

<p><b>Gateway reference : 13046</b></p> <p><b>TO:</b> All Chief Executives in NHS Trusts in England, All Chief Executives in Primary Care Trusts in England, All Chief Executives in NHS Foundation Trusts in England, All Chief Executives in Strategic Health Authorities in England</p> <p><b>CC:</b> All Chairs in NHS Trusts in England, All Chairs in Primary Care Trusts in England, All Chairs in NHS Foundation Trusts in England, All Chairs in Strategic Health Authorities in England All Flu Lead Directors in Strategic Health Authorities in England All Chief Executives in Local Authorities in England Monitor Care Quality Commission Health Protection Agency</p>	<p><b>Richmond House</b> 79 Whitehall London SW1A 2NS 020 7210 4340 <a href="mailto:ian.dalton@dh.gsi.gov.uk">ian.dalton@dh.gsi.gov.uk</a></p>
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19 November 2009

Dear Colleague,

### **A (H1N1) Swine Influenza: Phase Two of the vaccination programme**

I am writing to provide you with an update on extending the swine flu vaccination programme beyond the initial priority groups. The first phase of delivery has been progressing well; anecdotal evidence suggests a good take-up of the vaccine amongst patients in the priority groups and eligible frontline staff, and we will share official uptake data as soon as this available. I would like to thank you all for your efforts so far in planning and mobilising this new vaccination programme so quickly and effectively.

#### **Vaccination of children over six months and under five**

Completing the vaccination of all of the initial priority groups – public and health and social care staff – remains our highest clinical priority, and it is important that we continue to work to achieve this. Once this is complete however, the Joint Committee on Vaccination and Immunisation (JCVI) supports our decision to offer the vaccine to all healthy children over six months and under five years of age. Evidence shows that young children are currently suffering the greatest overall impact from the disease. Children under five are the age group with the consistently highest levels of hospital

admissions. By vaccinating as many children as possible, we will be offering them with the best possible protection against the virus.

While we are still to finalise the logistics of how the vaccine will be delivered to children over six months and under five, we expect that general practice will want to continue be a key component in the delivery of vaccines to young children. This would enable families to have their children vaccinated in a setting that is familiar to them, as well as allowing parents flexibility in when their children are vaccinated. We are expecting parents will be invited to bring their child in for vaccination, should they wish to take up the offer.

We are currently working with the BMA and NHS organisations to agree exactly how this will take place, and I will provide you with a further update as soon as we have one. We expect that, once negotiations are complete, GP practices will be able to begin vaccination of children over six months and under five as soon as they finish vaccinating their patients in the priority groups. You will want to engage your local Directors of Children's Services and relevant partners to ensure that all children in this age group who are in local authority care or who are harder to reach are offered the vaccination. The total quantity of vaccine available for ordering depends on deliveries into the country but, based on the manufacturer's forecasts, we expect to have significantly more stock of (GSK) Pandemrix available from the end of this month. This is good news and will enable us to extend the programme in this way.

### **Extending vaccination to the main carers of older people or disabled people**

We have also taken note of the JCVI advice that the vaccination of main carers of older people and disabled people, whose welfare may be at risk if their carer falls ill, should be an important next group. Like frontline health and social care workers, carers have considerable ongoing responsibilities towards the health and welfare of others and are looking after vulnerable people who need to be protected from the risk of infection. We are therefore discussing how best to implement this advice with carers organisations to establish a sensible approach before communicating further detail on how the programme will work. This will include the consideration of a number of practical questions, such as how to define and reach the carers who are most in need. Following these discussions, I will write to you again to outline any next steps. In the interim, our focus remains on vaccinating the patients in the initial priority groups, followed by those children aged between six months and five years.

