WINTER FLU CAMPAIGN - MASSIVE CHANGES The "at risk" target this year will be 75% and  
there are new groups: household contacts of those on the Shielded list; school year 7 (aged 11 on 31st August 2020) and health and social care workers. But the programme will also be extended to include ALL 50 – 64 year olds when the "at risk" have been vaccinated they say in November/December. DHSC has additional vaccine supplies for the fit 50-64s but will not tell anyone about them until next month. So do not start jabbing younger patients not at risk until you are told.

DHSC thinks more people should be able to give injections as a CV19 response but has no details yet. Hospitals are being asked to offer vaccination not only to pregnant women in clinics but also to the "at risk" in out-patients or when in-patients. It will be important to capture anyone vaccinated by another provider on GP records.

DHSC wants to increase the uptake in deprived areas and in minority ethnic groups after CV19 criticism and asks practices to innovative for these sometimes harder to reach people. All front line health and social care workers should receive a jab this year, an employer's responsibility. Pharmacists and practices can vaccinate care homes residents and staff who are registered with them. PCNs have started aligned practices with individual care homes which should help so, ideally, seek consent now from patients or relatives and, of course, give the vaccination to as many people as you can in one visit.

The guidance says that the PPE mandated "at the time" should be worn, currently gloves and apron to be changed between patients and a mask worn for the session. This will be supplied free hence the encouragement to sign up to the portal. There are rumours that these requirements will be changed by PHE.

DHSC also wants you to minimise waiting and maintain distancing; provide patients with information in advance to explain what to expect; recall DNAs in line with contract requirements and to consider innovations like Drive In (but not drive by?) vaccinations and ‘car as waiting room’ models. For those on the shielded patient list the guidance asks us to consider home visits but the LMC believes most can be vaccinated in the surgery at low risk e.g. at the start of the day, avoiding the waiting room etc. Visits should be only for the few where attending would place them at the very highest risk. All this will take extra time (x 3-4?) and money but the item of service fee has yet to be announced.