

## Trafford Flu Plan 2020/21

### Annual planning process

In line with the national Flu programme the CCG has an annual Flu programme to ensure maximum uptake of flu vaccination across all eligible cohorts. Flu planning for the season starts immediately after the start of the previous season, with general practices placing orders for vaccines this year as early as December 2019.

Flu season is officially from 1<sup>st</sup> September - 31<sup>st</sup> January although practices will offer vaccinations throughout March.

Trafford CCG has an established Flu group which would normally meet monthly during the flu season. In recognition of the very different landscape for this year preparation for Flu has started earlier than normal.

The first meeting for this season was held on 27<sup>th</sup> May and subsequent meetings are held every fortnight. Membership including all key stakeholders;

Primary Care Networks (PCNs) on behalf of all participating GP practices, Public Health, LMC, LPC, community and maternity services, Infection Control, Data Quality, Business Intelligence, IntraHealth, Communication Lead and the GM SIT Team.

The group is chaired by Dr Chris, Tower, CCG Clinical Director and Eleanor Roaf is the Deputy Chair.

The group reports to the Primary Care Quality Assurance Group.

The aim of the group is to ensure safe and effective delivery of the flu programme to all eligible cohorts, identify areas for improvement and to improve uptake rates across Trafford, including CCG and Council staff. The group monitors uptake across all cohorts and will target support to practices who may require additional support or resources.

### Performance

General practices continue to perform well achieving some of the highest rates across Greater Manchester despite some additional challenges over the last few years. The table below shows the provisional data for 2019/20. Trafford CCG achieved its agreed 2019/20 target to improve uptake rates for 2 and 3 year olds although uptake rates in the at risk group were adversely impacted by the phased and delayed delivery of vaccines for at risk patients.

Eligible cohort	Uptake rate	GM average	National target	GM Rank
65 and over	76.6%	74%	75%	2
Under 65 (at risk)	46.6%	46.7%	55%	6
Pregnant women	51.6%	49.6%	55%	4
All aged 2yrs	53.1%	43.2%	50%	2
All aged 3yrs	52.5%	44.1%	50%	3

### **Programme for 2020/21**

This year practices will face the biggest challenge yet to deliver flu in a timely and safe manner, during what is already a challenging period i.e. winter and when a second outbreak of COVID 19 is anticipated and lockdown measures maybe in place.

Despite this all Trafford practices have signed up to deliver the Seasonal Influenza DES, which provides the CCG with the assurances that we have full provision across the locality.

The programme will take considerably longer to deliver due to a number of significant factors including; safe distancing measures, availability of vaccines, PPE equipment, staff, physical limitations of the premises and also the need to deliver routine work and support deflection away from secondary care.

We have agreed principles, requirements and assumptions in line with national guidance to assist practices and are currently modelling support for the additional capacity, time and resources required to deliver this year's programme.

### **Principles**

1. Each practice has a nominated Flu lead. It is envisaged for most practices this will be the Practice Manager.
2. Delivery of safe and timely flu programme with priority given to previously eligible cohorts.
3. Aspirational target of 75% for all cohorts
4. Commitment to include household contacts of previously shielded patients as and when additional vaccines become available.

### **Eligible cohorts**

The CCG have identified two cohort groups' i.e. existing cohort and expanded cohort. Practices will priority patients within cohort 1 and then at a later stage invite patients in cohort 2, based on vaccine availability and for the 50-64 tear olds confirmation of inclusion in the programme.

Cohort 1. Provision of flu vaccination to all existing cohorts;

- all 2 & 3 year old children
- those aged six months to under 65 years in clinical risk groups
- pregnant women
- those aged 65 years and over
- those in long-stay residential care homes
- carers
- close contacts of immunocompromised individuals
- staff employed by a residential care/nursing home, domiciliary care provider, or a voluntary managed hospice provider.

### **Patients previously shielding**

We will ensure that all patients who were previously shielding are included in the eligible cohort although the majority of whom will be included in the at risk group.

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Delivery to existing cohort will be September – March which the majority completed by the end of November (vaccine supply permitting)

**Cohort 2. Provision to expanded cohort;**

- people aged 50 to 64 not in an at risk group
- household members of shielded patients

Delivery to expanded cohort will be later; November – March (vaccine supply permitting)

**Assumptions**

- Average time to vaccinate pre COVID is 2 minutes
- Additional capacity model dependent on rate vaccines can be given in line with safe social distancing measures i.e. 1 vaccination per 5, 7.5 or 10 minutes (please refer to modelling data based on time taken to vaccinate)
- Community pharmacies will deliver 10% although this may alter dependent of pharmacy provision.

**Timescales for delivery**

Dependent on the delivery dates of vaccines aspirational timescales are detailed below.

