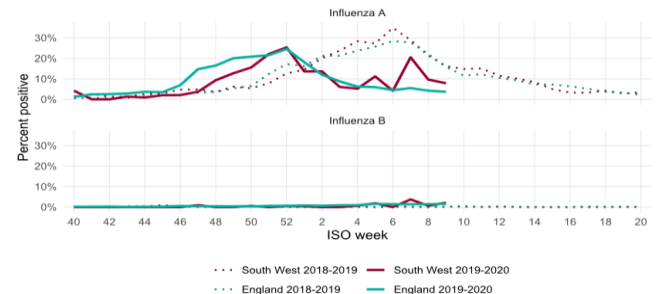
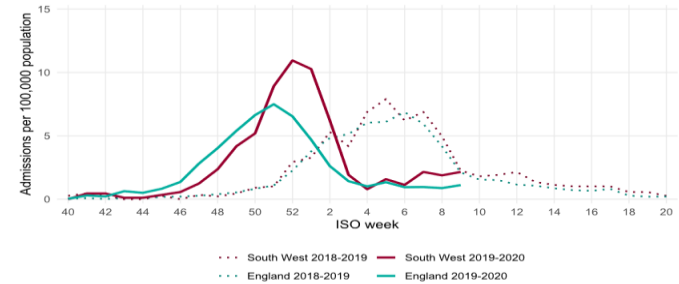
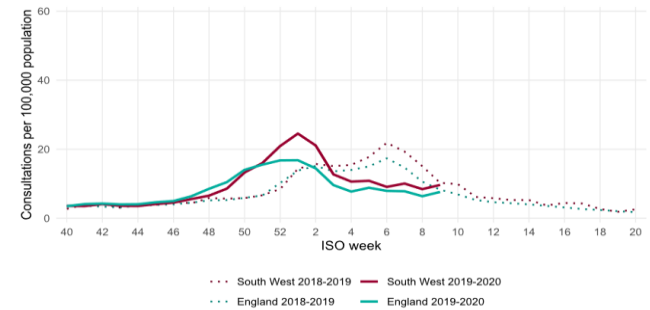


# 19/20 Flu End of Season Update

# Overview of the impact of flu in the South West

- GP consultations showed a peak around week 1 which was earlier than the previous year
- Hospital admissions with confirmed influenza showed a peak around week 52 (earlier than the previous year)
- Microbiology – PHE data of Influenza positivity in respiratory samples shows that Influenza A was the predominant strain in the South West this year.

