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TO:

All Flu Lead Directors in Strategic Health Authorities in England
All Chief Executives in Primary Care Trusts in England,
All Chief Executives in Strategic Health Authorities in England

CC:

All Chief Executives in NHS Trusts in England
All Chief Executives in NHS Foundation Trusts in England,
All Chairs in NHS Trusts in England,
All Chairs in Primary Care Trusts in England,
All Chairs in NHS Foundation Trusts in England,
All Chairs in Strategic Health Authorities in England
All Chief Executives in Local Authorities in England
Monitor
Care Quality Commission
Health Protection Agency

3 November 2009

Dear Colleague,

A (H1N1) Swine Influenza: Update on vaccination programme

I would like to begin by offering my thanks to everyone who has been involved in getting the vaccination programme off the ground. Organising this campaign at such short notice has been a huge logistical effort for the NHS, and it is a credit to everyone involved that our campaign is on track and is now starting to offer people vital protection against the swine flu virus.

Figures show that of the people who have died as a result of swine flu so far in this country, around two thirds were in the priority groups for vaccination, and therefore would have been eligible for the vaccine. This figure alone highlights the potential impact of the vaccination programme to save lives.

This letter, further to the one I sent on 15 October, and following the start of the vaccination programme on 21 October, sets out additional information relevant to the campaign.

Deliveries to PCTs and GP surgeries

Following the successful deliveries to acute hospitals, mental health trusts and ambulance trusts and the commencement of the NHS staff vaccination campaign, we

all need to focus on the next phase of the delivery programme which sees supplies going to PCTs and GP surgeries.

We have said previously that it would take around 3-4 weeks to complete distribution of the first supplies to all GP practices. While this is still the case, I am pleased to say that the vast majority of practices will receive their delivery within 3 weeks (i.e. by 13 November). As ever, the timing of our delivery schedule is reliant on predicted supplies from the manufacturer which are not guaranteed and do fluctuate. Additionally, as with any large-scale and new programme, there will continue to be some logistical issues to resolve, and we are working hard with SHAs, Trusts and practices to address these as soon as possible.

General Practitioners

GPs have been very supportive of getting this programme off the ground quickly and effectively. I am expecting every PCT to ensure that all GP practices in their area are fully aware of how the vaccination programme is rolling out locally and when they can expect their first supplies, as soon as the delivery date is confirmed on the DH ImmForm website. How PCTs decide to do this is up to them but it is not acceptable for any practice to be uncertain of when their deliveries will arrive.

Once vaccines have been received, they need to be quickly administered to patients. The Chief Medical Officer has asked me to stress the importance of vaccinating patients quickly once supplies have arrived as every at-risk person vaccinated is someone potentially saved from a serious illness.

However, PCTs and GP practices will want to ensure that they are only organising vaccination clinics where they are confident that they can be run and thus are not having to postpone or rearrange them due to the pace of supply from the manufacturer. It is recommended that clinics are booked following confirmation of delivery date on the ImmForm website; we will give as much notice as possible on the website.

We have received some queries about the rationale for initially allocating one box of 500 doses to every practice, regardless of the size of the registered population. The reason is clear: as initial supplies were limited, and the vaccine has to be delivered in boxes of 500, this approach was the most efficient way to get a supply of vaccine to every practice. Had we allocated more than one box initially to larger practices, smaller practices would have had to wait longer to begin vaccinating the priority patients registered with those practices. This would have been unacceptable. While larger practices may have to wait for further supplies to be able to vaccinate all their priority patients, this was the fairest way of ensuring that vaccination could begin at the same time across the country. Please ensure that your LMCs and practices are aware of the argument here, as I would expect that they will want to strongly support our approach as being as fair as possible.

Confirmed Egg Anaphylaxis

I would like to remind PCTs that they should be organising clinics for patients with confirmed anaphylactic reaction to egg, for which the Baxter vaccine must be used. It is the PCT's responsibility to ensure that local GPs are aware of these arrangements and can refer relevant patients easily.

Vaccination of children in high-risk groups

PCTs and GPs will be aware that children with chronic neurological conditions are at particular risk of developing complications from swine flu, and as such are part of the priority groups for the vaccine.

