

7. COVID-19 and Recovery Update

26th October 2021, BNSSG Primary Care
Commissioning Committee

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Overview

1. Covid Vaccination Programme

- Phase 3 booster programme
- 12-15y olds in schools

2. Plan for improving access for patients and for supporting general practice

1. Covid Vaccination Programme

Latest statistics for BNSSG

Vaccinations given

724,000

First dose vaccinations

673,000

Second dose vaccinations



14,200

People vaccinated as part of our outreach programme



82%



Of people in our area aged 16 and over have received their first dose

Covid-19 Vaccination Programme



For more information

Visit the BNSSG Healthier Together website

Sites



1 Mass vaccination centre



19 GP led sites



10 Pharmacy teams

social media



@HTBNSSG



@BNSSGCCG



@BNSSG_CCG

	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	75.2%	77.1%	83.8%	86.5%	91.4%	90.6%	94.6%	96.5%	97.9%	95.9%	96.2%	98.1%	91.2%
BNSSG	75.6%	76.9%	87.6%	94.6%	98.7%	96.8%	98.1%	100%*	100%*	98.4%	98.1%	99.2%	92.0%
BNSSG total	77,230	61,569	65,259	62,204	57,249	55,775	59,443	58,541	48,620	41,818	42,866	32,582	43,815

*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.

Current focus of the vaccination programme

- Evergreen offer
- 3rd dose for severely immunocompromised people
- Booster doses in order of priority cohorts – mRNA vaccine, booked appointments
 - Support for care homes and housebound
- 1 dose for 12-15 y olds without underlying health conditions and 16-17y olds
- 2 doses for clinically vulnerable 12-15y olds and 17 $\frac{3}{4}$ y olds and over
- Supporting the school immunisations team in delivery
 - Extra support from UWE staff

Current focus of the vaccination programme

- Continuing to focus on uptake in pregnant women
- Supporting the public in their decision making – robust comms and engagement plan
- Ensuring our workforce is deployed appropriately to support the programme
- Working closely with the system flu group

Current Cohorts: Adults

Cohort	Phase	Vaccine	Booster/ Primary	Doses	When	Place of Delivery
1-12: 'Evergreen' offer of first, second and third doses if weren't ready to have vaccine when initially invited/eligible	1, 2 and 3	AZ (age 40+) Moderna Pfizer	Primary	2	Now	Vaccination Centres/Clinics PCNs Community Pharmacy Outreach
Household contacts of immunosuppressed	2	Pfizer	Primary	2	Now	Vaccination Centres/Clinics PCNs Community Pharmacy Outreach PCN clinics via Digital Booking System
1-9: Boosters at 6 months (182 days) after second dose	3.1	Pfizer or Moderna (AZ if allergic)	Booster	1		Vaccination Centres/Clinics PCNs Community Pharmacy Outreach
Severely Immunosuppressed 12+ https://www.gov.uk/government/publications/third-primary-covid-19-vaccine-dose-for-people-who-are-immunosuppressed-jcvi-advice	2	Pfizer	3 rd Primary Dose	3	Now	PCN clinics Hospital clinics
Frontline health & care staff boosters	3	Pfizer or Moderna (AZ if allergic)	Booster	1	Now	Place of work: care homes and hospital clinics / Vaccination Centres/ PCN/Community Pharmacies/Outreach

