

CLMC Bulletin 367 – 02.10.18

Flu Vaccine Guidance - aTIV for patients over 65 and local flu update

NHS England has published [guidance](#) to support practices in the delivery of the flu programme, and to ensure that the aTIV flu vaccine is offered to those over 65. It is important to remember that the vaccine will be delivered to practices and community pharmacies in three phases between September and November 2018. NHS England has confirmed that there is sufficient supply for anticipated demand and has advised that patients over 65 should wait for the vaccine to be delivered by the supplier to their surgery.

The [service specification](#) makes it clear that vaccinations must be given with the appropriate vaccine and dosage. Any GP practice who is unable to provide aTIV to their patients should advise their local NHS England team. Read the NHS England guidance [here](#).

Following work GPC have been doing with NHS England, this guidance will also allow GP practices and pharmacies to swap flu vaccine stocks if providers are running low. Currently practices are only able to supply other providers if they have a wholesaler licence, but these rules are being relaxed over winter to ensure at-risk groups can all access the appropriate flu vaccine. GPC have also been made aware that additional supplies of aTIV will be available to order for those practices that do not have adequate supplies.

GPC have also been working to overcome the concerns some areas of the country have raised about the common arrangements where community nurses use influenza vaccines provided by a practice to immunise housebound patients on their caseload. To help resolve these concerns, a Flu Agency [Agreement](#) for vaccination services of district or community nurses has been sent by NHS E to local commissioners to supplement other options being used by some CCGs such as honorary contracts.

Locally, NHS E have provided the following update:

We (NHS E) are working in partnership with practices and CCG Flu Leads to understand patterns of vaccine supply at GP level within each CCG in the region and we have now received some positive information through our national team regarding further stock availability. Yesterday we contacted CCGs to make them aware that the manufacturer Seqirus has confirmed that they now have access to an additional 400,000 aTIV doses available on a national footprint. The priority for distribution of this additional supply will be firstly those providers who are already on a national waiting list, and secondly, by working with CCGs locally to target supplies to those providers who currently have no vaccine, or insufficient to ensure we make best use and availability of it for those practices and pharmacies to reach local populations with the recommended vaccine for people aged 65 years and over.

We are hopeful that this opportunity has potential to reduce the level of redistribution of stock that is currently available within practices and pharmacies. Should we need to reconsider this option we will discuss this further in due course.

We are also sending a further email out to practices today to offer guidance on what to do when the 'wrong' flu vaccine is given inadvertently. In due course, the national guidance will be refreshed to take account of this advice and will be available shortly in the [Inactivated influenza vaccine: information for healthcare practitioners](#) available on the [PHE flu immunisation webpage](#).

In summary the guidance states:-

If an individual has inadvertently received a flu vaccine different to the one recommended for their age group, they should be informed of the error and the potential implications of this error. Although both the QIV and aTIV should provide some protection against flu in all age groups, individuals aged 65 years and over (particularly those more than 75 years of age) may not respond as well to the QIV as they would to the aTIV, and individuals aged under 65 years will not benefit from the opportunity to make protection against an additional flu strain if they have been given aTIV.

Individuals who have inadvertently been given a flu vaccine that is not the one recommended for their age group:

If the individual wishes to receive the vaccine that they should have been given, this can be offered following a discussion of the benefits and risks. The clear benefit is the additional protection that may be offered by the correct vaccine but they should be alerted to the potential increased risk of a local or systemic reaction. Although there is no data available on the safety and effectiveness of administering a second flu vaccine shortly after the first in adults, this advice is based on general principles of vaccination, experience of flu revaccination following cold chain and administration incidents and information about the high dose flu vaccine used in the United States (which contains four times the amount of antigen that is in a single dose of QIV or aTIV).

If a decision is made to offer the vaccine the individual should have received, it is recommended that this is done as soon as possible after the first dose was given and ideally within a week. This will enable protection to be made as soon as possible. It can still be given if more than a week has elapsed however.

This advice also applies to those who have been given unadjuvanted TIV.

I hope you find this information helpful, if however you would like to discuss further, please contact the Public Health team at england.phadminwf4@nhs.net and a member of the team will contact you as soon as possible.

Winter Indemnity Scheme

NHS England [announced](#) that it is again running a winter indemnity scheme this year to support GPs who wish to offer additional extended access and/or out of hours sessions over the winter season. The scheme, running from 1 October to 31 March next year, will be used to provide indemnity for the extra services provided by GPs, giving them the freedom to work extra sessions securely and without the worry of additional costs. A copy of the letter to CCGs is [here](#).

LMC Buying Group – member rates and approved buyers list

Members of the LMC Buying Group can access discounts with any of the suppliers on this [list](#). To access these discounts, you can either login to the Buying Group website and request a quote or if you contact the supplier directly, you need to make sure you mention your practice is a member of the LMC Buying Group or state the discount code from the suppliers page of the Buying Group website. We are aware that some practices have not always been mentioning the Buying Group – one practice was overpaying by £1400 because they had not done this.

If you were using an approved supplier before you became a Buying Group member or have been using a supplier for a long time and aren't sure whether you are receiving the correct rates, you can email the Buying Group to check: info@lmcbuyinggroups.co.uk.

Partnership Review Interim Report

This interim [report](#) has been published by the Partnership Review team in the Department of health. CLMC and member practices have provided a lot of information for this report so please do take some time to review this as it may assist in some planning and give an idea on the challenges/issues faced and possible solutions. Also, please ensure you share this partnership myth [buster](#) with all trainee GPs and GP trainers with whom you come into contact. It is a very helpful document and may assist in recruitment; it could be of interest to salaried GPs considering a partnership role as well as trainees.

GPC Newsletter

Read the latest GPC UK newsletter [here](#).