





Frequently Asked Questions & Answers V3

This is a live document and will be routinely updated. This document can only reference national policy or local commissioning arrangements. The intention is to circulate FAQs regularly. Please note that this is not an NHS England policy document; formal policies, which are worked through NHSE/PHE Gateway will be sent to you directly. This document is a reference tool to help support local providers and stakeholders and is an effort to share, collaboratively, questions that we receive.

This document and any information provided herein is guidance only. All information is given in good faith and is accurate at the response date listed in this document. Information may be superseded by later versions. The commissioning team believe the content of this to be correct at the date of issue.

Questions in **bold** are new questions added to a new version.

No.	Focus of question	Question	Answer
1	Guidance / Legislation	Is there guidance for delivering the Influenza Vaccination Programme?	<p>The Guidance for delivering the Influenza Vaccination Programme document is enclosed.</p> <div>  <div>200728_Minimum standards and Evid</div> </div>
2		Can the Written Instruction used to support peer to peer vaccination be extended to include other registered clinicians (e.g. pharmacists), as this posed a problem in acute trusts where Occupational Health is external to the trust?	<p>NHSEI have raised the question with the Specialist Pharmacy Service who produced the instruction and guidance and have provided the following statement: the current legislation only allows for registered nurses to operate under the written instruction. NHSEI are aware of the restrictions the current legislation in practice have lobbied the DHSC and MHRA for the legislation to be reviewed. Whilst they have indicated that they are supportive of an amendment it is unclear when/if this will occur.</p> <p><a href="#">The written instruction for OHS seasonal flu vaccination 20/21– has been updated</a> and can be found along with associated documents to support healthcare Occupational Health Services/workforce administration of the seasonal flu vaccination has been updated for the 2020/21 season and has now been published. It can be viewed at the following link: <a href="https://www.sps.nhs.uk/articles/written-instruction-for-the-administration-of-seasonal-flu-vaccination/">https://www.sps.nhs.uk/articles/written-instruction-for-the-administration-of-seasonal-flu-vaccination/</a> - The update has been supported by the MHRA, CQC, PHE, RCN, the BMA Occupational Health medicine committee and independent healthcare provider representation. SPS will publicise via Twitter and in the NICE Medicines Awareness daily bulletin.</p> <p>Also, to note, whilst included in the instruction – in order to try and improve reporting/recording/coverage)</p> <p>Local policy should be followed to encourage information sharing with the individual's General Practice where the individual would be eligible for immunisation under the national influenza programme to allow appropriate clinical follow up, improve data capture of vaccination status and to avoid duplicate vaccination</p> <p>NHS Trusts may consider using a PGD to vaccinate their own staff where it is determined that a written instruction cannot meet the needs of the organisation (i.e. a wider group of HCPs are required to undertaken vaccinator roles) - the factsheet details this <a href="https://www.sps.nhs.uk/articles/written-instruction-for-the-administration-of-seasonal-flu-vaccination/">https://www.sps.nhs.uk/articles/written-instruction-for-the-administration-of-seasonal-flu-vaccination/</a></p>
3		When will the outcome of the proposed pharmacy delivery models be known?	<p>Proposals have been submitted by Pharmacy Services Negotiating Committee (PSNC) to NHSE/I to allow more flexibility within the nationally agreed Pharmacy Flu Enhanced Services. NHSEI are awaiting a final agreed specification. In addition, there are discussions ongoing locally around how pharmacies can support delivery of flu in line with ICS plans that may not rely on the national specification.</p>
4		What are the issues relating to indemnity insurance for delivery of 2020/21 flu programme?	<p>NHSE/I cannot advise on indemnity insurance and practices should always ensure that their indemnity insurance covers them for any delivery plans. NHSEI understand however, that:</p> <p>NHS Resolution's belief is that GP staff immunising patients from other practices (e.g. in hub type arrangements) is covered under existing indemnity as an “ancillary service”. Vaccinating patients from other practices is acceptable.</p> <ol style="list-style-type: none"> <li>Practices should document the consent of vaccination by another practice.</li> <li>DES does not provide permission for Flu vaccine to be given at other practices.</li> <li>Any cross-practice vaccination would have to be done under a formal sub-contracting arrangement.</li> </ol>

5	Guidance / Legislation	What is the current guidance on rules around sharing vaccines Medicines and Healthcare Products Regulatory Agency (MHRA)?	<p>The MHRA guidance document is enclosed.</p>  <p>200922_FINAL Flu vaccine transfer 2021</p>
6		Will the MHRA continue to relax movement of vaccines throughout the flu season?	This is yet to be confirmed. The current guidance 'National Immunisation programme guidance to manage locally held vaccine stock in primary care and the use of Patient Group Directions in Primary Care Networks during COVID-19' currently applies, and NHSEI assume will continue until either formally updated or revoked. As this is not certain practices are encouraged to not rely on this and to try to be as self-sufficient as possible.
