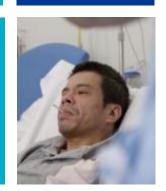


Berkshire Flu Workshop 2017/18













Welcome and Introduction







Aims



- Review and reflect on 2017/18 flu season
 - what went well?
 - what did not go so well?
- Understand local commissioning intentions for 2017-18
 - What has changed
 - Focus on priority groups
- Consider how we can improve uptake and reduce practice variation between practices
 - What can practices do?
 - What can CCGs do?
 - What can commissioners do?

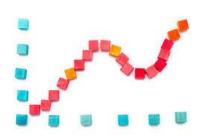


Feedback on local uptake of flu immunisation 2016-17









Picture in Thames Valley and Nationally



	Thames	s Valley	England			
	2016-2017 (%)	2015-2016 (%)	2016-2017 (%)	2015-2016 (%)		
≥ 65 years	72.1	71.5	70.4	71.0		
< 65 at risk	50.7	46.6	48.7	45.1		
Pregnant women	47.2	46.2	44.8	42.3		



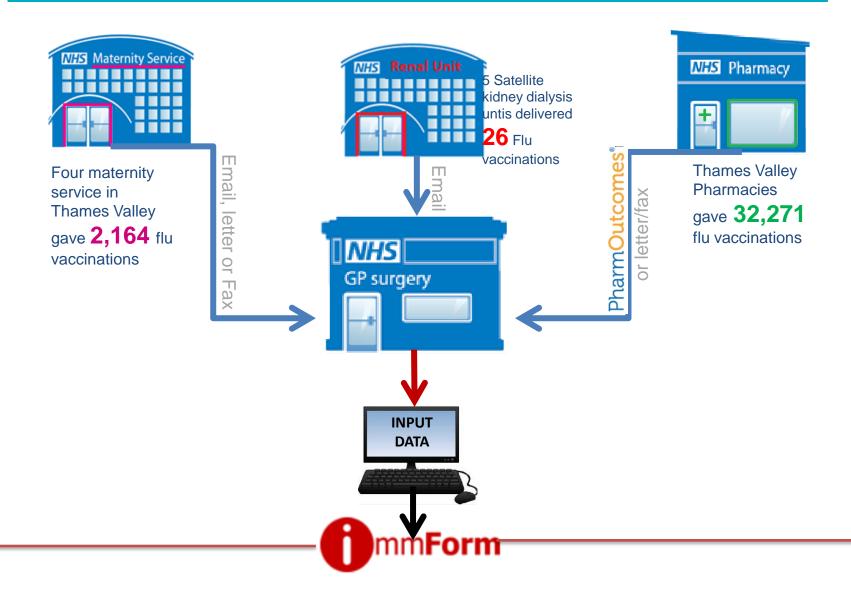
CCG Level



Two Year Comparison of Seasonal Influenza Vaccination Uptake Rates

		d over %)		r 65 at (%)		nant en (%)		ged 2 %)		ged 3 %)	`	ged 4 %)
CCG	2016-17	15/16 Variation										
Newbury &			2020 27									
District	74.4	0.5	55.7	5.7	45.1	-5.0	53.6	2.6	53.9	3.1	46.3	0.7
N&W Reading	74.0	-1.1	54.1	1.7	46.3	-3.1	42.4	-5.8	49.1	2.6	37.6	-2.0
South Reading	68.9	-1.6	46.4	-1.4	39.3	-5.2	35.7	-0.6	39.6	0.0	30.1	0.3
Wokingham	72.7	1.1	50.7	4.9	50.4	2.1	48.1	1.1	53.5	3.5	42.9	1.6
Bracknell &Ascot	70.9	0.6	54.0	4.1	51.1	1.2	49.5	10.5	50.5	4.3	41.0	7.3
Slough	68.2	0.5	50.6	3.1	40.8	0.7	26.7	0.2	33.2	3.2	25.4	4.5
Windsor, Ascot & M'head	68.4	0.9	47.0	2.8	44.5	2.9	37.0	4.5	44.2	7.6	32.3	5.1

Additional Services in Thames Valley



2017/18 flu season (northern hemisphere)



Recommended trivalent vaccines containing

- A/Michigan/45/2015 (H1N1)pdm09-like virus;
- A/Hong Kong/4801/2014 (H3N2)-like virus; and
- B/Brisbane/60/2008-like virus.

It is recommended quadrivalent vaccines containing two influenza B viruses contain the above three viruses and a B/Phuket/3073/2013-like virus.