<b><u>Priority Group</u></b>	<b><u>Eligible cohort</u></b>	<b><u>Aspirational Timescale</u></b>
1	65s+, under 65s at risk, previously shielded not included in at risk, 2 & 3 year olds, children at risk, care home residents and housebound	Early September - end of November
2	Close contacts of previously shielded	Opportunistically following priority group 1 when vaccines become available
3	50-64s(if programme extended to include)	Following priority group 1 when vaccines become available and national confirmation of inclusion possibly November - December

Practices will continue to vaccinate opportunistically depending on vaccine availability until end of March 2021.

## **Delivery model 2020/21**

We are working closely with our Primary Care Networks, to understand the impact of the pandemic on the programme this year and how we can support practices to deliver a safe and timely vaccination programme. We have developed a template for practices to complete to identify the impact the pandemic will have on their delivery of the programme. This provides the CCG with assurances that practices are delivering the programme safely and effectively, enables us to understand the impact of the social distancing measures, PPE requirements and the expansion to the cohorts on each practice and help the CCG to determine areas of support to practices.

Based on eligible population, modelling has been produced to illustrate the additional time required to deliver the programme (Appendix A)

All practices and networks have considered the option to deliver the service from alternative sites it is evident that practices have spent a great deal of time, planning the safe delivery of the programme and measures are in place to ensure all patients receive the vaccines as quickly as possible and that the delivery of the programme will take considerably longer this year.

In Trafford we know that;

- all practices will deliver the programme on site,
- 8 practices are providing a walk-in/drive through on-site service, with 2 practices using this for all flu clinics.
- Many practices will deliver clinics outside core hours; in the evenings and at weekend.
- Practices will look to use existing and where possible additional staff.
- All clinics will be planned booked appointments.

An high level summary of practice returns can be seen at Appendix B

## **Risks**

There are a number of risks which may significantly affect the ability of general practice to deliver the programme in a timely manner.

1. Vaccine supplies
  - Delays and phased delivery of vaccines with delay the delivery of the programme
  - Insufficient supply to meet demand – practices currently unable to order more vaccines to meet increase in aspirational target. A number of practices have been informed on 20 August of further delays in the delivery of vaccines which means that planned clinics will have to be re-scheduled. This means practices will be unable to deliver to the aspirational timescales.
  - Potential for insufficient supplies to meet the needs of the expanded cohort

Mitigation – practices may be able to shared vaccines across networks if participating practices agree.
2. PGD Sign off

We are still awaiting the sign off by the national teams of some of the necessary PGDs, which means there may be a potential delay to the delivery of the services to some cohorts of patients.

Mitigation – practices to target cohorts where PGD is available.

### 3. PPE

- Insufficient supplies of appropriate PPE and we are also awaiting national guidance regarding possible changes to the requirements.

Mitigation – GM approach to securing supply via Mutual Aid process. Modelling has been undertaken to understand possible demand.

### 4. Staff

- High levels of absences due to self-isolation
- Capacity issues with current level of staffing dealing with increased demands

Mitigation – use of agency/locum staff and budding arrangements between PCN practices. Training available to all appropriate staff to deliver flu including those who may not usually provide the service e.g. HCAs and GPs.

## **Support available to practices**

- Refocusing of 2020/21 QOF requirements to enable delivery of flu vaccination expansion.
- Secure appropriate and sufficient PPE via Mutual Aid service.
- CCG has facilitated the delivery of extended access to enable practices to respond to the Phase 3 response to COVID including dedicating some additional capacity to the delivery of the flu programme.
- Ongoing support from primary care team with Flu support pack including searches, call and re-call systems.
- Production of patient invitation letters from GP practices for; 2 & 3 year olds, 65s and over, under 65s at risk and patients previously shielding not included in the at risk group.
- Fund the use of Docmail to send individual patient letters.

Areas for consideration;

- Step down of non-essential work.
- Utilising Mastercall OOH service to cover some clinical sessions to enable delivery of flu clinics.

## **Communication**

Trafford CCG Communication Lead is working closely with colleagues in the council and in GM to produce a suite of communication to patients and the public and this will be supported by the annual GM and national Flu campaigns.

All CCGs in Greater Manchester, as in recent years have been asked to support the GM Flu campaign with a contribution of £7k.

This year's communication will have to be available in formats that allow for targeted digital messages to patients and the wider population.

Further information about the GM Communication Plan is available in Appendix C.

The draft Trafford CCG plan can be found in Appendix D.

### **Monitoring performance**

The group will monitor performance throughout the season and support practices to achieve targets, where possible. We will continue to liaise with practices regarding expansions to the programme and work with them to identify and where possible resolve issues that impact their ability to deliver the service.

