

# Meeting of Primary Care Commissioning Committee (PCCC)

Date: 26<sup>th</sup> November 2019

Time: 09:00 – 10:50

Location: Clevedon Hall, Elton Road, Clevedon, North Somerset

<b>Agenda Number :</b>	10
<b>Title:</b>	BNSSG Influenza Season work plan
<b>Purpose: Discussion</b>	
<b>Key Points for Discussion:</b>	
<p>This paper covers the current work undertaken to support the current influenza season and identifies and addresses any potential risks that could affect our local BNSSG area.</p> <p>This paper covers the different aspects of the influenza programme including; vaccine supply, delivery, administration, uptake monitoring, vaccination of the workforce and outbreak management.</p>	
<b>Recommendations:</b>	<p>It is recommended that PCCC:</p> <ul style="list-style-type: none"> <li>• Supports the work undertaken by the BNSSG influenza task and finish group</li> <li>• Acknowledges that there are processes and procedures in place for this year's influenza programme including monitoring vaccine uptake.</li> <li>• Discusses the areas where there are still potential risks in particular in relation to influenza outbreaks and what support is needed to strengthen commissioning arrangements for an outbreak scenario.</li> </ul>
<b>Previously Considered By and feedback :</b>	BNSSG Influenza Task and Finish group members which include Quality, Medicines Optimisation and Screening and Immunisation Team representatives.
<b>Management of Declared Interest:</b>	No declarations of interest
<b>Risk and Assurance:</b>	<p>This paper reviews all areas of service delivery plans associated with the seasonal influenza programme, highlighting risks and mitigations.</p> <ul style="list-style-type: none"> <li>• Risk associated with the capacity and flexibility of GP Practices to respond to vaccine delivery delays and be able to re-schedule vaccination clinics as needed.– risk score: 2x2 =4</li> </ul> <p>Advice has been issued by the Screening and Immunisation team to GP practices on how to prioritise patients and feedback and uptake</p>

	<p>rates monitored.</p> <ul style="list-style-type: none"> <li>• Outbreak management – risk that the commissioned services (GP Practices and Out of Hours) may not have capacity to assess patients for treatment and prophylaxis and prescribe antivirals given the winter pressures. – risk score 2x2=4 If an issue arose, practices would be reminded of their contractual obligations. As many care homes are covered by more than one GP practice discussions would be had with practices to support the issue. Further discussion is needed to confirm whether a different model should be commissioned in the future.</li> <li>• The CCG to support PHE with any outbreaks, in particular where there is disengagement from commissioned services – risk score: 2x2 = 4 Local pathways currently being reviewed.</li> </ul>
<b>Financial / Resource Implications:</b>	There will be minimal financial resource implications to the CCG as this vaccination programme is funded by NHS England. However, in an outbreak situation, additional financial resource may be required.
<b>Legal, Policy and Regulatory Requirements:</b>	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 and written instructions.
<b>How does this reduce Health Inequalities:</b>	By monitoring influenza vaccine uptake across BNSSG any variations will be identified and actions taken to reduce any potential inequalities and any unwarranted variation.
<b>How does this impact on Equality &amp; diversity</b>	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.
<b>Patient and Public Involvement:</b>	No public consultation required, 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. Vaccination campaign materials have been developed nationally.
<b>Communications and Engagement:</b>	NHS England/PHE will be undertaking key messages to GP practices which CCGs will link with and CCGs will also share key messages with commissioned providers where appropriate. Local communications are in place with regards to the staff vaccination programme.
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## Agenda item: 10

### Report title: BNSSG Influenza season work plan

#### 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. However, despite having a plan in place, issues can arise during the influenza season and it is important that we are able to mitigate these to ensure an effective vaccination programme is in place locally.

This paper aims to highlight the current work undertaken to support the current influenza season and identify and address potential risks that could affect our local BNSSG area during the 2019/20 influenza season, as identified by the BNSSG influenza group. The BNSSG CCG Influenza group works with internal and external partners to develop strategies to address or minimise these issues where possible.

It is important to note that the commissioning of the different aspects of the influenza programme is commissioned by different organisations and hence there will be different required inputs from the CCG.

Area	Commissioner
Supply of vaccine from manufacturers	<ul style="list-style-type: none"><li>NHS England/PHE commissions vaccine supplies for children at a national level and also holds the budget for the vaccine supplies for the other cohorts.</li></ul>
Vaccine delivery and administration to patients	<ul style="list-style-type: none"><li>NHS England/PHE commission GP practices, community pharmacies and midwifery</li><li>CCG commissions the Hospital trusts and community providers</li></ul>
Vaccine uptake monitoring	<ul style="list-style-type: none"><li>NHS England – GP practices, pharmacies and maternity services</li><li>CCG - monitors commissioned providers and support NHS England/PHE with monitoring of GP practices.</li></ul>
Vaccinating workforce	<ul style="list-style-type: none"><li>NHS England/PHE- Supportive role for workforce vaccination and recommends GP practice and pharmacy staff take up their occupational offer.</li><li>CCG - Staff vaccine uptake for CCG and</li></ul>

	commissioned providers e.g. hospital trusts and community providers using CQUIN agreements
Communications	<ul style="list-style-type: none"><li>• NHS England and PHE on a national scale with CCG support locally</li></ul>
Influenza outbreak management (not pandemic)	<ul style="list-style-type: none"><li>• CCG with PHE(Health Protection Team) support</li><li>• NHS England commissions some community pharmacies to hold small stocks of antiviral medications as part of the community pharmacy specialist medicines LES.</li></ul>



**Bristol, North Somerset  
and South Gloucestershire**  
Clinical Commissioning Group

**Overview of the influenza programme**

This overview shows different areas potentially affecting the influenza season and these have been summarised in the table below:

Vaccination supply from manufacturers

GP practices and pharmacies order their influenza vaccination for the ‘at- risk’ population and the ‘over 65yrs’ cohorts’ months in advance of the influenza season (children vaccinations are procured and distributed at a national level). This allows the manufacturers to quantify quantities of vaccine required to be made as well as allowing those ordering to benefit from early bird offers. There are different vaccines available for different cohorts of patients, and it is recommended nationally and reinforced locally that more than one brand of influenza vaccine should be purchased to ensure good operational resilience. It is also important that practices are aware of the different licensing requirements of these vaccines.