2016-17

- A/California/7/2009 (H1N1)pdm09-like virus
- A/Hong Kong/4801/2014 (H3N2)-like virus
- B/Brisbane/60/2008-like virus

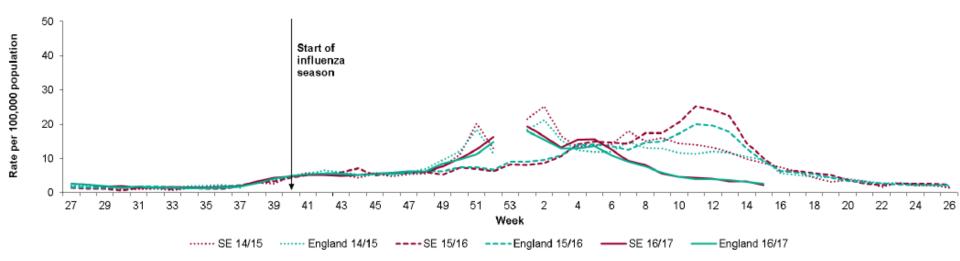
Quadrivalent vaccines containing two influenza B viruses contain the above three

a B/Phuket/3073/2013-like virus.



Seasonal flu activity 2014-17 PHE Surveillance







Thames Valley commissioning intentions for 2017-18

- -Pharmacy
- -Maternity
- -Special Schools







Flu Plan; winter 2017-18



Target Group	Uptake ambition for 2017/18
Aged under 65 'at risk'	55%
Pregnant women	55%
Eligible children aged 2 years to school year 3 age	40-65%
Aged 65 years and over	75%
Healthcare workers*	75%

Elements of the flu programme

- 100% offer for all eligible groups; adults and children
- Prioritise those with chronic liver and neurological disease, including people with learning disabilities

^{*}A Trust-level ambition to reach a minimum of 75% uptake and an improvement in every Trust

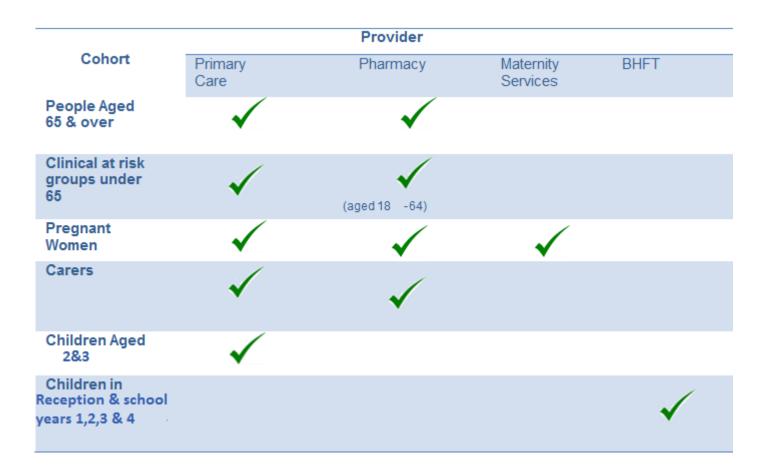
Main Changes for 2017-18



- Morbidly Obese patients are including in clinical at risk groups; now in GP contract.
- GP to offer flu immunisation to 2 & 3 year olds
- School based programme extended to include children in reception and school years 1,2,3 & 4.

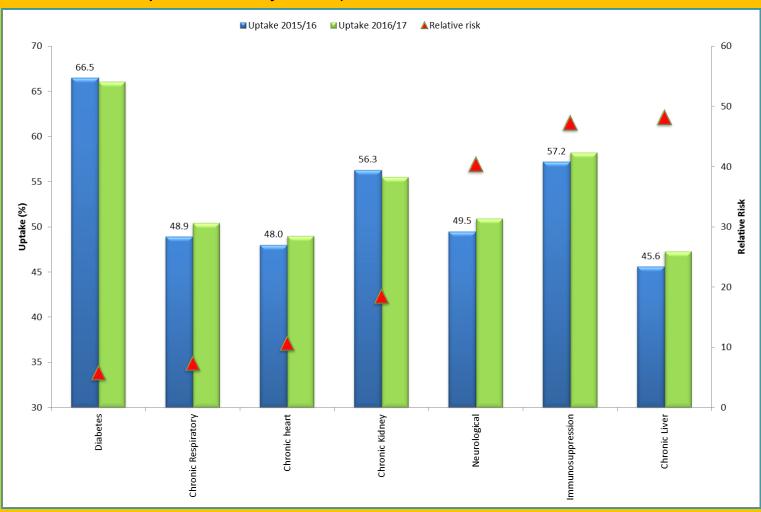
Commissioning in Berkshire





Uptake in clinical risk groups 2015/16 & 2016/17 and influenza related mortality ratios (Age adjusted relative risk Sept 2010-May 2011)







Children's Flu Programme











Flu delivery in Thames Valley: The story in numbers



Berks = 36,000 children

Bucks = 21,000 children

Oxon = 22,500 children



Berks = 334 schools (8 special schools)

Bucks = 195 schools (9 special schools)

Oxon = 300 schools (8 special schools)



Performance



2016/17 childhood flu uptake	Y1	Y2	Y3
BRACKNELL FOREST	73.7	68.9	65.7
WEST BERKSHIRE	76.0	73.0	71.3
READING	64.8	59.4	59.0
SLOUGH	45.1	43.8	39.9
WINDSOR AND MAIDENHEAD	63.9	64.2	62.1
WOKINGHAM	73.2	71.4	70.5
BUCKINGHAMSHIRE	67.8	64.2	63.4
OXFORDSHIRE	68.3	63.9	62.8
Total	66.9	63.5	61.9



Consider how we can improve uptake and reduce variation between practices

What can be do in practices do?