Current Cohorts: Children

Cohort	Phase	Vaccine	Booster/ Primary	Total Doses	When	Place of Delivery
16 & 17 Year Olds https://www.gov.uk/government/publications/covid-19-vaccination-resources-for-children-and-young-people/covid-19-vaccination-a-guide-for-eligible-children-and-young-people	2	Pfizer	Primary	1 at present (timing of 2 nd tbc)	Now	Schools/ Colleges Community Pharmacy Vaccination Centres/Clinics Outreach Walk In Clinics
Household contacts of immunosuppressed https://www.gov.uk/government/publications/covid-19-vaccination-of-children-and-young-people-aged-12-to-17-years-jcvi-statement	2	Pfizer	Primary	2	Now	PCN clinics via Digital Booking System
At risk 12-17 year olds https://www.gov.uk/government/publications/covid-19-vaccination-of-children-and-young-people-aged-12-to-17-years-jcvi-statement	2	Pfizer	Primary	2	Now	PCN clinics via Digital Booking System (Riviam) Also will be identified via school based immunisation team
12 -15 Year olds	3	Pfizer	Primary	1	22 September to end Nov	School based (School Imms Team) and catch up community clinics for those absent and home educated
Immunosuppressed 12+ https://www.gov.uk/government/publications/third-primary-covid-19-vaccine-dose-for-people-who-are-immunosuppressed-jcvi-advice	2	Pfizer	3 rd Primary Dose	3	Now	GP-led clinics

<https://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a>

Maximising Uptake – Reducing Inequalities

Maximising Uptake Group (MUG) is embedded within Programme with MUG task and finish groups covering: Inclusion Health; non-English Speaking and Minority Ethnic Groups; those who may find access difficult eg, serious mental illness; and pregnancy.

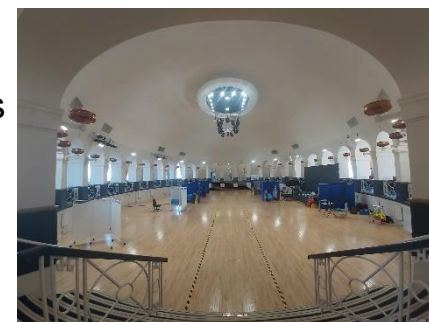
Recent Activity:

- Freshers fairs: UWE, UoB and Weston College
- Walk-in clinic in IKEA aimed at Inner City Bristol residents
- Launched insight work exploring lower uptake among young Black African/Black Caribbean population to help guide uptake initiatives.
- Third vaccination clinic, working in partnership with, Public Health, LA & Commissioned service: We are With You, Weston, for substance misuse clients
- Regular outreach continues to those most at risk of not being effectively served via traditional methods, focus on areas with lower uptake: Easton, Sweetmart, homeless, refugees/asylum seekers, Wai Yee Hong Chinese supermarket
- Working in partnership in Bristol to vaccinate people as part of the Afghan Relocations and Assistance and Afghan Citizens Resettlement Scheme
- Caafi health are attending antenatal clinics in the community (Charlotte Keele HC) to try and improve uptake in pregnancy with coaching.

Planned Activity:

- Planning to support vulnerable pregnant women at UHBW antenatal wellbeing and substance misuse clinic
- Short listed for HSJ Race Equality award, sponsorship obtained for people to attend ceremony in Nov.
- Launching Community Equality Grants
- Booster programme will continue in culturally inclusive environments
- Family clinics

14,000+
Vaccinations in outreach
Since March 2021



Covid pop up Vaccination Clinic

Get your free Covid 19 Vaccination on FRIDAY
18th JUNE 2021 10-4pm. Food and other health
advice available!
35 Boulevard, Weston-Super-Mare, BS23 1PE
Tel: 01934 427940



withyou



wearewithyou.org.uk

Shaping better health



Communications Update

Operational Communications:

- School-based Immunisation Programme (in partnership with Sirona): Communications with schools and local authorities, including school newsletter content and FAQs.
- Booster Programme: Ongoing comms to encourage people to book their vaccine as soon as invited, social media, news articles, media activity.
- Third dose for severely immunosuppressed: Clarifying local routes for vaccination/eligibility while awaiting national messaging
- Working with CCG Comms Team on Winter Plan and joint comms of flu/COVID-19 vaccinations

Maximising Uptake:

- Pregnancy:
 - Piece on BBC Points West about vaccination during pregnancy featuring NBT patient.
 - Drafted leaflet promoting all vaccinations available during pregnancy for pharmacies.
 - 5 reasons to have COVID vaccination added to NBT UHBW maternity apps
- Under-Served Communities
 - Completed qualitative research to help inform new initiatives to encourage uptake among young African Caribbean/Eastern European people
 - Research underway into lower uptake in parts of Weston
 - Launch preparation for Community Inequality Grants
 - Wider targeted communications via community groups/NS Together network.
 - Maximising uptake community video finalised for external use
 - Working with Caafi Health to understand impact of their activities
 - Survey to understand awareness routes for new St Paul's clinic

Regular Programme Outputs:

- Promoting walk-in clinics on www.grabajab.net
- Social media calendar
- MP briefings and responses to queries from constituents
- Supporting customer services



2. Plan for Improving Access for Patients and Supporting General Practice

Overview

Letter from NHS England 14 October 2021

'Our plan for improving access for patients and supporting general Practice'

Coronavirus » Our plan for improving access for patients and supporting general practice (england.nhs.uk)

- The NHS is gearing up to face a very challenging winter with access to general practice an essential part of winter plans, need to ensure that general practice has the support, technology and time to deliver the right care for patients in the right way and at the right time
- The Letter outlines a package of assistance developed with government and partner organisations it includes steps to:
 - Increase and optimise capacity in general practice
 - Address variation in patient access and encourage good practice
 - Improve communication with the public on how to best access general practice, and support on tackling abuse and violence against NHS staff

Access Challenges

- As with other parts of the NHSE current workload pressures in general practice are intense – nationally this financial year practices have provided more appointments than in the equivalent period before the pandemic
- Most practices provide accessible, high quality care and GP 2021 Survey Results showed increases in overall patient satisfaction with general practice
- GP workforce increasing at a slower rate than hospital doctors
- Pre Pandemic many patients effectively and safely assessed remotely
- Some patients have always preferred face to face consultation
- Online triage models will continue to improve and easier for patients to navigate
- Patient input into choice should be sought
- Practices should respect preferences for face to face care unless there are good clinical reasons to the contrary

- Practices currently grappling with optimal blend of face to face / remote appointments
- Lack of evidence based professional standards to show what good practice looks like
- Minority of practice offering 'wholly inappropriate access' / low levels of face to face care (15% < 20% GP face to face appointments)
- MDT model becoming the 'new norm' in general practice supported by investment in PCN Additional Roles (ARRS)
- Patients can expect to see different types of healthcare professional
- Patients' ability to access primary care is often not as good as it should be
- Some patients reporting inability to contact practices
- Variation in access across appointment availability / waiting times / ability to see GPs face to face
- Patient frustration high but zero tolerance approach to abuse and violence

Further Actions

Document supports 3 key themes:

- Increase and Optimise capacity
- Address variation and encourage good practice
- Improve communication with the public including tackling abuse and violence against NHS staff

- Main two uses of the £250 million national fund will be
 - To drive improved access to urgent, same day primary care, ideally from patients' own practice – funding more sessions from existing staff or making full use of the digital locum pool, extra admin staff
 - To increase the resilience of the NHS urgent care system during winter by expanding same day urgent care capacity, through other services in any primary and community settings

Further Actions Summary

A) Increase and Optimise Capacity	B) Address variation and encourage good practice	C) Zero tolerance of abuse and public communications
Revised IPC Guidance to support waiting areas / consultations	Practice level review of face to face care	Comms to be developed to support patients on how to access care
Additional Capacity funding for systems Nov – March £250 (locally circa 4m) to help with urgent care same day, in line with preferences	Developing evidence base on hybrid access models / professional guidance	Zero tolerance campaign of abuse of NHS staff
Expanding number of GPs and other primary care professionals	Incentivising improvements in patient experience, IIF satisfaction measure	
Moving to cloud based practice telephony	Data transparency, publication of activity and waiting time data at practice level	
Making best use of community pharmacy, use of CPCS linked to PCN Investment and Impact Fund (IIF) and condition of winter fund	Expanding the Access Improvement Programme (AIP) 200 practices	
Optimising involvement in the COVID vaccination campaign, if face to face is low commissioners are required to put in place solutions including alternative vaccination provision	Tackling unacceptable variation, ICSs immediate exercise to review data and intelligence, list of c20% of practices that further support will be targeted towards (28/10) – Plan to be submitted	
Reducing administrative burdens, fit notes and DVLA checks, GP appraisals, secondary care to address processes that general avoidable administrative burdens		
Re-phasing PCN specifications (outlined in August) and Extended hours transfer, EH / IA delayed until October 2022		

