

PWYLLGOR DATBLYGU STRATEGOL A CHYFLENWI GWEITHREDOL STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE

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| DYDDIAD Y CYFARFOD: DATE OF MEETING: | 26 August 2021 |
| TEITL YR ADRODDIAD: TITLE OF REPORT: | Influenza Vaccine Implementation Plan 2021/22 |
| CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR: | Ros Jervis, Director of Public Health |
| SWYDDOG ADRODD: REPORTING OFFICER: | Ros Jervis, Director of Public Health |

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

This report provides the Strategic Development and Operational Delivery Committee (SDODC) with an update on the plans in place to improve the Influenza vaccine uptake within Hywel Dda University Health Board (HDdUHB) commencing in September 2021.

As previously communicated to the People, Planning and Performance Committee at its meeting on 24th June 2021, 2020-21 had been an extraordinary year with regard to Influenza (Flu), both in terms of circulating virus and vaccine uptake due to the COVID-19 pandemic and subsequent social distancing and infection control measures, together with unique pressures on hospital and community teams. As more 'normal' conditions resume in Wales and the wider United Kingdom, there is an expectation that without an extensive Influenza Vaccination programme, there could be major impact on primary and secondary care services within HDdUHB for Flu and COVID-19 related conditions.

The Hywel Dda UHB Influenza Vaccination Plan 2021-2022 describes how the Health Board (HB) will work together in this unprecedented season to minimise the co-circulation of Flu and COVID-19, protect those most at risk, and reduce the impact of respiratory illness on health and social care services this winter. These aims will be achieved through the deployment of a wide range of actions to increase uptake of the Influenza vaccine.

The Plan has been developed in alignment with the HB COVID-19 Mass Vaccination Delivery Plan and West Wales Regional COVID-19 Prevention and Response Plan, and is a live document subject to amendment as the season unfolds, as further Welsh Health Circulars are published, and as the HB derives learning from delivery of the COVID-19 vaccine. This season will require maximum flexibility from services charged with delivery of actions within this Plan, in order to rapidly respond to changes in policy, guidance and priorities as they emerge from the Joint Committee on Vaccination and Immunisation (JCVI) and Welsh Government (WG). Throughout the planning phase for this season, partners across and outside the HB have fully engaged with the strategic and operational processes required to ensure that challenges identified are tackled collaboratively and in good spirit.

The Committee is asked to receive the 2021-22 Influenza Vaccine Delivery Plan and to take assurance from the contents of this paper and the attached project plan to deliver an integrated Influenza programme that encompasses a delivery model between GP Surgeries, Community Pharmacies, Health Board Hospital In-reach, School Nurse Services and Mass Vaccination Centres to immunise at least between 60% and 80% of the HDdUHB population, as outlined below:

| Eligible Group | 2020-21 Uptake* (All Wales Position) | 2021-22 ambition |
|---|---|------------------|
| 65 years and over | 76% | 80% |
| 6 months to 49 years at risk | 51% (in 6 months to 64 years at risk) | 75% |
| Pregnant | 84% | 90% |
| 50 to 64 years (not in a clinical risk group) | 25% | 60% |
| Children aged 2 or 3 years | 56% | 75% |
| Primary school aged children | 72% | 80% |
| Children in school years 7 to 11 | - | 75% |
| NHS Wales Healthcare workers (direct patient/ client contact) | 65% | 80% |
| Social care workers (direct patient/client contact) | 11,316* *no denominator available in 20/21 | 80%** |

Where the timetable permits, the COVID-19 Booster programme and a 'Leave Nobody Behind' for those people who have yet to receive their first or second dose of the cCOVID-19 vaccine model will be delivered alongside this Influenza programme in collaboration with partners.

Cefndir / Background

The principles of the HB's Health and Wellbeing Framework continued to be encompassed in the delivery plans in terms of recognising the need to shift the culture around vaccination, building on the lessons learnt from the Mass Vaccination Centres and promoting community health and wellbeing.

In September 2019, the HDdUHB Seasonal Influenza Improvement Plan for 2019-20 was approved by the Board. The plan embraced the principles of the HB's Health and Wellbeing Framework in recognising the need to shift the culture around vaccination towards an asset-based approach. With this in mind, the core themes for the 2021/22 Flu programme, where the timetable for COVID-19 vaccines align with the campaign are:

- Focusing on health as an asset, with messaging using the 'Flu Free Hywel Dda' branding and utilising the national programme 'Vaccination Saves Lives'. By using positive messages around protecting ourselves and others, rather than focusing on messages around needing the Flu vaccine because of a chronic illness or age, focus has been shifted from mitigating illness to maintaining wellness.
- Ensuring a joined-up approach throughout the season, engaging early with stakeholders, aligning the HB staff campaign with the core public health Flu campaign, and working as a unified multidisciplinary team, both to plan before the season and to troubleshoot during it.

- Building further on the previous national Flu Immunisation campaigns, and reviewing how this brand could be extended to the wider vaccination and immunisation agenda.
- Ensuring that sufficient attention is directed at the risk groups that WG has prioritised for 2021-22 in line with the JVC COVID-19 priority groups, which are:
 - Children aged two or three years on 31 August 2021
 - Children in primary school from reception class to Year 6 (inclusive)
 - Children in secondary school Year 7 to Year 11 (inclusive)
 - People aged 50 years and older (age on 31 March 2022)
 - People aged between six months and less than 50 years in clinical risk groups. This has been extended to include those aged 16 years on 31 August 2021 who are morbidly obese, in line with guidance on the COVID-19 vaccination programme.
 - Pregnant women
 - Carers
 - People with a learning disability
 - All adults resident in Welsh prisons
 - Healthcare workers (including healthcare students) with direct patient contact
 - Staff in nursing homes and care homes with regular client contact
 - Staff providing domiciliary care.

Changes in demand for Flu vaccination were observed in 2020/21, and many more people were eligible for vaccination including all adults aged over 50 years and household members of anyone extremely vulnerable (those who had been advised to shield during the COVID-19 outbreak). There may be an issue with the supply of vaccine for this age group, as this was supplied by WG in 2020/21, and therefore GP Practices have not ordered vaccine for this cohort of the population. Clarification on whether a supply of this vaccine is available from WG is being sought.

Capitalising on the lessons learnt from the COVID-19 Vaccination programme and building on the population's enthusiasm for the programme and the use of social media platforms, the following principles will be followed on a national basis:

- Maintain consistency across the vaccine programmes. The HB plans to bring all of the vaccine programmes under the Vaccination Saves Lives (VSL) branding in the future, and to continue to differentiate our audiences by age using the established principle of applying the brand mark within different colour palettes where audiences remain distinct. The aim will be to show a whole life programme i.e. 'Vaccination Saves Lives' through the life cycle.
- Capitalise on the interest and demand for COVID-19 vaccines - anecdotally it is recognised that people lost interest in receiving their Flu vaccine as soon as a COVID-19 vaccine became available, therefore bringing Flu in line with the VSL branding helps to reinforce that a Flu vaccine is equally as important as a COVID-19 vaccine.
- Ensuring the branding will be consistent and simple for the public to understand and know why they need to be up to date with both vaccines in order to protect themselves and their families.
- The VSL branding has been used widely throughout the COVID-19 vaccine rollout. People recognise and trust it, and this trust will be utilised to promote the uptake of other vaccine programmes.

Asesiad / Assessment

2021-22 will see the Flu campaign largely dictated by the contours of the COVID-19 pandemic.

- Innovative delivery models will ensure the **availability** of vaccine and vaccinators, the **accessibility** of settings and **reassurance** to the public that the programme will be delivered in safe environments.
- Vaccinations will be given in socially distanced settings with additional measures in place for infection prevention and control. This will impact on the choice of clinic locations, increase the length of time between appointments, and will impact upon the potential for opportunistic vaccinations and drop-in sessions.
- The HB must be prepared for changes in public attitudes, with the potential for increased public demand for Flu vaccination accompanying possible anxiety regarding attending vaccination appointments.
- The HB must be prepared for Phase Two of the Flu vaccination campaign to run concurrently with a mass vaccination programme for COVID-19, and potentially to be paused to accommodate it, or to manage priority cohorts for both vaccines.
- The campaign will be directed by **national** Flu communications messages and will defer the local 'Flu Free Hywel Dda' branding this season, to ensure clarity, consistency and alignment in all public messaging.
- Flu and COVID-19 vaccination communications strategies will be synergised and the spotlight provided by any COVID-19 vaccine will be utilised to maximum effect. The HB will be ready to build on any positive response that may ensue in terms of public attitudes towards, and population health benefits of, all immunisations and vaccinations.

Many assets derived from previous seasons and lessons learned from the COVID-19 Immunisation Programme will be fed into this challenging and fluid scenario – not least, strong partnerships, innovation and adaptability. The HB's commitment to the principles of the Health and Wellbeing Framework - shifting the culture, adopting an asset-based approach and building on what works - has not diminished.

The following information identifies the overall assessment for 2020/21 Flu season:

Summary by Health Board and Local Authority (23mar2021)

| | | Children 2 to 3 years | | | Clinical risk 6m to 64y | | | 65y and older | | |
|------------------|-----------------|-----------------------|---------------|---------------|-------------------------|---------------|---------------|-----------------|---------------|---------------|
| | | Denomi nator | Immuni sed | Uptake (%) | Denomi nator | Immuni sed | Uptake (%) | Denomi nator | Immuni sed | Uptake (%) |
| Hywel Dda UHB | Carmarthenshire | 3,582 | 2,129 | 59.4% | 25,148 | 12,794 | 50.9% | 42,840 | 32,432 | 75.7% |
| | Ceredigion | 1,446 | 680 | 47.0% | 10,937 | 5,326 | 48.7% | 23,426 | 16,342 | 69.8% |
| | Pembrokeshire | 2,267 | 1,209 | 53.3% | 16,441 | 8,018 | 48.8% | 31,187 | 22,974 | 73.7% |
| | HD Total | 7,295 | 4,018 | 55.1% | 52,526 | 26,138 | 49.8% | 97,453 | 71,748 | 73.6% |
| Wales | Wales | 66,234 | 37,270 | 56.3% | 444,330 | 226,590 | 51.0% | 681,255 | 521,082 | 76.5% |

HD Total breakdown by patient group

| Category | Denominator | Immunised | Uptake (%) |
|-------------------------------------|-------------|-----------|------------|
| 2y olds (all) | 3,568 | 1,889 | 52.9% |
| 3y olds (all) | 3,727 | 2,129 | 57.1% |
| Clinical risk <65y | 52,526 | 26,138 | 49.8% |
| chronic asplenic disease (<65y) | 1,419 | 669 | 47.1% |
| chronic diabetes disease (<65y) | 10,283 | 6,310 | 61.4% |
| chronic heart disease (<65y) | 8,733 | 4,534 | 51.9% |
| chronic immuno disease (<65y) | 3,043 | 1,963 | 64.5% |
| chronic kidney disease (<65y) | 1,685 | 1,030 | 61.1% |
| chronic liver disease (<65y) | 1,322 | 641 | 48.5% |
| chronic stroke/neuro disease (<65y) | 4,728 | 2,425 | 51.3% |
| chronic respiratory patients (<65y) | 23,712 | 12,313 | 51.9% |
| morbidly obese (18-65y) | 9,582 | 4,034 | 42.1% |
| All patients aged 50 to 64 years | 86,022 | 29,915 | 34.8% |
| 65y and older | 97,453 | 71,748 | 73.6% |

Source: Vaccine Preventable Disease Programme Influenza Surveillance, Public Health Wales

As previously identified, the 2020/21 winter uptake of Influenza vaccination was the highest ever recorded in Wales, which helped to protect public health and to reduce pressure on health and social services. With greater freedom for individuals this year, an effective Flu immunisation programme across the HB is essential in preventing increased pressure in Primary and Secondary Care; therefore it is vital that a coordinated seamless delivery programme is delivered by GPs, Mass Vaccination Centres, Community Pharmacies and the HB's School Nursing and Immunisation Teams.