GPs will want to ensure that they offer the vaccine to children with these conditions on their registers as rapidly as possible.

PCTs have a responsibility to ensure that all children who are eligible for the vaccination are offered it. There are likely to be other groups of children who fall within the high-priority groups, but for whom a GP-based vaccination may be less straightforward. I expect all PCTs to take steps to ensure priority children are appropriately protected, and specifically to:

1. Identify and contact all relevant settings locally. This might include, for example, residential special schools, children's hospices, residential children's homes, children living with foster carers etc.
2. Establish the existing arrangements in place to vaccinate children in high-risk groups
3. Where these plans are not robust or able to be rapidly completed, to make local arrangements to vaccinate all high-risk children. If necessary, this should be done in the relevant setting using PCT staff.

The emphasis must be on these children who are at high-risk receiving the vaccine in the shortest possible time. Therefore, if a locally-based approach in individual settings would be more rapid, we would expect PCTs to arrange this.

Additionally, some staff at these schools will also fall within the definition of frontline health and social care staff, and PCTs must work with the schools and local authority to ensure swine flu vaccine is made available.

All PCTs should have received supplies of vaccine sufficient for this purpose, and I expect this vaccination to have taken place by the end of November, and preferably earlier.

Re-supply

Once all initial supplies to practices have been delivered (currently forecast to be 13 November subject to vaccine supply) additional supplies of vaccine can be ordered through PCTs who will co-ordinate Trust and GP re-supply requirements. The amount available for each PCT to order will be proportional to the population size of the PCT and will be subject to supply and availability from the manufacturer. The amount available will be shown on the ImmForm website and will be increased weekly as more vaccine arrives at the central store. We will ensure that PCTs are provided with as much advanced warning of re-supply delivery of the vaccine, to enable them to continue to deliver appropriate and effective support to local vaccination clinics and programmes.

As further supplies of the vaccine are dependent on the biological manufacturing process, all PCTs and SHAs should ensure that vaccination delivery plans are robust and resilient enough to cope with unexpected fluctuations in vaccine supply. SHAs should also identify contingency measures that provide the flexibility to integrate short notice, high priority vaccination requirements and additional priority groups into regional vaccine delivery plans, should the need arise.

Directed Enhanced Service (DES) Directions

You will be aware that the Directions for the swine flu vaccination scheme came into force on 30 October, further details are at Annex B.

Swine flu vaccination in prisons and other custodial settings

The Department of Health has agreed with the National Offender Management Service (NOMS), for prisoners in clinical priority groups and identified prison staff providing care to symptomatic prisoners to be eligible for swine flu vaccinations. Prison and other custodial staff providing care for prisoners and detainees symptomatic with swine flu are to be included as a priority group for vaccine, because their role is in line with health and social care staff who provide personal care.

This will affect PCTs which have within their boundaries prisons and other associated custodial settings, including;

- approved premises; informally known as probation hostels,
- secure training centres and secure children's homes, and
- immigration removal centres.

PCTs should jointly develop plans with local Prison Governors and other custodial settings managers for the vaccination of prisoners and detainees in clinical priority groups. Prisons and other custodial settings will contract with a private provider to run vaccination clinics for their staff; the PCT is responsible for ordering these vaccines and ensuring adequacy of the cold chain. PCTs should be aware that they will need to order further vaccine for prisons, as new prisoners in clinical priority groups enter the prison system.

Further information is at Annex C.

Summary

Our vaccination campaign is working well and is already saving lives. Now is the time for all NHS organisations to consolidate the hard work carried out to date so that we can vaccinate as many people as quickly as possible.

I expect that all PCTs will continue to give the highest priority to ensuring that the vaccination of high-risk groups runs smoothly in their areas and that both GPs and their patients are well informed about the progress of this important public health campaign. They should:

1. Ensure that every GP practise is aware of when vaccine is scheduled to arrive and when and how to get additional supplies;
2. Ensure that robust arrangements are in place for the vaccination of patients with confirmed egg anaphylaxis and that all GPs are aware of how to refer patients to them;
3. Ensure that robust arrangements are in place for the vaccination of priority children within residential settings;
4. Work with the Governors of any local prisons to vaccinate appropriate staff and prisoners.