We need to also consider the wider risk and impacts on the system and monitor the impact of any further COVID outbreaks and may need to consider alternative solutions for the delivery of the programme.

# Clinical Commissioning Group

Appendix A

## Trafford Flu Planning Data for 20-21 Campaign

This data does not include eligible numbers of patients that are from shielding households that now need vaccinating as we do not have the numbers available in EMIS										using 5 mins per vaccination assumption		using 7.5 mins per vaccination assumption		using 10 mins per vaccination assumption	
Organisation	PCN	CDB	Practice List Size	Patients who are recommended by CMO (DES) or QOF to have Influenza Vaccination (2019/20) excl. school children	Current 50-64 yr olds that not already at risk	All eligible patients for 20-21 (based on the 19-20 cohort + 50-64s)	The percentage increase on numbers to vaccinate based on last years eligible	The CCG's aspirational target of 75% uptake based on all eligible for 20-21	Aspirational target with 10% removed that are completed by pharmacies (estimate)	Hours needed to vaccinate 75% (using 5 mins per vacc assumption)	Full working days required to vaccinate 75% (based on 7 hours in a working day)	Hours needed to vaccinate 75% (using 7.5 mins per vacc assumption)	Full working days required to vaccinate 75% (based on 7 hours in a working day)	Hours needed to vaccinate 75% (using 10 mins per vacc assumption)	Full working days required to vaccinate 75% (based on 7 hours in a working day)
Shay Lane Medical Centre (Kelman)	AHA	P91008	6111	2308	1009	3317	30.42%	2488	2239	187	27	280	40	373	53
PARK MEDICAL PRACTICE	AHA	P91003	6370	2201	844	3045	27.72%	2284	2055	171	24	257	37	343	49
ALTRINCHAM MEDICAL PRACTICE	AHA	P91004	7810	2189	952	3141	30.31%	2356	2120	177	25	265	38	353	50
ST. JOHNS MEDICAL CENTRE	AHA	P91604	17097	5636	2620	8256	31.73%	6192	5573	464	66	697	100	929	133
West Timperley Medical Centre	AHA	P91016	8915	2785	1033	3818	27.06%	2864	2577	215	31	322	46	430	61
AHA PCN			46303	15119	6458	21577	29.93%	16183	14564	1214	173	1821	260	2427	347
BOUNDARY HOUSE MEDICAL CENTRE	Central	P91013	10611	3602	1226	4828	25.39%	3621	3259	272	39	407	58	543	78
Conway Road Medical Practice	Central	P91035	9043	3202	1058	4260	24.84%	3195	2876	240	34	359	51	479	68
THE SURGERY (DERBYSHIRE RD SOUTH)	Central	P91032	4864	1556	635	2191	28.98%	1643	1479	123	18	185	26	246	35
WASHWAY ROAD MEDICAL CENTRE	Central	P91014	15786	5391	1934	7325	26.40%	5494	4944	412	59	618	88	824	118
BODMIN ROAD HEALTH CENTRE	Central	P91017	8310	2836	1101	3937	27.97%	2953	2657	221	32	332	47	443	63
FIRSWAY HEALTH CENTRE	Central	P91021	15269	5473	2235	7708	29.00%	5781	5203	434	62	650	93	867	124
Central PCN			63883.0	22060.0	8189	30249	27.07%	22687	20418	1702	243	2552	365	3403	486
North Trafford Group Practice	North	P91629	11966	3570	1267	4837	26.19%	3628	3265	272	39	408	58	544	78
DELAMERE MEDICAL PRACTICE	North	P91018	13640	4254	1737	5991	28.99%	4493	4044	337	48	505	72	674	96
Limelight Health and Well-being Hub	North	P91020	7887	2314	778	3092	25.16%	2319	2087	174	25	261	37	348	50
LOSTOCK MEDICAL CENTRE	North	P91627	6989	2166	869	3035	28.63%	2276	2049	171	24	256	37	341	49
OLD TRAFFORD MEDICAL PRACTICE	North	P91619	4312	1279	343	1622	21.15%	1217	1095	91	13	137	20	182	26
North PCN			44794	13583	4994	18577	26.88%	13933	12539	1045	149	1567	224	2090	299
THE VILLAGE SURGERY	South	P91623	5289	1931	819	2750	29.78%	2063	1856	155	22	232	33	309	44
RIDDINGS FAMILY HEALTH CENTRE	South	P91631	3412	1021	453	1474	30.73%	1106	995	83	12	124	18	166	24
BARRINGTON MEDICAL CENTRE	South	P91603	7206	2238	919	3157	29.11%	2368	2131	178	25	266	38	355	51
GROVE MEDICAL PRACTICE	South	P91633	5375	1846	755	2601	29.03%	1951	1756	146	21	219	31	293	42
SHAY LANE MED CTR (PATEL)	South	P91011	5804	2010	967	2977	32.48%	2233	2009	167	24	251	36	335	48
FAMILY SURGERY	South	P91617	2420	637	341	978	34.87%	734	660	55	8	83	12	110	16
TIMPERLEY HEALTH CENTRE (WESTWOOD)	South	P91007	4389	1556	562	2118	26.53%	1589	1430	119	17	179	26	238	34
South PCN			33895	11239	4816	16055	30.00%	12041	10837	903	129	1355	194	1806	258
URMSTON GROUP PRACTICE	West	P91006	13111	4809	1800	6609	27.24%	4957	4461	372	53	558	80	744	106
PRIMROSE SURGERY	West	P91012	6252	2407	963	3370	26.58%	2528	2275	190	27	284	41	379	54
PARTINGTON CENTRAL SURGERY	West	P91019	3687	1276	408	1684	24.23%	1263	1137	95	14	142	20	189	27
Davyhulme Medical Centre	West	P91009	11586	4863	1490	6353	23.45%	4765	4288	357	51	536	77	715	102
FLIXTON ROAD MEDICAL CENTRE	West	P91029	10421	3634	1347	4981	27.04%	3736	3362	280	40	420	60	560	80
GLOUCESTER HOUSE MEDICAL CENTRE	West	P91625	5013	1902	686	2588	26.51%	1941	1747	146	21	218	31	291	42
Partington Family Practice	West	P91026	5326	1882	604	2486	24.30%	1865	1678	140	20	210	30	280	40
West PCN			55396	20773	7298	28071	26.00%	21053	18948	1579	226	2368	338	3158	451
Trafford Total			55396	82774	31755	114529	27.73%	85897	77307	6442	920	9663	1380	12885	1841