Vaccination Supply	Assessment of issue and mitigating actions	RAG
<p>There has been a recent supply delay with the Sanofi Pasteur quadrivalent non-adjuvanted vaccine for at risk-groups aged 16 to 65 years. This potentially affected GP practices, hospital trust, community pharmacies and community providers who have ordered this brand of vaccine.</p> <p>The influenza vaccine that should be offered to most children in the eligible cohort groups is a live attenuated influenza intranasal vaccine (LAIV). PHE supplies influenza vaccines for children included in this year’s national influenza programme, via the ImmForm website. Only one LAIV vaccine, Fluenz Tetra® (manufactured by AstraZeneca/MedImmune) is available. AstraZeneca is delaying their delivery of some</p>	<p>It has been identified that there should be sufficient vaccine in the local system over the influenza season.</p> <p>The Sanofi Pasteur vaccine delay was a short delay and was of minimal impact onto vaccination delivery plans. The delay to the LAIV is likely to have more potential impact on uptake rates.</p> <p>We are working closely with PHE to ensure a plan is in place and promoting the recommendations which have been made by PHE on how to prioritise the use of live attenuated influenza intranasal vaccine (LAIV) until further supplies are available. See appendix for information. PHE have also advised that practices could use a suitable quadrivalent inactivated vaccine</p>	<p style="background-color: green; color: white; text-align: center;">RAG</p>



batches of this vaccine due to be delivered to PHE in November. This is due to an 'invalid' test result in its routine quality testing process which needs to be repeated before these batches of vaccine are released by the independent regulator. This is not related to the safety or the efficacy of the vaccine itself. This therefore means that the vaccine supplies to GP practices are being phased.

These delays could potentially impact on when patients will receive their vaccine due to vaccination clinic changes potentially putting them at risk of the influenza virus until vaccinated.

(QIV) as an alternative for children in high risk groups where the LAIV is not available in practices.

The MHRA has recently confirmed in a [letter](#) that the QIV influenza vaccine for those aged under 65 years and the LAIV influenza vaccine for the children's programme could now be transferred under circumstances where 'short supply' or 'temporary no supply available' provided the cold chain is maintained.

Practices, trusts and pharmacies have had to re-adjust their influenza vaccination plans to accommodate these delivery delays. This should not affect at-risk adults or those aged 65years and over as there are not any current reports of supply issues with the recommended vaccines for these groups.

GP practices and community providers are always advised to purchase more than one brand of influenza vaccine to ensure resilience in supply.

A leaflet has been produced by PHE for under 65's influenza vaccinations, explaining why appointments may need to be rescheduled as a result of vaccine delays. This has been shared with practices by PHE/NHS England.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/835485/PHE\\_flu\\_vaccinations\\_for\\_under\\_65\\_a5flyer.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/835485/PHE_flu_vaccinations_for_under_65_a5flyer.pdf)

<p>There is a risk that practices may not have the capacity and flexibility to respond to these vaccine delivery delays and be able to re-schedule vaccination clinics as needed.</p>	<p>Feedback and uptake rates will be monitored by the CCG and PHE.</p>	
<p>A number of GP practices have closed or merged over the last few months. This has a potential impact on the vaccine supply and delivery as practices taking on new patients, are not able to easily adjust their orders this late in the season.</p>	<p>This risk had been identified early on in the closure process by the contracting team and the manufacturers contacted. One practice agreed with the manufacturer that the stock would be transferred to practices taking on new patients in addition to their original order. The other practice had cancelled their order.</p> <p>The practices taking on new patients have been able to order sufficient stocks in time and at the current time further stock can be ordered from manufacturers if required.</p>	

Vaccine delivery

NHS England commissions both GP practices and community pharmacies as part of a national influenza vaccination programme to ensure those patients at risk are able to receive the vaccine.

Vaccine Delivery	Assessment of issue and mitigating actions	RAG
<p>Transfer of vaccine from GP Practice to community providers is wholesaling. Therefore, GP Practices could be in contravention of the wholesale dealer license if they transferred the vaccine. It should be noted that GP Practices have already ordered their influenza vaccine for these patients. In previous years stock has been transferred this way; however, this year NHS England highlighted the legal risks associated with transfer in this way. Therefore, if practices continue to transfer stock this way they may be at risk of being legally challenged.</p> <p>If vaccine cannot legally be transferred this will create a risk that patients will not be vaccinated in a timely manner.</p>	<p>Last year the MHRA allowed practices to move influenza vaccine between providers due to the supply issues and recently the MHRA issued new guidance authorising the transfer of the QIV or LAIV when the vaccine was in short supply.</p> <p>There is also the potential that the transfer of influenza vaccine from GP Practices to community providers is likely to fit the exception criteria for wholesale dealing (see appendix). In this situation, a Memorandum of Understanding could be drawn up for community services providers and practices to cover the supply as well as good governance requirements, requisitioning, and maintaining the cold chain. This has been discussed with</p>	





	<p>NHS England and they agree this definition would cover the small amounts of vaccine transferred to community providers. NHS England has access to a template memorandum that can be shared with practices and community providers.</p>	
<p>It is important to ensure that all eligible patients are vaccinated; currently GP practices are supported by community providers to administer the vaccine to certain cohorts of patients such as housebound and care home patients due to capacity issues.</p> <p>GP practices are fully responsible for the safe delivery of the vaccination programmes as described in the additional/enhanced services, such as staff training, cold chain and patient safety.</p> <p>Practices should seek permission from NHS England in order to use community providers, if this is not supported, this will affect the GP practice capacity to provide standard healthcare in addition to delivering this vaccination programme as well as the potential local cover for the influenza virus.</p>	<p>Even where full delegation agreements are in place between relevant CCGs and NHS England, s7A vaccinations/screening programmes* are specifically excluded and as a result these vaccinations/screening programmes cannot be commissioned by CCGs.</p> <p>Vaccination &amp; immunisation (including influenza) commissioning appears to be largely protected for GP practices as the preferred provider. Where the GP practice feels they will not have capacity to vaccinate all recommended cohorts of patients, it would be advised that they seek permission from NHS England to sub-contract specific elements of the vaccination programme to community providers to support their influenza programme.</p> <p>Feedback from community providers and GP practices will be closely monitored.</p> <p>Some other local areas such as Somerset, Dorset and Cornwall have used an agency agreement which covers the clinical governance and sets out expectations and obligations between the GP practices and community providers. The agreements for payment are included in an additional document. NHS England plan to discuss the use of such a document with the local medical committee (LMC). NHS England also plan to remind the LMC that practices should not be claiming administration fees for patients who are being vaccinated by the community</p>	



	<p>providers.</p> <p>*The NHS public health functions agreement sets out the arrangements under which the Secretary of State delegates responsibility to NHS England for certain public health services (known as Section 7A services). The services currently commissioned in this way include; national immunisation programmes and Child Health Information Services (CHIS)</p>	
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Administration of vaccine to patients and staff

Good governance and legal frameworks are essential to support the safe administration of vaccines to patients and staff.