In summary, the vaccination for the following groups will be delivered by a variety of health care professionals in order to maximise vaccine uptake; however, we have detailed below some primary delivery models for information:

Health Board School Nurses/ Vaccination and Immunisation Teams

- Children in primary school from reception class to Year 6 (inclusive)
- Children in secondary school Year 7 to Year 11 (inclusive)
- People aged 50 years and older (age on 31 March 2022) who are an inpatient or housebound

Mass Vaccination Centres (where aligned, while administering COVID-19 Booster)

- Healthcare workers (including healthcare students) with direct patient contact
- Staff providing domiciliary care.
- Staff in nursing homes and care homes with regular client contact
- Pregnant women
- People with a learning disability

GP and Community Pharmacies

- Children aged two or three years on 31 August 2021
- People aged 50 years and older (age on 31 March 2022)
- People aged between six months and less than 50 years in clinical risk groups. This year the offer is extended to those aged 16 years on 31 August 2021 who are morbidly obese, in line with COVID-19 vaccination programme guidance
- Carers

It should be noted that the HB's Mass Vaccination Centres will also be able to provide support to GP and Community Pharmacies where needed, or where Flu vaccine stocks are insufficient to complete vaccination of the target population.

To support these primary delivery arms, an Influenza project group was re-established in July 2021, prior to the publication of the Welsh Health Circular, to start the planning process. These meetings will continue on a regular basis, with the delivery programme plan driving the agenda. A copy of this project plan is attached in Appendix 3.

In summary, the HB will:

- Progress the continued support for GP Practices, Community Pharmacies and additional resources to ensure the priority groups, as directed by the JCVI, receive their Flu vaccine and where the timeline dictates, the COVID-19 Booster.
- Continue to prioritise increased uptake among children in order to reduce transmission of Influenza in the community and therefore offer indirect protection to older adults and other vulnerable groups.
- Work with colleagues across Wales to develop communication and information material for 50-64 year-olds, ensuring that this new cohort are aware both of their new eligibility for Flu vaccination, and of the health benefits of being vaccinated.
- Continue to work with team leads and peer vaccinators to identify and train additional champions across Hywel Dda, promoting online 'Flu-2' training to minimise face-to-face training needs. To reflect the potential extension of the role of Flu champions to include other vaccines, e.g. COVID-19, the term now adopted is 'Peer Vaccinators'.
- Request ongoing Executive-level enhanced support for staff Flu vaccinations, including letters from Directors of Nursing, Quality & Patient Experience, Public Health, Therapies and Health Science and the Medical Director to encourage staff vaccination and support of the peer vaccinator model.
- Investigate the recording of Flu vaccines administered to pregnant women and work with Public Health Wales (PHW), Primary Care and Midwifery colleagues to try to ensure accurate data collection and to improve working relationships across antenatal settings to vaccinate pregnant women where possible.
- 2021-22 will be another extremely challenging season for the schools programme, with the competing pressure of the COVID-19 vaccine programme and the potential expansion of the programme to secondary school-aged children. In embracing this challenge, the HB is looking at new ways of working, ensuring that both its school nursing team and its wider expanded immunisation team are able to administer the children's nasal Flu vaccine, to ensure maximum flexibility and resilience in the system. The delivery of this workstream is currently being finalised, with a proposal to improve the distribution of the *Fluenz* vaccination to the School Nursing Teams to ensure more face-to-face contacts with the pupils and less administrative time spent upon the logistics of moving the vaccine to appropriate venues.

Whilst there are clear discrete pieces of work and methods for increasing Flu vaccine uptake in each eligible group outlined above, the forthcoming Seasonal Influenza Plan needs to be set within the context of delivering a well-recognised annual population-level health protection intervention in the recovery phase of a global pandemic. On this basis, it is more important than ever that there are effective plans in place for the 2021-22 Flu season, not only to improve overall respiratory health in the population of Hywel Dda but also to protect those at risk, prevent ill-health and minimise further impact on NHS and social care services. COVID-19 has provided not only a crisis, but an opportunity to rethink the most appropriate models and methods of delivery of the seasonal Flu vaccination programme.

Due to the added complexity of delivering the Flu vaccination, where it aligns with the COVID-19 Boosters, the Influenza Vaccination Delivery Plan will be carefully monitored through a variety of means to ensure the effective delivery of the programme:

- Monthly partnership (IN-FLU) meetings will be held throughout the season for delivery partners to check progress against partnership priorities and to address any emerging operational issues from the Project Plan. This meeting will include any updates following the receipt of new Welsh Health Circulars, COVID-19 vaccine developments, and Flu and COVID-19 surveillance.
- Specific Issue meetings will be arranged with the Delivery Lead to mitigate any risks to the delivery of the programme.
- In-season performance reports will be provided to SDODC, and quality and safety issues reported through the Medicines Management Group up to the Quality, Safety & Experience Committee (QSEC), as required.
- Working closely with the COVID-19 Vaccine Delivery Group to ensure alignment and employment of measures that can impact on maximising shared benefits and uptake by eligible at-risk populations.
- Reporting and escalation of issues to the Immunisation & Vaccination Executive Group.
- In the 2020/21 season, Occupational Health provided monthly reports for directorate leads on staff uptake at ward and department level. These were disseminated by directorate leads to ward and department managers to enable positive action in areas of low uptake. Due to redeployment and movement of staff during COVID-19, ward-level data monitoring is currently challenging; the focus this season will be upon ensuring that all vaccinations are recorded in staff records, and this data will then be aggregated and used to report monthly on uptake to PHW.
- The Public Health Team will produce regular uptake reports and analysis, using data from the Vaccine Preventable Disease Tabulars Programme (VPDP) team within Public Health Wales (PHW), together with local and national campaign and surveillance updates. These reports will be provided to Practice Managers, Practice Flu Leads and Cluster Leads on a weekly basis during Phase One of the campaign. These comprehensive documents provide tailored information at a practice, cluster, county and HB level, alongside comparators with other Health Boards and the Wales average.
- Cluster-level uptake reports will be provided for discussion at Cluster/ Locality meetings throughout the season.
- HDdUHB representatives will participate in fortnightly National Influenza Action Group (NIAG) teleconferences and report back actions and emerging issues to local partners.
- An end-of-season debrief session will be held for all partners to evaluate and begin the planning process for the 2022-23 season.

Argymhelliad / Recommendation

The Committee is asked to take assurance from the contents of the Influenza Delivery Plan (Appendix 2) and the detailed Influenza Vaccine Project Plan (Appendix 3) in the delivery of the 2021/22 programme, as directed by WHC (2021) 019 The National Influenza Immunisation Programme 2021-22, which can be found in Appendix 1.

The Committee is asked to note the possibility of aligning the delivery of the COVID-19 and Flu vaccines should the JCVI guidance change to allow for the timeline of co-administration of both vaccines.

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| Amcanion: (rhaid cwblhau) Objectives: (must be completed) | |
|--|---|
| Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor: | 2.2 Provide assurance to the Board that the planning cycle is being taken forward and implemented in accordance with University Health Board and Welsh Government requirements, guidance and timescales |
| Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score: | Not Applicable |
| Safon(au) Gofal ac Iechyd: Health and Care Standard(s): | 1.1 Health Promotion, Protection and Improvement 2.4 Infection Prevention and Control (IPC) and Decontamination |
| Amcanion Strategol y BIP: UHB Strategic Objectives: | 2. Living and working well. |
| Amcanion Llesiant BIP: UHB Well-being Objectives: | 4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives |

| Gwybodaeth Ychwanegol: Further Information: | |
|--|---|
| Ar sail tystiolaeth: Evidence Base: | Public Health Wales (PHW), Primary Care and Midwifery data. |
| Rhestr Termau: Glossary of Terms: | Explanation of terms is included in the report. |
| Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol: Parties / Committees consulted prior to Strategic Development and Operational Delivery Committee: | JCVI – Joint Committee for Vaccination and Immunisations |

| Effaith: (rhaid cwblhau) Impact: (must be completed) | |
|---|---|
| Ariannol / Gwerth am Arian: Financial / Service: | Not Applicable |
| Ansawdd / Gofal Claf: Quality / Patient Care: | It is important that there are effective plans in place for the 2021-22 Flu season, not only to improve overall respiratory health in the population of Hywel Dda but also to protect those at risk, prevent ill-health and minimise further impact on NHS and social care services |
| Gweithlu: Workforce: | As for Quality/ Patient Care impact. |

| | |
|------------------------------------|----------------------------------|
| Risg: Risk: | Risks are detailed in the report |
| Cyfreithiol: Legal: | Not Applicable |
| Enw Da: Reputational: | Not Applicable |
| Gyfrinachedd: Privacy: | Not Applicable |
| Cydraddoldeb: Equality: | Not Applicable |

Appendix 1: WHC (2021) 019 The National Influenza Immunisation Programme 2021-22

WHC (2021) 019

WELSH HEALTH CIRCULAR

Issue Date: 4 August 2021



STATUS: ACTION

CATEGORY: PUBLIC HEALTH

Title: The National Influenza Immunisation Programme 2021-22

| Date of Expiry / Review N/A | |
|---|---|
| For Action by: General Practitioners Community Pharmacists Immunisation Leads, Health Boards/Trusts Chief Executives, Health Boards/Trusts Medical Directors, Health Boards/Trusts Nurse Executive Directors, Health Boards/Trusts Chief Pharmacists, Health Boards/Trusts Directors of Public Health, Health Boards Directors of Primary, Community and Mental Health, Health Boards Directors of Maternity Services, Health Boards Directors of Workforce and Organisational Development, Health Boards/Trusts Chief Executive, Public Health Wales Executive Director of Public Health Services, Public Health Wales Nurse Director, Public Health Wales Head Vaccine Preventable Disease Programme, Public Health Wales | For information to: Welsh NHS Partnership Forum GPC(Wales) Royal College of GPs Royal College of Nursing Royal College of Midwives British Dental Association Royal Pharmaceutical Society Community Pharmacy Wales NHS Wales Informatics Service Care Inspectorate Wales Chief Executive, Welsh Local Government Association for onward issue to: Directors of Social Services, Local authorities Directors of Public Protection, Local authorities Directors of Education, Local authorities |

Sender:
Dr Frank Atherton, Chief Medical Officer/Medical Director NHS Wales

Enclosure(s):
Childhood Influenza Vaccination Programme 2021-22 – National Enhanced Service Specification - updated

The National Influenza Immunisation Programme 2021-2022

Dear Colleague,

1. Last winter, uptake of influenza vaccination was the highest ever recorded in Wales. I would like to thank everyone involved in the programme for their hard work and commitment in such challenging circumstances to deliver influenza vaccinations to more than a million people, helping to protect public health and reduce pressure on health and social services.