### Clinical Commissioning Group

		On site practice	Drive through at practice	Booked appts	Evening appts	Weekend appts	Time	Additional staff	Stepdown	Mastercall	Concerns
AHA	Park Medical Practice	Y	Y	Y	N	Y	5 mins				shotage of vaccines, staff self isolating
	Altrincham Medical Practice						5 mins adults, 10 mins children				Staff sickness, vaccine shortage
	Shay Lane Medical Centre (K)	Y	N	Y	N	Y		N			HEMOCARE SERVICE WOULD BE GOOD, LIMITED NURSE CAPACITY, PPE
	West Timperley Medical Centre	Y	Y	Y	Y	Y		Y		Y	staff sickness, road safety, vaccines
	St. John's Medical Centre	Y	Y	Y & oport	Y	Y	7.5 mins			Y	
North Trafford	Delamere Medical Practice	N	Y	Y	Y		5 mins				PPE, weather
	Limelight Health & Wellbeing Hub	Y	Y (as contingency)	Y		Y	5 mins	Y			
	Old Trafford Medical Practice	Y	N	Y	n	Y	5 mins	N	suspend nurse sessions		shotage of vaccines
	Lostock Medical Centre	Y	N	Y & oppts.	N	N	5mins	Y			shotage of vaccines
	North Trafford Group Practice	Y	N	Y	Y	Y	10 mins	Y			
Sale Central	Washway Road Medical Centre						7.5mins 10mins for drive thru				safety for cars, PPE, vaccines and WIFI
	Boundary House Medical Centre	Y	Y	Y & oport		Y	7.5-10 week days 5-7.5 weekend		step down clinical session times, reviews		
	Bodmin Road Health Centre	Y	N	Y	Y	Y		not available		yes	vaccine shortage
	Firsway Health Centre	Y	N	Y		Y	5 mins	No		Yes	vaccine shortage, household service
	Derbyshire Road South Surgery	Y	N	Y	N	N	4 MINS				vaccines
	Conway Road Medical Practice	Y	N	Y	N	N	10 mins	No	suspend nurse & HCAs		
		Y	N	Y	N	Y	15 mins	No		yes, stop wed clinics	overtime rates for sattf