### **Extending the vaccination programme more widely**

In terms of any further extension of the priority groups, the JCVI has advised that use of the vaccine in the wider healthy population should depend on the evolution of the pandemic as well as new and emerging clinical data on the use of the vaccine. They have also advised us that were the epidemic to wane, this could obviate the need for further vaccination. The Department of Health has placed orders for sufficient H1N1 swine flu vaccination for the whole UK population. At this stage we have decided to prioritise young children and carers to make optimal use of available supplies and for the reasons previously outlined. We will continue to be guided by the most up-to-date scientific advice.

### **Vaccination in the private healthcare sector**

I would like to take this opportunity to clarify a couple of further issues relating to the swine flu vaccination programme. With regards the private health care sector, PCTs are responsible for making vaccines available for private health care providers to vaccinate their staff. Additionally, patients who attend private medical practitioners should not be at a disadvantage if they wish to receive the vaccine. I have therefore

attached at Annex B some guidance on how PCTs should ensure that the private GP sector is captured in their vaccination programme plans.

### **Vaccination of pregnant women**

You will be aware that there has been a fair amount of media coverage around the swine flu vaccine over the last couple of days, particularly around the safety of the vaccine and whether pregnant women should have the vaccine. Given that pregnant women are particularly vulnerable to complications should they get swine flu, the Department of Health strongly recommends that pregnant women should have the vaccine. While ultimately, whether to have the vaccine or not is a personal choice, it is important that healthcare staff have the right information available to provide to their patients about the vaccine, how it will protect them and how it has been tested to ensure safety. Please be reminded of the information that is available to support the vaccination campaign on the Department's website, including an information leaflet and Q&A at [www.dh.gov.uk/swinefluvaccinetools](http://www.dh.gov.uk/swinefluvaccinetools).

I am aware that there have been a number of instances of pregnant women requesting the (Baxter) Celvapan vaccine when they have been offered the (GSK) Pandemrix vaccine. The JCVI recommended that pregnant women should be given Pandemrix since a one-dose schedule with this vaccine gives excellent protection against the virus. It therefore gives much more rapid protection than would be afforded by the two-dose Celvapan schedule. Expert scientific advice is clear that thiomersal-containing vaccines, such as Pandemrix, do not present a risk to pregnant women or their babies. However, as it is better to be vaccinated than not at all, and, if a pregnant woman does not wish to receive Pandemrix, despite receiving clear advice about the more rapid protection this would offer, PCTs should ensure that there are arrangements in place for her to be able to receive Celvapan, and that GPs are aware of these.

### **Publication of Exercise Peak Practice**

Moving away from the vaccination programme, but on another important note, today we are publishing the national summary report of Exercise Peak Practice. This exercise was the whole system stress test that all ten SHAs undertook as a key part of the board level assurance process that I asked all NHS Trusts complete by the end of September 2009. I am pleased to be able to say that all those board assurance statements have been received via the ten SHAs and a summary of those statements is annexed to the Exercise Peak Practice report. The report itself provides an overview of the ten regional exercises and documents the high-level areas for further action identified by the delegates who attended. Nationally, Exercise Peak Practice reaffirmed the extent and depth of planning that had already taken place in the NHS in readiness for a 'flu pandemic and demonstrated considerable leadership, commitment and planning undertaken by both clinical and managerial staff across the NHS. Copies of the report will be placed in the House of Commons and House of Lords library, and will be available on the DH website.

### **Swine flu and winter pressures**

Finally, following the publication of additional guidance for pandemic planners on 22 October, which indicated that the pandemic may peak at a lower rate than we originally thought, we are beginning to see the weekly numbers of cases decreasing slightly. While it is too early to confirm that this will be an ongoing trend, it is positive news. However, alongside this reduction in the number of cases, there is still a relatively high proportion of patients in hospital and critical care, and we are still seeing a number of deaths from swine flu. We are also beginning to see increased pressure within the system, particularly on A&E and ambulance services. We see

additional pressure on NHS services each year, and we are well placed to manage them due to the plans we have in place, but we are reminded of the need to continue to remain prepared for what will potentially be a tough winter for the NHS.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'Ian Dalton', is positioned below the closing text.