2. This winter we need to prepare for potentially higher levels of influenza circulating, along with other seasonal causes of respiratory infections, given the low levels recorded throughout 2020-21. Achieving a high vaccination uptake will be an important priority this coming autumn to reduce morbidity and mortality associated with influenza, and to reduce hospitalisations during a time when the NHS and social care may again be managing winter outbreaks of Covid-19.

3. I would like to see influenza vaccination maximised in priority groups who are most at risk of catching flu and suffering severe outcomes, or who are at higher risk of infecting other people. CEM/CMO/2021/19 indicated that the programme in 2021-22 will again include all people aged 50 to 64 years, who should be offered influenza vaccination alongside others as part of the main campaign.

4. In addition, for 2021-22 the vaccination programme will be extended further to include all children in secondary school years 7 to 11. I recognise that this extension will require careful planning and will place further demands on the school nursing service. A stakeholder group has been set up to consider all the relevant issues to enable its successful delivery.

5. The inclusion of these additional groups reflects the advice from the Joint Committee on Vaccination and Immunisation (JCVI).

6. In summary, the priority groups for 2021-22 are as follows:

- children aged two or three years on 31 August 2021
- children in primary school from reception class to Year 6 (inclusive)
- children in secondary school Year 7 to Year 11 (inclusive) • people aged 50 years and older (age on 31 March 2022)
- people aged six months to less than 50 years in clinical risk groups. This year we are extending the offer to those aged 16 years on 31 August who are morbidly obese, in line with guidance on the Covid vaccination programme
- pregnant women
- carers
- people with a learning disability
- all adults resident in Welsh prisons
- healthcare workers (including healthcare students) with direct patient contact
- staff in nursing homes and care homes with regular client contact
- staff providing domiciliary care.

Further detail is contained in Annex 1.

7. Robust plans should be in place for tackling health inequalities for all groups to ensure equality of access to influenza vaccination. It is essential to maximise uptake in those who are living in the most deprived areas and in those from Black, Asian and minority ethnic groups. We need to ensure equitable uptake compared to the population as a whole and help protect those who are more at risk if they were to catch flu.

8. This year, I would like a concerted effort to improve influenza vaccination coverage in all groups that are eligible for the vaccine. Ambitions are included in Annex 1. Health Boards should note that these are ambitions rather than specific targets. Whilst aiming to ensure maximum coverage amongst eligible groups, health boards should apply local determination to ensure that the flu vaccination programme does not negatively impact other core business undertaken by General Medical and Pharmaceutical Services this winter.

9. Collaborative working in primary care between general practices and community pharmacies is encouraged, and will be particularly important in the coming season to help maximise uptake in eligible groups, and help protect more individuals.

10. Health boards will be allocated additional resources to support the delivery of the extended programme. Information on these funding allocations will be provided shortly.

Covid-19 booster vaccines

11. The JCVI considers that a synergistic approach to the delivery of Covid-19 and influenza vaccination may support delivery and maximise uptake of both vaccines in the population.

Booster vaccines for Covid19 will be offered this autumn and, where possible, co-administration of Covid-19 and influenza vaccines is encouraged. Evidence on the concomitant administration of Covid-19 and influenza vaccines used in the UK, supports the delivery of both these vaccines at the same time where appropriate. (NB – there is an exception for shingles vaccine where an interval of seven days should be observed between the administration of a Covid-19 vaccine).

12. Planning for influenza vaccination should continue as usual for this autumn, while allowing for both vaccines to be given at the same time where appropriate.

13. I recognise that this will again be a very challenging season. Primary care, health boards, social care providers and other partners will need to work flexibly to meet the increased demands. Thank you for all your hard work in these unprecedented circumstances.

Yours sincerely,

Dr Frank Atherton Chief Medical Officer / Medical Director NHS Wales

ANNEX 1

INFLUENZA (FLU) VACCINATION PROGRAMME 2021-2022

Further information:

Programme uptake ambitions

1. In planning for the forthcoming vaccination season, health boards and primary care partners should work closely together to maximise uptake and aim to achieve significant increases across all eligible groups. For reference, the following table provides the uptake achieved in 2020-21 and the ambition for 2021-22. Please note that these are ambitions rather than targets.

| Eligible Group | 2020-21 Uptake* | 2021-22 ambition |
|---|---|------------------|
| 65 years and over | 76% | 80% |
| 6 months to 49 years at risk | 51% (in 6 months to 64 years at risk) | 75% |
| Pregnant | 84% | 90% |
| 50 to 64 years (not in a clinical risk group) | 25% | 60% |
| Children aged 2 or 3 years | 56% | 75% |
| Primary school aged children | 72% | 80% |
| Children in school years 7 to 11 | - | 75% |
| NHS Wales Healthcare workers (direct patient/ client contact) | 65% | 80% |
| Social care workers (direct patient/client contact) | 11,316* *no denominator available in 20/21 | 80%** |

*Provisional data from Public Health Wales at March 2021

**in line with uptake of 2nd Covid-19 vaccine in this group

Children's programme

2. Improving vaccine uptake in children is important for individual protection, and also because of the indirect protection this offers to the rest of the population. Children are 'super spreaders' of flu and the nasal spray vaccine in this age group has been highly effective. Increasing uptake in eligible children would have a significant impact on reducing transmission of flu across all groups in the community.

3. In pre-school children, uptake continues to lag behind that in schools. Two and three-year-olds (age on 31 August 2021) should be actively called and offered vaccination as early as possible in the season when the vaccine becomes available to help reduce flu transmission in the community to other vulnerable groups.

4. In the school programme, in addition to primary schools, flu vaccination will be offered to all children in secondary school years 7 to 11 in 2021/22. All children attending school in the eligible school years should be offered vaccination irrespective of their actual date of birth. A stakeholder group is considering the key principles around how this is best delivered. Additional funding for the delivery of live attenuated influenza vaccine (LAIV) to this expanded cohort – and for the 50-64-year-old cohort - will be issued shortly.

5. To provide additional resilience, an inactivated vaccine may be offered to those children whose parents/guardians refuse the live attenuated influenza vaccine (LAIV) due to the porcine gelatine content. Parents/guardians of eligible school aged children who decline LAIV due to the gelatine content should be asked to contact their GP surgery to arrange their child's flu vaccine injection. An updated National Enhanced Service (NES) has been agreed with GPC (Wales) and is attached (see para 9.e of the NES).

6. At-risk children who are eligible for flu vaccination via the school-based programme because of their age will be offered immunisation at school. However, these children are also eligible to receive vaccination in general practice if the school session is late in the season, parents prefer it, or they miss the session at school. Health boards should facilitate vaccination of home-schooled children.

Health and social care workers

7. It is important that all health and social care workers (including students) with direct patient/client contact have timely flu vaccination to protect themselves and to reduce the risks of transmission of the flu virus to their patients/clients. High rates of staff vaccination will help to protect the individual member of staff and the people in their care and help maintain the workforce and services during the winter.

8. As in previous years, flu immunisation should be offered by NHS organisations to all employees involved in direct patient care. While our ambition is to achieve a minimum of 80% uptake, the vaccination offer should be 100%.

9. Independent primary care providers, such as general practices, dental and optometry practices and community pharmacists, should offer flu vaccination to their frontline staff as part of their occupational health responsibilities.

10. Staff with regular client contact working in adult residential care homes, nursing care homes and children's hospices and staff providing domiciliary care, will continue to be eligible for free flu vaccination through the NHS community pharmacy service. There may be particular areas, however, where a more flexible approach and mixed delivery model is more appropriate. In these instances, health boards should agree alternative delivery models and ensure awareness locally.

11. Employers providing health and social care in other settings remain responsible for encouraging and facilitating/offering flu vaccination to employees with regular client contact.

12. Further information can be found at:

Fflw - Iechyd Cyhoeddus Cymru (gig.cymru)

Flu - Public Health Wales (nhs.wales)

Community Pharmacies

13. Health boards must make arrangements with all community pharmacies in their area expressing an interest in providing the community pharmacy NHS seasonal influenza vaccination service and who meet the service requirements.

14. For individuals in a clinical risk group:

Collaborative working between general practices and community pharmacies is encouraged, and will be particularly important in the coming season to help maximise uptake in eligible groups, and help protect more individuals. Community pharmacies should ensure that general practices are notified promptly of vaccinations given to patients.

15. For eligible social care staff:

- The uptake of flu vaccine in eligible social care staff has been low (<30%) since its introduction. Building on the success of the Covid-19 vaccination in this cohort, health boards are asked to work across the system and facilitate easy access to the flu vaccine for social care staff.

- Community pharmacies may again offer free NHS flu vaccinations to staff with regular client contact working in adult residential care homes, nursing homes and children's hospices or those providing domiciliary care.

- Primary care staff should actively promote staff flu vaccine uptake with the care home managers they work with, and support them in encouraging their staff to get their vaccine.
- Community pharmacies that supply medicines to care homes may wish to make arrangements with those homes to offer flu vaccination to staff on the premises. Alternatively, staff may be directed to visit any pharmacy providing the community pharmacy NHS flu vaccination service.
- In some areas, there may be no local community pharmacy offering the flu vaccination service. In these circumstances, or where there may be other barriers to uptake, health boards may agree an alternative method of delivery.

Flu vaccine ordering and recommendations

16. Advice and guidance on ordering flu vaccines for the 2021-22 season has already been issued separately in Welsh Health Circular WHC/2021/004 and in Public Health Link CEM/CMO/2021/19.

17. Vaccine orders should be reviewed to ensure that sufficient supplies of appropriate vaccines have been ordered. Models for vaccine provision across primary care clusters should be considered in planning.

18. In summary, the following are recommended vaccines for adults and will be eligible for reimbursement:

| Those aged 65 years and over | Those aged 50 to 64 years | At-risk adults, including pregnant women, aged 18 to less than 65 years |
|---|---|---|
| <ul style="list-style-type: none"> • aQIV • QIVc/QIVr (where aQIV is not available) | <ul style="list-style-type: none"> • QIVc/QIVr • QIVe (where QIVc or QIVr is not available) | <ul style="list-style-type: none"> • QIVc/QIVr • QIVe (where QIVc or QIVr is not available) |

Key:

aQIV - adjuvanted quadrivalent influenza vaccine QIVc - quadrivalent cell-culture influenza vaccine

QIVr - quadrivalent recombinant influenza vaccine

QIVe - quadrivalent influenza egg-culture vaccine

19. For the children's programme, quadrivalent live attenuated influenza vaccine (LAIV) is the recommended vaccine for use in all eligible children aged 2-17 years of age unless contraindicated or declined due to gelatine content. LAIV is supplied centrally and will be available to order through ImmForm.

20. Eligible children under two years of age are recommended quadrivalent influenza egg-culture vaccine (QIVe). A small central supply of QIVe will be available to support vaccination in this group. Further information on accessing this will be provided nearer the start of the season.

Service Specifications

21. The Primary Medical Services (Influenza and Pneumococcal

Immunisation Scheme) (Directed Enhanced Service) (Wales)

Directions 2021 (the DES Directions) set out the requirements for the 2021 to 2022 influenza and pneumococcal immunisation programme.