### Clinical Commissioning Group

South Trafford	Timperley Health Centre (W)										each practice having clinics on separate days - will take longer		
		Y		Y	Y	Y		Y					
	Shay Lane Medical Centre (P)										lack of clarification regarding cohorts, delays with vaccines, restricted access to Fluenz		
		Y	N										
	Barrington Medical Centre	Y		Y		Y	5 mins	needed		Yes	PPE		
	Family Surgery	Y	N	Y	N	N		Y			Vaccines		
	Village Surgery	Y		Y		Y	7mins	Y			HC working as one - capital bid		
	Riddings Family Health Centre	Y				Y					shortages of vaccines		
	Grove Medical Practice										CONCERNED ABOUT ADDITIONAL WORKLOAD INCLU. PHLEB		
		Y	N	Y	N	Y	5 MINS	needed					
Trafford West	Urmston Group Practice										staff sickness, vaccine, further lockdown		
		Y		Y			10mins	Y					
	Davyhulme Medical Centre	Y	N	Y			5 MINS		Y	release nurse time	Yes	vaccine shortage	
	Primrose Surgery	Y	N	Y		Y	5mins					shortage of vaccines	
	Partington Central Surgery	Y	N	Y	N	Y			Y	Y		vaccines, staff disruption	
	Partington Family Practice	Y		Y		Y						weather, staff and vaccines	
		Flixton Road Medical Centre	Y	all Y	Y		Y			N	N		
											POSS SUSPEND NURSE SESSIONS	VACCINES	
	Gloucester House Medical Centre	Y	Y	Y	N	Y							
		Y	N	Y	N	Y	4 MINS					POSS SUSPEND NURSE SESSIONS	VACCINES

## Appendix C

### **Greater Manchester Health and Social Care Partnership Flu communications 2020**

1. National picture and eligible groups
2. Context
3. How the vaccine will be delivered
4. Recommended communications approach

#### **1. National picture and eligible groups:**

The first national seasonal influenza letter identified that the groups outlined below will be eligible for the NHS funded seasonal influenza (flu) vaccination programme this year.

- All children aged two to ten (but not eleven years or older) on 31st August 2020
- Those aged six months to under 65 years in clinical risk groups
- Pregnant women
- Those aged 65 years and over
- Those in long-stay residential care homes
- Carers
- Close contact of immunocompromised individuals
- Health and social care staff employed by a registered residential care/nursing home, registered domiciliary care provider, or a voluntary managed hospice provider

It has been reported in the media and on national screening and immunisation calls that the second letter will announce;

Extended eligibility to the programme including:

- All those in education year 7
- A phased introduction of citizens aged 50 years or older and not yet 65 years who are not in an at-risk group
- Household contacts of those shielding

Increased aspirational targets

- 75% aspirational target for the majority of eligible cohorts
- 80% aspirational target for HCW.

Also, a focus on reducing inequalities for;

- BAME communities
- And those with a learning disability.

The national screening and immunisation team have also been reviewing their policy in relation to the offer of an alternative to the nasal flu vaccine and for those healthy children who refuse vaccination due to the porcine gelatine content.

They will provide several resources to support the delivery of the programme. The most significant of these is a national call and recall system. This is not intended to replace the GP systems but to enhance. The national team are also reviewing the national data collection and reporting systems.

## **2. Context**

### *COVID-19*

This year the vaccination programme will potentially run alongside the COVID-19 vaccination programme which will include similar cohort groups. How both vaccines will be delivered at the same time is still being considered.

Screening teams have been advised to prepare for a potential COVID-19 vaccine by 5<sup>th</sup> October. Although this is unlikely, if it does happen, we will need to communicate how this will work alongside the flu vaccine. It is likely to be a two-dose vaccine with a gap of 28<sup>th</sup> days. The flu vaccine could only happen at day 14 during this period.

### *Innovation required*

The increase in cohorts and targets significantly increases the number of people eligible for a vaccine. This combined with the need for strict infection prevention and control procedures plus social distancing rules means that GMHSCP and CCGs are having to radically re-think the traditional flu delivery model to maximise uptake rates.

### *Public attitudes*

Research has shown that awareness of viruses and how they are passed on has increased. In addition, Australia has seen an uptake in vaccination rates in 2020. This presents an opportunity to reach people who may have previously refused the vaccine.

## **3. How the vaccine will be delivered in Greater Manchester**

Some of this is still unknown but it is expected that it will be a mix of GP surgeries, community pharmacies and some alternative routes that will maximise uptake across the new population demand reduce the need for patients to attend healthcare premises. GMHSC Partnership are assisting and supporting localities to innovate by helping them to address some of the barriers to delivery. For example;

- How we indemnify new ways of delivery when this is outside of the usual place e.g. gazebos.
- Funding flows
- Maintaining the cold chain etc

In addition, GMHSCP have commissioned several flu vaccination services with the aim of reducing inequalities, these include:

- Provision of flu vaccinations across all GMHSCP special schools this includes places of secondary education
- Acute Trusts to devise models of flu vaccine delivery for their eligible patient cohorts, at point of contact. This may include outpatient clinics or at the point of discharge planning
- Tailored service delivery for those with a learning disability
- A domiciliary vaccination service for children and to work with hard to reach groups
- Piloting of opportunistic vaccination in a Manchester A&E department for all 2 and 3-year olds

- Drug and alcohol services to offer the flu vaccination to their eligible populations
- A letter to raise awareness of the flu vaccine programme to all parents /guardians of children aged 2 or 3 years of age across GMHSCP
- Identified key services for homeless and rough sleepers to offer the flu vaccine.