Ian Dalton  
National Director of NHS Flu Resilience  
Department of Health

## Annex A

### SHA Flu Lead Directors

SHA	Name	Title	Contact Details
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West Midlands	Steve Allen	Director of Performance and Information	<a href="mailto:Steve.allen@westmidlands.nhs.uk">Steve.allen@westmidlands.nhs.uk</a> 0121 695 2230 Please copy emails to: <a href="mailto:Rashmi.shukla@dh.gsi.gov.uk">Rashmi.shukla@dh.gsi.gov.uk</a>

## **Annex B**

### **Vaccinations in the private health care sector**

- 1. Vaccinating frontline health care staff providing direct patient care in the private sector**
- 2. Vaccinating patients in private healthcare settings**

### **Vaccination of frontline health care staff in the private sector**

1. Frontline health care staff working in the private sector are eligible for free swine flu vaccinations.

### **PCT responsibilities**

2. PCTs should allocate vaccine to private primary care providers on a pro-rata basis on the available supplies that they have received from the Department of Health, as private GP practices cannot receive deliveries direct from the Department of Health.
3. It is the PCT's responsibility to ensure that they make supplies of the vaccine available to private GP premises at no charge to the private GPs thereby ensuring that private GPs receive the vaccine at no cost. This will mean that the PCT will have to break the boxes of vaccine supplied to them complying with MRHA guidance as required. Private GPs should be expected to collect the vaccine from PCT premises.

### **Vaccination of frontline staff**

4. It will be the private GP's responsibility to ensure that their frontline practice staff are vaccinated with the vaccine provided by the PCT. If they choose to do this themselves, they will need to complete the Health Care Worker Seasonal Flu and Swine Flu Vaccine Uptake Survey Form and return this to the PCT so that the PCT can complete the required returns for DH.
5. If the PCT is unable to provide vaccine to a private GP practice, in accordance with MHRA guidance, they should offer eligible staff the opportunity to be vaccinated through the same service as that provided to NHS GPs and their staff.
6. If the private GP is unable to collect the vaccine that the PCT has made available to them because they cannot guarantee the cold chain – or the private GP for whatever reason is unable to vaccinate their front line staff, then the private GP can ask the PCT to provide the vaccination service for their staff. In this instance, the PCT would be able to recover reasonable reimbursement of administration costs from the private GP.

### **Vaccinating patients in private healthcare settings**

7. Patients who attend private medical practitioners should not be at a disadvantage if they wish to receive the vaccine.
8. To date, private medical practitioners are not able to purchase vaccine for their patients as they would otherwise do for seasonal flu vaccine.

9. From now, the Department of Health has agreed that private medical practitioners should contact their PCTs with the number of their patients who need the H1N1 vaccine and give an undertaking that they would only provide vaccine to patients with risk factors as we currently define or in line with the relevant stage of our national programme.
10. PCTs should receive a signed declaration from private medical practitioners that they will comply with the CMOs advice on the vaccination programme, before making vaccine available to them. However, recognising that private medical practitioners exist outside of the regulatory framework, we would not expect PCTs to actively police this.
11. Similarly, private medical practitioners should not charge their patients for the purchase of the vaccine. We would not expect private GPs to charge more than £5.25 per dose for administration costs. Administration costs will not be reimbursed by PCTs..
12. Private medical practitioners will be expected to return data on uptake to the PCT for inclusion in the national statistics.
13. Any practice that fails to comply with this guidance may have their vaccine supply withdrawn by the PCT.

**Definition of a frontline healthcare worker**

14. The Green Book definition of a frontline healthcare worker can be found at [http://www.dh.gov.uk/en/Publichealth/Healthprotection/Immunisation/Greenbook/DH\\_4097254](http://www.dh.gov.uk/en/Publichealth/Healthprotection/Immunisation/Greenbook/DH_4097254).