7		Can vaccines be moved under MHRA relaxation between primary care and acute trusts to support sub-contracting to nursing teams but negate the need for them to purchase their own vaccines?	Not at the present time, the current relaxation states: 'it may be necessary for CCGs and/or Primary Care Networks to facilitate the transfer of locally held vaccine stock from one provider to another to ensure the continued delivery of immunisation programmes'. As this is not certain practices are encouraged to not rely on this and to try to be as self-sufficient as possible.
8		Is MHRA relaxation on Wholesale Dealer Licence linked to COVID legislation?	No, MHRA can approve relaxation where there is any risk associated with vaccine supply.
9		If MHRA allows movement of vaccine could some vaccine from a PCN be transferred to an extended access service to immunise the homeless?	Only where there is a Service Level Agreement (SLA), similar to the community agreement, rather than a sub contract is in place. Current relaxation appears to allow movement of vaccine only within primary care. The homeless are not an eligible group per se, they would need to be vaccinated under one of the existing cohorts or clinical discretion unless advised otherwise in the awaited second Flu Letter.
10		Can Patient Group Directions (PGD's) be used across Primary Care Networks / Clinical Commissioning Groups (PCNs / CCGs)?	The general principle is that you can use one PGD but there must be an MOU/SLA etc to cover the governance etc. The following link states: If a registered healthcare professional (HCP) is approved to operate under a PGD within the legislation and their own practice then it can be considered that that HCP is also authorised to operate under the same PGD for the treatment of patients across the PCN provided this has been agreed by the PCN. <a href="https://www.sps.nhs.uk/articles/patient-group-direction-use-in-primary-care-networks/">https://www.sps.nhs.uk/articles/patient-group-direction-use-in-primary-care-networks/</a> . This also applies to a CCG footprint.
11		Who can deliver under a PGD - can this be extended to ALL Healthcare Professionals?	Currently those that can supply / administer under a PGD are Registered Nurses, Midwives, Physiotherapists, Paramedics. The National PHE Pharmacy Lead checking to see if can be extended to any registered professional, awaiting clarification.
12		Do PGDs cover foundation dentists? Can Foundation Dentists prescribe/supply and administer flu vaccines?	<b>Foundation Dentists do not need to use PGD as they are independent prescribers – but as for any prescriber they would need to be able to review/assess patient history/eligibility etc prior to administering vaccine. The Foundation Dentists supporting the flu vaccination programme will have completed basic immunisation training. From a medicine supply/administer regulatory point of view they can administer a prescription only medicine (in this case flu vaccines supplied by the patients GP), so long as they are able to fully assess/review the patient/patients records. We are currently working towards local systems agreeing host employer arrangements which will allow them to use practice vaccine and cover the indemnity. These staff may also be covered under the CNSGP extends to all GPs and others working for general practice who are carrying out activities in connection with the delivery of primary medical services – where necessary this should be confirmed with CNSGP</b>
13		What are the requirements of PPE in areas of lockdown/non-lockdown?	National guidance must be followed ( <a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/910885/COVID-19_infection_prevention_and_control_guidance_FINAL_PDF_20082020.pdf">https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/910885/COVID-19_infection_prevention_and_control_guidance_FINAL_PDF_20082020.pdf</a> ). If localities wish to introduce additional measures, this should be discussed with the local IPCT.
14	Data Reporting	Data reporting - how can we ensure flu vaccinations given in Pharmacy settings are correctly recorded?	The intention is to continue to use Pharmoutcomes, which has an electronic system for reporting flu vaccinations given to the patients GP Practice. Information will be shared with all practices to ensure that they can set up the necessary arrangements to enable this. NHSEI understand that the GP message is transmitted to the GP system as a MESH message, therefore practices should ensure their system is set up appropriately.