Community pharmacies – all are eligible to provide the service and this year the information about which pharmacies will be running it will be shared.

Pharmacies can not vaccinate anyone under the age of 18 years. Also, community pharmacies can only deliver off site if a GP practice commissions them to do so, under a sub-contracting arrangement.

#### **4. Recommended communications approach**

##### **1. Amplify and upweight national messaging with additional messages and materials for the at-risk groups**

We know that this year the national messaging will reflect that;

- Every year flu hospitalises and kills 1,000s.
- This is not an average year.
- Flu spreads person-to-person and can be asymptomatic.
- Flu can lead to severe complications.
- The vaccine offers the best protection against flu.

The creative for the public campaign is not ready to be shared yet but it is expected that this will be in line with the help us help you/stay well this winter brand.

It's likely that the range of materials available nationally will draw on universal rather than tailored messaging. In GM we have talked about the need for more tailored and targeted materials for the at-risk groups. Therefore, the proposal is that the Partnership will:

- Develop targeted messages and materials for 'at risk' groups (tba by UEC group) in line with the national branding
- Agree a plan of where to target materials within the 10 localities
- Align a media/press plan for the target groups with national awareness weeks/days and any other 'hooks. Local voice will be more important than ever before in convincing people so using local clinicians, directors of public health and case studies will be key.
- Look at the national outdoor media plan and agree any further amplification in the localities with the UEC group
- Ensure that materials are translated or adapted where there are gaps in the national suite of materials
- Be open to collaboration on some things across the North West if we can achieve better economies of scale and impact

Suggested budget: £25,000

##### **2. Bespoke communication campaigns for learning disabilities**

We are aware that people with learning disabilities have been disproportionately affected by COVID-19 and that respiratory disease is the leading cause of death for this group. In fact, its responsible for over half of all deaths among people with learning disabilities.

There are lots of issues about how people with learning disabilities are invited, called and recalled and administered with the vaccine. For example, we know there are roughly 64,000 with learning disabilities in GM however only 25% of these are registered as having LD with their GP. People live within a variety of settings across GM.

We also know that the mass vaccination or drive-through delivery methods will not be appropriate for this group and a tailored approach will need to be adopted.

A GM task and finish group has been set up with the learning disability leads from each of the localities. This group will look at how the service is provided and how clinics are organised in each area. A member of the GMHSC Partnership comms team will sit on this group. There will be a strong link with the humanitarian hubs that were developed for COVID-19.

As part of the flu proposal GMHSCP will:

- Work with learning disability leads to set up a focus group/advisory group to provide insight on appropriate messaging and materials
- Small desktop research piece of work on current barriers, attitudes to the vaccine within this group
- Focus on accessibility, use of language, easy read formats etc and develop a suite of messages and materials that can be used across the localities to aid conversations
- Design messages and campaign that specifically targets and supports people with the right and reassuring information
- Identify the right channels to get messages and materials to this group and their carers
- Target specific media for specialist care community and networks
- Evaluate impact

Suggested budget: £20,000

### **3. Campaign for 2- and 3-year olds**

There are two options for this

- Reinvigorate the campaign and characters from last year's GM campaign
- Use the national campaign resources

Suggested budget:

- £22,000 (comms toolkit, GP packs, above the line activity)
- £15,000 (above the line activity, any additional adapted artwork for local use)

### **4. Healthcare worker #Jabdone campaign**

The Jabdone campaign has been run across several Trusts within GM in the last 2 years. There has been an increase in the uptake of the vaccination in most Trusts where this has been run. The offer to use the pack and order materials has been circulated to Trusts. GMHSC Partnership will organisation distribution and delivery to Trusts and CCGs.

Suggested budget: £2000

## Appendix D

# Flu communications plan 2020

### Overview:

It is essential that as many people as possible have their flu vaccination this year. We have 114,529 people eligible for a free flu vaccination (including 50-64 year olds).

All practices across Trafford intend to deliver vaccines on site, with a small number also using on-site car parking facilities to offer a drive through service.

This communications plan sets out how we propose to manage the communications around flu vaccinations in the borough.

