

6. COVID-19 and Recovery Update

28th September 2021, BNSSG Primary Care
Commissioning Committee

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Overview

1. Covid Vaccination Programme
 - Phase 3 booster programme
2. General practice resilience
3. Blood bottle shortage
4. PCN contract letter 21/22 and 22/23

Updated Enhanced Service specifications for Phases 2 and 3

NHSE have issued a new specification for Phase 3 in light of information on the booster programme and co-administration of flu and Covid vaccines. They have also extended the end date of the specification from 31 January 2022 to 31 March 2022.

Further operational guidance and an updated Standard Operating Procedure will be circulated soon and NHSE will also publish a revised template Collaboration Agreement shortly in line with the revised JCVI guidance.

The Phase 2 specification has been updated, in line with the latest JCVI guidance. The key changes are:

- Expanding the eligibility for the COVID-19 vaccination of children and young people aged 12-15 years old with underlying health conditions.
- Giving local commissioners the flexibility to commission a PCN Grouping to vaccinate “healthy” 12-15 year olds in collaboration with local school aged immunisation services in exceptional circumstances only.

Latest statistics for BNSSG

	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	72.9%	74.9%	82.9%	85.7%	92.4%	88.4%	93.6%	98.7%	100%*	95.5%	97.5%	100%*	92.5%
BNSSG	73.5%	76.1%	88.8%	94.2%	100%*	94.2%	96.5%	100%*	100%*	97.2%	98.3%	100%*	93.2%
BNSSG Total	75,201	60,517	64,478	61,727	56,996	55,558	59,340	58,493	48,626	41,862	42,926	32,630	44,120

Vaccination Figures:

Overall number of vaccinations provided: 1,370,214

Number of people received first vaccination: 717,205

Proportion of people aged 16+ who have received first vaccination: 82%

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
- 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 ¾ y olds and over
- Supporting the school immunisations team in their planning
- Supporting the public in their decision making
- Using PSD for boosters; awaiting PGD and National Protocol for Pfizer coming this week; National Protocol for Moderna awaited
- Trailers closed in order to redeploy staff
- UWE up and running
- Planning for Phase 3 evaluation

Current Cohort Plans - Adults

Cohort	Phase	Vaccine	Booster/ Primary	Doses	When	Place of Delivery
1-12 Evergreen	1, 2 and 3	AZ (age 40+) Moderna Pfizer	Primary	2	Now	VC/ PCN/CP/Outreach/Trailers
Household contact with immunosuppressed	2	Pfizer	Primary	2	Now	PCN clinics via Digital Booking System
1-9 at 6 months after 2 nd dose	3.1	Pfizer	Booster	1	Now	VC/ PCN/CP/Outreach

Current Cohort Plans - 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	Where staff signed off: Schools/ Colleges CP Outreach Walk In – PCN/ VC
Household contact with 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	?	<i>Pfizer (assumed)</i>	<i>Primary</i>	<i>1 (assumed)</i>	<i>22 September to mid Nov (with opportunity for 'mop up' clinics after)</i>	<i>School based (School Imms Team) with catch up clinics</i>
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	TBC

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

Maximising Uptake – Reducing Inequalities

Recent Activity



*Easton Christian
Family Centre
Weekly: Wednesdays*



*Romanian Church, Bristol
22 Aug*



*Pilgrim's, Westerleigh
employees – targeting
Eastern European
Communities
8 Sept*



*Cabot Circus
Weekly: Thurs, Fri, Sat*



*Sweetmart
Weekly:
Tuesdays*



*Hotels in Bristol
Collaborating with all
partner agencies to
vaccinate refugees /
asylum seekers Sept 2021*



*People experiencing
homelessness
Bi-Weekly*

12,000+
Vaccinations in outreach
Since March 2021

What's planned

- Freshers Activity – St John's Ambulance at UOB and Information Stands at UOB and UWE
- Reviewing activity and locations to address disparities identified for Pregnant Women and Younger Black African, Black Caribbean and Eastern European communities for 1st and 2nd dose
- Exploring 'family vaccination clinics' for boosters, 12 -15 (recognise needs to be school IMMS delivered),
- Opportunistically vaccinating with flu alongside Covid

Shaping better health

Communications Update

Operational Communications:

- School-based Immunisation Programme (working with Sirona)
 - Emphasising both flu and COVID-19, 'gentle' tone of campaign, and parental consent.
 - Letters to schools and parents, setting the tone.
 - Proactive position for LAs along with Q&A addressing likely questions from schools/parents.
 - Media activity supporting LAs and explaining details of local School-based Programme.
- 16-17 ¾ year olds:
 - Media activity, working with sixth forms and colleges who ran clinics
- Booster Programme:
 - Working with hospital trusts on staff comms – prioritising most 'at risk' staff
 - Comms reflected lessons form from initial vaccination roll-out