Tackling Variation Plan Requirements

- Plan to demonstrate how the funding will be used and the expected benefits
- The actions planned to increase access for patients in the agreed list of practices who are struggling the most

Funding will not be released unless points above are adequately covered. As a whole draft plan must cover:

- Practices to achieve at least pre-pandemic activity levels for the equivalent period (excluding Covid vaccinations)
- Increase overall appointment volumes in general practice and ensure appointment levels reflect the full deployment of ARRS staff
- Increase the proportion of face to face appointments with GPs in the system
- Minimise 111 calls in hours and avoidable A&E attendance that could otherwise be seen in general practice
- Support all practices by December to sign up and make full use of general practice referrals to the community pharmacy consultation service for minor illnesses.

Fortnightly reporting, linked to winter pressures reporting but take account of reporting burden on practices and PCNs

Systems to take immediate action to prioritise and support this work

Next Steps

- Meeting held with Locality Leads to generate long list of ideas
- Daily drop in sessions with NHSE SW regional team
- Programme leads nominated in CCG and One Care
- Feasibility testing of long list between 18th October and 25th October
- Working with BI to review data to support measurement and approach to addressing variation
- Steering Group meeting 19th October to test long list
- LMC Board 19th October and General Practice Collaborative Board (GPCB) 20th October to refine long list
- Engage Health Watch in solutions
- Present proposals at ICS Executive Group on 21st October and seek support for delegated approval of final plan submission
- GPCB support for final plan submission w/c 25th October
- CCG Primary Care Commissioning Committee to review proposals and approach 26th October
- Final response to be submitted by 28/10

Governance: The BNSSG Flu Group will report to BNSSG Mass Vaccination Programme Partnership Board and BNSSG CCG PCCC.

Report for: Relevant internal/external committees.

Written by: Debbie Campbell, Lisa Rees, Jaci Yuill, Fiona Budd

Background

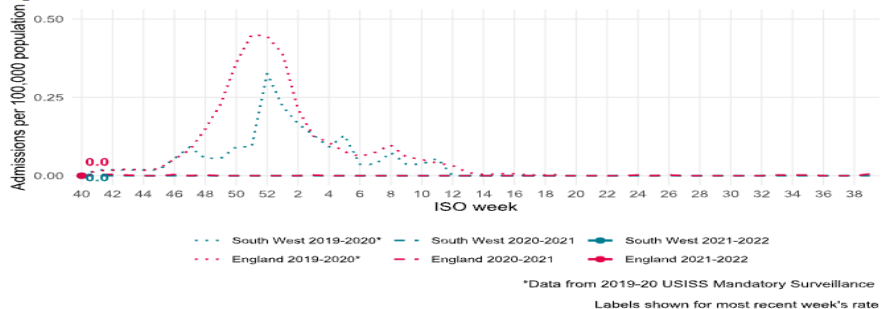
The timing and magnitude of potential influenza and COVID-19 infection waves for winter 2021 to 2022 are currently unknown, but there is concern regarding the rate of influenza that may be seen this year, with mathematical modelling indicating the 2021 to 2022 influenza season in the UK could be up to 50% larger than typically seen and it is also possible that the 2021 to 2022 influenza season will begin earlier than usual. Influenza vaccination is therefore an important priority this coming autumn to reduce morbidity and mortality associated with influenza.