22. There are a number of obligations under the DES Directions important to local planning and delivery of the flu vaccination programme. In particular GPs should develop a proactive approach to offering flu vaccinations by adopting robust call and reminder systems to contact eligible patients. This should be, for example, through direct contact by phone call, email, text or otherwise (although such strategies are for GP practices to determine). Practices must follow-up eligible patients and remind/recall those who do not receive their flu vaccination.

23. A separate National Enhanced Service (NES) specification for the childhood seasonal influenza vaccination programme, covering the vaccination of children aged two and three years on 31 August 2021 is attached.

Patient Group Directions (PGDs)

24. Template PGDs will be available at: <http://nww.immunisation.wales.nhs.uk/pgds> (NHS Wales intranet) prior to the commencement of the season, and should be reviewed, ratified and authorised locally by the health board/trust for local use. A National Protocol will also be available before the start of the season to support mixed workforce and flexible delivery models.

Delivering the programme during the pandemic

25. The flu vaccination programme will be expected to be delivered according to guidelines on social distancing, infection, prevention and control (including appropriate PPE) current at the time. Patients will need reassurance that appropriate measures are in place to keep them safe.

Communications

26. Public Health Wales will continue to lead the flu programme communications and marketing campaign. Information will be available at:

<https://icc.gig.cymru/brechlynffliw>

<https://phw.nhs.wales/flu vaccine>

Surveillance and Reporting

27. Public Health Wales continues to lead surveillance of influenza and the influenza vaccination programme in Wales, providing weekly surveillance reports. To support delivery of the vaccination programme, Public Health Wales will continue to provide weekly surveillance reports on coverage at practice, cluster, local authority and health board levels. Public Health Wales will work closely with DHCW to access data from general practices and from other appropriate national data system. Health Boards and NHS trusts will be required to provide Public Health Wales VPDP surveillance team with data to allow monitoring of coverage in NHS staff on a monthly basis using standard data template.

28. Surveillance reports will be published on:

<http://howis.wales.nhs.uk/ivor> (vaccination coverage reports at practice, cluster, LA and health board levels, available within NHS Wales only)

29. The 2020/21 annual epidemiological summary of influenza activity and influenza immunisation uptake will be published shortly by Public Health Wales :
<http://howis.wales.nhs.uk/ivor>

The Green Book

30. The Green Book, “Immunisation against infectious disease” provides guidance to healthcare practitioners on immunisation. This is regularly updated and the influenza chapter can be found at:

<https://www.gov.uk/government/publications/influenza-the-green-bookchapter-19>

ANNEX 2

Eligible groups included in the flu immunisation programme - updated

1. The following provides an updated summary of the groups eligible for flu vaccination in 2021-22.

2. Further details can be found in the influenza chapter of the Green Book “Immunisation against infectious disease” at:

<https://www.gov.uk/government/publications/influenza-the-green-bookchapter-19>
Children

3. Children aged two or three years on 31 August 2021 i.e. date of birth on or after 1 September 2017 and on or before 31 August 2019. Vaccination will generally be offered through general practice. Children of this age must be individually invited by their general practice. (In some areas of Wales, local agreements are in place for children aged three years to receive their vaccine in nursery via the school nursing service.)

4. All children in primary school reception class and school years 1 to 6 (inclusive).

5. All children in secondary school years 7 to 11 (inclusive).

6. For practical reasons, all children attending school in the eligible school years should be offered vaccination irrespective of their actual date of birth.

7. Children in the school age ranges above who do not attend school are to be offered vaccination through general practice. There is no requirement for general practices to invite these school-aged children.

8. Children not in the age groups mentioned above should be offered vaccination in line with the clinical risk eligibility guidance outlined below, and if eligible require a proactive call and recall system.

9. People aged six months to less than 50 years with a long-term health condition including:

Chronic respiratory disease such as asthma requiring regular inhaled steroids, or chronic obstructive pulmonary disease (COPD)

Chronic heart disease

Chronic kidney disease at stage 3, 4 or 5

Chronic liver disease

Chronic neurological disease such as Parkinson’s disease, motor neurone disease

Learning disability
Diabetes

Immunosuppression due to disease such as HIV/AIDS or treatment such as cancer treatment (and household contacts of at risk individuals).

Asplenia or dysfunction of the spleen

Morbidly obese (class III obesity). This is defined as those with a Body Mass Index (BMI) of 40 or above, aged 16 or over.

Household contacts

10. Household contacts of immunocompromised individuals, specifically individuals who expect to share living accommodation on most days over the winter and, therefore, for whom continuing close contact is unavoidable.

People aged 50 years and over

11. Includes those becoming age 50 years by 31 March 2022 (i.e. born before 1st April 1972).

Pregnant women

12. All pregnant women at any stage of pregnancy (first, second or third trimesters).

People living in care homes or other long-stay care facilities

13. Vaccination is recommended for people living in care homes or other long-stay care facilities where rapid spread is likely to follow introduction of infection and cause high morbidity and mortality.

14. This does not include young offender institutions, university halls of residence or boarding schools (except those in eligible school years).

Prisoners

15. All adults resident in Welsh prisons. Carers

16. Those who are the unpaid carer, including young carers, of a person whose health or welfare may be at risk if the carer falls ill, including those who receive a carer's allowance. The carer need not reside with, or be related to, the person being cared for. Third sector carers

17. Individuals who work on a voluntary basis (are not paid for their time and effort) providing care on a frequent basis to one or more elderly, disabled or otherwise vulnerable person whose welfare would be at risk if the individual became ill.

18. Individuals should be identified by a letter from their organisation naming the person, and confirming their membership of, and role in, the organisation.

Members of voluntary organisations providing planned emergency first aid

19. Individuals who work on a voluntary basis (are not paid for their time and effort) in organisations which provide planned emergency first aid at organised public events.

20. These should be identified by a letter from their organisation naming the person, and confirming their membership of, and role in, the organisation.

21. This category does not include individuals who are qualified to provide first aid in other circumstances.

Community First Responders

22. Active members of a Welsh Ambulance Service Trust (WAST) Community First Responder scheme providing first aid directly to the public.

23. These should be identified by a letter from their organisation naming the person, and confirming their membership of, and role in, the organisation.

Healthcare workers

24. Healthcare workers who are in direct contact with patients should have their flu vaccine via their employer. This should be actively encouraged, and provided or facilitated as part of their occupational health care.

Social care staff

25. All staff employed in adult residential care homes, nursing care homes and children's hospices or providing domiciliary care who are in regular direct contact with residents/service users, are eligible to receive a flu vaccine via the community pharmacy NHS seasonal influenza vaccination service, their GP if in an eligible clinical risk/age group, or through an alternative model if agreed locally. Uptake of flu vaccination should be actively encouraged by their employer.

26. Social care staff, apart from those referred to above, should be encouraged and offered/facilitated vaccination by their employer.

Locum GPs

27. Locum GPs may be vaccinated at the practice where they are registered as a patient.

28. The list above is not exhaustive, and practitioners should apply clinical judgement to take into account the risk of flu exacerbating any underlying disease that a patient may have, as well as the risk of serious illness from flu itself. Flu vaccine should be offered in such cases even if the individual is not in one of the groups specified above.

29. Individuals recommended to receive flu vaccine who are long-term hospital in-patients during the flu season should be vaccinated in hospital. Health boards and trusts are expected to make suitable arrangements to identify and vaccinate these individuals, and to notify their general practice in a timely way.

30. Clinicians are encouraged to consider the needs of individuals waiting for a transplant. The current recommendations for flu vaccine cover a wide range of chronic diseases and therefore most transplant-list patients are likely to be in a recognised clinical risk group and eligible for immunisation. Practitioners should apply clinical judgement to take into account the risk of flu exacerbating any underlying condition a patient may have.

2021-2022

Service Specification (Aug 2021)

National Enhanced Service Specification For Childhood Influenza Vaccination Programme 2021-2022

Introduction

1. This programme is directed at GP practices delivering vaccination and immunisation services in Wales.
2. This programme has been agreed between the Welsh Government and General Practitioners Committee (Wales) (GPC(W)) of the British Medical Association (BMA). The service requirements are included at Annex A.
3. As an Enhanced Service, GP practices may choose whether to participate in this programme.

Background

4. The Joint Committee on Vaccination and Immunisation (JCVI) recommends that influenza vaccination is offered to children to lower the impact of influenza on the children themselves and to reduce influenza transmission to other children, adults and those in clinical risk groups at any age.
5. For 2021-22, the childhood programme will offer vaccination to the following age groups:
 - Children aged two or three years on 31 August 2021 will continue to be vaccinated through general practice by invitation.
 - Children in school reception class and in all primary school years 1 to 6 (ages 4 to 10 years) and secondary school years 7 to 11 (ages 11 to 15 years) are to be offered the vaccine in school via the health board school nursing service.
 - Children aged four years on 31 August 2021 who do not attend school will be offered the vaccine on request or opportunistically by primary care. It is expected that this will apply to very few children as the majority will attend school from four years of age.
6. It is anticipated that the programme for primary care will involve practices actively inviting approximately 67,000 eligible two and three year olds in Wales in 2021-22 for influenza vaccination.
7. Practices will remain responsible, in line with longstanding agreements and practice, to identify, call, recall and vaccinate all other children in clinical risk groups as defined in the Welsh Health Circular - National Influenza Immunisation Programme 2021-22.

Duration and patient cohort

8. The target time frame for this programme is for five months from 1 August 2021 to 31 December 2021 in order to achieve maximum impact of the programme before influenza starts to circulate. However, two and three-year-olds should be offered vaccination as early as possible in the season, subject to vaccine availability, to help reduce flu transmission in the community to other vulnerable groups. Practices should ensure that an adequate supply of appropriate vaccine is available before arranging clinics. Practices may continue to vaccinate eligible patients until 31 March 2022, for whom they will receive payment.

9. Practices will be required to vaccinate all registered patients who are:

a. Aged two or three years on 31 August 2021 on either:

- A proactive call basis, if not considered in a clinical risk group, or
- A proactive call and recall basis, if considered to be in a clinical risk group .

Proactive call requires a written or verbal invitation to be made for all eligible individuals; recall requires at least one communication with those who fail to attend following initial invitation. Call and recall could be by direct contact by phone call, email, text or otherwise (although such strategies are for GP practices to determine).

b. Aged four years on 31 August 2021 who do not attend a school covered by a health board school vaccination programme.

It is expected that the majority of children aged four years will be in a mainstream school so practices are not required to issue proactive invitations for children aged four years. Children should be vaccinated on request from the parent/guardian or opportunistically where the child presents for another purpose.

c. Primary and secondary school children. These will be in school reception class and school years 1 to 11 inclusive (or of that age group):

- Where the parent/guardian has consented to the vaccine but the child missed the opportunity to be vaccinated in school,
- When a parent has consented to LAIV in school but LAIV is contraindicated for the child,
- Who do not attend a school covered by a health board school vaccination programme.

Children who miss the vaccination opportunity offered in school will be given a letter from the school nursing service advising them to contact their GP surgery specifically to request an influenza vaccination. This letter will stress the need to mention the purpose of the visit as a routine appointment is not appropriate.

d. In clinical risk groups in school reception class or school years 1, 2, 3 and 4, (or of that age group) who require a second dose of vaccine (applicable to children under nine years of age only).