Vaccine administration	Assessment of issue and mitigating actions	RAG
<p>The NHS England PGD is only valid to be used for all NHS England commissioned immunisation services and therefore excludes the community services providers. This impacts on how vaccinations can be delivered in a timely way.</p>	<p>The CCG has used the PHE influenza PGD template to provide authorisation for the community providers to administer the vaccine.</p> <p>GP Practices may write a Patient Specific Direction (PSD) for the patients they wish the community provider to vaccinate.</p>	
<p>It has been clarified that GP practices should not use the standard NHS England PGDs to vaccinate their employees. However, GP practice nurses are able to use written instruction as authorisation for peer to peer vaccination to support internal GP Practice staff vaccination. SPS has produced a template that requires a signature from a doctor and some advice (see links below).</p> <p><a href="https://www.sps.nhs.uk/wp-content/uploads/2019/05/WrittenInstructionTemplate-final-">https://www.sps.nhs.uk/wp-content/uploads/2019/05/WrittenInstructionTemplate-final-</a></p>	<p>Practices will need to ensure their nurses have the indemnity insurance that covers this activity which may mean switching insurer. We have received feedback that some providers do include this type of cover or offer extended cover.</p> <p>A Patient Specific Direction (PSD) generated for practice staff by a GP/ independent prescriber within the practice could also be undertaken. The prescriber signing the PSD would be responsible for their prescribing and would be responsible for clinically assessing each person receiving the vaccination. Practitioners would also need to ensure they have appropriate</p>	



<p><a href="#">version-June-2019-1.docx</a>  <a href="https://www.sps.nhs.uk/wp-content/uploads/2019/05/Additional-advice-to-GP-practices-on-the-administration-of-the-seasonal-final-1.pdf">https://www.sps.nhs.uk/wp-content/uploads/2019/05/Additional-advice-to-GP-practices-on-the-administration-of-the-seasonal-final-1.pdf</a></p> <p>However, some practices are reporting that the nurses' indemnity insurance does not cover this activity, potentially preventing them from vaccinating in this way.          If practice staff are not easily able to be vaccinated using a legal framework, this puts employees at risk and potentially creates practice resilience issues.</p>	<p>indemnity insurance.</p>	
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Primary care relationships

To ensure good system wide resilience and robust systems are in place across primary care, good relationships and communication are required.

Primary care relationships	Assessment of issue and mitigating actions	RAG
<p>There may be potential relationship issues between Community Pharmacy and GP Practices in relation to delivery of the NHS influenza vaccination due to both parties feeling threatened by a loss of financial income. A breakdown in relationships would mean potential confusion for patients and risk of vaccination duplication if clear processes in relation to records are not in place.</p>	<p>The LMC and LPC are both involved in the NHS England system wide influenza group, working well together and minimal issues raised to date. This is therefore not a current issue but requires monitoring.</p> <p>The community pharmacy contract includes the requirement to inform the GP practice of any vaccinations undertaken by email. This information then needs to be actioned by the GP Practice.</p>	



Monitoring of vaccine uptake

Nationally there are uptake ambitions for the key groups included in the vaccination programme. This includes the following:

- Those aged 65 years and over - 75%
- Those aged under 65 years and 'at risk' including pregnant women - At least 55% in all clinical at risk groups
- Children's programme - 2 and 3 year olds - At least 50%

It is important that the uptakes are monitored across our local area to identify any potential variances which can be reviewed and actioned.

Monitoring uptake	Assessment of issue and mitigating actions	RAG
<p>There are variations across the BNSSG area with regards to vaccine uptake, this has been noted historically and will be likely be noted this year. It is therefore critical that a system wide approach is undertaken to reduce this variation and ensure good uptake across the BNSSG area preventing any additional pressures on the urgent care system.</p>	<p>Immform data is reviewed regularly by NHS England as commissioner and shared with practices. The uptake data will also be reviewed by the local BNSSG influenza group meeting. The group plans to proactively action any system variation and contact has been made with some practices to discuss vaccination progress and how the programme could be supported.</p> <p>Reporting for this season commenced in November 2019 and updates will be included in the monthly primary care quality paper and action and any responses will be taken accordingly.</p> <p>Currently the BNSSG area is performing well compared to national vaccination uptake rates. It should be noted that there is some good work being undertaken by some practices to encourage uptake in the homeless community.</p>	



Vaccinating workforce

Staff influenza vaccine uptake is monitored following a monthly Provider submission (between September and March) to PHE via ImmForm. There is a CQUIN in place relating to the uptake of staff influenza vaccination. This CQUIN asks the three local hospital trusts, AWP and the community provider services to achieve an 80% uptake of influenza vaccinations by frontline clinical staff and is monitored by the quality team.

Identified areas	Assessment of issue and mitigating actions	RAG
<p>Organisational changes relating to Community Interest Companies (CIC) may mean there is a potential risk that there may be disengagement with the vaccination programme from staff. Staff changes could also potentially lead to issues with their staff vaccination programmes. It is important for organisational resilience that the providers have good uptake by staff of the influenza vaccine.</p>	<p>Both NHS England and the BNSSG Influenza group will be monitoring the vaccination uptake rates and raising with providers where required. Initial reports suggest vaccination clinics are under way.</p> <p>The national CQUIN encourages community provider organisations to focus on vaccinating their staff and the CCG can request to view their vaccination plans. Uptake rates are reviewed in line with the CQUIN guidance.</p>	
<p>It is important for organisational resilience that the CCG has good uptake by staff of the influenza vaccine.</p>	<p>A CCG vaccination programme is planned to commence at the end of October using a voucher scheme and onsite vaccination. Uptake will be monitored as well as feedback from the staff.</p> <p>A staff questionnaire is planned to compare the overall vaccination uptake rates including those who have had the vaccine via other routes such as their GP or privately.</p> <p>Local communication messages are being used to encourage uptake.</p>	
<p>It is also important that front line health care workers within GP practices have high vaccination uptake rates to ensure good resilience and service delivery.</p>	<p>Practice feedback and uptake rates (via Immform) can be monitored and action taken if required.</p>	



Communications

It is important that there are clear communication strategies to the public about the influenza vaccination campaign to encourage vaccination uptake.