Maximising Uptake:

- Working with BCC to undertake qualitative research to help inform new initiative to encourage uptake among young African Caribbean/Eastern European people
- Supporting student Freshers Fairs – BBC Points West

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

Planning

- Working with CCG Comms Team on Winter Plan and communicating flu/COVID-19 vaccinations
- Comms planning for Phase 3 of vaccination programme

Awards:

- Entry for HSJ Reducing Inequalities Award has been shortlisted – final presentation 1 October
- Highly commended for NHS Communicate Awards: Use of Insight and Data for Innovation in Communications for work on Covid 19 Vaccination Programme



2. General Practice resilience

- Heightened pressure across our health and care system over the summer and this has also been felt in general practice
- Increase in number of practices reporting significant staff absence due to isolation, compounded by planned summer leave and shortage in locum cover supply - at a time when practices are experiencing an increase in demand for their services
- Monitoring of practice resilience in place so that support can be put in place and general practice resilience can be understood as part of understanding system pressures
- Communication to practices with regards to business continuity, instigating Primary Care Network and locality resilience plans where appropriate, digital support for remote working and communications support with patients
- Work is underway to develop and implement escalation actions and support for primary care

General Practice resilience

cont'd...

- Key areas of focus are supporting capacity and workforce as well as communications to patients. Examples include:
 - Developing staff sharing agreements to support mutual aid across the system including general practice
 - Increasing use of system staff bank to support the vaccination programme and expand its application beyond the covid vaccination programme
 - Expediting work to develop a Community, Primary Care and Social care workforce bank with an initial focus in primary care
 - Continue to support Primary Care Networks to recruit to additional roles to support the expansion of the wider primary care team
- Government guidance revised in August supporting ability of double-vaccinated health and social care staff to routinely return to work subject to precautions (negative PCR test, daily lateral flow tests for 10 days and risk assessment carried out for staff working with clinically extremely vulnerable patients) reducing the levels of absence due to isolation.

3. Blood bottle shortage

- Temporary shortage of supply in blood bottles nationally during September resulted in a request to general practice to suspend routine blood tests during this period which may have resulted in some patients experiencing delays to their care
- Practices supported with system-wide guidance to prioritise blood tests for clinical priorities and vulnerable groups
- Guidance received 16th September lifting restrictions from primary care from 17th September subject to local stock positions
- Practices requested to follow best practice guidance developed nationally as restrictions are lifted and to work through the backlog over a period of 8 weeks
- Continuing to monitor availability in the system as restrictions are lifted in primary care
- Opportunity to review “value adding” blood tests

4. PCN contract letter 21/22 and 22/23

- Outlines requirements for rest of 21/22 and next year for PCNs
- Outlines IIF funding and new funding for PCN Leadership & Management Support (change in focus to Clinical Directors not Commissioners ensuring funding meeting conditions)
- IIF sets out 5 key objectives (see next slide)

21/22

Focus on gradual introduction of two specifications:

- Cardiovascular disease prevention and diagnosis
- Tackling neighbourhood health inequalities

By 31st March analyse A&E minor conditions attendance rates with the ICS, making a plan to reduce unnecessary attendances and admissions.

22/23

- Continued delivery and building on above specifications
- Introduction of two deferred specifications: anticipatory care and personalised care
- Combined extended access offer

4. PCN Objectives

The table below sets out the 5 key objectives for PCNs in 2021/22 and 2022/23, and how the different elements of the Network Contract DES will support them.

