

## Essential Eight Point Guide to Providing the NHS Advanced Flu Vaccination Service 2018/19

For all community pharmacies providing the Community Pharmacy Seasonal Influenza Vaccination Advanced Service for the 2018/19 season, from 1<sup>st</sup> September until 31<sup>st</sup> March 2019, please ensure you are familiar with the following guidance and notes. **It contains some important updates for the Surrey & Sussex area.**

**Failure to adhere to this guidance may result in non-payment of claims**

**For pharmacy multiples/chains you may wish to liaise with company managers/head office**

**The following are MUST DO Actions for pharmacies and pharmacists providing the service.**

- 1. Must read and understand the [Service Specification and National PGD for the service](#) and be familiar with the [changes to this years' service](#) including the [PGD addendum published 16<sup>th</sup> October 2018](#)**

**These changes relate to:** Training; Service Sign up (This year there is no need to register with NHSBSA to be able to provide the service); [Eligible Patient Groups](#) (Social Care Workers and Hospice Workers are now included as a new cohort); Type of Vaccine to be used for defined age and clinical risk patient groups; Paperwork Changes, Off-site Vaccination, Claiming Payments and Funding.

### **Clinical recommendations for vaccine type for the 2018/19 flu vaccination season:**

Adjuvanted trivalent influenza vaccine (aTIV) ([Fluad](#), [Seqirus](#)) should be offered to all those aged 65 and over, whilst adults aged under 65 in clinical at-risk groups should be offered a quadrivalent influenza vaccine.

Vaccines will become available at different times from September onwards; Seqirus has already notified pharmacies of the week of delivery for each of the batches of aTIV (40% in September 20% in October and 40% in November). A three-phased prioritisation approach has been set out by NHS England to vaccinating patients aged 65 years and over: 1. Priority should be given to those aged 75 years and over or those in a care home. 2. Second priority should be given to those aged 65-74 years in a clinical risk group. 3. Third priority should be given to those aged 65-74 years NOT in a clinical risk group.

**Managing demand is covered further on in this document.**

## Resources to help:

[Service Specification and National PGD for the service](#)

[PGD addendum published 16<sup>th</sup> October 2018](#)

[Patient leaflet: Coming back to the pharmacy for your flu jab – important information for patients aged 65 years and over \(PDF\)](#)

[On-demand version of the Flu Vaccination Service 2018/19 webinar \(August 2018\)](#)

[PSNC Briefing 042/18: Guidance on the Seasonal Influenza Vaccination Advanced Service 2018/19 \(August 2018\)](#)

[PSNC Briefing 041/18: Changes to the Seasonal Influenza Vaccination Advanced Service 2018/19 \(August 2018\)](#)

[PSNC Briefing 048/18: Pharmacist checklist for the Flu Vaccination Service \(September 2018\)](#)

[PSNC Briefing 043/18: Factsheet: Eligible groups for the Flu Vaccination Service 2018/19 \(August 2018\)](#)

[PSNC Briefing 050/18: Flu Vaccination Service 2018/19: Adjuvanted trivalent inactivated influenza vaccine \(aTIV\)](#)

[Flu vaccinations for 2018 and planning flu clinics letter \(August 2018\)](#)

[Flu vaccination programme delivery guidance \(August 2018\)](#)

## **2. Must ensure pharmacists are suitably trained**

Pharmacists must ensure that their [declaration of competence](#) is valid, **it needs to be updated every two years.**

**Face to face training covering injection technique and basic life support must be completed at least every three years.** [There are numerous organisations that provide this training.](#)

## **3. Must notify patient's GP on the same day a vaccine is administered or on the following day and keep records of service activity**

**We highly recommend using PharmOutcomes, to enable electronic notification to a patient's GP as this benefits patient, pharmacies and GPs.**

The PharmOutcomes platform has again been commissioned by **NHS England South East (KSS)** for pharmacies to record service activity and we highly recommend that

PharmOutcomes be used by all community pharmacies providing the service within the NHS England South East.

GPs have been asked to confirm their preferred email (NHS.net) to receive notifications by PharmOutcomes, if the notification does not automatically send please let [england.southeastcommunitypharmacy@nhs.net](mailto:england.southeastcommunitypharmacy@nhs.net) know as soon as possible

We strongly recommend that all activity is recorded during the patient consultation or immediately after the consultation has been completed.

- To enable electronic notification to patients' GP
- To enable NHS England South (South East) PH team to fully evaluate the service
- Record keeping
- To enable appropriate post payment verification (PPV) data reconciliation with NHSBSA payment data

**Please note that claims for payments are NOT made via PharmOutcomes.** See below for claiming for payment.

#### **4. Must keep accurate records of claims submitted to NHS BSA**

**You must claim payment monthly via either [the paper claim form submitted to NHSBSA with your FP34c](#) or [the webform provided by NHSBSA](#) (but NOT BOTH)**

Pharmacies **must** keep accurate records of claims submitted to NHS BSA for this service as this will be reviewed for **Post Payment Verification** purposes.