Identified areas	Assessment of issue and mitigating actions	RAG
<p>Consistent, clear messaging is important to ensure good vaccination uptake and the right messages are circulating about the risks associated with the influenza virus. If there are no communications to the public, there is a risk of mixed messages and potentially reduced vaccination uptake.</p>	<p>Public Health England (PHE) has produced a range of posters and leaflets for the public to increase uptake. For example: <a href="#">Protect your child against flu (leaflet)</a> and <a href="#">Flu vaccination: who should have it this winter and why (leaflet)</a>. They also have multi-language, British Sign Language and easy read versions of leaflets as well as digital displays available. Practices are also encouraged by PHE to ensure all eligible patients receive a personalised invitation for vaccination, this could be by letter, email, text or by telephone in those groups who can't read.</p> <p>A brand new influenza vaccination campaign for health and social care workers was also launched by PHE and NHS England and NHS Improvement this year. "Time to get your flu jab" takes a new approach – emphasising the protective benefit of the influenza vaccination with a "Shield" motif and the message "Help protect yourself, your family and your patients. Get your free flu jab" to encourage the uptake of influenza vaccinations by health and social care workers.</p> <p>In the South West region, Public Health England and NHS England are working in tandem to ensure consistent messaging.</p> <p>Locally the CCG is supporting the national influenza campaigns and supporting the uptake of staff vaccination within the CCG and local trusts.</p> <p>An STP wide communications group was established to develop materials for the staff influenza campaign which are to be used</p>	<p style="background-color: green; color: white; text-align: center;">RAG</p>



	<p>across the local secondary care trusts as well as the CCG. This includes a promotional video on influenza and a spoof tabloid poster 'the jab' which includes photographic images of local staff to encourage uptake.</p>	
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Good governance of the influenza programme

It is important that for all system wide programmes that incidents and learning can be shared to ensure a safe system for patients.

Good governance practices	Assessment of issue and mitigating actions	RAG
<p>It is important there is clear ownership of the influenza programme at a local level. If there is no ownership within the CCG, a proactive system wide approach may not be possible, preventing the local population from receiving the vaccination in the best way.</p>	<p>The Quality Team chairs the fortnightly BNSSG Seasonal Influenza Task and Finish Group meetings with support from the Medicines Optimisation team. The purpose of these meetings is to have a strategic overview to ensure that the needs of the population are met. Planned work includes optimising uptake of vaccination in patient and staff groups, coordinated messaging to the public and consistency of approach with regard to care home arrangements.</p>	
<p>NHS England/Public Health England have asked GP practices to report incidents related to vaccinations using a word document which is different to the current standard incident reporting system (Datix) used by the CCG. Having multiple incident reporting systems in place could potentially mean confusion and reduced numbers of incidents reported and no shared learning.</p>	<p>It has been agreed that the Datix system can be used with NHS England being granted access to review these incidents. Practices can easily report this way and are familiar with this system, hopefully increasing the reporting of any incidents. Incidents will be shared and discussed at the STP Medicines Optimisation Quality and Safety meeting. The Screening and Immunisation team will also be reviewing incidents via their internal governance processes.</p>	



### Outbreak management

The most common identified causes of outbreaks of acute respiratory illness in care homes are influenza viruses, as well as non-influenza viruses such as respiratory syncytial virus (RSV), rhinovirus, parainfluenza and human metapneumovirus (hMPV). Those viruses tend to be seasonal, peaking during the winter months, although not necessarily at the same time. Peak activity can occur any time between December and April. In addition, despite the seasonal peak, sporadic outbreaks can occur throughout the year. Although outbreaks can occur in any setting, they can commonly be seen in a care home setting.

Seasonal influenza vaccination of care home residents and staff is central to limiting the risk of influenza outbreaks and reducing the risk of severe infection. However, as the vaccine effectiveness varies by year and by subtype/strain, and tends to be generally lower among care home residents (due to the patients' age profile and associated reduced immune responses to vaccination and due to A (H3N2) in recent seasons), influenza outbreaks may still occur despite good vaccine uptake<sup>1</sup>.

In BNSSG, there were 34 outbreaks of Influenza like illness in care homes managed by PHE South West between April 2016 and March 2019 fitting the PHE case definition, 76% (n=26) of which were laboratory confirmed as influenza<sup>2</sup>.

Analysis of documentation surrounding these outbreaks indicated difficulties in antiviral provision in 50% (n =17) of recorded outbreaks due to system pressures during the winter months, where treatment was prioritised over prophylaxis. However, antiviral treatment was provided in all the outbreaks where it was recommended.

During the influenza season, there is a lot of pressure on primary care to meet demand. When there is a suspected influenza outbreak in a care home, swabs need to be taken promptly to confirm the diagnosis as soon as possible, and antiviral medication needs to be prescribed and administered ideally within 48 hours of their last exposure / symptom onset. Care homes are often served by several GP practices, meaning that liaison between the Health Protection Team (HPT) and surgeries take a lot of time and so can impact on the outbreak response. It is key that a multiagency approach is taken to outbreak management.

Other areas of related work include Point of Care Testing (POCT). POCT can inform rapid diagnosis of influenza which can lead to reduced hospital stay, reduced secondary complications and reduced cost of hospital care. Also reductions in Nursing Home/hospital ward closures due to effective isolation following diagnosis have been reported. Effective diagnosis enables timely and effective isolation especially in locations where isolations facilities are limited. This therefore means that there is the potential to ensure patients are prescribed antiviral medication when there is confirmed evidence of influenza, potentially reducing inappropriate use of antiviral medications and adverse effects in patients. However,



there is a large cost in the region of £12,000 – £15,000 for a 3 month period associated with these tests and the management of this testing process. In the current financially restrained times, it is difficult to introduce new systems of work that will incur additional costs over and above the current system with any savings realised being difficult to release from the urgent care system. Discussions are ongoing with regards to the risks and benefits of such as testing system locally and a paper will be presented to the Commissioning Executive.