Influenza and ILI - South West Summary – Week 40 2021 (04/10/2021 to 10/10/2021)

- The ICU/HDU admission and hospital admission rates with confirmed influenza remain very low in the South West and England.
- The percentage positivity in respiratory samples reported to DataMart remains very low for influenza A and influenza B.
- The number of patient episodes of influenza A reported to SGSS have increased in week 40 compared to week 39 (7 vs 6). The number of patient episodes of Influenza B have reduced in week 40 compared to week 39 (7 vs 10). Please note these figures should be interpreted with caution. False-positive influenza A and B cases (including reported co-infection) following vaccination with LAIV have been reported in England. 9/14 reported cases in the SW are in the 2-16 year age group, for whom LAIV is routinely recommended.

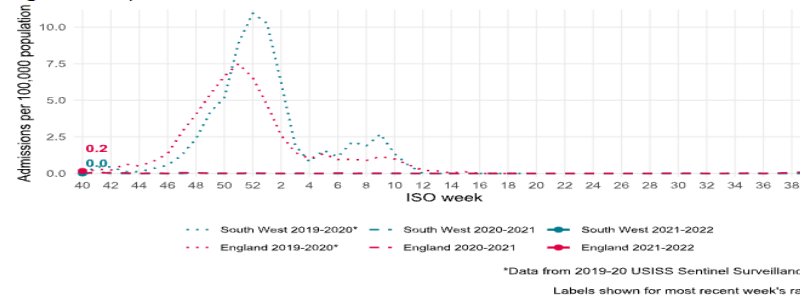
Hospital admissions –ICU/HDU with confirmed Flu

Figure 2. ICU/HDU admissions with confirmed influenza – SARI Watch



Hospital admissions with confirmed Flu

Figure 3. Hospital admissions with confirmed influenza – SARI Watch



System wide Flu Group and links to the phase 3 covid vaccination plans

- BNSSG System Flu Group has reformed with 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 the previous year and to address some of the issues highlighted, a flu data working group and a care provider working group have been set up.
- We are trying to ensure a synergistic approach to both the flu and covid vaccine campaigns, with cross system working
- NHS England/PHE asked system Flu leads to complete a set of Key Lines of Enquiry (KLOEs) on behalf of the system to support their assurance processes and these were presented to region on 24th August and they gave feedback that the presentation landed well and sufficient information included in our system plans.
- Local Acute Trusts were also asked by NHS England/PHE for their plans for delivery of Seasonal Flu– KLOEs and these plans were well received.

FLU VACCINATION IN PRIMARY CARE

National guidance

- The [national Flu letter](#) was published on 17th July 2021. This highlights the recommended vaccine for the 2021/22 flu season as well as the eligible cohorts for the vaccinations. Most of the cohorts remain the same but changes to note include: the expansion of the children's vaccination programme so that all those in School year 7 to year 11 will be offered vaccination, along with all reception through to year 6. The letter also highlights that the 50-64year cohort will be eligible for the vaccine from the start of the season.
- All frontline health and social care workers are expected to have influenza vaccination to protect those they care for. Vaccine uptake ambitions were also included in the letter, with those aged 65 years and over having an ambition of 85% and the clinical 'at risk' cohort having an ambition of at least 75%. A new ambition has been included for 2021/22 which says that no group or community should have a vaccine uptake that is more than 5% lower than the national average. The letter also states that If the parent of an eligible child refuses LAIV because of its porcine gelatine content (and they understand that it is the most effective product in the programme), a policy decision has been made that they can request an alternative injectable vaccine. PHE has procured QIVc for these children which will be available for use from the start of the season.
- NHS England have published [Patient Group Directions \(PGDs\)](#) and a [national flu protocol](#) to support the delivery of the inactivated flu vaccine and the intranasal flu vaccine. A [Written Instruction template](#) has also been produced for the current year to support staff vaccinations.
- Public Health England have published guidance in relation to recommendations for [Flu immunisation training](#).
- The Green book of immunisation has been updated with information regarding co administration of both vaccines.
- A [letter from NHS England was published on 29th September](#), which explained that there was now funding for frontline primary care health care workers and that the national PGD and protocol would be updated to support this shortly, allowing them to be vaccinated via a GP practice or community pharmacy.
- The Fatwa on Flu vaccine containing Porcine gelatine, has been issued from the British Fatwa Council on 7th September 21 which concludes that the nasal flu vaccine containing porcine gelatine is permissible for use.

