SHEFFIELD LOCAL MEDICAL COMMITTEE NEWSFLASH

H1N1 VACCINATION ARRANGEMENTS

Details of the H1N1 vaccination arrangements were released on Monday 14 September 2009. The main points of note are:

- 1. The government's current intention is to offer the H1N1 vaccination to the following at-risk groups:
 - Individuals aged between 6 months and up to 65 years in the current seasonal flu vaccine clinical atrisk groups.
 - All pregnant women, subject to licensing conditions on which is the appropriate trimester to administer the vaccine.
 - Household contacts of immuno-compromised individuals.
 - People aged 65 and over in the current seasonal flu vaccine clinical at-risk groups.
- 2. Frontline health and social care workers will be offered the vaccine at the same time as the first clinical at-risk groups.
- 3. Participating GP practices will receive £5.25 to cover additional staff costs for every H1N1 injection given. It is up to practices to manage call and re-call arrangements and to schedule vaccination clinics as they deem appropriate. The H1N1 vaccinations may be given at the same time as seasonal flu vaccinations.
- 4. To ease the pressure on practices:
 - the government will not introduce any changes to OOF in 2010/11.
 - The collection date for the data on childhood immunisations for the third quarter, ie the December date, will be delayed by 6 weeks to mid-February.
 - If a practice's uptake rate for this vaccination campaign is 3% greater than the 2008/09 UK seasonal flu uptake rate in at-risk groups, the practice will be granted a 10% drop in the upper and 20% drop in the lower thresholds of PE7 and PE8 (measured through national patient surveys).
 - District nurses will vaccinate all housebound patients in line with seasonal flu arrangements.
- 5. The departments of health will ensure that local enhanced services funding is not withdrawn to pay for the programme.
- 6. In addition to this agreement, the GPC and departments of health are continuing to discuss emergency contractual arrangements, including suspension of normal QOF work, which could come into force should general practice experience unmanageable pressure during a second wave of flu cases.

The GPC is in the process of emailing a more detailed communication to GPs, a copy of which can be downloaded from:

http://www.bma.org.uk/images/letterfluvacc tcm41-190183.pdf

15 September 2009