Identified areas	Assessment of issue and mitigating actions	RAG
<p>Outbreaks of influenza across care homes could be a potential issue as not all care homes are linked to a GP practice that has been commissioned to provide the Care Home Support Local Enhanced Service. 16 GP practices across BNSSG have not signed up the BNSSG Care Home Support LES, however only 1 of these GP Practices actually provides for patients in a care home. However, this home is covered by another GP practice under the LES and so the associated risk is minimal. The out of hours contact also includes the provision of antivirals.</p>	<p>BNSSG CCGs have included a section in the Care Home Support Local Enhanced Service (LES) relating to the supplies of antivirals. This states the following;                      “Support the management of influenza outbreaks in care homes to reduce influenza associated morbidity and mortality and reducing further onward transmission of the influenza virus.”</p> <p>“When PHE declare an influenza outbreak within a care home, a clinician is required to assess all exposed persons in at-risk groups for the need for antiviral treatment or prophylaxis and arrange for a patient specific antiviral supply. Antiviral therapy should be started within 48 hours of the onset of symptoms or contact with an index case dependent on the choice of medication being prescribed. The GP practice needs to respond, working in conjunction with Public Health England in order to reduce influenza associated morbidity and mortality and reducing further onward transmission of the influenza virus. A pathway is attached which sets out roles and responsibilities when responding to a flu outbreak”.</p> <p>Historically, when contacted practices not linked to the Care Home Local Enhanced Service (LES) have supported the prescribing of antivirals treatment for patients registered at their</p>	RAG



	<p>practice but not all have supported the prescribing of prophylactic antivirals.</p> <p>Assurances are being sought to ensure the CCG Local Enhanced Services are fit for purpose and are delivering their aims with the LES data currently being reviewed.</p> <p>A reminder is due to be circulated to GP practices in a newsletter to ask them to consider their in house processes relating to dealing with an outbreak associated with their GP practice.</p> <p>A draft pathway for the 'management of localised community outbreaks of influenza across the BNSSG area' has been developed. See appendix 3.</p>	
<p>PHE raised the question of antiviral medication provision for Care Home staff that have been exposed to residents with the influenza virus during an outbreak. Current protocol would mean that staff would contact their own GP but this may mean they do not receive antivirals in the most timely way.</p>	<p>Further discussion and exploration is needed with PHE regarding the exposure risks.</p> <p>Vaccination is actively promoted in this group of front line health care workers which should provide some system resilience.</p>	
<p>PHE response to an influenza outbreak will depend on the provider linked to the care home and they have highlighted to the CCG that a more active role may be required by the CCG in situations where there are multiple providers looking after a care home or where there is a lack of engagement by a provider such as a GP Practice with regards to the provision of antiviral treatment and/or prophylaxis.</p> <p>Also historically there has been reluctance by some prescribers</p>	<p>The CCG is in the process of reviewing its outbreak management pathway (see appendix) to ensure it is robust and plans to continue to work in collaboration with PHE throughout the influenza season. Any issues will be monitored and addressed as required.</p> <p>With regards to the efficacy of antivirals, PHE has published detailed information about this and prescribers should note that the NICE guidelines for antiviral medications for influenza</p>	



<p>to use antivirals following a Cochrane review and as a result of clinical autonomy.</p>	<p>remain unchanged.  <a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/370676/Letter_to_clinicians.pdf">https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/370676/Letter_to_clinicians.pdf</a></p>	
<p>In order to provide antivirals in an optimal way, they should be able to access antiviral stock appropriately. Historically there have been issues relating to accessing these antiviral medications. There is a risk of reduced effectiveness if given late.</p>	<p>Antiviral medication is included in the NHS England Community pharmacy Specialist Medicines LES which asks certain agreed pharmacies to hold stock of certain medication. For further information see:  <a href="https://remedy.bnssgccg.nhs.uk/media/3138/spec-meds-enhanced-service-nov-18.pdf">https://remedy.bnssgccg.nhs.uk/media/3138/spec-meds-enhanced-service-nov-18.pdf</a></p> <p>Ongoing monitoring of any issues will take place in conjunction with NHS England.</p>	
<p>Although there is a process in place through the GP Care Home Support LES and Out of Hours contracts, there is still a concern that in an outbreak scenario due to system winter pressures, the commissioned services (GP Practices and Out of Hours) may not have capacity to review patients and prescribe antivirals and so be unable to react in a timely manner.</p>	<p>If an issue arose, practices would be reminded of their contractual obligations. As many care homes are covered by more than one GP practice discussions would be had with practices to support the issue.</p> <p>Further discussion is needed to confirm whether a different model should be commissioned in the future.</p>	



## 2. Recommendations

It is recommended that PCCC:

- Supports the work undertaken by the BNSSG influenza task and finish group
- Acknowledges that there are processes and procedures in place for this year's influenza programme including monitoring vaccine uptake.
- Discuss the areas where there are still potential risks in particular in relation to influenza outbreaks and what support is needed to strengthen commissioning arrangements for an outbreak scenario.

## 3. Financial resource implications

There will be minimal financial resource implications to the CCG as this vaccination programme is funded by NHS England. However, in an outbreak situation, additional financial resource may be required. There will also be additional costs if Point of Care Testing is piloted.

## 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 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. There is also the potential legal implication around wholesale dealing which could affect the transfer of stock.

## 5. Risk implications

This paper reviews all areas of potential risk associated with the influenza vaccination programme, many risks have been mitigated. However, risks to note include:

- Risk associated with the capacity and flexibility of GP Practices to respond to vaccine delivery delays and be able to re-schedule vaccination clinics as needed.– risk score: 2x2 =4  
Advice has been issued by the Screening and Immunisation team to GP practices on how to prioritise patients and feedback and uptake rates monitored.

- Outbreak management – risk that the commissioned services (GP Practices and Out of Hours) may not have capacity to assess patients for treatment and prophylaxis and prescribe antivirals given the winter pressures. – risk score 2x2=4  
If an issue arose, practices would be reminded of their contractual obligations associated with the LES. As many care homes are covered by more than one GP practice discussions would be had with practices to support the issue. Further discussion is needed to confirm whether a different model should be commissioned in the future.
- The CCG to support PHE with any outbreaks, in particular where there is disengagement from commissioned services – risk score: 2x2 = 4  
Local pathways currently being reviewed and a collaborative approach supported.

## **6. How does this reduce health inequalities**

It is expected that there will be minimal implications for health equalities as GP practices and community pharmacies are accessible to all. By supporting this vaccination programme we will be reducing health inequalities by monitoring uptake rates and working to reduce unwarranted variation.

## **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 plan to encourage 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.

## **8. Consultation and Communication including Public Involvement**

No public consultation required, 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. Vaccination campaign materials for the public have been developed nationally.