15		Data reporting - how can we ensure flu vaccinations given in Secondary Care settings are correctly recorded?	<p>Any vaccines given by another provider will be notified to the GP practice within a maximum 48 hours (2 working days) following vaccination. This should be via electronic means, noting that secure email is the minimum requirement. Practices should ensure they have robust systems in place to receive and manage notifications and ensure the vaccination is correctly coded in the patient's primary care record (vaccinated by other provider) to ensure the vaccination is picked up on the monthly IMMFORM data collection search. The enclosed documents have been developed with support from the Screening and Immunisation Coordinators to support practices to correctly input/code <u>maternal</u> flu vaccinations given in hospital.</p> <div>  <p>Recording maternal flu vaccination giver</p>  <p>Flu in pregnancy1920.pptx</p> </div>


16		Has any further work been done on the 6m-2y template / data recording on IMMFORM?	The national template remains unchanged.
17		Is there any guidance re: PRIMIS codes?	PRIMIS codes will be published on the IMMFORM website. The PRIMIS codes will be issued to GP Clinical System IT providers who will incorporate these into their system search. Practices must ensure that they use their clinical system search in order to identify eligible patients. NHSEI are hoping for national guidance to be released and are looking to develop a webinar.
18		Has anyone previously got a good recording mechanism for recording care home staff and primary care staff vaccination uptake?	Social care / care home staff - discussions are being held with Healthy Aging Leads and Independent Care Leads to use the capacity tracker to record vaccine uptake for staff and patients. For primary care staff, there is a GP / Independent Care sector data collection tool on IMMFORM. Staff need to ensure appropriate access levels include data collection and surveys and enter their practice data at the end of each month (staff employed - denominator & staff vaccinated - numerator). This information is then collated by NHSEI and entered onto the IMMFORM survey.
19	COVID	Contraindications to flu vaccine in relation to COVID. Can flu vaccination be given if patients have symptoms of COVID/are a household contact/self-isolating – or should flu vaccination be given as a priority as they would be perceived as vulnerable/at increased risk even if they feel unwell or have symptoms/temp?	COVID guidance must be adhered to at all times in line with provider policies and national requirements. As with any vaccination, patients with any signs of infection / fever, vaccination would be deferred. Full guidance will be available via PGD / Green Book.
20		Will BAME be included in 'at risk' due to the evidence suggesting BAME are at increased risk of COVID?	Details of expansion are awaited.
21		Are ALL those identified as 'shielding' also in the 'at risk' flu category – are there any conditions/scenarios where this might not be the case? Or will those identified as shielding, be included in the 'at risk' cohort automatically?	There is a high level of assumption that most shielded patients will be in at least one of the at-risk categories and should therefore be coded under that condition/category. NHSEI do not know if there are any conditions which would result in any patients that are extremely clinically vulnerable / shielded and are awaiting further guidance.
22		Will there be further guidance issued for social distancing when delivering the flu programme e.g. practice waiting rooms, pop up clinics, drive thru' s etc?	Current COVID guidance and Immunisation guidance must be adhered to at all times in line with provider policies and national requirements.
23		Will there be clear guidance on how to differentiate between Flu and COVID. Do we need to provide Tamiflu on mass and will everyone with a temperature and cough need to isolate?	National COVID and flu guidance should be followed.
24		Is there COVID funding available for practices where they need to put in new measures to deliver this year's flu campaign?	This has been addressed via the CCG flu leads. There is no confirmation of additional funding, but a business case has been developed via the ICS. Any changes to funding have yet to be confirmed by the national team.
25		Are there any restrictions on delivering flu to those with symptoms of COVID or effects of having had COVID?	As per any vaccination - patients with any symptoms should not be vaccinated until symptoms have fully resolved. All exclusions specified on the PGD should be observed. The Summary of Product Characteristics (SPC) should be referred to for any specific concerns/contraindications. In addition, all COVID requirements for self-isolation and necessary safety precautions should be adhered to.