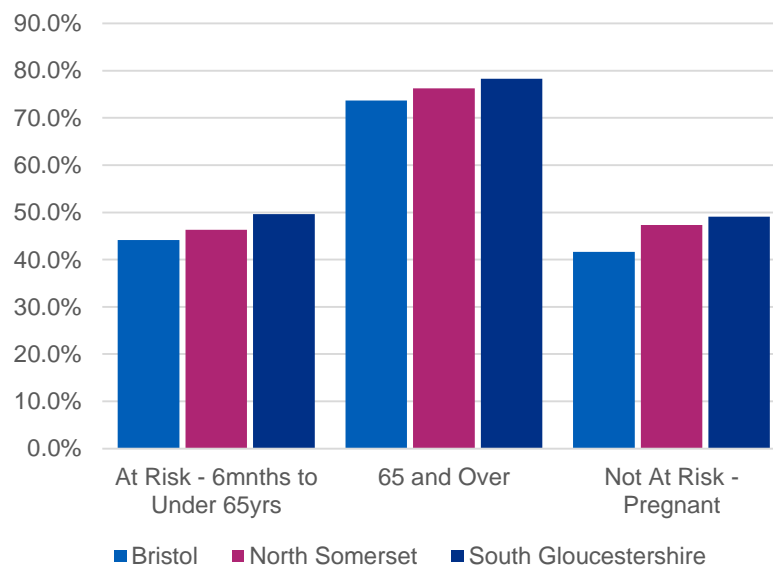


# Performance Locally, Nationally and End of Season Ambition

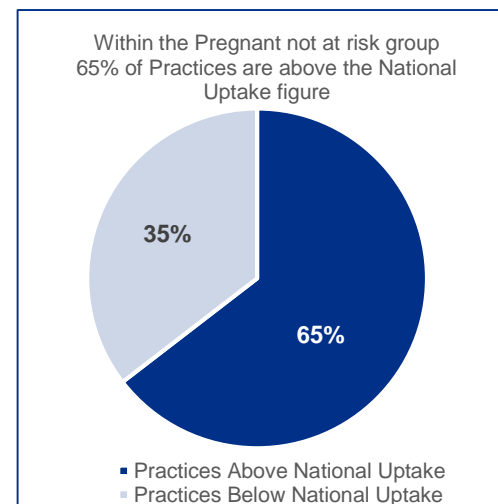
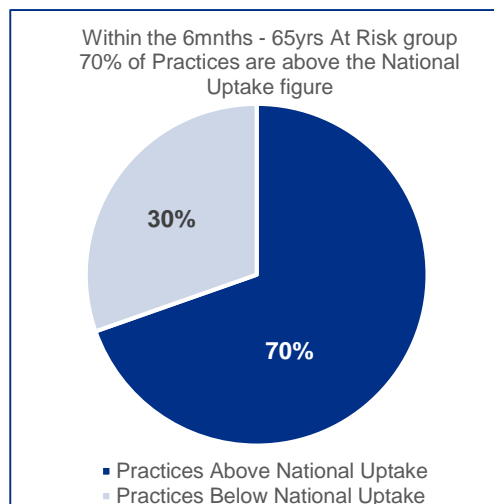
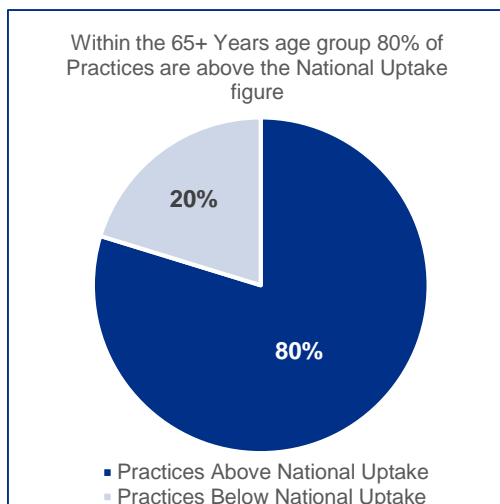
- In all 3 groups being monitored BNSSG achieved above the national average.
- The national end of season ambition (75%) was met within the “65 and Over” group.
- South Gloucestershire uptake is higher than North Somerset and Bristol.
- Uptake rates are good considering vaccine supply issues this season (quadrivalent and live attenuated influenza intranasal vaccine (LAIV))

Measure	At Risk - 6months to Under 65yrs	65 and Over	Not At Risk - Pregnant
End of Year Ambition	55%	75%	55%
National Uptake	43.1%	71.6%	41.3%
BNSSG	46.1%	75.8%	44.7%