## Appendices

### 1. National Childhood influenza Immunisation Programme: Recommendations for General Practitioners

GPs are requested to implement the seasonal influenza programme as outlined in the Direct Enhanced Service Specification (<https://www.england.nhs.uk/wp-content/uploads/2019/03/dess-sfl-and-pneumococcal-1920.pdf>). As part of this GPs are required to call in those children who are eligible for influenza vaccination, and to undertake recall for those children in clinical risk groups for influenza.

Because of the phasing of supplies, PHE recommends planning the childhood vaccination programme using following priorities:

- Children in high risk groups aged 6 months to 2 years – these children should be called and offered quadrivalent inactivated influenza vaccine (QIVe)
- Children in high risk groups from 2 to 18 years should be prioritised and offered LAIV (unless contraindicated). Those aged 2-3 years and age 11-18 years should be called in and offered LAIV or a suitable quadrivalent influenza vaccine (QIV)
- Healthy children aged 2-3 years should be called and offered LAIV as the practice receives stock. Two year olds who are receiving vaccine for the first season are a higher priority than 3 year olds.

CHIS letters will only be sent to eligible 2 year olds in the first instance.

Responsible ordering will help support the direction of stock to those with greatest immediate need as it becomes available. Practice staff are asked to only order vaccine needed for the forthcoming week, even if this is below the maximum quota and to avoid stockpiling. Close adherence to the vaccine storage in the cold chain is essential to avoid vaccine wastage.

Further details on eligible groups can be found in 'The Green Book':  
<https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19>

### 2. Wholesale dealing

In certain circumstances, provided the transaction meets all of the following criteria the MHRA will not deem such transactions as commercial dealing and a WDA (H) would not be required:

- It takes place on an occasional basis
- The quantity of medicines supplied is small
- The supply is made on a not for profit basis
- The supply is not for onward wholesale distribution.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/423246/Guidance\\_for\\_pharmacist\\_on\\_repealed\\_exemption.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/423246/Guidance_for_pharmacist_on_repealed_exemption.pdf)

### 3. Draft pathway for the management of localised community outbreaks of influenza across the BNSSG area'



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## References

1. Public Health England, Guidelines on the management of outbreaks of influenza-like illness in care homes, Version 4.0 – October 2018. Accessed by: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/747543/Influenza-like\\_illness\\_in\\_care\\_home\\_2018\\_FINAL.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/747543/Influenza-like_illness_in_care_home_2018_FINAL.pdf)
2. S King, Public Health England, Health Needs Assessment June 2019
3. NHS England and NHS Improvement, Public Health Commissioning Central Team, the transfer of excess of QIV/LAIV flu vaccine stock between providers including Primary Care, NHS Trusts and School Age Vaccine Providers on the National Immunisation Flu Programme, Publishing Approval Reference 001195, 7 November 2019. Accessed by: <https://psnc.org.uk/wp-content/uploads/2019/11/NHS-England-NHS-Improvement-Transfer-of-excess-QIV-LAIV-vaccine-stock-November-2019-final-2.pdf>

