



NAPC | National Association  
of Primary Care

# PLANNING AHEAD...

## Flu vaccination programme 2020

An action plan from  
Moatfield Surgery, East Grinstead



---

# Background

We need to review some of the usual issues and new ones to mitigate and plan for. We need to make some assumptions in order to begin a planning process and bring the right people together to make the flu programme successful. We have been successful at large scale flu vaccination delivery in previous years (anything up to 700 per half day clinic previously) and can build on this provided we adapt our approach and work with other organisations across the PCN to coordinate a programme. We have also successfully run drive-through clinical assessments, immunisation and phlebotomy clinics and pneumococcal vaccination clinics to learn from during the pandemic.

## What are this year's risks?

- Delayed or not enough vaccination supplies.
- NHSE expectation to order enough vaccines but no information on target patient group changes (at the time of writing this plan) – likely need to do many more than usual.
- Social distancing measures and impact on organising programme.
- Need to ensure effective infection control and other safety measures.
- Limited ability to do opportunistic vaccinations due to use of remote consulting model.
- Limited ability to do many mop-up clinics in the practice albeit we can do some drive-thru clinics (car park not ideal for this).
- Delivering a usual service, contending with the need to provide a hot COVID service and staff sickness.
- Community pharmacists may struggle to deliver as many vaccines this year due to possible increased dispensing activities and limitations due to social distancing.
- Ensuring all staff have satisfactory training to deliver flu vaccinations.
- Historical orders for flu vaccines have been based on previous levels of vaccination which we know have been waxing and waning – how do we reach those people most at risk?
- Impact of a further lockdown locally or nationally which will delay clinic.

## 2019 Flu delivery

		Target population	2019 order	2019 given	2019 declined / no response	Sent back to supplier
Total 4,800	Over 65	3,280	2,500	1,943*	996	400**
	Under 65	1,700	1,000	857	841	140**
	Children	300	Capped 20/week	115		

\* this year we have reviewed the target list of people with asthma who have not had inhaled therapy for >12/12

\*\* does not account for spoilt vaccines hence numbers do not all reconcile

## 2020 Flu delivery

2020 target population very similar but we have filtered people from target group who have not had a CSC inhaler for 12/12.

**This year we have so far ordered 5,500 vaccines on the basis that we will need 10% more than the total 5,000 known target group. (In fact subsequent provision of target population information from NHSE means this number is potentially 6,800 people).**

Approximately 100 care home residents but this number will rise to 120 with practice care home alignment. We have approximately 100 people who are known to be housebound.

Target population likely to include shielded patients, the vast majority who will be in groups above.

Possible other BAME population members may/should be included who are not in established flu categories e.g. those people identified as high risk for COVID complications?



---

# Venues

## Off-site

- We are primarily exploring large off-site venues to run large scale clinics – indoor/outdoor.
- We have been liaising with East Grinstead Town Council Town Clerk to explore venue options both for indoor and outdoor use.
- Potential venues ideally have separate entrance/exit, offer large enough space to hold multiple stations that are screened and offer privacy whereby patients can flow through safely. Outside space would involve three drive-through tents to offer several ‘lanes’. There should be in/out access for cars and optimal parking capacity. Several potential sites have been identified.
- Facilities need to be well maintained, offer open toilet facilities, have wifi (to be tested with secure VPN).
- Marshals will be needed alongside clinical and admin staff.
- Consideration of refrigeration requirements and cool boxes for short term use including transportation of vaccines.
- Signage needs to be developed.
- Already testing barcode system (barcoded invitation letters) to link to EMIS medical record for flu vaccinations.

## On-site

- Indoor clinics but likely scale limited to maximum 25 patients at a time to ensure adequate social distancing, time requirements.
- Small scale drive-throughs in car park – largely predicated on patient flow, parking, weather but we can use our existing drive through for this.

# Equipment

For offsite and outdoor clinics, we will need:

- screens
- barriers
- IT (laptops+wifi/sim)
- tents
- barcode readers
- PPE
- vaccines
- cool boxes
- fridges
- signs and boards
- refreshments (for team)
- anaphylaxis kits