I also expect that all NHS organisations will continue to ensure that as high a proportion of eligible staff are vaccinated as possible. A range of resources have

been made available to those delivering the programme, and can be found on the Department of Health's website at www.dh.gov.uk/swinefluvaccinetools.

Vaccination continues to remain a key element of our response to the pandemic, and I will continue to provide you with any information that will help you and your organisation to deliver this programme.

Yours sincerely,



Ian Dalton
National Director of NHS Flu Resilience
Department of Health

Annex A

SHA Flu Lead Directors

| SHA | Name | Title | Contact Details |
|------------------|-------------------|--|--|
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| South West | Andrew Millward | Director of Communications and Corporate Affairs | Andrew.millward@southwest.nhs.uk 01823 361 360 |
| London | Daniel Elkeles | NHS Flu Resilience Director | daniel.elkeles@london.nhs.uk 07879814610 020 7932 3799 – Flu Resilience Office |
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| East of England | Linda Sheridan | Director of Flu Resilience | Linda.sheridan@eoe.nhs.uk 01223 597 523 |
| West Midlands | Steve Allen | Director of Performance and Information | Steve.allen@westmidlands.nhs.uk 0121 695 2230 Please copy emails to: Rashmi.shukla@dh.gsi.gov.uk |

Annex B

Directed Enhanced Service (DES) Directions

You will be aware that the Directions for the swine flu vaccination scheme came into force on 30 October. Under the Directions the Secretary of State requires Primary Care Trusts to enter into arrangements to vaccinate patients in the priority groups identified by CMO in his letter of 13th August 2009. In particular, the Directions specify that by 13 November PCTs must have offered their existing contractors i.e. the GP practices in their area, the opportunity to participate in the vaccination programme.

The Directions – The Primary Medical Services (Directed Enhanced Services - Pandemic Influenza (H1N1) Vaccination Scheme) and Statement of Financial Entitlements (Amendment)(No.6) Directions 2009 – and a covering note have been published under Gateway reference 12870 and can be found at:

http://www.dh.gov.uk/en/Healthcare/Primarycare/Primarycarecontracting/DH_4126088

and

<http://www.dh.gov.uk/en/Publichealth/Flu/Swineflu/InformationandGuidance/Vaccinationprogramme/index.htm>

Please ensure that your local immunisation leads, and all those responsible for delivering the vaccination programme, are aware of these documents and are planning public vaccination programmes accordingly.

NHS Employers have also issued supporting implementation guidance on these Directions and frequently asked questions on the vaccination programme which can be found at:

http://www.nhsemployers.org/SiteCollectionDocuments/Swine_flu_DES_guidance_fb_29_%2010_09.pdf

and

http://www.nhsemployers.org/SiteCollectionDocuments/Swine_flu_vaccination_FAQs%20fb_29_10_09.pdf

Annex C

Further information regarding swine flu vaccination in prisons and other custodial settings

Identification of prisoners and prison staff

Identification of prisoners in the swine flu vaccine clinical priority groups will be made by each prison, using existing electronic databases such as SystemOne and EMIS, or paper-based systems.

Identification of prison staff who will provide care to symptomatic prisoners will be undertaken locally by Prison Governors.

Ordering swine flu vaccine

Orders for swine flu vaccine will be made by PCTs on behalf of prisons.

Please be aware that prisons will approach you in the coming days and weeks to place an order for swine flu vaccine on their behalf, including further supplies when new prisoners in clinical priority groups enter the prison system.

Delivery of swine flu vaccine

Please ensure that the prisons in your area have adequate cold chain arrangements in place, so that they can safely receive and store vaccine once it is available.

Please let your prison know how they should order Baxter vaccine for persons who are allergic to egg products, and what the local arrangements are for this vaccine.

Prisons will be responsible for delivery of swine flu vaccinations to staff.

Monitoring of pandemic flu vaccination

Monitoring of prison staff and prisoner vaccination is likely to be done locally by each prison. The data on prisoner vaccination and staff vaccination may then be collated and analysed centrally at a later stage.

Other settings

Please also ensure that other associated custodial settings, including approved premises informally known as probation hostels, secure training centres for children and secure children's homes, and immigration removal centres are included in your swine flu vaccination planning and that all these establishments know how to order vaccine.