End of Year Position by Area



# Performance against National Uptake



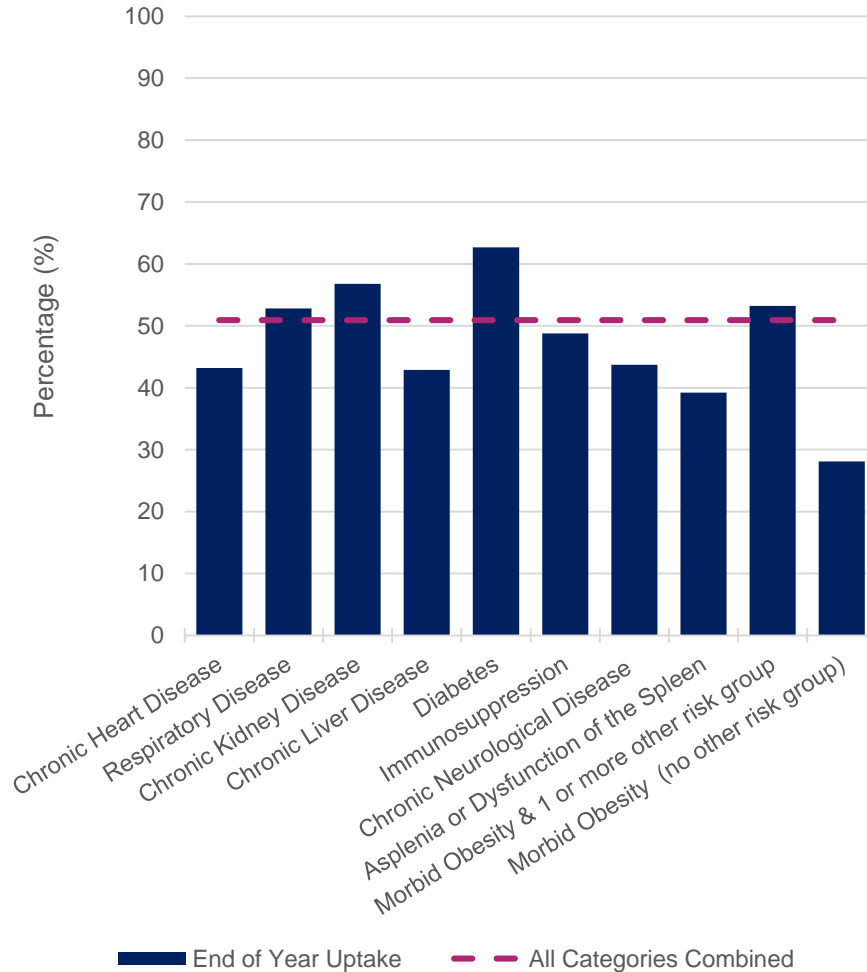
It is noted that South Gloucestershire uptake is higher than North Somerset and Bristol.

A detailed analysis indicates two PCNs within the Bristol area are the lowest performing across the CCG.

These PCNs will be contacted and offered support for the forthcoming flu season to try and improve uptake rates going forward.

# Clinical risk group uptake

End of Year Uptake by Clinical Risk Group  
(aged up to 65yrs)



Note that an individual may appear in more than one clinical risk group.

This compares all ages from birth.

This shows total patient vaccine uptake (i.e. uptake from patients visiting pharmacies and GP practices)

Diabetes and Chronic Kidney Disease have exceeded 55% national ambition.

Respiratory is close to meeting the ambition.

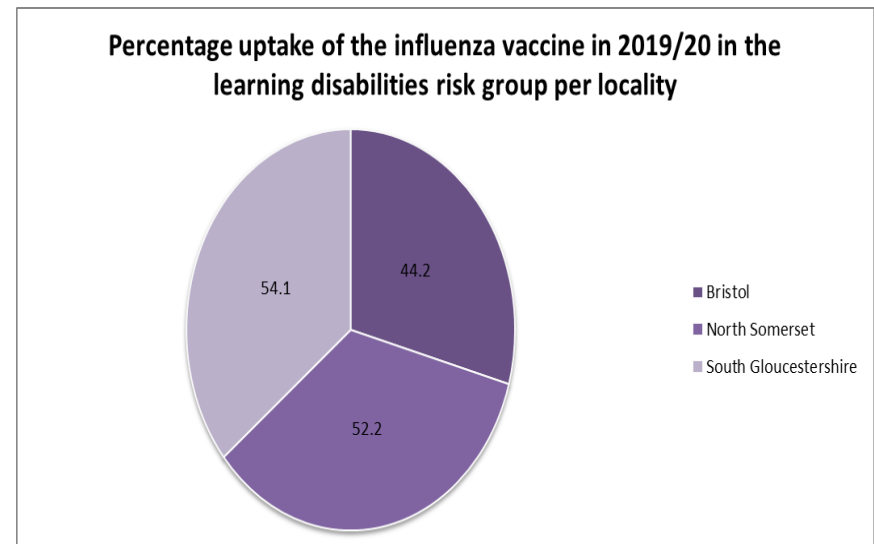
Chronic heart disease and chronic liver disease require the biggest increase at 2049 and 1888 additional immunisations respectively to meet national ambition (55%). **Shaping better health**