<u>Key Objectives.</u> Aligned to general practice priorities, LTP priorities and NHS response to Covid-19	<u>Service requirements</u> New requirements introduced in a phased way will support the key objectives	<u>IIF Indicator areas of focus</u> Financial indicators to improve and reward performance against DES Service requirements and wider NHS priorities
1. Improving prevention and tackling health inequalities in the delivery of primary care – PCNs will be required to identify high need local populations and tailor services to them, as well as address inequalities in rates of diagnosis for cardiovascular disease and cancer.	<ul style="list-style-type: none"> • Tackling Neighbourhood Inequalities • CVD Diagnosis and Prevention • Early Cancer Diagnosis • Personalised Care 	<ul style="list-style-type: none"> • Progress towards the national ambitions for: <ul style="list-style-type: none"> ○ Learning Disability Health Checks ○ Flu vaccinations to at-risk groups ○ Closing the hypertension diagnosis gap ○ Personalised care interventions e.g. social prescribing • More complete recording of ethnicity in patient records
2. Support better patient outcomes in the community through proactive primary care – including delivery of the Enhanced Health in Care Homes and Anticipatory Care services through multidisciplinary teams, offering more personalised services which will help people avoid unnecessary hospital admissions	<ul style="list-style-type: none"> • Tackling Neighbourhood Inequalities • Anticipatory Care • Enhanced Health in Care Homes (EHCH) • Personalised Care 	<ul style="list-style-type: none"> • Delivery of key elements of the EHCH model and associated moderation of care home resident emergency admissions • Moderated admissions for ambulatory care sensitive conditions (ACSCs)
3. Support improved patient access to primary care services – implementing a PCN-based approach to extended access provision, and rewarding PCNs who improve the experience of their patients, avoid long waits for routine appointments and tackle the backlog of care resulting from the Covid-19 pandemic	<ul style="list-style-type: none"> • Extended Access service requirements • Delivery of all new services will support improved access for particular cohorts. 	<ul style="list-style-type: none"> • Improved patient experience of accessing general practice • Reduction in the proportion of patients waiting longer than two weeks for a routine general practice appointment • Improved provision of online consultations • Increased utilisation of Specialist Advice services, and community pharmacist consultations
4. Deliver better outcomes for patients on medication – including through the delivery of Structured Medication Reviews to priority patient cohorts, and through targeting prescribing behaviours known to improve patient safety.	<ul style="list-style-type: none"> • Structured Medication Reviews and Medicines Optimisation 	<ul style="list-style-type: none"> • Improved provision of SMRs to priority groups • Targeted prescribing behaviours known to improve patient safety • Supporting more preventive treatment of asthma through increased use of inhaled corticosteroids.
5. Help create a more sustainable NHS - through reducing the carbon emissions generated by asthma inhalers.	<ul style="list-style-type: none"> • Structured Medication Reviews and Medicines Optimisation 	<ul style="list-style-type: none"> • Encouraging clinically appropriate inhaler switching to low-carbon alternatives

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, Jacci Yuill

Background

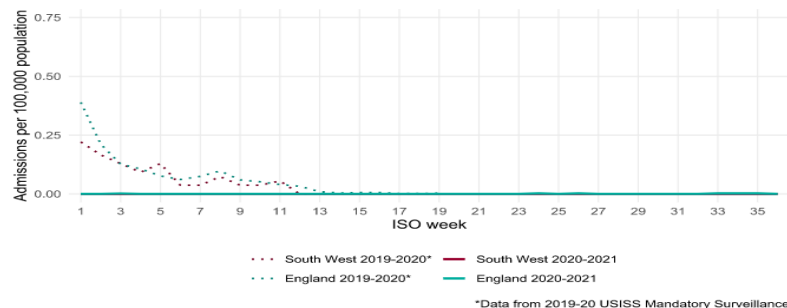
The timing and magnitude of potential influenza and COVID-19 infection waves for winter 2021 to 2022 are currently unknown, but there is concern regarding the rate of influenza that may be seen this year, with mathematical modelling indicating the 2021 to 2022 influenza season in the UK could be up to 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 36 2021 (06/09/2021 to 12/09/2021).

- The ICU/HDU admission and hospital admission rates with confirmed influenza remains 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 total number of patient episodes of Influenza A and B remains low in Week 35.

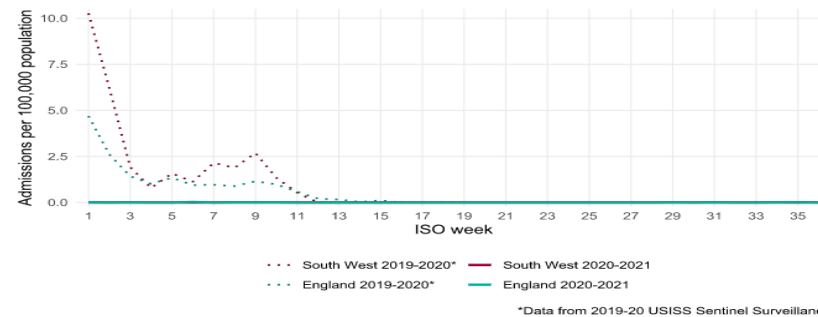
Hospital admissions –ICU/HDU with confirmed Flu

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 have also been asked by NHS England/PHE for their plans for delivery of Seasonal Flu– KLOEs and for these to be presented on 15th September.

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 50-64yr 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 \(PGDs\)](#) to support the delivery of the inactivated flu vaccine and the intranasal flu vaccine. A [Written Instruction template](#) has also been published by the Specialist Pharmacy Service (SPS) for the current year to support staff vaccinations. A [national flu protocol](#) has also been issued to allow the vaccine to be administered by appropriately trained persons in a similar way to the Covid vaccine.

Public Health England have also 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, however we are still awaiting a further update on the finer details.