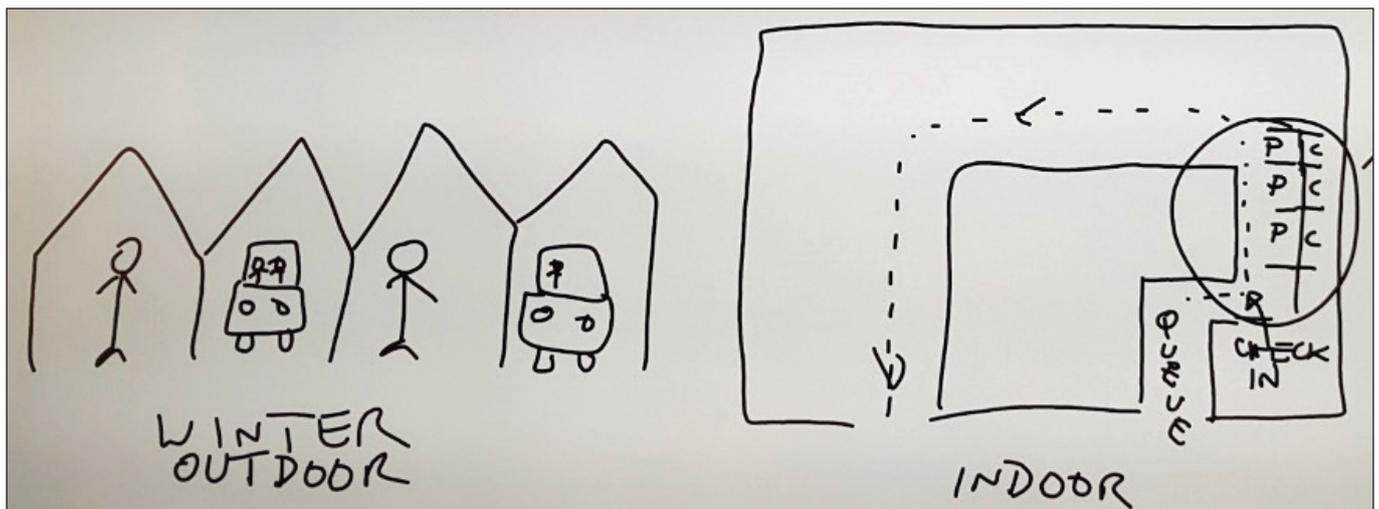
# Large scale vaccination clinics

To deliver approximately 900 vaccines per clinic we estimate that we will need to have available 10 clinicians to do two four-hour sessions (one day) running five minute appointment with a 10-minute break every hour and one hour lunchbreak i.e. 20 total clinician sessions per clinic. We are likely to need to run four of these. This will need to be refined over the next month and planned in.

Each clinic will need two to three admin staff, marshals to manage patient flow, parking. Barcode system will speed up check-in and clinical coding.

There is an opportunity to engage with community pharmacists to co-deliver this programme as there is enough work for all and the collective capacity would be stronger but some challenges for pharmacy staff in terms of manning pharmacies/working off site or simply coordinating activities with GPs instead.

Process mapping and testing process has meant that we can bring down the appointment times below five minutes without compromising on infection control and other safety measures.



Queue managed by marshals, signage around spacing. Queue should in fact be very short. Check-in involves screening for illness, allergies and barcode scanning. Flu booths will in fact be more spaced out than illustrated. Patients will be required to wear a mask.

---

## Drive-through and walk-through clinics at the surgery using indoor and outdoor facility

Based on our trials of running pneumococcal vaccine drive-through clinics recently we can run early afternoon and weekend clinics using one clinician and one admin support over two hours (when surgery is less likely to be busy and to avoid impact on on-site pharmacy). Each clinic will enable us to deliver approximately 20-25 vaccines. The constraint is mostly around patient/vehicle flow. We would encourage people to walk if weather permits.

## Work with community pharmacy

Community pharmacy may have the capacity to give vaccinations on their sites, but we can maximise delivery by working together and offering joint delivery at venues that enable safe delivery of a scaled clinic.

## Care home delivery and housebound

These would be done per previous years by designated clinicians with protected time and geographically organised. As we have aligned care homes by practice this makes the job somewhat easier. Where possible and if care home teams are in agreement and trained, to support those staff to give flu vaccinations. We have offered some of our aligned care homes access to staff training.

## Improving uptake and getting to at-risk people in BAME communities

We are proposing to run a promotional campaign with EGTC to improve uptake. We will aim to focus on some of our minority communities and working age population, pregnant women, children. We are already contacting people in known target groups to remind them of this year's campaign and to get an idea of likely uptake.

We will work directly with the Turkish population with some community leaders to improve uptake.

---

## Action points

1. Contact previous non-responders/declined patients to estimate 2020 uptake in this group.
2. Scope venues with EGTC – now scoped, identified and booked over four weekends in September/October/November based on flu delivery schedule with some leeway.
3. EGTC, community pharmacy lead, Lions Club as part of flu planning group.
4. Look at training gaps (new HCAs/nurses) and ensure satisfactory training – there has been communication with RCN to ensure training is appropriate.
5. Identify equipment needed.
6. Already running test pneumovax clinics to gather learning.
7. Standing item on weekly practice SMT meeting and flu planning group identifies – DL, MP, LJI, DA, HG.
8. Schedule ongoing practice whole team QI meetings – flu plan.
9. Monitor key challenges and risks.
10. Bar-coding system has been investigated and being implemented.
11. Draft flu letter content developed – to look at language/disability needs.
12. People with specific concerns about flu vaccination or unable to attend will be directed to a dedicated email address if they have email access.

---

# Further information

For further information please contact us:

Tel: 020 7636 7228

Email: [napc@napc.co.uk](mailto:napc@napc.co.uk)

Website: [www.napc.co.uk](http://www.napc.co.uk)

*August 2020*

National Association of Primary Care  
Fifth Floor, 20/21 Cavendish Square, London W1G 0RN