# Learning Disabilities population uptake

- Learning disabilities (LD) is included within the chronic neurological disease clinical risk category for the flu vaccine.
- However, this patient group is not specifically monitored nationally on Immform only by the broader neurological disease uptake.
- Despite communications from NHS England and the AHSN such as the Flu Communications Toolkit (with a focus on people with a learning disability), not all healthcare professionals or patients were aware they were eligible for the flu vaccine or that they could access the intranasal vaccine if required.

- NHS Digital data for the vaccine uptake in the LD population was 47% for the 2018/19 flu season.

A 48% uptake rate of the influenza vaccine has been identified using local EMIS Search & Report for the same period for 2019/20. This will be subject to coding but gives an indication of uptake.



# Community Pharmacy vaccine uptake

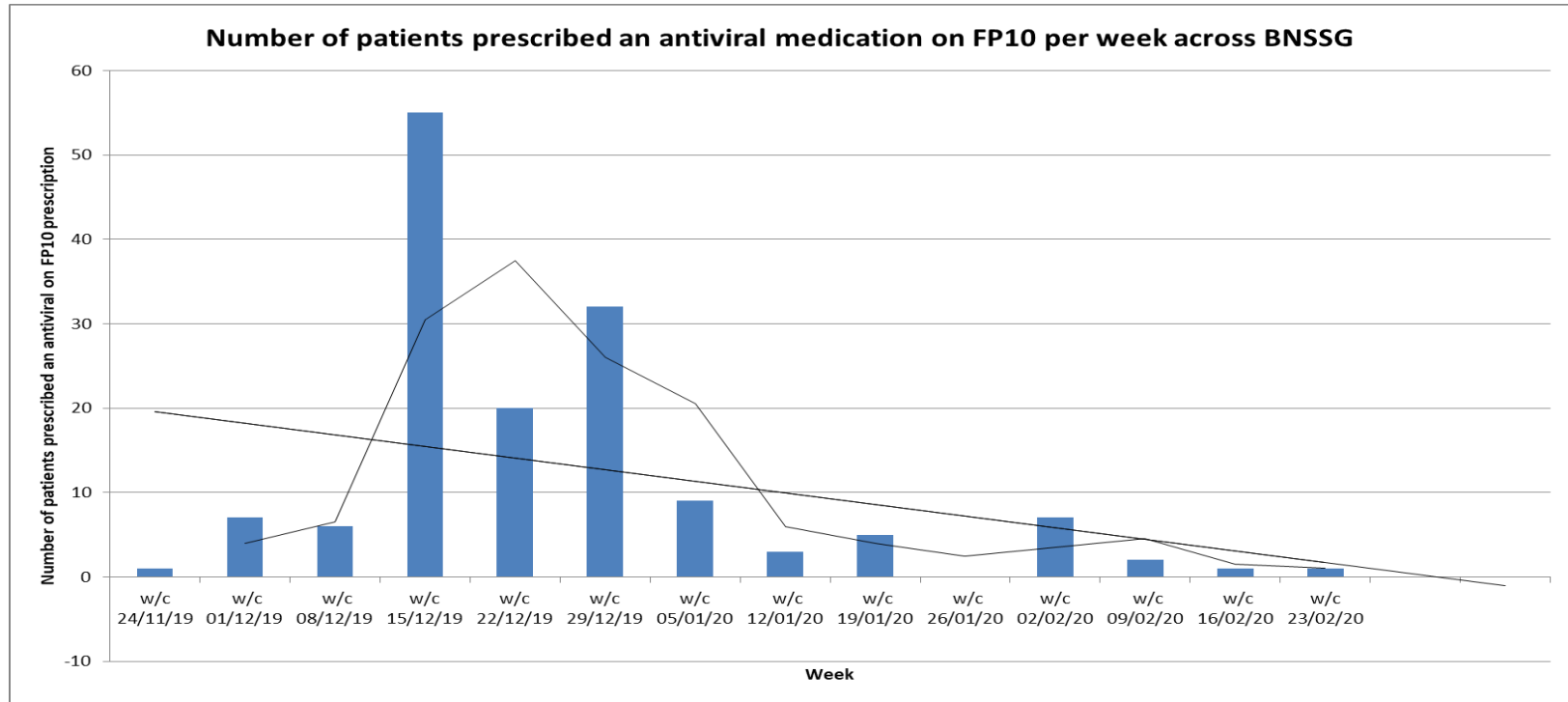
EligiblePatientGroup	Total
65 years and over	16024 (58.3%)
Chronic (long term) respiratory disease	3982 (14.5%)
Diabetes	1928 (7%)
Health and social care staff	1201 (4.4%)
Pregnant woman	906 (3.3%)
Adults who are in receipt of carers allowance	819 (3%)
A weakened immune system	771 (2.8%)
Chronic heart disease such as heart failure	615 (2.2%)
Chronic neurological disease	444 (1.6%)
Adult household contact of immunocompromised individual	313 (1.1%)
Chronic kidney disease	135 (0.5%)
Morbid obesity	99 (0.4%)
Adults in long-stay residential care home/care facility	88 (0.3%)
Chronic liver disease	78 (0.3%)
Hospice worker	57 (0.2%)
Asplenia or splenic dysfunction	49 (0.2%)