Children in clinical risk groups under the age of nine, who have not previously been vaccinated against influenza and who have received their first dose of vaccine via the school's programme (where this is identified) will be given a letter from the school nursing service advising them to contact their GP surgery to request the second dose, due at least four weeks after the first dose. The letter will stress the need to mention the purpose of the visit as a routine appointment is not appropriate. See paragraph 15 below for further information.

Children in clinical risk groups and under nine years of age who do not attend a school covered by a health board seasonal influenza vaccination programme (as described in paragraph 9 c) will also require a second dose four weeks later if they are receiving influenza vaccine for the first time.

e. Eligible children, as defined above, whose parents/guardians object to the porcine gelatine content of LAIV should be offered a suitable alternative injectable vaccine. Children should be vaccinated on request from the parent/guardian who should be made aware that LAIV is the most effective product.

10. Children who are not in a clinical risk group who present after the expiry date of any available LAIV should not routinely be offered injectable vaccine as an alternative. Children who are in a clinical risk group should be immunised whenever they present during the season in line with existing recommendations with LAIV as the vaccine of choice, or alternatively a suitable injectable influenza vaccine if LAIV is not available or contraindicated.

Vaccine

11. Live attenuated influenza vaccine (LAIV) is the recommended vaccine for children aged two years and over if in a clinical risk group or not and is administered as a nasal spray.

12. The short shelf life of the LAIV may mean that it is not available for the entire season, but this depends on the production and delivery schedule.

13. The LAIV vaccine has been centrally procured and should be ordered in the same way as other childhood vaccines via ImmForm.

14. One dose is required for children in the cohort who are not in a clinical risk group and also for those in a clinical risk group who have previously received an influenza vaccine. Two doses are required for children in the cohort who are in a clinical risk group and under nine years of age who have not previously received an influenza vaccine. Where two doses of vaccine are to be administered, this must be done at least four weeks apart.

15. Any prescribing practitioner may arrange to administer a flu vaccine:

a. Using a Patient Group Direction (PGD); it must be administered by a registered health care practitioner.

b. Under a Patient Specific Direction (PSD); a non-registered individual may administer under the direction of the prescriber although the prescriber is still liable

16. Children in an eligible group and contraindicated LAIV or where there is parental objection to gelatine in LAIV should be offered a suitable licensed injectable influenza vaccine.

17. Children aged six months to under two years of age in a clinical risk group should be offered a suitable licensed injectable influenza vaccine. This should be ordered in the same way as LAIV and other childhood vaccines via ImmForm.

18. Practices will be reimbursed for this as for children in clinical risk groups.

Data Collection

19. Practices should record all administered doses of flu vaccine using appropriate Read codes or SNOMED clinical terms, in the practice clinical information system. Data to allow surveillance will automatically be provided to Public Health Wales, in the same manner as for adult influenza immunisation, to enable surveillance of immunisation uptake. Practices that have opted out from automatically providing this data throughout the season, or are otherwise unable to do so, will be required to make a manual return using an appropriate form provided by Public Health Wales. Public Health Wales will work with health boards to set up routine collection of data to allow surveillance of uptake in the schools programme. Health board and NHS Trusts should provide data to Public Health Wales VPDP to allow for monitoring of coverage in NHS frontline staff, on a monthly basis using a standard aggregate (staff-group level) template.

20. Public Health Wales will monitor and report influenza immunisation uptake to practices, primary care clusters, health boards and trusts, the Welsh Government and the general public. Data to monitor vaccine uptake will be collected automatically in the same way that it

is for the adult influenza immunisation programme. The data extraction will begin in October and continue on a weekly basis for the duration of the campaign. Information on the PRIMIS recommended Read codes and SNOMED clinical terms which will be used for influenza immunisation uptake monitoring purposes can be found on the Public Health Wales site: <http://nww.immunisation.wales.nhs.uk/flu-data-specs-1> (NHS Wales intranet)

21. Public Health Wales will once again be providing individual weekly reports for all general practices in Wales during the influenza season. These reports are intended to assist in local monitoring of uptake each week, for those involved in planning and delivering the influenza immunisation programme in primary care. The reports are available through the Public Health Wales Influenza Vaccination Online Reporting (IVOR) scheme: <http://howis.wales.nhs.uk/ivor>

Payment and validation

22. Practices will receive an item of service (IOS) payment at the current applicable rate per dose in respect of each registered patient who is eligible and who is vaccinated during the specified period.

23. GP practices will only be eligible for payment for this service in circumstances where all of the following requirements have been met:

- a. The practice is contracted to provide vaccine and immunisations as part of Additional Services.
- b. All patients in respect of whom payments are being claimed were on the practice's registered list at the time the vaccine was administered.
- c. The practice administered the vaccine to all patients in respect of whom payment is being claimed.
- d. All patients in respect of whom payment is being claimed were within the cohorts (as specified in paragraph (9) at the time the vaccine was administered.
- e. The practice did not receive any payment from any other source in respect of the vaccine (should this be the case, then health boards may reclaim any payments as set out in the paragraphs 19.1 and 19.2 of the Statement of Financial Entitlements).
- f. The practice submits the claim within six months of administering the vaccine (Health boards may set aside this requirement if it considers it reasonable to do so).
- g. Payment will be made on a monthly basis i.e. the monthly count multiplied by the current applicable Item of Service fee:

$$\begin{array}{l} \text{monthly} \\ \text{payment} \end{array} = \begin{array}{l} \text{number of patients, in} \\ \text{the monthly count,} \end{array} \times \begin{array}{l} \text{Applicable} \\ \text{IoS fee} \end{array}$$

who have been recorded as having received the influenza vaccination within the qualifying criteria

24. Health boards are responsible for post payment verification. This may include auditing claims of practices to ensure that they meet the requirements of this service.

25. Administrative provisions relating to payments under this service are set out in Annex B.

Annex A: Service requirements for the childhood influenza programme

1. GP practices providing this service will vaccinate, with the appropriate vaccine and dosage, all patients in the cohorts described and called as required in the main body of this document.
2. Take all reasonable steps to ensure that the medical records of those eligible patients, as described in this specification, receiving the childhood influenza vaccination are kept up to date using appropriate Read codes or SNOMED codes with regard to the immunisation status and in particular, includes:
 - a. Any refusal of an offer of immunisation.
 - b. Where an offer of immunisation is accepted:
 - i. The batch number, expiry date and name of the vaccine.
 - ii. The date of administration.
 - iii. Where other vaccines are administered in close succession, the route of administration and the injection site of each vaccine.
 - iv. Any contra-indication to the vaccination or immunisation.
 - v. Any adverse reactions to the vaccination or immunisation.
3. Ensure that all healthcare professionals who are involved in administering the vaccine have:
 - a. Referred to the clinical guidance in the Green Book.
 - b. The necessary training, skills, competency and experience, including training with regard to the recognition and initial treatment of anaphylaxis.
4. Ensure all orders of vaccine are in line with national guidance, including adherence to any limits on stocks to be held at any one time, to ensure equitable distribution between practices. The LAIV vaccine for this programme will generally be centrally supplied, and should be ordered in the same way as general practices and health board pharmacies currently order childhood vaccines. Inactivated influenza vaccine for those contraindicated or declining live attenuated vaccine should be ordered direct from suppliers in the same way as influenza vaccine for other groups. Apart from the injectable vaccine for eligible children under two years of age where the vaccine may be ordered via ImmForm.
5. Ensure all vaccines are stored in accordance with the manufacturer's instructions and guidance contained in the Green Book.
<https://www.gov.uk/government/collections/immunisation-against-infectiousdisease-the-green-book>
6. Ensure that services are accessible, appropriate and sensitive to the need of all patients. No eligible patient shall be excluded or experience particular difficulty in accessing and effectively using this service due to their race, gender, disability sexual orientation, religion and/or age.

Annex B: Administrative provisions relating to payments under the childhood influenza programme

1. Payments under this service are to be treated for accounting and superannuation purposes as gross income of the practice in the financial year.
2. The amount calculated as payment for the financial year falls due on the last day of the month following the month during which the practice provides the information specified in the main body of this service specification.
3. Payment under this service, or any part thereof, will be made only if the practice satisfies the following conditions:
 - a. The practice must make available to health boards any information under this service, which health boards need and the practice either has or could be reasonably expected to obtain.
 - b. The practice must make any returns required of it (whether computerised or otherwise) to the Primary Care Registration System administered by NHS Digital.
 - c. All information supplied pursuant to or in accordance with this paragraph must be accurate.
4. If the practice does not satisfy any of the above conditions, health boards may, in appropriate circumstances, withhold all of the payment, or any part of it, due under this service that is otherwise payable.

Provisions relating to GP practices that terminate or withdraw from this service prior to 31 March 2022 (subject to the provisions below for termination attributable to a GP practice split or merger)

5. Where a practice has entered into the childhood influenza vaccination service but its general medical services contract subsequently terminates or the practice withdraws from the service prior to 31 March 2022, the practice is entitled to a payment in respect of its participation if such a payment has not already been made, calculated in accordance with the provisions set out below. Any payment calculated will fall due on the last day of the month following the month during which the practice provides the information required.
6. In order to qualify for payment in respect of participation under this service, the practice must provide the health board with the information specified in the main body of this service specification before payment will be made. This information should be provided in writing, within 28 days following the termination of the contract or the withdrawal from the enhanced services agreement.
7. The payment due to practices that terminate or withdraw from the service agreement prior to 31 March 2022 will be based on the number of vaccinations given, prior to the termination or withdrawal.

Provisions relating to GP practices who merge or split

8. Where two or more practices merge or are formed following a contractual split of a single practice and as a result the registered population is combined or divided between new practice(s), the new practice(s) may enter into a new agreement to provide the childhood influenza service.

9. The service agreements of the practices that formed following a contractual merger, or the practice prior to contractual split, will be treated as having terminated and the entitlement of those practice(s) to any payment will be assessed on the basis of the provisions of paragraph 5 of this annex.

10. The entitlement to any payment(s) of the practice(s), formed following a contractual merger or split, entering into the agreement for the childhood influenza service, will be assessed and any new arrangements that may be agreed in writing with the HB will commence at the time the practice(s) starts to provide such arrangements.

11. Where that agreement is entered into and the arrangements commence within 28 days of the new practice(s) being formed, the new arrangements are deemed to have commenced on the date of the new practice(s) being formed. Payment will be assessed in line with the requirements described in the main body of this service specification as of this commencement date.

Provisions relating to non-standard splits and mergers

12. Where the practice participating in the service is subject to a split or a merger and:

- a. The application of the provisions set out above in respect of splits or mergers would, in the reasonable opinion of the health board, lead to an inequitable result; or
- b. The circumstances of the split or merger are such that the provisions set out in this section cannot be applied.

The health board may, in consultation with the practice or practices concerned, agree to such payments as in the health board's opinion are reasonable in all circumstances.

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Hywel Dda University Health Board

Influenza Vaccination Improvement Plan

2021/22

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Dda University Health Board Influenza Vaccination Improvement Plan 2021/22

Purpose & Aim

The Hywel Dda University Health Board Influenza Vaccination Plan 2021-2022 describes how we will work together in this unprecedented season to minimise the co-circulation of flu and COVID-19, protect those most at risk, and reduce the impact of respiratory illness on health and social care services this winter. These aims will be achieved through the deployment of a wide range of actions to increase uptake of the Influenza vaccine.