### Objectives:

1. Bring GP practices on board
2. Prepare people for flu vaccination season
3. Notify people who are eligible for free vaccination
4. Directly contact the shielding patients to highlight importance
5. Promote the benefits of the flu vaccination and why it is particularly important this year
6. Explain how to get a flu vaccination this year
7. Build trust in alternative arrangements e.g. drive through clinics
8. Amplify national and regional campaign messaging

### Audiences:

The first national seasonal influenza letter identified that the groups outlined below will be eligible for the NHS funded seasonal influenza (flu) vaccination programme this year.

- All children aged two to 11 (but not 12 years or older) on 31 August 2020
- Those aged six months to under 65 years in clinical risk groups
- Pregnant women
- Those aged 65 years and over
- Those in long-stay residential care homes

- Carers
- Close contact of immunocompromised individuals
- Health and social care staff employed by a registered residential care/nursing home, registered domiciliary care provider, or a voluntary managed hospice provider
- household contacts of those on the NHS Shielded Patient List.
- health and social care workers employed through Direct Payment (personal budgets) and/or Personal Health Budgets, such as Personal Assistants, to deliver domiciliary care to patients and service users

The second letter from the DOH dated 4 August 2020 announced an expansion to the cohorts eligible;

Extended eligibility to the programme including:

- All those in education year 7
- Possible phased introduction of citizens aged 50 years or older and not yet 65 years who are not in an at-risk group
- Household contacts of those shielding
- Health and social care workers employed through Direct Payment (personal budgets) and/or Personal Health Budgets, such as Personal Assistants, to deliver domiciliary care to patients and service users

Increased aspirational targets

- 75% aspirational target for the majority of eligible cohorts
- 80% aspirational target for health care workers

Also, a focus on reducing inequalities for;

- BAME communities
- And those with a learning disability.

Further subsets of audiences and things we need to consider include:

*(Please note that this list is not exhaustive)*

<b>Audience</b>	<b>How to reach</b>	<b>Potential resources</b>
Over 65s	GP practices Age UK Advertising (online, radio, newspaper) – national and local Trafford community hubs Cllr Jo Harding – Ageing Well Board	Videos Social media Radio ad(?) Newspaper ad Press release Briefing and specific resource pack for community groups

		Resource pack for GP practices (texts, webpages, email, letters)
Over 50s	Advertising – national and local Trafford community hubs	Videos Social media Radio ad(?) Newspaper ad Press release
BAME	Trafford religious buildings (ie. Mosques, synagogues) Public health information officers Community cohesion team Trafford community hubs	Social media Translated – unclear if we have a facility for this locally 'Easy read' resources Resource pack for community groups
Eastern European	Eastern European shops Public health information officers Community cohesion team Trafford community hubs	Social media Translated resources Easy read resources Resource pack for community groups
Pregnant	Maternity services Pre-natal groups Trafford community hubs	Videos Social media Resource pack for services
Carers	Trafford Carers Centre Trafford community hubs Personal Health Budget comms (Merry Leslee)	Social media Resource pack for community groups
Medical conditions	Community groups GP practices Specialist teams	Briefing and specific resource pack for community groups Resource pack for GP Practices (texts, webpages, email, letters)
Care Home residents Sheltered accommodation?	Joe Slade (Council comms) / Karen Ahmed	Letter Care home briefing
Children 2-11	School and nurseries GP Practice NHS England Letter	Social media re spray Press release Briefing for services and schools Resource pack for GP Practices (texts, webpages, email, letters)



Deaf	Trafford Deaf Partnership Trafford community hubs	Specific social media resources Signed video Resources pack for community group
Blind	Henshaws Trafford community hubs	Audio resources Resources pack for community group
Learning Disability	Trafford Community Learning Disability Team (Cheshire and Wirral Partnership NHS Foundation Trust) Via family and loved ones Support services	Easy read resources Video Social media Resource pack for services and community group
Shielding	GP practice Trafford community hubs	Letter to those shielding Social media and Leaflet

**Key Messages:**

1. The flu vaccination is more important than ever.
  - a. If you are entitled to a free flu vaccination this means you are at more risk of getting a bad bout of the flu and developing pneumonia.
  - b. The flu vaccination reduces the chance that you will get the most common types of flu and makes the symptoms much milder if you do get it.
  - c. If you get a bad bout of the flu, your body will be less prepared to fight Coronavirus.
  - d. You can get the flu and Coronavirus at the same time.
2. Flu vaccination clinics are being run differently this year to make them easier to access and safer.
  - a. You will be safe in our clinics.
  - b. Your health and safety is our number one priority.
  - c. The clinics are being run by local NHS staff.
3. You will receive a letter from your GP practice to attend an appointment or to invite you to contact the practice to make an appointment.
  - a. You must have an appointment to get your flu vaccination.
  - b. You must be entitled to a free flu vaccination to get an appointment
4. Don't turn up to your appointment early.
  - a. You will be asked to wait in your car if you are early.