Age Ranges	Number of Patients
16-19	179
20-24	626
25-29	779
30-34	1098
35-39	993
40-44	956
45-49	1221
50-54	1700
55-59	1885
60-64	2320
65-69	4120
70-74	4211
75+	7421

Community pharmacies in BNSSG delivered 27,509 vaccines in the 2019/20 season which was a 19.6% increase year on year. Although all ages of patients accessed pharmacy, the largest numbers seen were those aged 65 years and above.

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

# Antiviral uptake in primary care



- The peak antiviral usage was noted around mid December which was a few weeks earlier than the previous year.
- Feedback regarding current antiviral provision systems were positive, although these will need reviewing for the next flu season.



# Staff vaccinations

- The data below shows the vaccine uptake percentage in the different provider organisations. All providers submitted local plans to the quality team for review and assurance.
- Providers remain focused on capturing all clinical front line staff in their vaccination programme.
- The national target was to achieving an 80% uptake of flu vaccinations by frontline clinical staff.
- It is positive to see improvements in uptake in most providers despite vaccine supply issues this season.

	2018/19	2019/20	
AVON AND WILTSHIRE MENTAL HEALTH PARTNERSHIP	54.3	54.8	↑
BRISTOL COMMUNITY HEALTH	75.2	74.0	↓
NORTH BRISTOL	87.9	81.6	↓
NORTH SOMERSET COMMUNITY PARTNERSHIP	82.9	83.2	↑
SIRONA CARE & HEALTH	58.1	58.8	↑
SOMERSET PARTNERSHIP	46.7	51.3	↑
SOUTH WESTERN AMBULANCE SERVICE	56.9	60.1	↑
UNIVERSITY HOSPITALS BRISTOL	82.6	84.7	↑
WESTON AREA HEALTH	80.4	84.0	↑