Vision & Ambition

This past eighteen months has seen Hywel Dda University Health Board consult on and agree a transformation in the way it delivers healthcare services. It has committed to make a shift from a system focused almost exclusively on treatment and diagnosis to one where preventing ill health is a core activity and which embraces consideration of people's wellbeing. The Hywel Dda University Health Board Seasonal Influenza Improvement Plan for 2021/22 seeks to embrace the principles of the UHB *Health and Wellbeing Framework* in recognising the need to shift the culture around vaccination, build on our assets, and promote community health and wellbeing.

Successful implementation of the annual Influenza vaccination campaign requires collaboration between a broad range of partners. At the end of the 2018-19 flu season, our partnership gathered together in an ambitious attempt to think

differently – to review the annual Flu campaign through a ‘wellbeing lens’. We worked through a process of Appreciative Inquiry – a method of identifying our assets and **building on what works**. This new look Plan reflects the outcome of that process.

There is plenty that works in our partnership. We have a lot of accumulated knowledge and experience gathered in a variety of disciplines and settings. We understand and apply evidence. We work with communities. We work collaboratively and influence practice. The number of Flu vaccines we give increases year on year. We have achieved some real successes – in the number of school-aged children who are vaccinated, for example. Some of our GP practices achieved levels of uptake that exceeded Welsh Government targets, while others showed significant improvement on previous years. Our community pharmacies saw a 36% increase in uptake last season alone. Our UHB staff increasingly recognise the importance of vaccination for patient safety and many have volunteered as Flu Champions to vaccinate colleagues on the wards. We continue to build on the positive relationship developed with the UHB Operations Directorate, which ensures our work complements and supports wider Winter Planning arrangements across the Health Board.

The Hywel Dda University Health Board Influenza Vaccination Improvement Plan for 2021/22 outlines how we will build on these examples of successful evidence-based practice and continue to work towards our ambition of a Flu-Free Hywel Dda in which our communities and health services are protected from the harms that influenza can cause. We will continue to roll out our **Vaccination Saves Lives** theme in all aspects of the campaign: emphasising the benefits of vaccination for the whole community and the positive contribution that everyone can make to keep our communities safe and well.

There are two elements to the Improvement Plan. Firstly, the **core components** section describes the specific responsibilities of UHB delivery partners to ensure implementation of the Welsh Health Circular WHC [2021] 019: *The National Influenza Immunization Programme 2021-22*. Secondly, our **proposed developments** outline how we will push further innovation and improvement into next season.

The rationale behind our collective partnership priorities is outlined below:

- Priority 1: Maximise uptake of Influenza vaccination in inpatients;
- Priority 2: Protect care home residents from respiratory viruses;
- Priority 3: Maximise uptake of Influenza vaccination in children;
- Priority 4: Priority 4: Maximise uptake of vaccination in 49 year old and under at clinical risk, including pregnant women AND members of the population 50 years and over;
- Priority 5: Maximise uptake of vaccination in UHB Staff for both COVID-19 and Flu vaccination; also any Primary Care Staff in Managed Practices;
- Priority 6: Ensure most effective use of our mass vaccination centres for Flu and COVID-19 vaccinations;
- Priority 7: Maximise vaccine accessibility.

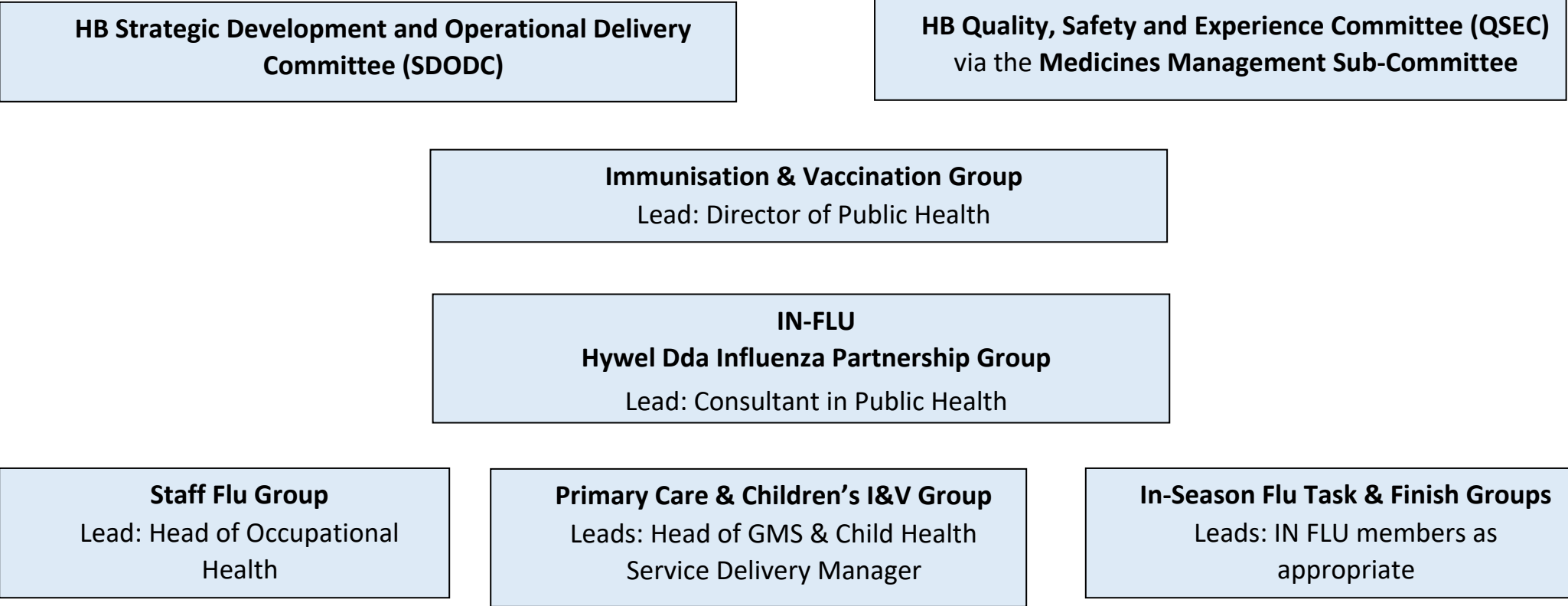
Monitoring our Progress through the Season

Due to the added complexity of delivering the Flu vaccination programme, where it aligns with the COVID-19 Boosters, the Influenza Vaccination Delivery Plan will be carefully monitored through a variety of means to ensure the effective delivery of the programme:

- Monthly partnership (IN-FLU) meetings will be held through the season for delivery partners to check progress against partnership priorities and address any arising operational issues from the Project Plan. This meeting will include any updates following the receipt of new Welsh Health Circulars, COVID-19 vaccine developments, Flu and COVID-19 surveillance.
- Specific Issue meetings arranged with the Delivery Lead to mitigate any risks to the delivery of the programme.
- In-season performance reports will be provided to SDODC, and quality and safety issues reported through the Medicines Management Sub-Committee of QSEC, as required.
- Working closely with the COVID-19 Vaccine Delivery Group to ensure alignment and employment of measures that can impact on maximising shared benefits and uptake by eligible at-risk populations.
- Reporting and escalation of issues to the Immunisation & Vaccination Executive group.
- In the 2020/21 season, Occupational Health provided monthly reports for directorate leads on staff uptake at ward and department level. These were disseminated by directorate leads to ward and department managers to enable positive action in areas of low uptake. Due to redeployment and movement of staff during COVID-19, ward level data monitoring is currently challenging; the focus this season will be on ensuring all vaccinations are recorded in staff records and this data will then be aggregated and used to report monthly on uptake to Public Health Wales (PHW).

- The Public Health Team will produce regular uptake reports and analysis, using data from the Vaccine Preventable Disease Tabular website Programme (VPDP) team within PHW, along with local and national campaign and surveillance updates. These reports will be provided to Practice Managers, Practice Flu Leads and Cluster Leads on a weekly basis during Phase One of the campaign. These comprehensive documents provide tailored information at a practice, cluster, county and Health Board level alongside comparators with other Health Boards and the Wales average.
- Cluster-level uptake reports will be provided for discussion at Cluster/ Locality meetings throughout the season.
- Hywel Dda University Health Board representatives will participate in fortnightly National Influenza Action Group (NIAG) teleconferences and report back actions and emerging issues to local partners.
- An end-of-season debrief session will be held for all partners to evaluate and begin the planning process for the 2022-23 season.

How will we report on progress?



Section

One: Core Components

This section of the Plan describes the specific responsibilities of IN-FLU partners to support implementation of the Welsh Health Circular WHC (2021) 019 The National Influenza Immunisation Programme 2021-22. In addition, we are dependent on the support of all UHB

and primary care colleagues as well as our local authorities, care homes, schools, pre-school settings, third sector groups and communities to encourage and facilitate influenza vaccination at every opportunity. (The Influenza Project Plan has more detailed information and will be used as the agenda for monitoring the progress of the Health Board and Partners in the delivery of the programme).

| Priority Area | Contribution | What does this mean? | Leadership |
|---|--|---|--|
| Priority 1: Maximise uptake of influenza vaccination in inpatients | To provide specialist advice and support in relation to the prevention and control of influenza disease in secondary care, and to support the delivery of vaccination to staff and patients in secondary care settings | <ul style="list-style-type: none"> Support recruitment and training of vaccinators in secondary care (including Infection Prevention Nurses and Flu Champions) Support Delivery of vaccination to patients and staff in agreed secondary care settings Consider the risk assessment for unvaccinated staff working in high risk areas and the Health Board's Response Provide advice, liaison and support across the HB in relation to rapid respiratory testing, management of patient caseload, screening, isolation and cohort nursing and patient flow All staff to wear PPE to reduce the risk of flu in high risk areas, and all staff to be offered the flu vaccine in a timely manner Identify the Peer Vaccinators within the Health Board and Investigate the possibility of these vaccinators immunising patients in addition to staff | Assistant Director of Nursing: Professional Standards and Workforce |
| Priority 2: Protect care home residents from respiratory viruses | To provide specialist advice and support in relation to the prevention and control of influenza disease care homes and to support the delivery of vaccination in this setting | <ul style="list-style-type: none"> Co-ordinate and deliver immunisation training for practice and community nurses Liaise with vaccinators to support implementation of national guidance including WHCs Respond to vaccine-related queries and incidents Ensure Patient Group Directions are in place | Director of Primary Care, Community & Long Term Care |

| | | | |
|---|---|--|--|
| Priority 3: Maximise uptake of influenza vaccination in children | To deliver the school-based influenza vaccination campaign to children in years 7 to 11 as detailed in WHC (2021) 019 The National Influenza Immunisation Programme 2021-22 | <ul style="list-style-type: none"> Develop and Deliver local plans in partnership with Primary and Secondary Schools to vaccinate children in school settings, including mop-up sessions where appropriate Manage collection and collation of parent / carer consents Undertake recall of parents to maximise consent and uptake Vaccination of 2-3 year olds within a Primary Care Setting | Director of Public Health |
| Priority 4: Maximise uptake of vaccination in 49 year old and under at clinical risk, including pregnant women AND members of the population 50 years and over | To support independent contractors, managed practices and Community Pharmacies to deliver commissioned services under an Enhanced / Direct Enhanced Service for eligible population groups, as detailed in WHC (2021) 019 The National Influenza Immunisation Programme 2021-22 | <ul style="list-style-type: none"> Work with independent contractors and Managed Practices to ensure effective planning, delivery and performance monitoring Encourage collaborative working at cluster / locality level to support Flu campaign priorities for all Primary Care specific Immunisations Share knowledge and insight regarding general practice systems, challenges and emerging issues to enable IN-FLU to work effectively with practices and clusters Provide Training for Pharmacists expressing an interest in providing the Enhanced Service Issue PGD, Service Specification and Service Level Agreements Liaise with and support Pharmacies to establish and deliver an effective Enhanced Service to all eligible groups including HB Staff and Care Home Staff Monitor uptake data and share with IN-FLU partnership Ensure Midwifery teams are equipped with knowledge and resources to engage in effective conversations with patients Facilitate opportunities for pregnant women to receive the vaccination in appropriate and accessible locations Support annual immunisation update training for Primary Care Nursing staff Support recruitment of nurses to Peer Vaccinator roles Liaise with Lead Nurses in managed practices and develop plans to increase uptake Ensure practices are aware of updated guidance from VPDP and CMO Support I&V Co-ordinator with Patient Group Directions | Director of Primary Care, Community & Long Term Care |