What can CCGs do?

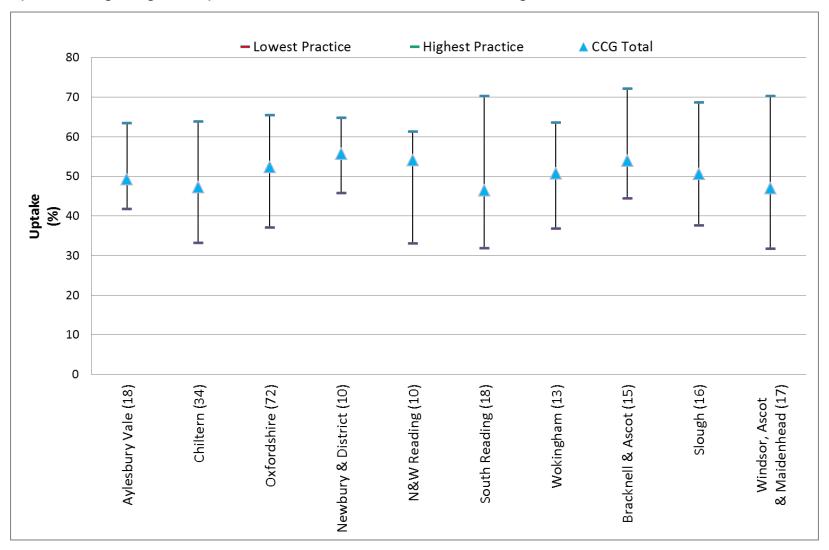
What can commissioners do?

What can Local Authorities do?

At risk groups aged under 65 years



Uptake of seasonal flu immunisation for individuals aged under 65 years in clinical risk groups showing range of uptake within the CCG and CCG average



NHS England











Examples of Good Practice in Berkshire



- National evidence
- Theale Medical Centre
- Balmore Park Surgery
- Using Immform Data
- Other example from audience

What can be done in practices?



GP practices and community pharmacists are responsible for:

- educating patients, particularly those in at-risk groups, about the appropriate response to the occurrence of flu-like illness and other illness that might be precipitated by flu
- ordering the correct amount and type of vaccine for their eligible patients, taking into account new groups identified for vaccination and the ambition for uptake
- storing vaccines in accordance with national guidance
- ensuring vaccination is delivered by suitably trained, competent healthcare professionals who participate in recognised on-going training and development in line with national standards
- maintaining regular and accurate data collection using appropriate returns
- encouraging and facilitating flu vaccination of their own staff
- In addition, GP practices are responsible for:
- ordering vaccine for children from PHE central supplies through the ImmForm website and ensuring that vaccine wastage is minimised

ensuring that all those eligible for the flu vaccine are invited personally to receive their vaccine

What can be done practices? The Seven I's (and an L)

















What can be done in CCGs?



Clinical commissioning groups (CCGs) are responsible for:

 quality assurance and improvement which extends to primary medical care services delivered by GP practices including flu vaccination and antiviral medicines













What can commissioners?



NHS England is responsible for:

- commissioning the flu vaccination programme under the terms of the Section 7A agreements
- assuring that the NHS is prepared for the forthcoming flu season
- monitoring the services that GP practices and community pharmacies provide for flu vaccination to ensure that services comply with the specifications
- building close working relationships with Directors of Public Health (DsPH) to ensure that local population needs are understood and addressed by providers of flu vaccination services

What can commissioners?

















What can Local Authorities do?



Local authorities, through their DsPH, have responsibility for:

- providing appropriate advocacy with key stakeholders and challenge to local arrangements to ensure access to flu vaccination and to improve its uptake by eligible populations
- providing leadership, together with local resilience partners to respond appropriately to local incidents and outbreaks of flu infection

Local authorities can also assist by:

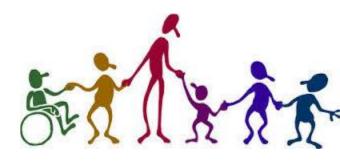
- promoting uptake of flu vaccination among eligible groups, for example older people in residential or nursing care, either directly or through local providers
- promoting uptake of flu vaccination among those staff providing care for people in residential or nursing care, either directly or through local providers

What can Local Authorities do?





















Group work



- Prompts on table
- Planning template

- Develop /modify time based actions that would improve flu uptake in your population (practice, CCG, LA)
- As a table add any suggestions, comments or ideas for wider sharing to the sheets on the table

FEEDBACK