26		How do you think the COVID19 outbreak will affect the flu campaign?	In terms of COVID impact there is a suggestion that there will be increased demand for flu vaccine this season, as people are more aware of the impact of respiratory infection. However, there has not been any modelling to support this. The converse is that demand will be lower as people a) perceive the risk of flu to be lower due to not socialising and b) don't want to attend healthcare settings to get vaccinated due to the fear of/risk of COVID. NHSEI will work with national communication teams to reassure people of how this risk is being managed.  NHSEI are aware that the practicalities of delivering the flu immunisation programme whilst working within COVID guidelines will be a challenge and work is ongoing nationally and locally to look at all models of delivery to support the campaign.
27		What happens if there is a second wave of COVID?	This would be dependent on national guidance available at the time.
28		<b>Should asymptomatic patients be vaccinated, apyrexial COVID patients or waiting for 10-14 days post positive test?</b>	<b>An asymptomatic patient who has tested positive – is likely to continue testing positive for some time. If they are well, no other signs of illness then the patient can be vaccinated (with consent!). They may not have become unwell due to exposure to covid – but may well do if they got flu.</b>
29	Demand	Are there local/national contingencies if we see a significant increase in demand for flu vaccine, beyond what practices have ordered?	This has been escalated to the national team and is under discussion. There are local discussions with Integrated Care System (ICS) Flu Leads to look at the most effective delivery models for 2020/21.

## Vaccine Delivery

30	Do pharmacies still need the permission of GP's to immunise the residents of a care home or is it just the need to inform them?	Pharmacists have never needed GPs permission to vaccinate patients in care homes, they are however required to inform the GP of this intention. NHSEI do not expect this to change, however the 2020/21 national specification has not yet been released.
31	How can dental services support flu delivery?	Discussions ongoing.
32	Which cohorts should be prioritised this year?	NHSEI are still awaiting further guidance on which cohorts should be prioritised.
33	Can 3rd year student nurses be given permission to immunise for this flu season?	This is unknown at the moment; further guidance is awaited.
34	If immunising as a PCN does the PCN need to be CQC registered?	As such, in a situation where a PCN is not a legal entity, and the constituent providers are already registered with CQC for the regulated activities they will provide as part of the network (which will also include extended access services), they will not need to register again or separately in respect of being a constituent member of a PCN. However, it is advised that providers amend their 'statements of purpose' to accurately reflect the additional role(s) in service delivery they will assume as participant member of a PCN - for full information refer to <a href="https://www.england.nhs.uk/primary-care/primary-care-networks/pcn-faqs/third/#will-pcns-need-to-register-with-the-cqc-and-do-practices-need-to-modify-their-current-registration-when-they-become-a-part-of-a-pcn">https://www.england.nhs.uk/primary-care/primary-care-networks/pcn-faqs/third/#will-pcns-need-to-register-with-the-cqc-and-do-practices-need-to-modify-their-current-registration-when-they-become-a-part-of-a-pcn</a>
35	Is vaccination permitted 'off site'/away from the CQC registered premises?	<p>Response from CQC <a href="https://www.cqc.org.uk/guidance-providers/registration/registration-flu-vaccination-arrangements">https://www.cqc.org.uk/guidance-providers/registration/registration-flu-vaccination-arrangements</a>:</p> <ol style="list-style-type: none"> <li>The vaccination site will be at an existing practice location already listed in my/our conditions of registration for TDDI/D&amp;SP and I/we will be responsible for the quality and safety of the service. <ul style="list-style-type: none"> <li><i>In this case, you are already registered to carry on the Registered Activities (RA's) at the proposed location and no application is necessary.</i></li> </ul> </li> <li>The vaccination site will be hosted at another location which is not listed in my/our conditions of registration, but already listed in the conditions of registration of another CQC registered provider (host) for TDDI/D&amp;SP. <ul style="list-style-type: none"> <li><i>If <b>the host</b> will be responsible, you will not need to make any application. You could update your SoP to tell us that you are helping the host. The host is already registered to carry on the RAs at the proposed location and no application is necessary.