Stock and Availability

- GP practices have all ordered Flu vaccination stock for this season, however, there may not be sufficient ordered to meet the new national ambitions for all groups. It has also been difficult for practices to ascertain what the likely 50-64yr uptake will be and the vaccine required as they only received confirmation to vaccinate this age group part way through the season last year. Practices have been encouraged to order additional stock where they feel they wont have sufficient stocks for their population.
- There are currently national delivery delays to flu vaccines supplied by Seqiris. While these delays are not impacting every practice and pharmacy across our local health system, many providers will see short delivery delays of around one or two weeks. The situation is being monitored and local communications issued. LAIV and other manufacturers' flu vaccine stock are currently not affected and so as a priority, practices have been advised that vaccines (LAIV) should be ordered and scheduled for 2-3 year olds as soon as possible.
- Onecare are supporting the programme with a survey of practices to assess the impact of Seqiris vaccine delays and how mutual aid support.
- NBT, UHBW, Sirona have all now received flu vaccine deliveries and many GP practices and community pharmacies have also received stock.
- Information from DHSC regarding the national centrally supplied [Flu vaccines was issued on 11th October](#). These vaccines will be available for NHS providers, general practices and community pharmacies, to top up local supplies once they run low and will be deployed to areas where it is most needed to maximise uptake. General practices will be able to place orders for this stock from 18 October through the NHS England and NHS Improvement (NHSEI) Regional Public Health Commissioning Team. Community pharmacies can purchase additional stock directly through wholesalers, and so should continue to order stock via wholesalers throughout the season as they typically do. Information on the regional ordering process has also been published.

FLU VACCINATION IN PRIMARY CARE

Provider Plans

- GP practices have flu plans in place with some vaccination clinics already taking place. A flexible approach is happening in relation to the co-delivery of vaccines due to variations in vaccine delivery schedules. There is a mix with some practices wanting to utilise off site premise for vaccination vs. onsite clinics. The Avon LMC are supporting practice staff with immunisation training.
- Community pharmacies have now received stock and clinics ongoing. Initial feedback suggests there is good interest in vaccination from the 50-64year cohort. The Avon LPC are supporting their training needs.
- NBT and UHBW have now received vaccine and are in the process of delivering their staff vaccinations as well as starting vaccination of pregnant women via midwives. AWP's flu vaccine has had a slight delay but they have amended their plans to account for this.
- Sirona also have a Flu plan in place which includes patients on their case load, school immunisation as well as staff vaccination (including the CCG staff). School vaccinations have now started. Organisational planning meetings are ongoing and they have purchased the Vaccination Track system to support staff vaccinations, which have now commenced.
- The 3 Local Authorities have plans in place to support the vaccination of their staff which includes a forward plan for communications (intranet announcements, emails, poster in office) and HR bulletins on payslips etc. A communication has been issued to registered social care providers to highlight the importance of the Flu vaccination and how to book. A winter resilience event also took place on 30th September which aimed to encourage vaccination in health and social care staff and residents as well as highlight good winter resilience strategies.

