

Flu Programme Update

Purpose

1. The purpose of this paper is to provide a short briefing on work being undertaken in relation to the flu vaccination programme 2020/21

Introduction

2. Now more than ever before it is important to maintain high vaccination coverage. The flu vaccine remains one of the best defences available against flu however the delivery of this year's programme is going to be more challenging because of the impact of COVID-19. This includes flu vaccinations taking longer because of the need to observe social distancing rules and the need for clinicians to change personal protective equipment (PPE). The expansion of the programme to an increased number of eligible groups such as people over 50 years, despite the plans for phased approach, creates practical challenges around vaccine supply and storage.
3. There is no one right way of maximising flu vaccinations; it will take effort from everyone. All organisations need to act as advocates for vaccination of their staff where eligible and emphasises the importance of this on overall system resilience.
4. The table below provides information on the ambitions for the 2020/21 flu season.

Eligible groups	Uptake ambition
Aged 65 years and over	At least 75%
Clinical at risk groups	At least 75%
Pregnant women	At least 75%
Children aged 2 and 3 year old	At least 75%
All primary school aged children and school year 7 in secondary school	At least 75%
Frontline health and social care workers	100% offer

The Flu Vaccination programme in LLR - Governance

5. LLR has established a LLR STP Flu Board which takes its membership from the following partners although membership continues to be refined.

**Leicester City Clinical Commissioning Group
West Leicestershire Clinical Commissioning Group
East Leicestershire and Rutland Clinical Commissioning Group**

- NHS Leicester City, West Leicestershire and East Leicestershire and Rutland Clinical Commissioning Groups
 - Leicester City Council
 - Leicestershire County Council
 - Rutland County Council
 - Public Health England
 - University Hospitals of Leicester NHS Trust
 - Leicestershire Partnership NHS Trust
 - DHU Health Care
 - Primary Care Networks
 - Leicestershire Local Medical Committee
 - Local Pharmaceutical Committee
6. The Flu Board has established terms of reference and has agreed to meet fortnightly during the flu season. There is a clear governance process for monitoring the plan and escalation routes have been identified to ensure we are able to support and 'unblock' any issues at the earliest opportunity.
7. A number of areas of focus have been identified and named leads have been allocated to specific areas. For example primary care, training, care providers, pharmacy. The named leads will report on progress at each board meeting.

The Flu Vaccination programme in LLR - Delivery

8. The commissioning landscape for the programme is mixed. General practice are contracted to provide much of the flu vaccination programme through the Directed Enhanced Service (DES) specification. Community pharmacies can register to provide flu vaccination to eligible people. The school aged immunisation programme is commissioned by NHSEI and delivered in LLR by LPT. There are also employer led vaccination programmes.
9. General practice does wish to provide a practice based programme with some Primary Care Network scaling up. Care homes are a high priority for LLR. The main delivery model for care homes will be for general practice to continue to undertake this service for residents. A specific sub group looking at care homes, domiciliary care and other care providers has been established chaired by adult social care.
10. There is likely to be phased approach to delivering the flu vaccination programme with people 50 to 64 years-old may be invited later in the flu season subject to availability of the vaccine.
11. A review of general practice level data indicates varied flu vaccination uptake rates across the STP, in the 2019/20 season. For example for those at risk aged under 65 years, vaccination take up at GP Practices ranged from 20.9% of the eligible population to 65.4%. This indicates the scale of the challenge to vaccinate 75% of people in eligible groups.

12. General practice is being supported by a primary care sub group reporting into the flu board to enable them to deliver the primary care requirements, for example, practical support such as staff training, flexibility of sessions, information provision as well as targeted specific support to practices which have struggled in the past to reach or cover their patient populations generally or for any specific 'at risk group'.
13. The impact of the COVID-19 lockdown has been to emphasise the bearing of societal inequalities on health and wellbeing. Important factors are likely to include:
 - People living in areas of high socioeconomic deprivation;
 - Ethnic inequalities in COVID-19: People from Black British and Asian British ethnic backgrounds may be at high risk of illness;
 - Interaction of ethnic and socioeconomic inequalities, demonstrating the intersectionality of multiple aspects of disadvantage;
 - Other marginalised groups (such as homeless people, asylum seekers, prisoners and street-based sex workers).
14. Given the diverse make – up of the population in Leicester City in particular, our plan will address the need to ensure BAME and other marginalised groups are offered the flu vaccine where eligible. Approaches to increase uptake of the flu vaccine will be tailored based on the target population, practice data and uptake records. Existing systems which work with vulnerable people and provide support will also be utilised to increase uptake. We will work with local groups and influencers to support vaccination uptake.
15. There will be a communications campaign to ensure equitable take up for people from black and minority ethnic backgrounds and to advertise local clinics in rural areas where access to clinics may be difficult. There will be ongoing reviews of the relationship between these health inequalities and flu vaccine uptake. Responses are likely to involve different engagement techniques depending on the target group.

Communications

16. Raising awareness of eligibility for the Flu vaccine is core to our plan. We will deploy a range of tactics to ensure people are aware of eligibility and the process for being vaccinated. This will be a mixture of direct contact with patients through invitations to book appointments including letters, call and recall and text messaging.
17. This will be backed up by an extensive media and publicity campaign both locally and nationally. The national campaign will start at the end of September and includes national and regional advertising.
18. Our partners in local authorities have been engaged and have offered support through the Leicester City IMT Communications cell and Local Resilience Forum.

19. Information will be provided in other languages and we are working with our networks to use outreach approaches to reach the groups highlighted at point 13 above. The work undertaken as part of the Leicester extended lockdown has provided insight into those channels which are most effective to reach certain communities.

The Flu Vaccination programme in LLR - Link to COVID 19 Vaccination

20. The COVID-19 pandemic poses a specific set of challenges to achieving high volume throughput when vaccination becomes available. NHSEI are exploring options for delivery and further information will be made available as this becomes known. Local NHS systems are being asked to work up plans for COVID vaccination on the basis of this being available before Christmas
21. Within LLR the two programmes, flu vaccination and COVID vaccinations, will be organised by the same or similar groups of people as we recognise the interdependencies between the two programmes.

Conclusion

22. This year's flu programme will be challenging. The establishment of a STP flu board will help coordination and the support being provided across the sub groups will be instrumental in achieving the ambitions.