</i></li> <li><i>If <b>you</b> will be responsible, you will not need to make any application. You will need to update your SoP to tell us that you are running the vaccination site as a 'satellite' of your own practice. There will be no separate inspection of the service, which will be included as a part of any inspection of your main practice location.</i></li> </ul> </li> <li>You will provide vaccination and other medical services at a site, in premises which have not been used for the carrying on of a RA. The location is not listed in my/our conditions of registration or in the registration of any other CQC registered provider. I/we will be responsible for carrying on the RA and the quality and safety of the service at the location and the location will be equipped and maintained to the standard expected for patient healthcare, i.e. surgery <ul style="list-style-type: none"> <li><i>While sites <b>ONLY</b> used for vaccination generally don't need to be added as a location, the other services you provide there may mean that you will need to make an application to vary your location condition by adding the location to your registration.</i></li> <li><i>You need to speak to the local Registration Team. If the service is already in operation, you will be in breach of your location condition and you should not do that without consulting us. If the service needs to start urgently, we may be able to agree this and process your application in retrospect.</i></li> <li><i>This location may be inspected in its own right and separately to existing practice locations.</i></li> </ul> </li> <li>The vaccination site will be in premises which have not been used for the carrying on of an RA. The location is not listed in my/our conditions of registration or in the registration of any other CQC registered provider and <b>will only be used as a vaccination site</b> where healthcare professionals will bring the necessary equipment and records to carry out vaccinations and removed at the end of the session, i.e. no medical equipment or storage of medicines is held on site. <ul style="list-style-type: none"> <li><i>You will not need to make any application. If <b>you</b> will be responsible, you will need to update your SoP to tell us that you are running the vaccination site as a 'satellite' of your own practice.</i></li> </ul> </li> </ol>
36	Can practices immunise the care home staff they are linked to, to prevent too many people going into the home and also improve staff uptake, but could GP claim for vaccine?	Currently this is not permitted within national guidance. GPs can only vaccinate care home staff who are their registered patients. When vaccinating care home staff who are their registered patients, they can claim in the normal way.
37	What will the CHIS service be expected to do in their revised service specification, which now reportedly includes issuing an early communication to advise parents/carers of all eligible 2- and 3-year olds that they should access the flu vaccination from their GP practice?	Currently, the CHIS specification has not been updated to include this as a requirement. However, our intention for Y&H for 2020/21 Flu season is that CHISs will be asked to send a notification letter to parents, highlighting the child's eligibility. They will not be required to send out appointments or manage any clinic lists in relation to flu.
38	Has the agency agreement from last year been updated for use this year?	NHSEI Public Health Team have requested this from the NSHEI central team. NHSEI have also asked if this could be a) extended to include other services/providers e.g. registered nurses in care homes and b) could be expanded to cover PCNs (or have a separate agreement) - advice from the national legal team is being sought.
39	Can practices immunise staff at other GP practices and still get paid i.e. across a PCN or CCG?	GPs do not get paid/cannot claim for vaccinating their staff unless they are a registered patient eligible under one of the eligible groups.
40	Can other practice staff, such as receptionists, be trained to administer flu this year?	No, they would need to follow Healthcare Support Worker national guidance/standards, 'It is recommended that only HCSWs who have achieved education and training to Level Three of the Qualifications and Credit Framework (QCF)4 or equivalent in England and Wales with at least 2 years' experience as a HCSW should be considered for training in vaccine administration. HCSWs working at this level are likely to be at Level Three or above of the NHS Career Framework5'.