**If you are part of a pharmacy chain/group/, please check with your company managers/head office to find out the company procedure for your pharmacy.**

#### **Option 1 – Claiming online:**

**On 1st October, the first e-mail with a unique URL will be sent to all premises-shared NHSmail accounts for contractors to start completing their flu declaration for September digitally.** Thereafter, contractors will continue to receive emails containing a unique URL on 1st of each month to allow contractors to access the digital service and make claims for payment for subsequent months of the 2018/19 flu season.

Please refer to BOTH these essential documents to help you through the process with FAQs included:

[Guide to the flu vaccination online submission process \(PDF: 172KB\)](#)

[A step by step guide to submitting your flu vaccination claim online \(PDF: 735KB\)](#)

#### **Option 2 – Claiming use the paper form:**

The [Community Pharmacy Seasonal Influenza Vaccination Advanced Service claim form](#) should be submitted to NHS BSA with the FP34C each month. The correct version of the form (V1 2018/19) should be used to avoid any delays in payment.

## **5. Must keep patient consent forms in appropriate monthly claims order**

It is in the pharmacy's interests to maintain appropriate records for service activity and we highly recommend the locally provided PharmOutcomes platform to assist with this process. However, you **must** keep patient consent forms securely and in monthly claims order, so that they can be matched to a claim period

## **6. Must request that patients complete the questionnaires before leaving the premises.**

NHS England has launched an [IT platform](#) to enable patient questionnaires from the Flu Vaccination Service to be completed electronically either by the patient themselves or with help from the pharmacy team. Please read the [guidance document](#)

When patient questionnaires are completed on paper (Annex E in the Service Specification), community pharmacies should utilise the functionality available on the IT platform to submit patients' responses to the questionnaire so that these responses can be collated and analysed along with those submitted electronically.

## **7. Must notify the local NHS England team before vaccinating a patient off-site in long-stay residential care homes or other long-stay care facilities**

Vaccinations can be provided off-site in long-stay residential care homes, **when a request is received to vaccinate a resident/patient from the home/facility.**

Pharmacies no longer need to seek permission from the local NHS England team to do this. However, pharmacies must send a completed copy of the 'Notification of intent to provide off-site NHS flu vaccinations' form (available in Annex C of the service specification) to the local NHS England team. Contact:

[England.southeastcommunitypharmacy@nhs.net](mailto:England.southeastcommunitypharmacy@nhs.net)

**This notification sent in advance will cover each offsite visit during the 2018/19 flu season.**

Pharmacies must **still inform the patient's GP practice prior to vaccinating patients in a long-stay residential care home or other long-stay care facility.** Where local GP colleagues have been unable to source aTIV, you may receive requests from homes, given residents/patients over 65 in long-stay residential care homes are of the highest clinical priority; we would encourage local co-operation wherever possible.

## **8. Must notify the local NHS England team before vaccinating a patient off-site in their own home.**

Pharmacies do not need to obtain consent before vaccinating a patient in their own home, but before doing so pharmacies must send a completed copy of the 'Notification of intent to provide off-site NHS flu vaccinations' form (available in Annex C of the service specification) to the local NHS England team. Contact:

[England.southeastcommunitypharmacy@nhs.net](mailto:England.southeastcommunitypharmacy@nhs.net) No acknowledgment of the receipt of the form is required by the contractor before providing an off-site vaccination in a

patient's home. **This notification in advance will cover each offsite visit during the 2018/19 flu season.**

If a pharmacist is vaccinating a patient in their own home they do not need to notify the patient's GP before vaccinating the patient (**however, if a patient is in a long-stay residential care home or other long-stay care facility the patient's GP must be notified prior to vaccinating the patient – see above**).

## **Managing demand during the NHS Flu Vaccination Programme 2018/19**

This is the first year that different vaccines have been recommended for eligible adult patients. NHS England has guided that with appropriate planning all patients should be able to be offered protection, before the levels of flu circulating in the population start to rise in December.

Where the appropriate vaccine is available, and an eligible patient presents at the pharmacy seeking vaccination, they should be vaccinated at that point. **If the recommended vaccine is not available, the patient should be asked to return when the vaccine will be available later in the season or may be signposted to their registered GP or another local provider who does have stock.**

For further information, refer to the PSNC briefing [here](#), [PSNC FAQs](#) . Also [NHS England guidance and letter](#) alongside NHS England [Programme Delivery Guidance](#) which also has FAQs to help you prioritise which patients to vaccinate first on clinical grounds and addresses patient questions.

### **Action to take where a pharmacy has temporarily run out of aTIV**

If a pharmacy is awaiting further supplies of aTIV, from their expected deliveries in October and November, patients aged 65 and over should be encouraged to return when those supplies become available. If the patient wants to be vaccinated immediately, they should be referred to their GP practice (if they have aTIV in stock) or another local pharmacy that has stock available. If a GP practice has temporarily run out of aTIV, they are likewise being advised by the LMC and NHS England to ask patients to return for vaccination when stocks become available, or they may refer patients to local pharmacies that have stock available.

