pre ordered sufficient vaccines and that there are mechanisms in place to monitor supply and demand and to drive up uptake of flu vaccine.
- Supporting improvement in uptake and reducing variation, ensuring the recommended vaccines are used. Those PCNs highlighted as potentially needing support for the 22/23 season will be contacted to support increases in uptake and good practice shared from high uptake PCNs. Flu vaccine also to be included in the primary care quality and resilience dashboard to help support proactive work.
- Supporting general practices to target at-risk population groups to improve uptake and coverage of the flu vaccination to achieve national uptake ambitions.

Next steps for 22/23 flu season continued

- We will work with providers to support improvements in staff vaccination uptake and meeting the new national Flu vaccinations for frontline healthcare workers CQUIN.
- Ensure the system wide approach focuses on those in the clinical at risk groups and in areas of low uptake and has less focus on those who generally come forward for vaccination such as those over 65 years
- Encourage a system wide approach to the vaccination of high risk patients with both primary and secondary care working together to achieve a high uptake. A particular focus will be on the liver cohort and those with obesity. Improving links with health charities may support this work.
- Plan to investigate whether Health Visitors would be able to support messaging around flu vaccination.
- Continue to review and offer an outreach offer of flu vaccination, ensuring a community led focus to support the uptake and reduce health inequalities.
- Undertake a survey to understand why groups such as care home staff had a low vaccine uptake this season and use the learning to inform plans in 22/23 and any required myth busting.
- Consider more targeted communications to encourage vaccination in groups with low uptake, including in non-health settings. Also communications including trusted conversations to address vaccine fatigue planned.
- Despite flu levels being low this season, the local antiviral pathways and the antiviral service specification for the 22/23 flu season should be reviewed and a provider established as soon as possible.

Recommendations

We recommend that PCCC:

- Acknowledges the work undertaken in 2021/22 and the potential next steps subject to the publication of further national flu guidance for 2022/23.
- Continue to ensure cross system and programme working with the Covid vaccination programme so that efficiencies can be made with planning and supporting vaccination uptake. Taking opportunities to co-administer covid and flu vaccines where possible.
- Supports the continuation of collaborative working to support vaccine uptake, not only of patients but also by Frontline Health and Social Care Workers including care home staff.
- Following the national recommendations, we ensure a system wide focus on the clinical risk groups, in particular those we are not performing as well on such as chronic liver disease.
- Continue the Business Intelligence support and further link with the Covid Data Analysts to have combined data analysis subject to the national covid programme requirements.
- Supports clear, consistent communications being issued early in the season as well as throughout the season to encourage uptake taking into account the learning from this flu season and the Covid programme.
- Support the ongoing delivery of vaccination via informed outreach clinics, supported by community champions and organisations such as Caafi Health to improve the health and wellbeing of the diverse populations and address health inequalities. A Flu health inequalities working group will help to ensure oversight of this work.