Stock and Availability

- GP practices have all ordered Flu vaccination stock for this season, however, following a recent survey, it suggests 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 won't have sufficient stocks for their population.
- There is also likely to be a small national stockpile but the detail on this hasn't been published yet (expected imminently) so it is unclear when this will be available (likely to be November) or for which cohorts, but it is envisaged that rather than a first come, first served basis to access this stock it will have an element of regional allocation.
- 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. 2

FLU VACCINATION IN PRIMARY CARE

Provider Plans

- GP practices are in the process of reviewing their flu plans, which are remaining flexible until further information is known on co-delivery of vaccines. There is a mix of practices wanting to offer vaccination at practice level vs PCN level currently. There is also a mix with some practices wanting to utilise off site premises for vaccination vs. onsite clinics.
- The LMC are supporting practice staff with immunisation training.
- Community pharmacies are also reviewing their plans and ordering stock. The Avon LPC are supporting their training needs.
- NHS Acute Trusts are in the process of reviewing and updating their staff vaccination plans and these will be shared with the CCG once finalised. All trusts have ordered stock for their employed staff.
- Sirona are also developing their Flu plan which includes patients on their case load, school immunisation as well as staff vaccination (including the CCG staff). Organisational planning meetings are ongoing and they have purchased the Flu Track system to support staff vaccinations.
- 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 is also planned for late September which aims to encourage vaccination in health and social care staff and residents.

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 BNSSG Communications plan for 21/22 has been submitted to region for initial comments and feedback.

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 we await patient facing communications/ tools. 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.

FLU VACCINATION IN PRIMARY CARE

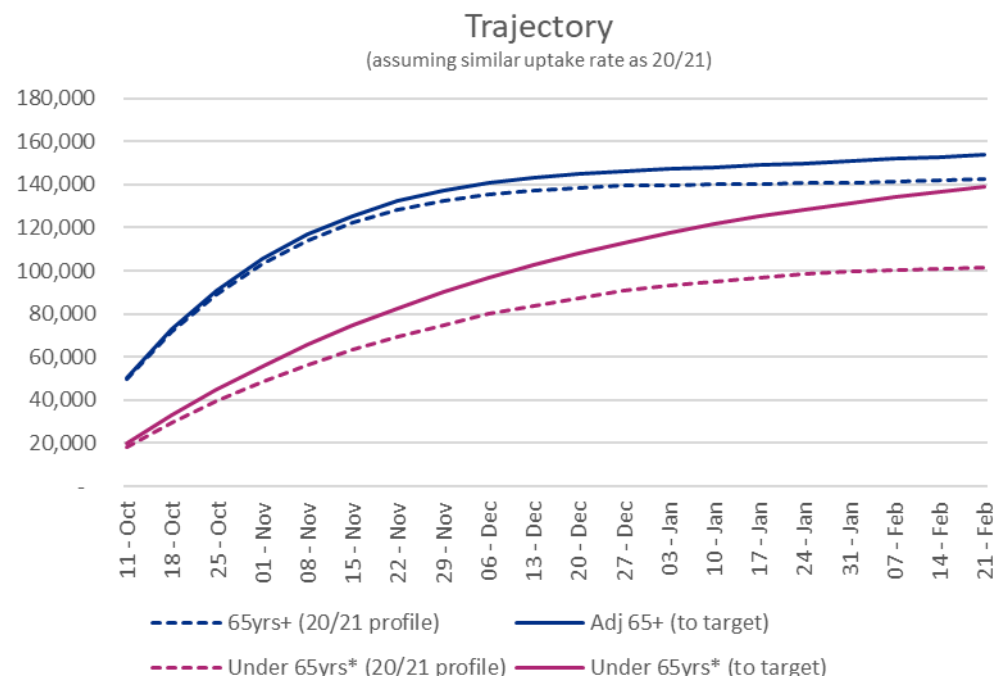
Maximising uptake

It has been discussed that it would be important to take forward the pop up flu clinic work 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.

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
- Vaccination data is also available through the PHE Immform website
- Data is aimed to be shared in September, following the start of the campaign
- 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.

*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).



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 are ongoing with local GP practices and Sirona. 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 are some unknowns in relation to the Flu programme for 21/22 despite the Flu letter being published, in particular in relation to how the Flu vaccination will run along side the Covid booster vaccinations.
2. There is a risk sufficient stock may not have been ordered.
3. Flu programme may be delayed due to recent Sanofi delivery delays.
4. 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.
5. 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
6. Risk in relation to co-administration of flu and covid vaccinations if guidance suggests they can be administered together; will one vaccine be chosen over another, what if both vaccines are not available at clinic.

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

Assurances

1. Ongoing planning with the information currently available. Most providers have plans in place for both co-administration and non co-administration of the Covid and Flu vaccination in key groups like elderly care home patients.
2. 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.
3. 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.
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.