### **Action to take where a pharmacy will not receive any aTIV**

Where a pharmacy has not been able to obtain aTIV, they should direct patients to a locally available source of aTIV at their GP practice or another local pharmacy that has stock available.

### **What happens where GP practices will not receive any aTIV?**

NHS England local teams, together with local public health commissioning teams, are working with CCGs to coordinate local plans for vaccination of patients where there are GP practices that will not receive any aTIV. In this circumstance, NHS England is advising that the GP practice should work closely with local pharmacies to direct patients to contractors that have aTIV in stock and that are able to vaccinate patients. In this circumstance, the practice issuing prescriptions for aTIV would not be appropriate.

## Exceptional use of QIV for patients 65 years and over

**Only if there is no locally accessible supply of aTIV and no further supplies are expected, would it be clinically appropriate to offer QIV to patients 65 years and over; along with the LMC we recommend that this is only likely to occur in late November, after your last delivery of aTIV. The national ambition is to vaccinate all eligible patients by the end of December, so it is clinically acceptable for patients to wait until the next delivery of aTIV.**

If offering QIV to individuals not recommended to have it, when gaining consent for immunisation, pharmacists should ensure they inform the individual the vaccine is not one nationally recommended for them. Pharmacists should ensure they explain to the individual the possible lower efficacy of the vaccine being offered to them, why it is being offered instead of the recommended vaccine and why it may still offer protection against seasonal flu or attenuate the progression of the infection should they get it.

The discussion should be documented in the patient's record. Further information on consent to immunisation is available in [The Green Book](#).

## Contractual ramifications of inappropriate administration of QIV to patients 65 years and over

The current [service specification](#) (published on 20th August 2018) is clear that pharmacy contractors participating in the service will not be reimbursed or remunerated for vaccines administered to patients outside of the eligibility criteria set out in Annex A of the service specification.

The vaccine is administered under the authority of the NHS England [Patient Group Direction](#), which sets out in section 5 the recommended vaccine choice for the two cohorts of patients. Where despite this advice, a contractor seeks reimbursement for vaccine other than the recommended vaccine choice, NHS England may make enquiries to understand how the evidence of clinical efficacy of aTIV and QIV was considered and how the clinical judgement to use the relevant vaccines was reached.

Where an appropriate clinical justification cannot be provided, NHS England may seek to act against a contractor for breach of the terms of service for failing to provide the service and exercise their professional judgement consistent with standards generally accepted in the pharmaceutical profession.

Additional information in the PSNC briefing [here](#)

## Working together with GP Colleagues

This forthcoming flu vaccination season is certainly going to be more challenging than in previous years, not least because of the issues regarding the revised clinical recommendations; particularly the use of adjuvanted trivalent influenza vaccine (aTIV) (Fluad, Seqirus) being offered to all those aged 65 and over. This phased supply of vaccines (40% in September, 20% in October and 40% in November) could pose operational difficulties for both GP practices and community pharmacy.

Now more than ever, we would encourage consistency and co-operation between colleagues. Collaborative working, focussed around patient prioritisation, underpinned with professional integrity should be the main aim.

General Practitioners and Community Pharmacy colleagues are equally at liberty to advertise and promote their immunisation services and we would encourage you to proactively do so, but both the Local Medical Committees (LMCs and LPCs would urge colleagues not to express this in ways that undermine the other's professionalism.

Promotion of the flu vaccination service, either verbally or written must not be provided in any way as to undermine the service offered by either profession and evidence of such will be dealt with seriously by NHS England and may result in referral to the relevant regulator. This includes:

- any insinuation or proclamation that vaccinations offered by another are less effective, less safe, or that other providers have lack of capacity to deliver the commissioned service, or reducing the workload on other providers;
- bold statements that instruct patients not to go to an alternative provider (The NHS Constitution provides patients the right to choose where they have their flu vaccinations administered from)

In line with the respective service specifications, we urge that information about vaccination to be passed promptly and accurately to the patient's practice, using electronic means, locally we highly recommend the use of PharmOutcomes (see page 2).

**If a practice hasn't already nominated a secure email for notification purposes, they can email [helpdesk@phpartnership.com](mailto:helpdesk@phpartnership.com) visit <https://pharmoutcomes.org> and message the help desk team.**

Both Community Pharmacy Surrey & Sussex and the LMC are committed to helping resolve any difficulties that may arise throughout the season. In the event of any concerns please contact us at [LPC@communitypharmacyss.co.uk](mailto:LPC@communitypharmacyss.co.uk)

## Further Information

- For FAQs which are constantly being updated visit the [PSNC website](#)
- For any questions please contact your local NHS England Team via [England.southeastcommunitypharmacy@nhs.net](mailto:England.southeastcommunitypharmacy@nhs.net)

**For further advice and support from the Community Pharmacy Surrey & Sussex Team, please contact us by**

Email to [LPC@communitypharmacyss.co.uk](mailto:LPC@communitypharmacyss.co.uk)

Call us on **01372 417726**

Direct Message us on Twitter [@CPSS LPCs](#)

Or visit our website [www.communitypharmacyss.co.uk](http://www.communitypharmacyss.co.uk)