Communication plans

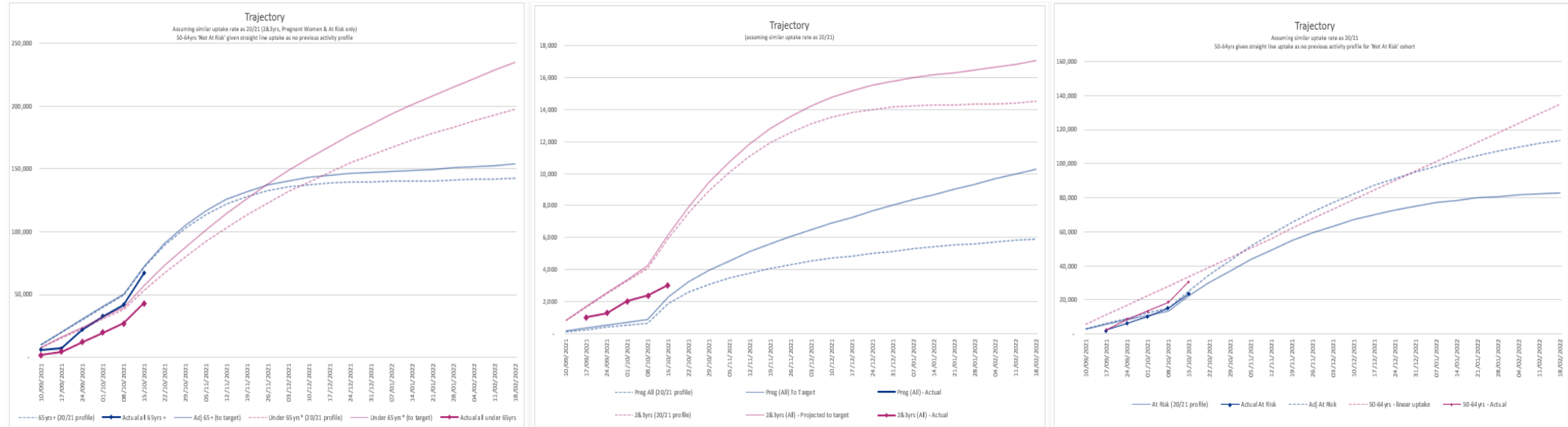
- Communication plans are developed and continually updated taking into account the learning from last year and the learning from the Covid vaccination programme. Some of the positive campaigns from last year will be reviewed and re-run and relationships built on to ensure an effective campaign for 21/22.
- A local BNSSG winter communications group has been set up to ensure consistent messaging across the ICS. A small budget has been allocated to support Flu communications to a variety of audiences. This will have a focus on the BAME population as well as hard to reach groups. A sports campaign will also be included following the success from last year's campaign. A new health literacy booklet is being developed to support people keeping well over the winter months and this will include vaccination information.
- National communications have now been produced for the staff vaccine programme and patient facing communications/ tools are 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 here the benefits of vaccines to drive uptake effectively. A 'boost your immunity' national headline campaign is planned and materials to be shared in a PHE [campaign resource centre](#).
- [Public communications](#) have also been published which explains to patients how they can help protect themselves and their children against flu this winter. It includes 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, to have their free vaccination every year. A local 'grabajab' webpage will be used to promote the Flu vaccination campaign alongside the Covid booster vaccinations. Local communications have also started including BBC Points West and BBC Radio Bristol supported by local GPs and Community Pharmacists.
- NHS England/ PHE have also issued a communication to GP reception staff to ensure they are ware of the eligible cohorts for the Flu vaccine this year.

FLU VACCINATION IN PRIMARY CARE

Maximising uptake

It is important to take forward the pop up flu clinic work and learnings from last season. In order to do this most effectively, there are representatives from the BNSSG System Flu group who are part of the Mass Vaccination Maximising Uptake group to ensure both vaccination programmes are aligned and that lessons learnt are taken forward. A Flu outreach task and finish group has been set up and it is looking into including flu vaccine into the family outreach clinics.