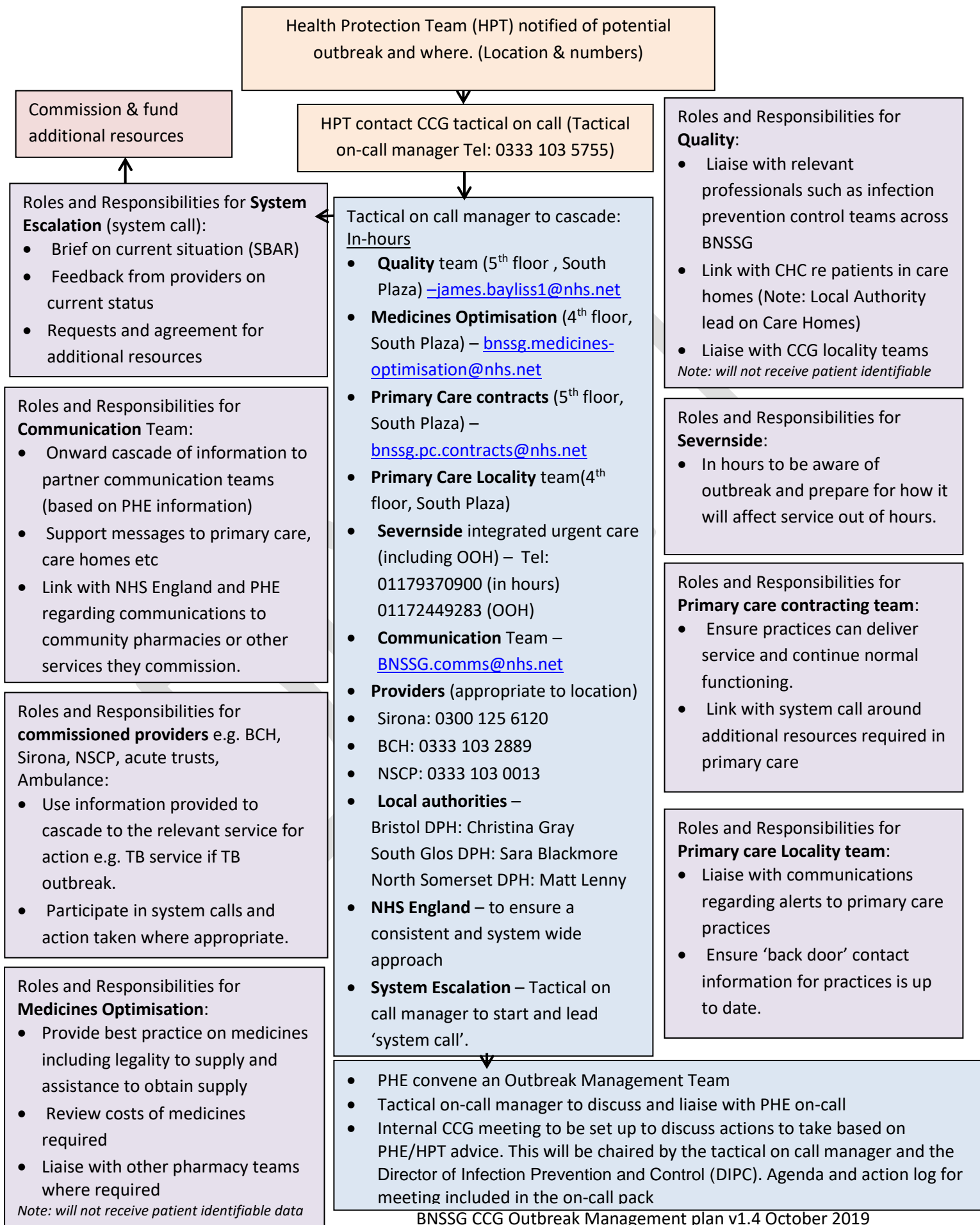
## Glossary of terms and abbreviations

<b>Patient Group Directions (PGDs)</b>	Patient Group Directions (PGDs) provide a legal framework that allows some registered health professionals to supply and/or administer specified medicines to a pre-defined group of patients, without them having to see a prescriber (such as a doctor or nurse prescriber).
<b>Patient Specific Direction (PSD)</b>	A Patient Specific Direction (PSD) is an instruction to administer a medicine to a list of individually named patients where each patient on the list has been individually assessed by that prescriber
<b>Written instruction</b>	Medicines can be supplied or administered by a registered nurse acting in accordance with the written and signed instruction of a doctor – this instruction is commonly called a written instruction.
<b>Quadrivalent inactivated influenza vaccine (QIV)</b>	Quadrivalent Influenza Vaccine (split virion, inactivated) is intended to provide protection against those strains of influenza virus from which the vaccine is prepared. As with any vaccine, vaccination with Quadrivalent Influenza Vaccine (split virion, inactivated) may not protect all vaccinees. Quadrivalent influenza vaccines (QIV) cover the two main influenza B strains and aim to improve the breadth of protection provided in seasons when the circulating influenza B strain is not well matched

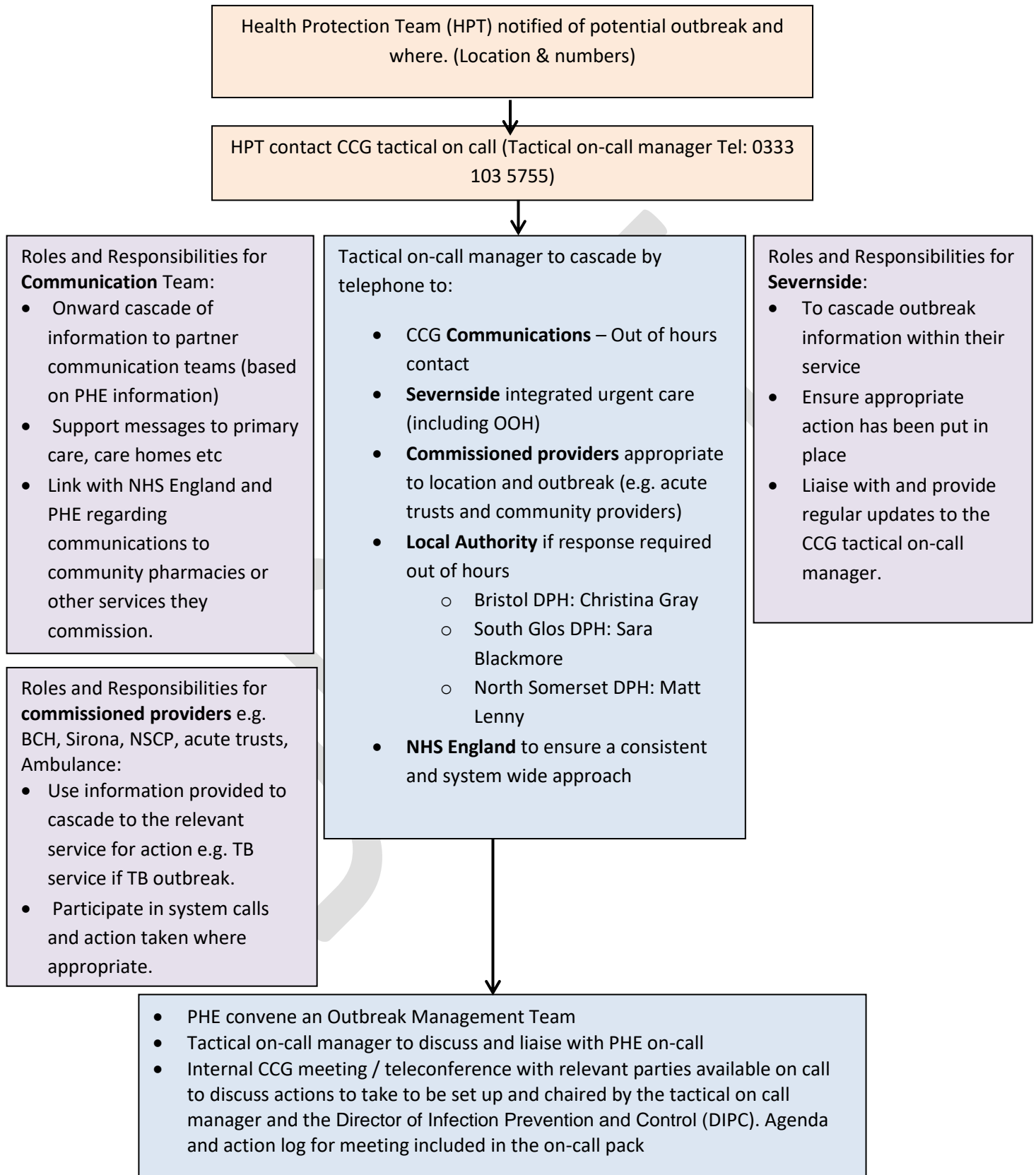


	to the single strain contained in the traditional trivalent vaccine (TIV).
<b>Live Attenuated influenza intranasal vaccine (LAIV)</b>	Live attenuated influenza vaccine (LAIV) is a type of influenza vaccine in the form of a nasal spray that is recommended for the prevention of influenza in those aged under 18 years.
<b>CQUIN</b>	The Commissioning for Quality and Innovation (CQUIN) payment framework makes a proportion of providers' income conditional on quality and innovation.
<b>Local Enhanced Service (LES)</b>	Local Enhanced services are, in essence, elements of essential or additional services delivered to a higher specification, or medical services outside the normal scope of primary medical services, which are designed around the needs of the local population.
<b>Wholesale Dealers License (WSD License)</b>	Wholesale Dealers License (WSD License) - To sell or supply medicines to anyone other than the patient using the medicine, including the bulk supply of medicines you need a wholesaler licence – also known as a wholesale dealer license or wholesale distribution authorisation.
<b>Optimise Rx</b>	Prescribing decision support software that links with the GP computer software to provide at the point of prescribing advice relevant to the patient. For example, when an antiviral is prescribed to a patient with renal impairment a message will be activated to that highlights the correct dose
<b>Point of Care Testing (POCT)</b>	Point of care testing (POCT) is defined as diagnostic testing that is performed at or near to the site of the patient with the result leading to a potential change in the care of that patient. Essentially it is a laboratory test conducted outside of the laboratory setting, usually by appropriately trained non-laboratory staff. This paper refers to POCT for the influenza virus.