## Vaccine Delivery

41	Where in Yorkshire and the Humber are flu vaccinations available for pregnant women through maternity units?	<p>Across Y&amp;H, the following maternity units are providing flu vaccination for their pregnant women on their caseloads.</p> <ul style="list-style-type: none"> <li>Both YTHFT and HDFT offer flu immunisation to pregnant women in consultant led and antenatal clinics.</li> <li>HUTH do both, in consultant led antenatal clinics on the main site and also at their Carousel events at Hull Royal</li> <li>ERY is covered by YTHFT and HUTH.</li> <li>NLaG do both, but only on the two Hospital sites, they are working up a plan to expand to clinics at Goole hospital.</li> </ul> <p>Whilst flu vaccination services for pregnant women are available as outlined above, pregnant women will also be invited or can request vaccination from their GP.</p> <p>SYB &amp; WY details to be confirmed.</p>
42	What options are there for delivery of services to housebound patients?	<p>Currently, the options include:</p> <ul style="list-style-type: none"> <li>community pharmacy where they receive a request from a patient to vaccinate them in their own home (where the pharmacy has an existing clinical relationship with the patient, e.g. pharmacy services have previously been provided to the patient).</li> <li>use of the Community Agreement by practices for their housebound patients.</li> <li>sub-contracting arrangements by practices for their housebound patients.</li> </ul> <p>There are discussions underway across ICS systems to look at how local delivery models can be developed this year to enable more flexibility.</p>
43	Is there any advice/recommendations re: requirements for the use of halls, walk in facilities and potential drive through options etc.	In addition to the CQC advice referred to earlier – providers should refer to NHS public health functions agreement 2019-20 (20/21 not available), Service specification No.00: Core service specification National immunisation programme <a href="#">Immunisation core service specification - No. 00</a>
44	Is there guidance on delivering vaccinations on mass scale?	<p>Delivering Mass Vaccinations During COVID-19, A Logistical Guide for General Practice.</p>  <p>RCGP Mass Vaccination at a time</p>
45	In the 2 <sup>nd</sup> flu letter (August 2020) it mentions that a non-porcine gelatine vaccination may be available. Is there any further update/information on this as a non-porcine vaccine would have a great positive impact on local delivery?	The alternative would be an inactivated IM vaccine – NHSEI are awaiting further detail regarding the possible use of an alternative vaccine and will share the detail as soon as it is received. In areas where this was piloted previously (midlands) using a non-porcine gelatine vaccine did appear to have a significant impact on uptake in children.
46	Is there evidence to say that drivers who are vaccinated are safe to drive immediately, will the staff be covered to vaccinate them?	Recipients of any vaccine should be observed for immediate Adverse Drug Reactions. There is no evidence to support the practice of keeping patients under longer observation. Onset of anaphylaxis is rapid, typically within minutes, and its clinical course is unpredictable with variable severity and clinical features. Due to the unpredictable nature of anaphylactic reactions it is not possible to define a particular time period over which all individuals should be observed following immunisation to ensure they do not develop anaphylaxis. Some individuals may suffer panic attacks which should be differentiated from anaphylaxis – see <a href="#">Green Book</a> . Practitioners should also refer to the summary of characteristics for the specific vaccine to check for any specific advice. A full risk assessment of the drive through facility (including time post vaccination) should be undertaken prior to commencing delivery via this model. Practices should refer to the RCGP guidance on delivering mass vaccination (see question 40) and other guidance that becomes available. It is the responsibility of the immuniser to ensure that the patient is feeling well following vaccination and feels safe to leave the premises/drive.
47	What are the arrangements for Acute Trust delivery of flu vaccinations this year?	In some areas, Acute Trusts are already commissioned to deliver flu to pregnant women through maternity services. Some Trusts also provide vaccination on an ad-hoc basis to inpatients who would be eligible but are unable to leave hospital to access vaccination at their GP during the flu season. The 2 <sup>nd</sup> Flu letter refers to further provision of flu vaccinations through Acute settings, however no national guidance on how this will be commissioned, provided or funded has yet been released. It is recommended that this delivery model be discussed as part of the ICS Programme Board to consider the groups of patients that would be targeted and how this would be managed until further guidance is released.
48	Can the nasal spray be used for people with learning disabilities where it would be difficult for them to receive the injection. Is there any guidance on this and is it a potential offer?	<p>Please see the link below, this is considered a reasonable adjustment. Nothing has changed in terms of the licensing of the product and it would not be eligible under the PGD, but is referenced in the PGD and can be given ‘off label’ using a PSD:</p> <p><a href="https://www.gov.uk/government/publications/flu-vaccinations-for-people-with-learning-disabilities/flu-vaccinations-supporting-people-with-learning-disabilities">https://www.gov.uk/government/publications/flu-vaccinations-for-people-with-learning-disabilities/flu-vaccinations-supporting-people-with-learning-disabilities</a></p>
49	Is flu nasal spray aerosol generating? What level of PPE is required?	<p><b>No: Coughing and sneezing which may occur following administration of live attenuated influenza vaccine (LAIV) are not included as high risk aerosol generating procedures, see this link:</b> <a href="https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe">https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe</a></p>

50	Vaccine Delivery	Is there a way that registered nurses in care homes can deliver the flu vaccines to residents this year?	Anyone delivering/administering flu vaccine would need to provide evidence/assurance that they have completed and are up to date with the necessary immunisation training requirements. Options would be a) care providers source own vaccine and enter into a subcontract with GP b) use the practices vaccine but they could only be use the vaccine of the GP with whom the GP was registered c) the care home and each GP practice covering the home could enter into a local vaccination agency arrangement (if not covered by the national agreement when issued) where by, nursing home nurses operate under the direction of the GP practices to vaccinate the practice's registered patients within that care home then this would be covered under CNSGP as the care home nurse is acting as an agent of the GP practice; d) each practice could also give the nursing home nurses a short term honorary contract with them and this would have the same effect.