- b. This is to keep everyone safe.
- 5. If you were told to shield this year, contact your GP practice as soon as possible to book your free flu vaccination.
- 6. 114,529 people in Trafford are entitled to a free flu vaccination.
  - a) All children aged two to 11 (but not 12 years or older) on 31 August 2020
  - b) Those aged six months to under 65 years in clinical risk groups
  - c) Pregnant women
  - d) Those aged 65 years and over
  - e) Those in long-stay residential care homes
  - f) Carers
  - g) Close contact of immunocompromised individuals
  - h) Health and social care staff employed by a registered residential care/nursing home, registered domiciliary care provider, or a voluntary managed hospice provider
- 7. If you aren't entitled to a free flu vaccination on the NHS, you can pay to get one privately via community pharmacists that are providing the service.

### Other Campaigns

There will be supporting flu messages from national and regional sources. This plan intends to keep consistency with those messages as much as possible.

Campaign	Manageable?
National flu campaign – focus currently unknown – likely to start September.	No. Will have to work round and avoid conflicting messages.
GM flu campaign – focus on who can have flu vaccination / specific audiences – likely to start September. First draft now available.	Yes. Can influence the campaign and what is within the borough.
Local health and social care staff campaigns – focus on staff	Yes. Can influence the campaigns.
Astra Zeneca campaign – focus unknown	No. Will have to work around.
GP practice messages – ad hoc.	Yes and no. Will appeal to practices to follow Trafford and GM plans

### Proposal

Objective	Actions
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<p>1. Bring GP practices on board</p> <p>Immediate start.</p>	<p>Work with GP Practices to agree the model.</p> <p>Explain what is different this year and why.</p> <p>Provide GP practices with all the tools they need to implement.</p> <p>Make sure that the system links back to GP systems clearly and easily.</p> <p>Regular updates to GP practices on how many of their patients have been vaccinated.</p>
<p>2. Prepare people for flu vaccination season</p> <p>Start early in September</p>	<p>Regular press updates on flu vaccination (The Messenger, Altrincham Online).</p> <p>Texts to eligible patients – flu vaccinations are coming.</p> <p>Information on CCG and GP websites.</p> <p>Social media campaign, including videos from Dr Jarvis, Dr Sheikh on why flu vaccinations are important</p>
<p>3. Notify people who are eligible for free vaccination</p> <p>Start in mid-September</p>	<p>Press piece on who is eligible.</p> <p>Texts to those eligible.</p> <p>Social media campaign.</p> <p>Target relevant community groups and businesses to target key audiences, e.g. Age UK, etc.</p> <p>Ask hospital and community clinicians to remind patients who are coming through that they are eligible and they should book</p> <p>Website info.</p> <p>Is there a way to send out notifications through AskmyGP?</p>
<p>4. Directly contact the shielding patients to highlight importance</p> <p>Start in mid-September</p>	<p>Letter to those shielding – likely to have high impact due to all information on shielding coming through letters.</p> <p>Phone call in mid-October to those who haven't had it or booked on.</p>
<p>5. Promote the benefits of the flu vaccination and why it is particularly important this year</p> <p>Start early September</p>	<p>Same actions as objective 2.</p>

<p>6. Explain how to get a flu vaccination this year</p> <p>Start early to mid-September</p>	<p>Local advertising – Wish FM and local papers and Facebook.</p> <p>Websites.</p> <p>Social media.</p> <p>Texts.</p>
<p>7. Build trust in the new clinics and system</p>	<p>Videos of:</p> <p>Walk-through the clinics.</p> <p>Staff running the clinics.</p> <p>Nurses manning the clinics.</p> <p>Welcomers on the door on videos.</p>
<p>8. Promote the booking system</p>	<p>Same actions as objective 6.</p>

**Timeline:**

	Now	31/8	7/9	14/9	21/9	28/9	5/10	12/10	19/10	26/10	2/11	9/11
1. Bring GP Practices on board	■											
2. Prepare people for flu vaccination season		■										
3. Notify people who are eligible for free vaccination			■	■	■	■	■	■	■			
4. Directly contact the shielding patients to highlight importance				■	■				■			
5. Promote the benefits of the flu vaccination and why it is particularly important this year			■	■	■	■	■	■				
6. Explain how to get a flu vaccination this year			■	■	■	■	■	■				

7. Build trust in the new clinics and system												
8. Promote the booking system												

**Costs**

Much of the campaign has no cost implication but we could spend money on Facebook and radio advertising:

- Trafford CCG comms to investigate costs but, depending on what is decided, this could be anything from £100 up to £4k.

It is possible that we will once again be required to contribute £10k to the GM campaign – will confirm.