Priority 5: Maximise uptake of vaccination in UHB Staff for both Covid and Flu vaccination, also any Primary Care Staff in Managed Practices

To support the delivery of the influenza vaccination campaign for UHB healthcare staff, as detailed in WHC (2021) 019 The National Influenza Immunisation Programme 2021-22

- Facilitate Flu Peer Vaccinator recruitment, training management and competency sign-off
- Manage the collection and dissemination of vaccine uptake data with Directorate Leads, Ward and Department Managers
- Manage Vaccine Storage and Cold Chain Arrangements
- Promote ownership and the importance of the Flu Vaccine across Directorates
- Support planning, promotion and delivery of staff flu vaccination clinics
- Promote positive conversations with staff to highlight the importance of Influenza Vaccination
- Provide Vaccinations to HB staff during Scheduled Flu Clinics and ensure vaccine recorded on staff Occupational Health record
- Share insights and emerging issues with IN-FLU via Occupational Health Representative
- Support opportunistic delivery of flu vaccine via peer vaccinator model ongoing
- Develop booking system for staff to attend
- Identify suitable venues for flu vaccination clinics
- Joint Letter from Executive Team to Directorate Leads

Head of Occupational Health
Director of Public Health

Priority 6: Ensure most effective use of our mass vaccination centres for flu & covid vaccinations

To support the delivery of the influenza and covid booster vaccination campaign for the priority groups as identified by Welsh Government and JCVI.

- Liaise with the Vaccination and Immunisation Coordinator to ensure immunisers at mass vaccination centres are trained to give flu vaccines, including fluenz
- Ensure there is a supply of flu vaccines, including fluenz, at mass vaccination centres ahead of any planned clinics
- Support co-administration through a 'making every contact count' approach later in the flu season
- Support specific flu clinic delivery throughout the season

Director of Public Health

| | | | |
|--|--|--|----------------------------------|
| <p>Priority 7: Maximise vaccine accessibility</p> | <p>To support partnership, planning, communication strategy and monitoring arrangements locally and nationally and support influenza vaccination uptake across all eligible groups, utilising support from the national campaign delivered the Health Board and Partners</p> | <ul style="list-style-type: none"> • Draft the Influenza Improvement Plan • Convene IN-FLU Meetings • Analyse and share uptake & surveillance data and emerging evidence • Liaise with PHW Vaccine Preventable Disease Programme and share national programme developments • Support effective collaboration between partners, encouraging a focus on long term development and direction in line with evidence and strategic priorities • Develop and distribute planned and opportunistic media messages to support campaign priorities, through a variety of channels, at appropriate times through the season • Ensure consistency between the local and national campaigns • Provide specialist communications advice to IN-FLU | <p>Director of Public Health</p> |
|--|--|--|----------------------------------|

Section Two: Looking Forward: Developments for 2022 and Beyond

This final section of the Plan describes how we will continue to build on what works into the future. Taking forward new and innovative actions requires us to be continuously evaluating, learning, and building our relationships and networks, and to acknowledge the long term nature of cultural and behavioural change around vaccination.

What do we want to do?

Build on what works with partners, by:

Improving our understanding of the systems, processes and day-to-day pressures associated with delivery of the seasonal influenza vaccination programme

Improving our understanding of how systems and accessibility impact on people's vaccination behaviour

Further developing the IN-FLU partnership

Build on what works with communities, by:

Shifting away from doing things to and for communities, and towards doing with and by them, in line with the ambition of the UHB Health and Wellbeing Framework

Continuing to build awareness of asset-based approaches within the IN-FLU partnership

Supporting a shift in the system towards prevention as described in the UHB Health and Wellbeing Framework and Strategic Plan: A Healthier Mid and West Wales

How can we do it?

Evaluate the impact of the Primary Care Incentive Scheme and explore how to mainstream in 2022 if successful

Evaluate the impact of UHB Flu Peer Vaccinators and how to develop further in 2022 if successful

Evaluate the impact of vaccination in secondary care (including antenatal) settings in 2021-22 and how to mainstream in 2022 if successful

Evaluate how we worked together as a partnership this season, using an assets-based approach

Explore the use of Motivational Interviewing to understand and address vaccine hesitancy in target populations

Consider how to include influenza in the DPH '10,000 Conversations' community engagement programme to understand what matters in communities

Support the Director of Public Health to make the case for the reallocation of mainstream resources into the influenza vaccination campaign; demonstrate the return on investment and how the campaign contributes to the UHB's three Strategic Goals

Supporting documents

- *Our Future Generations Living Well: A Health and Wellbeing Framework for Hywel Dda*
- *A Healthier Mid & West Wales: Our Future Generations Living Well*
- *Welsh Health Circular WHC [2021] 019: The National Influenza Immunization Programme 2021-22*
- *Vaccination uptake data for 2020-21 season, Hywel Dda UHB*

Introduction

Monitoring
Progress

Section One:
Core Components

Section Two:
Looking Forward

Supporting
Documents

Our Future Generations Living Well: A Health and Wellbeing Framework for Hywel Dda

<http://www.wales.nhs.uk/sitesplus/documents/862/Item%205.1%20A%20Health%20and%20Wellbeing%20Framework.pdf>

A Healthier Mid & West Wales: Our Future Generations Living Well

<http://www.wales.nhs.uk/sitesplus/documents/862/A%20Healthier%20Mid%20and%20West%20Wales%20FINAL%20amended%20-%2028.11.18.pdf>

Welsh Health Circular WHC [2021] 019: *The National Influenza Immunisation Programme 2021-22*

<https://gov.wales/national-influenza-immunisation-programme-2021-2022-whc2021019>

Summary by Health Board and Local Authority (23mar2021)

| | | Children 2 to 3 years | | | Clinical risk 6m to 64y | | | 65y and older | | |
|------------------|-----------------|-----------------------|---------------|---------------|-------------------------|---------------|---------------|-----------------|---------------|---------------|
| | | Denomi nator | Immuni sed | Uptake (%) | Denomi nator | Immuni sed | Uptake (%) | Denomi nator | Immuni sed | Uptake (%) |
| Hywel Dda UHB | Carmarthenshire | 3,582 | 2,129 | 59.4% | 25,148 | 12,794 | 50.9% | 42,840 | 32,432 | 75.7% |
| | Ceredigion | 1,446 | 680 | 47.0% | 10,937 | 5,326 | 48.7% | 23,426 | 16,342 | 69.8% |
| | Pembrokeshire | 2,267 | 1,209 | 53.3% | 16,441 | 8,018 | 48.8% | 31,187 | 22,974 | 73.7% |
| | HD Total | 7,295 | 4,018 | 55.1% | 52,526 | 26,138 | 49.8% | 97,453 | 71,748 | 73.6% |
| Wales | Wales | 66,234 | 37,270 | 56.3% | 444,330 | 226,590 | 51.0% | 681,255 | 521,082 | 76.5% |

HD Total breakdown by patient group















| Category | Denominator | Immunised | Uptake (%) |
|-------------------------------------|-------------|-----------|------------|
| 2y olds (all) | 3,568 | 1,889 | 52.9% |
| 3y olds (all) | 3,727 | 2,129 | 57.1% |
| Clinical risk <65y | 52,526 | 26,138 | 49.8% |
| chronic asplenic disease (<65y) | 1,419 | 669 | 47.1% |
| chronic diabetes disease (<65y) | 10,283 | 6,310 | 61.4% |
| chronic heart disease (<65y) | 8,733 | 4,534 | 51.9% |
| chronic immuno disease (<65y) | 3,043 | 1,963 | 64.5% |
| chronic kidney disease (<65y) | 1,685 | 1,030 | 61.1% |
| chronic liver disease (<65y) | 1,322 | 641 | 48.5% |
| chronic stroke/neuro disease (<65y) | 4,728 | 2,425 | 51.3% |
| chronic respiratory patients (<65y) | 23,712 | 12,313 | 51.9% |
| morbidly obese (18-65y) | 9,582 | 4,034 | 42.1% |
| All patients aged 50 to 64 years | 86,022 | 29,915 | 34.8% |
| 65y and older | 97,453 | 71,748 | 73.6% |

Choose area

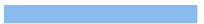


















- ☐ Carmarthenshire
☐ Ceredigion
☒ HD Total
☐ Pembrokeshire
☐ Wales














None chronic respiratory disease patients breakdown

| Category | Denominator | Immunised | Uptake (%) |
|----------------------------------|-------------|-----------|------------|
| Patients <65y with asthma | 42,614 | 21,846 | 51.3% |
| Patients <65y with COPD | 5,056 | 3,154 | 62.4% |
| Patients <65 with other resp dis | 2,330 | 1,334 | 57.3% |

| ID |  | Task Mode | Task Name | Duration | Start | Finish | Predecessors | Resource Names | Jul '21 | T | W | T |
|----|---|---|--|----------|-------|--------|--------------|--------------------------------|---------|---|---|---|
| 1 | |  | Priority 1: Maximise uptake of influenza vaccination in inpatients | | | | | | | | | |
| 2 | |  | Support recruitment and training of vaccinators in secondary care (including Infection Prevention Nurses and Flu Champions) | | | | | Mel Jenkins | | | | |
| 3 | |  | Support Delivery of vaccination to patients and staff in agreed secondary care settings | | | | | Mel Jenkins | | | | |
| 4 | |  | Consider the risk assessment for unvaccinated staff working in high risk areas and the Health Board's Response | | | | | Mel Jenkins | | | | |
| 5 | |  | Provide advice, liaison and support across the HB in relation to rapid respiratory testing, management of patient caseload, screening, isolation and cohort nursing and patient flow | | | | | Mel Jenkins | | | | |
| 6 | |  | All staff to wear PPE to reduce the risk of flu in high risk areas, and all staff to be offered the flu vaccine in a timely manner | | | | | Mel Jenkins | | | | |
| 7 | |  | Identify the Peer Vaccinators within the Health Board and Investigate the possibility of these vaccinators immunising patients in addition to staff | | | | | Lynne Edwards/ Leony Davies | | | | |
| 8 | |  | Priority 2: Protect care home residents from respiratory viruses | | | | | | | | | |
| 9 | |  | Co-ordinate and deliver immunisation training for practice and community nurses | | | | | Alyson Lloyd Thomas | | | | |
| 10 | |  | Liaise with vaccinators to support implementation of national guidance including WHCs | | | | | Lynne Edwards | | | | |
| 11 | |  | Respond to vaccine-related queries and incidents | | | | | Lynne Edwards | | | | |
| 12 | |  | Ensure Patient Group Directions are in place | | | | | Lynne Edwards | | | | |
| 13 | |  | Priority 3: Maximise uptake of influenza vaccination in children | | | | | | | | | |