## Outbreak Management - in hour's situation (CCG Level)



## Outbreak Management – out of hour’s situation (CCG Level)



### **PHE role in an outbreak situation**

- PHE will undertake an initial full assessment of the potential outbreak and associated risks. This will include swabbing recommendations where appropriate. Infection control and any isolation advice will be given where required to the outbreak setting.
- PHE will share written clinical and management information about outbreak with the CCG when support is required. This will include the following:
  - Location of outbreak
  - Numbers affected
  - Clinical management based on condition including treatment and prophylaxis as well as recommended actions. This will include any closure to admission recommendations if required for example in a care home setting.
  - PHE actions to date
  - Initial contact with primary care provider(s)/ AWP (community services) as appropriate
  - PHE to advise operation link (by teleconference) of any environmental factors issues and associated management required

### **CCG role in an outbreak situation**

- CCG will participate in the multi-agency response to ensure a comprehensive local response
- CCG will support PHE by co-ordinating a team to respond to the outbreak if necessary
- If necessary the CCG will enact business continuity arrangements as required to maintain critical activities
- CCG to support financially where required and appropriate

### **NHS England role in an outbreak situation**

- NHS England will support with commissioning requirements from contractors and services they commission.
- If necessary NHS England will enact business continuity arrangements as required to maintain critical activities

### Potential Infections and related guidance to support an outbreak situation

<p align="center"><b>Tuberculosis (TB)</b></p> <p>BCH Referral of suspected TB Pathway  <a href="https://briscomhealth.org.uk/wp-content/uploads/2015/02/Pathway-1-Referral-of-suspected-TB-June-2018.pdf">https://briscomhealth.org.uk/wp-content/uploads/2015/02/Pathway-1-Referral-of-suspected-TB-June-2018.pdf</a></p> <p>Public Health England, Tuberculosis (TB): diagnosis, screening, management and data  <a href="https://www.gov.uk/government/collections/tuberculosis-and-other-mycobacterial-diseases-diagnosis-screening-management-and-data">https://www.gov.uk/government/collections/tuberculosis-and-other-mycobacterial-diseases-diagnosis-screening-management-and-data</a></p>	<p align="center"><b>Meningitis</b></p> <p>Public Health England, Meningococcal disease: clinical and public health management  <a href="https://www.gov.uk/guidance/meningococcal-disease-clinical-and-public-health-management">https://www.gov.uk/guidance/meningococcal-disease-clinical-and-public-health-management</a></p>	<p align="center"><b>Measles</b></p> <p>Public Health England - Measles: guidance, data and analysis Guidance and Data  <a href="https://www.gov.uk/government/collections/measles-guidance-data-and-analysis">https://www.gov.uk/government/collections/measles-guidance-data-and-analysis</a></p>	<p align="center"><b>Group A streptococcal infections</b></p> <p>Public Health England, Group A streptococcal infections: guidance and data  <a href="https://www.gov.uk/government/collections/group-a-streptococcal-infections-guidance-and-data">https://www.gov.uk/government/collections/group-a-streptococcal-infections-guidance-and-data</a></p> <p>Public Health England, Invasive group A streptococcal disease: managing close contacts  <a href="https://www.gov.uk/government/publications/invasive-group-a-streptococcal-disease-managing-community-contacts">https://www.gov.uk/government/publications/invasive-group-a-streptococcal-disease-managing-community-contacts</a></p>	<p align="center"><b>Scabies</b></p> <p>NICE, Clinical Knowledge Summaries, Scabies  <a href="https://cks.nice.org.uk/scabies">https://cks.nice.org.uk/scabies</a></p> <p>Health Protection Agency North West - The Management of Scabies infection in the Community  <a href="https://www.wirralct.nhs.uk/attachments/article/25/ScabiesInTheCommunity.pdf">https://www.wirralct.nhs.uk/attachments/article/25/ScabiesInTheCommunity.pdf</a></p> <p>Public Health England, Health protection in schools and other childcare facilities, Guidance - Chapter 9: managing specific infectious diseases  <a href="https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-9-managing-specific-infectious-diseases#scabies">https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-9-managing-specific-infectious-diseases#scabies</a></p>
<p align="center"><b>Norovirus</b></p> <p>Public Health England, Norovirus: guidance, data and analysis  <a href="https://www.gov.uk/government/collections/norovirus-guidance-data-and-analysis#history">https://www.gov.uk/government/collections/norovirus-guidance-data-and-analysis#history</a></p> <p>Public Health England, Norovirus: managing outbreaks in acute and community health and social care settings  <a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/322943/Guidance_for_managing_norovirus_outbreaks_in_healthcare_settings.pdf">https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/322943/Guidance_for_managing_norovirus_outbreaks_in_healthcare_settings.pdf</a></p> <p>Stop norovirus spreading this winter: leaflet  <a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/322947/Stop_norovirus_spreading_this_winter_leaflet.pdf">https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/322947/Stop_norovirus_spreading_this_winter_leaflet.pdf</a></p>		<p align="center"><b>Seasonal Influenza</b></p> <p>Refer to 'Management of localised community outbreaks of influenza across the BNSSG area' available in CCG on call packs</p> <p>Public Health England, Seasonal influenza: guidance, data and analysis (including Influenza-like illness (ILI): managing outbreaks in schools/ care homes)  <a href="https://www.gov.uk/government/collections/seasonal-influenza-guidance-data-and-analysis">https://www.gov.uk/government/collections/seasonal-influenza-guidance-data-and-analysis</a></p> <p>Public Health England guidance on use of antiviral agents for the treatment and prophylaxis of seasonal influenza. Version Oct 2018  <a href="https://www.gov.uk/government/publications/influenza-treatment-and-prophylaxis-using-anti-viral-agents">https://www.gov.uk/government/publications/influenza-treatment-and-prophylaxis-using-anti-viral-agents</a></p>		