# Communications

- Consistent, clear messaging is important to ensure good vaccination uptake and that effective messages are circulating about the risks associated with the influenza virus.
- Public Health England (PHE) has produced a range of posters and leaflets for the public to increase uptake including multi-language, British Sign Language and easy read versions of leaflets as well as digital displays available. Practices were encouraged to ensure all eligible patients receive a personalised invitation for vaccination; by letter, email, text or by telephone in those groups who can't read.
- New campaign for health and social care workers was launched nationally this year. This emphasised the protective benefit of the influenza vaccination “Help protect yourself, your family and your patients. Get your free flu jab”.
- In the South West region, Public Health England and NHS England worked in tandem to ensure consistent messaging and the CCG supported this messaging.
- An STP wide communications group was established to develop materials for the staff influenza campaign. This included the spoof tabloid poster ‘the jab.

# Next steps for 20/21 flu season

- The South West Seasonal Influenza Programme 2019/20 Review Conference has been delayed due to COVID, however, CCG representatives will attend to ensure that learning is progressed and shared for the 2020/21 season.
  
- The CCG Quality, Primary Care Contracts and Medicines Optimisation teams will continue working together in collaboration with the Screening and Immunisation team(SCRIMS) to ensure that the requirements of the annual national flu programme for the 2020/21 flu season are met. This includes:
  - Supporting improvement in uptake and reducing variation, and ensuring the recommended vaccines are used. Those PCNs highlighted as potentially needing support for the 20/21 season will be contacted to support increases in uptake.
  - Ensuring that there are clear arrangements in place to support oversight of the flu programme.
  - Supporting general practices to target at-risk population groups to improve uptake and coverage of the flu vaccination to achieve national uptake ambitions.
  - 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.

# Next steps for 20/21 flu season continued

- The annual flu letter highlights flu vaccination eligible groups for the coming next season. For this season, two letters are being issued. The first confirms eligibility criteria remains the same as last year and highlights an flu programme expansion may be required-to be confirmed.
- The second (to be confirmed) is expected to detail any extension to the programme, and offer further guidance regarding management due to the impact of COVID-19.

We will review local plans on receipt of the second letter to include:

- Share the learning from vaccine related incidents in last season with all practice and pharmacy staff.
- Collaboration with NHSE SCRIMS to develop personalised letters for 'at risk' patients following positive feedback from the West Midlands area trial.
- To support the NHSE SCRIMS to plan to work with local hospital trusts to increase uptake in specific 'at risk' cohorts where patients spend most of their time in a hospital setting.

# Next steps for 20/21 flu season continued

We also plan to:

- To encourage a joint approach by all three local authorities to care home communications and training with regards to influenza and winter pressures, ensuring that vaccinating care home residents becomes an early priority.
- Promote earlier and higher profile messaging regarding LD patients and the flu vaccine to prevent any practice confusion including promoting an easy-read leaflet about the importance of having a flu vaccination, or where appropriate, offering the intranasal vaccine.
- To consider working closer with local substance misuse providers to further target some vulnerable individuals such as the homeless population.
- To continue to promote increases in staff uptake of the vaccine across all providers and share best practice.
- To review vaccine uptake by care home staff and how this can be improved through working with Local Authority.
- Re-review timely access to antiviral medication to support influenza outbreaks for example in a care home setting.

# Flu season 2020/21 considerations due to COVID-19 and what needs to be addressed

- Impact of COVID on the vaccination programme – we need to address how shielded or vulnerable patients will be vaccinated and how PPE be accessed
- The impact of social distancing on attendance at mass vaccination clinic sessions
- Implications for the children's programme which is dependent on delivery through schools
- Consider the potential change in patient behaviour in relation to vaccination following the COVID pandemic and what consider communications that will be required to ensure clear and consistent messaging
- Delivery of the vaccination programme if there is a second peak and availability of NHS staff

# Flu season 2020/21 considerations due to COVID-19 continued

Further discussion with BNSSG and South West Flu planning groups planned with a review of the second national letter. Proposals to manage the risks will require strategic discussion to include:

- Access to vaccinations sites to allow social distancing
- Effective management of shielded and 'at risk' groups within a PCN/GP Surgery/Community Provider to enable equity of access for all
- Maximise opportunistic vaccination within practices and to work with local community pharmacies and hospital trusts to maximise system wide uptake.
- Have clear resilience plans with neighbouring practices in PCNs to support vaccine delivery in case a second peak affects workforce.