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| | | | | | |
|--------------------|---|-----------------------|---|--------------------|---|
| Task |  | Inactive Summary |  | External Tasks |  |
| Split |  | Manual Task |  | External Milestone |  |
| Milestone |  | Duration-only |  | Deadline |  |
| Summary |  | Manual Summary Rollup |  | Progress |  |
| Project Summary |  | Manual Summary |  | Manual Progress |  |
| Inactive Task |  | Start-only |  | | |
| Inactive Milestone |  | Finish-only |  | | |

| ID |  | Task Mode | Task Name | Duration | Start | Finish | Predecessors | Resource Names | Jul '21 | T | W | T |
|----|---|---|--|----------|-------|--------|--------------|----------------|---------|---|---|---|
| 14 | |  | Develop and Deliver local plans in partnership with Primary and Secondary Schools to vaccinate children in school settings, including mop-up sessions where appropriate | | | | | Barbara Morgan | | | | |
| 15 | |  | Manage collection and collation of parent / carer consents | | | | | Barbara Morgan | | | | |
| 16 | |  | Undertake recall of parents to maximise consent and uptake | | | | | Barbara Morgan | | | | |
| 17 | |  | Vaccination of 2-3 year olds within a Primary Care Setting | | | | | Tracey Huggins | | | | |
| 18 | |  | Priority 4: Maximise uptake of vaccination in 49 year old and under at clinical risk, including pregnant women(Primary Care). AND members of the population 50 years and over | | | | | | | | | |
| 19 | |  | Work with independent contractors and Managed Practices to ensure effective planning, delivery and performance monitoring | | | | | Tracey Huggins | | | | |
| 20 | |  | Encourage collaborative working at cluster / locality level to support Flu campaign priorities for all Primary Care specific Immunisations | | | | | Tracey Huggins | | | | |
| 21 | |  | Share knowledge and insight regarding general practice systems, challenges and emerging issues to enable IN-FLU to work effectively with practices and clusters | | | | | Tracey Huggins | | | | |
| 22 | |  | Provide Training for Pharmacists expressing an interest in providing the Enhanced Service | | | | | Angela Evans | | | | |
| 23 | |  | Issue PGD, Service Specification and Service Level Agreements | | | | | Angela Evans | | | | |
| 24 | |  | Liaise with and support Pharmacies to establish and deliver an effective Enhanced Service to all eligible groups including HB Staff and Care Home Staff | | | | | Angela Evans | | | | |
| 25 | |  | Monitor uptake data and share with IN-FLU partnership | | | | | Angela Evans | | | | |

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Date: Tue 17/08/21

Task

Split


Milestone


Summary


Project Summary


Inactive Task


Inactive Milestone

















Inactive Summary

Manual Task


Duration-only


Manual Summary Rollup


Manual Summary


Start-only


Finish-only


















External Tasks


External Milestone


Deadline


Progress


Manual Progress























| ID | | Task Mode | Task Name | Duration | Start | Finish | Predecessors | Resource Names | Jul '21 | T | W | T |
|---|--|-----------|--|----------|--------------|--------------|--------------|-------------------------------|---------|---|---|---|
| 26 | | | Ensure Midwifery teams are equipped with knowledge and resources to engage in effective conversations with patients | | | | | Lynn Hurley-Smith | | | | |
| 27 | | | Facilitate opportunities for pregnant women to receive the vaccination in appropriate and accessible locations | | | | | Lynn Hurley-Smith | | | | |
| 28 | | | Provide Flu Vaccination Training for Midwifery staff to administer within a clinical setting | | | | | Lynn Hurley-Smith | | | | |
| 29 | | | Support annual immunisation update training for Primary Care Nursing staff | 13 days | Wed 25/08/21 | Fri 10/09/21 | | Alyson Lloyd Thomas | | | | |
| 30 | | | Support recruitment of nurses to Peer Vaccinator roles | | | | | Lynne Edwards | | | | |
| 31 | | | Liaise with Lead Nurses in managed practices and develop plans to increase uptake | 130 days | Wed 01/09/21 | Tue 01/03/22 | | Alyson Lloyd Thomas | | | | |
| 32 | | | Ensure practices are aware of updated guidance from VPDP and CMO | | | | | Alyson Lloyd Thomas | | | | |
| 33 | | | Support I&V Co-ordinator with Patient Group Directions | | | | | Mandy James | | | | |
| 34 | | | Priority 5: Maximise uptake of vaccination in UHB Staff for both Covid and Flu vaccination | | | | | | | | | |
| 35 | | | Faciliate Flu Peer Vaccinator recruitment, training management and competency sign-off | 66 days | Mon 02/08/21 | Sun 31/10/21 | | Leony Davies | | | | |
| 36 | | | Manage the collection and dissemination of vaccine uptake data with Directorate Leads, Ward and Department Managers | 108 days | Fri 01/10/21 | Tue 01/03/22 | | Leony Davies | | | | |
| 37 | | | Manage Vaccine Storage and Cold Chain Arrangements | | | | | Leony Davies | | | | |
| 38 | | | Promote ownership and the importance of the Flu Vaccine across Directorates | | | | | Leony Davies | | | | |
| 39 | | | Support planning, promotion and delivery of staff flu vaccination clinics | | | | | Leony Davies / Conrad Hancock | | | | |
| Project: INFLU Project Plan_170 Date: Tue 17/08/21 | | | <div><div><div>Task</div><div>Split</div><div>Milestone</div><div>Summary</div><div>Project Summary</div><div>Inactive Task</div><div>Inactive Milestone</div></div><div><div><div></div></div><div><div></div></div><div><div></div></div><div><div></div></div><div><div></div></div><div><div></div></div></div><div><div>Inactive Summary</div><div>Manual Task</div><div>Duration-only</div><div>Manual Summary Rollup</div><div>Manual Summary</div><div>Start-only</div><div>Finish-only</div></div><div><div><div></div></div><div><div></div></div><div><div></div></div><div><div></div></div><div><div></div></div><div><div></div></div></div><div><div>External Tasks</div><div>External Milestone</div><div>Deadline</div><div>Progress</div><div>Manual Progress</div></div><div><div><div></div></div><div><div></div></div><div><div></div></div><div><div></div></div><div><div></div></div><div><div></div></div></div></div> | | | | | | | | | |
| Page 3 | | | | | | | | | | | | |

| ID |  | Task Mode | Task Name | Duration | Start | Finish | Predecessors | Resource Names | Jul '21 | T | W | T |
|----|---|---|--|----------|--------------|--------------|--------------|--|---------|---|---|---|
| 40 | |  | Promote positive conversations with staff to highlight the importance of Influenza Vaccination | 130 days | Wed 01/09/21 | Tue 01/03/22 | | Lynne Edwards/ Leony Davies / Llyr Lloyd | | | | |
| 41 | |  | Provide Vaccinations to HB staff during Scheduled Flu Clinics and ensure vaccine recorded on staff Occupational Health record | 108 days | Fri 01/10/21 | Tue 01/03/22 | | Lynne Edwards/ Leony Davies | | | | |
| 42 | |  | Share insights and emerging issues with IN-FLU via Occupational Health Representative | | | | | Lynne Edwards/ Leony Davies | | | | |
| 43 |  |  | Support opportunistic delivery of flu vaccine via peer vaccinator model ongoing | 108 days | Fri 01/10/21 | Tue 01/03/22 | | Leony Davies | | | | |
| 44 |  |  | Develop booking system for staff to attend | 32 days | Sun 01/08/21 | Mon 13/09 | | Leony Davies | | | | |
| 45 | |  | Identify suitable venues for flu vaccination clinics | | | | | Leony Davies / Jo | | | | |
| 46 | |  | Joint Letter from Executive Team to Directorate Leads | | | | | Ros Jervis / Phil Kloer / Mandy Rayani | | | | |
| 47 | |  | Priority 6: Ensure most effective use of our mass vaccination centres for flu & covid vaccinations | | | | | | | | | |
| 48 | |  | Liaise with the Vaccination and Immunisation Coordinator to ensure immunisers at mass vaccination centres are trained to give flu vaccines, including fluenz | | | | | Conrad Hancock / Alison Evans | | | | |
| 49 | |  | Ensure there is a supply of flu vaccines, including fluenz, at mass vaccination centres ahead of any planned clinics | | | | | Conrad Hancock / Alison Evans | | | | |
| 50 | |  | Support co-administration through a 'making every contact count' approach later in the flu season | | | | | Conrad Hancock / Alison Evans | | | | |
| 51 | |  | Support specific flu clinic delivery throughout the season | | | | | Conrad Hancock / Alison Evans | | | | |

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Date: Tue 17/08/21

Task

Split

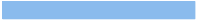
Milestone


Summary


Project Summary


Inactive Task


Inactive Milestone

















Inactive Summary

Manual Task


Duration-only


Manual Summary Rollup


Manual Summary


Start-only


Finish-only


















External Tasks


External Milestone


Deadline


Progress


Manual Progress






















| ID |  | Task Mode | Task Name | Duration | Start | Finish | Predecessors | Resource Names | Jul '21 | T | W | T |
|----|---|---|--|----------|-------|--------|--------------|---|---------|---|---|---|
| 52 | |  | Priority 7: Maximise Vaccine Accessibility to support Vaccine Equity | | | | | Conrad Hancock / Alison Evans | | | | |
| 53 | |  | Draft the Influenza Improvement Plan | | | | | Conrad Hancock / Alison Evans | | | | |
| 54 | |  | Convene IN-FLU Meetings | | | | | Conrad Hancock/ Bethan Lewis/ Joanne McCarthy | | | | |
| 55 | |  | Analyse and share uptake & surveillance data and emerging evidence | | | | | Conrad Hancock | | | | |
| 56 | |  | Liaise with PHW Vaccine Preventable Disease Programme and share national programme developments | | | | | Llyr Lloyd / Conrad Hancock | | | | |
| 57 | |  | Support effective collaboration between partners, encouraging a focus on long term development and direction in line with evidence and strategic priorities | | | | | Llyr Lloyd / Conrad Hancock | | | | |
| 58 | |  | Develop and distribute planned and opportunistic media messages to support campaign priorities, through a variety of channels, at appropriate times through the season | | | | | Alex Williams-Fry | | | | |
| 59 | |  | Ensure consistency between the local and national campaigns | | | | | Alex Williams-Fry | | | | |
| 60 | |  | Provide specialist communications advice to IN-FLU | | | | | Alex Williams-Fry | | | | |


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Date: Tue 17/08/21


Task




Split




Milestone




Summary




Project Summary




Inactive Task




Inactive Milestone




Inactive Summary




Manual Task




Duration-only




Manual Summary Rollup




Manual Summary




Start-only




Finish-only




External Tasks




External Milestone



Deadline



Progress



Manual Progress