Vaccination data and updates



- Intention to reporting Flu and Covid booster vaccination data together, with delivery trajectories, supported by matrix working between system analysts from the CCG BI team, OneCare and the PHE Screening and Immunisation team.
 - An initial trajectory has been developed to support the identification of areas which would benefit from additional focus and support. This trajectory will be further developed following feedback and as data becomes available. The uptake pattern is derived from the 20/21 uptake rate using data from the Immform database. It has been adjusted to reach the 21/22 target.
 - Please note this trajectory is an estimate due to lack of data flows early in the Flu season. More accurate picture will be seen as the season progresses. Current uptake is generally below trajectory, but this is likely to be related to the Seqiris vaccine delivery delay.
 - Nationally there are concerns in relation to the slow uptake of the vaccine in 2 and 3 year olds due to children being carriers of the virus and so important they are vaccinated prior to flu circulation (see middle graph). In response, practices locally with no uptake for this cohort have been contacted to identify and issues and encourage early vaccination.
 - Early data is showing that those aged 50 year and above have a higher vaccine uptake rate than those aged less than 50 years (and eligible) currently.
- *Under 65yrs data includes Pregnant, At Risk and 2&3yr olds (50-64yrs old, not within an additional 'at risk' group, have been excluded pending further development of the trajectory). Data for 50-64yrs includes all patients.

Mitigation plans

- Work is being undertaken to understand vaccine supply and which populations we have to prioritise, and what workforce we have; that will dictate what delivery sites we focus on and where we concentrate our resources.
- There is a staff sharing agreement with PCNs in place in BNSSG for the Covid vaccination programme so that additional staff can be accessed if required to support vaccine delivery and a similar agreement for the Flu programme is in development.
- Flu is now integrated within the maximising uptake group for delivery and this will look at delivering both vaccines in outreach settings.

Outbreak management

Every year, the local antiviral pathway is reviewed to ensure it is robust and current for the forthcoming flu season.

We are currently working to ensure that a process is in place to manage outbreaks in care homes. Discussions have taken place with local GP practices, Sirona and Severnside. A single PCN provider has stated they could provide the service across BNSSG. This has been discussed with Primary Care Directors and additional information sought. Once a provider has been confirmed, the pathway will be updated and shared more widely to relevant parties.

Risks/ Issues (scoring 12 and above)

1. There is a risk sufficient stock may not have been ordered.
2. Flu programme may be delayed due to recent Seqiris delivery delays.
3. There are concerns raised regarding Primary care staff capacity , volume of work and 'burn out' during this period, especially nurses and practice managers who are under a lot of pressure and are key in the Flu vaccination programme. Also risk if high staff absence due to Covid/Flu.
4. Due to the expansion of the children's vaccination programme there is a risk in relation to staff capacity. Also if high levels of Flu/covid children may be off school making vaccination difficult to complete
5. Risk in relation to co-administration of flu and covid vaccinations; will one vaccine be chosen over another, what if both vaccines are not available at clinic.
6. There is a risk that the anti-vaccination campaigners may impact the delivery of the flu campaign and put staff in a vulnerable position.

Issues and risk log contains the full details of all the risks/issues currently identified for the flu vaccination programme.

Assurances

1. Providers have been asked to review their stock levels and order to meet their population needs. A national stockpile will be accessible currently from November. Survey undertaken to assess mutual aid opportunities
2. Currently a short delay and not all practices/pharmacies affected. Communications have gone out to practices and asked to prioritise delivering vaccines they have available such as the LAIV. One care survey ongoing to assess impact of delays. Stocks starting to be delivered.
3. Good relationships with practices and support offered where appropriate. Ongoing sit reps being undertaken to ascertain current status. Workforce is being looked at in wider Covid vaccination programme to potentially support both programmes
4. Sirona are currently reviewing their internal plans and if any wider system asks. Bank staff to be used where needed and currently staff levels are sufficient.
5. Clear communications needed to advise on the importance of both vaccines to both staff and patients.
6. Covid escalation plans could also be applied to the flu campaign and security arrangements being reviewed.