## Other potential risks for the 20/21 flu season

- Continued issues remain with the intranasal vaccine and its porcine content with no alternative, and although highlighted nationally is still a potential barrier to vaccination for some local patients in BNSSG. We will continue to work with local PHE colleagues to plan for this scenario
- Vaccine supply issues are always a potential issue and impacted on the 19/20 season. This is difficult to pre-empt but if it does clear communications will be given to providers if this occurs.
- It is important that the right vaccine is ordered and administered to the right eligible groups. Joint working with NHS England is currently underway to ensure that practices have pre ordered sufficient vaccines to drive up uptake of flu vaccine for 20/21, in particular the adjuvanted trivalent influenza vaccine for their over 65 population.
- It is likely that NHS England will make late changes to the recommended cohorts for vaccination, this will potentially affect practices plans and vaccine requirements at late notice. We'll work closely with local providers to mitigate the impact as quickly as possible.



# Conclusions

- This year we monitored 3 vaccine uptake categories, BNSSG performed better than the national uptake in all 3 categories despite delays in supplies at the start of the season and issues with the intranasal vaccine.
- Indeed, the majority of practices outperform the national uptake and the BNSSG area was congratulated for the excellent flu uptake figures regionally.
- South Gloucestershire had consistently better performance than North Somerset & Bristol.
- BNSSGs strongest performance was in the '65 years & over' category.
- The CCGs weakest performance was in the 'pregnant and not in at risk' Group category. However, improved embedding of the maternity offer this year has assisted supporting uptake in this cohort .
- Two PCNs are consistently at the bottom of the CCGs performance tables and support will be offered to help address this for the next season.
- Tyntesfield are the strongest performing PCN in all 3 measures. Learning about high achievement in this PCN could be shared across Primary Care.

# Conclusions continued:

- Collaborative working through the establishment and a plan to continue with the BNSSG Influenza group has worked well to address and discuss areas of low uptake.
- Positive work noted by some practices in relation to the homeless population which will also be encouraged for 20/21.
- Increases in vaccine uptake from community pharmacy helped the overall vaccination picture and again will be supported in 20/21. Collaborative working between GP practices and community pharmacies will be encouraged to increase uptake, particularly in at risk groups.
- Effective local authority messaging to be supported next year through the BNSSG Influenza Seasonal Planning Group collaborative approach.
- The impact of COVID on the 20/21 season will need to be considered.
- Discussions regarding lessons learnt to enable improvements for the 2020/21 flu season

# Recommendations

We recommend that PCCC:

- Acknowledges the work undertaken in 2019/20 and the potential next steps subject to the publication of the second national flu letter and guidance for 20/21.
- Supports the continuation of collaborative working to support vaccine uptake, not only by patients but also by frontline healthcare workers including care home staff. This will include ensuring correct, consistent processes are in place, for example vaccine delivery by community providers when working on behalf of GP practices and across the wider.
- Following the national recommendations, we ensure a focus on the clinical risk groups, in particular those we are not performing as well on such as 'pregnant and not in a clinical risk group'.
- Supports clear, consistent communications being issued early in the season as well as throughout the season to encourage uptake, especially due to the impact of COVID.
- Receives an update on progress as the flu season progresses

# Recommendations

We recommend that PCCC:

- Understand how some areas have achieved higher uptake than others and share this learning.
- Take some learning of the approach to infection prevention control to COVID 19 and discuss how a proportional response would be applicable and beneficial to support the response to preventing flu outbreaks and spread of infection.