51		We have been advised that the vaccine administrator must change their apron and gloves for every patient giving a vaccine to - are you aware of the amount of PPE this will require and the amount of environmental waste this will generate, the extra cost burden that each practice will have to shoulder, especially since PPE purchase costs are still inflated compared with previous years? Is there any reimbursement available for this extra PPE demand?	NHSEI and PHE are aware of the concerns regarding the amount of and associated impact of PPE that will be required to deliver this year's flu programme and are in discussion regarding potential changes to the recommendations/requirements for flu clinics. Revised/updated guidance has just been published (was issued to primary care via the NHS primary care COVID-19 bulletin 21 <sup>st</sup> August <a href="#">updated infection prevention and control (IPC) guidance</a> )
52		Will vaccines for the 50-64 year olds, be procured centrally for practices if vaccines are available or will individual practices have to order directly?. Suppliers have waiting lists, but they may put prices up.	The detail as to how the 50-64-year olds element will work, including vaccine supply is awaited. This will be shared as soon as possible following review by the central team / Ministers.
53		If care homes have positive COVID patients – should nurses be changing PPE between each patient? And if so would that be a full PPE change or just apron and gloves and then mask and apron sessionally?	Normal PPE should be used as you would with any intervention in a care home. Full change of apron and gloves / good handwashing between patients. <u>Sessional use of gloves and apron should never be used in any care home.</u> Mask can be sessional. This is different to the updated guidance for 'Flu clinics' where it has reduced the PPE aspect – but that is based upon a 'clinic' approach of successional well people. Need to maintain the drive to minimise cross infection / spread in a care home.
54		Do l/the GP practice need to know the manufacturer, batch number and expiry date of flu vaccines administered by a community pharmacy?	No: The national GP Practice Notification Form does not include this information. If a drug recall does take place it would be the responsibility of the community pharmacy to identify whether they had vaccinated any patients using the recalled vaccine. The pharmacy would then follow the instructions provided in the recall notice, including contacting patients where this is necessary. That action would not be the responsibility of the patient's GP practice if they had not administered the vaccine.
55	Communica- tions	Can CCG / PCN colleagues attend the ICS flu discussions?	CCG flu leads are part of the ICS Flu Board. PCN colleagues could / should link with their local Operational Flu Group facilitated by the local Screening and Immunisation Coordinator.
56		Do you know if PHE will be undertaking their normal flu campaign this year?	It will be part of the national 'Help Us to Help You' campaign but with modified messages to take account of the COVID-19 situation. In addition, NHSEI are looking to do targeted local campaigns based on uptake.
57		Will there be any national communications in relation to flu and the importance of vaccination, particularly in light of COVID?	There are national PHE and NHSEI designated communication leads. The Flu communications will be part of the national 'Help Us, Help You' campaign and NHSEI are working with the regional communications team to deliver targeted flu communications in Yorkshire and the Humber.
58	Governance	What is the role of the CCG/CCG Flu Lead?	<p>CCGs will work with and support providers to:</p> <ul style="list-style-type: none"> <li>improve uptake – to meet national ambitions,</li> <li>reduce variation and inequalities, and</li> <li>ensure the recommended vaccines are used</li> </ul> <p>CCGs will have a nominated flu lead who will:</p> <ul style="list-style-type: none"> <li>Provide leadership and support to providers to develop comprehensive and robust flu plans</li> <li>ensure that there are clear arrangements in place to support oversight of the delivery of the flu programme between September and March as outlined in the national flu letters and related guidance</li> <li>support general practices to target at-risk population groups to improve uptake and coverage of the flu vaccination to achieve national uptake ambitions; and</li> <li>ensure that there are mechanisms in place to monitor the demand, supply and where permitted the movement of vaccine to drive up uptake of flu vaccine in all groups</li> </ul>