

To All practices in Surrey & Sussex LMCs

6th October 2021

Dear Colleagues

Seasonal Influenza Programme 2021/22: Vaccination of frontline primary care healthcare workers and Co-Administration guidance

I am writing to highlight a change in the 2021/22 Seasonal Flu Enhanced Service eligibility arrangements, which will enable General Practice and Community Pharmacists to vaccinate frontline staff, including locums, and Contractors, that is, General Practitioners, Pharmacists, Dentists and General Ophthalmic Contractors. Frontline staff also include non-clinical staff who have an integral role in patient-facing activity such as reception staff, but who are not directly involved in patient care.

Section 9.1.8 (Locums) and Section 9.1.9 of the Enhanced Service has been updated to include provision for this group, whether or not they are registered with the practice, noting the LMC does not recommend practice staff are registered with the practice at which they work. The £10.06 IoS vaccination fee is claimable, as is a dispensing fee

Details of the guidance for practices to follow is as below (this is Annex A of NHS England's letter of 29th September 2021)

Annex A: Further Guidance for practices on recoding influenza vaccination events for eligible patients who are not registered with the GP practice

General practices should not administer flu vaccinations to any patients that are not registered with the practice outside of the groups specified in the Service Specification.

Recording the vaccination event for eligible patients who are not registered with the GP practice

Practices should first register the patient within their existing GP clinical system using the Immediately Necessary Treatment registration status. Please note that the Immediately Necessary Treatment registration status is being used for administrative purposes to create a patient record for the purposes of flu vaccination only and does not obligate the vaccinating practice to provide Immediately Necessary Treatment owing to an accident or an emergency to patients not registered with the practice that they are administering a flu vaccination to.

Practices should then code the vaccination event as follows:

Local Medical Committees for
Croydon, Kingston & Richmond, Surrey,
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1. *as per the usual process for registered patients, for those patients that fall into either:*
 - *frontline health and social care staff employed by a registered residential care or nursing home, or a voluntary managed hospice provider; or*
 - *those living in: long-stay facilities; nursing homes; other long-stay health or social care facilities; or a housebound patient; and*
2. *using the 'needs influenza vaccine' code for eligible NHS primary care contractors and their frontline staff.*

The vaccination event record will then flow via the Data Processing Service (DPS) to the patients registered practice where it will be recognised and therefore excluded from the standard GPES extract count.

Payment process

Vaccination events recorded within the GP clinical system in line with the above process for the period 1 September 2021 to 31 March 2022 will be extracted via a one-off end of season GPES extraction in early 2022/23. Payment of the Item of Service fee will be made to the GP practice that has administered the vaccination. Further information regarding the timescales for the extract and the one-off payment will be provided in due course.

Drug reimbursement

Practices should claim reimbursement for the cost of purchasing flu vaccines administered to patients not registered with the practice in the usual way by submitting the FP34PD form (or FP34D form for dispensing contractors) to the NHSBSA.

Transfer of records to the patient's registered practice

For practices using SystemOne (TPP), EMIS web (EMIS) and Vision 3 (Cegedim) clinical systems the record of the vaccination event will be automatically transferred from the practice that delivers the vaccination on an INT basis to the patient's registered general practice clinical system via NHS Digital's Data Processing Service. No further action is required by the vaccinating practice or the patient's registered practice apart from where there are abnormal conditions which would require action.

Please note that the Immediately Necessary Treatment registration status is not available in EMIS web PCN hub, Vision Anywhere or Vision 360 system so flu vaccination events in respect of patients registered with another practice should not be recorded within these systems.

The above processes will need to be followed to ensure that payment is extracted in the one-off end of season GPES extraction in financial year 2022/23

Details of payment arrangements are in 11.19 of the revised Enhanced Service as below:

11.19 GP practices will provide a manual report (return) to the Commissioner (NHSE) by no later than 31 January 2022 and 30 April 2022 respectively stating the number of Patients who fall under paragraphs 9.1.8 and 9.1.9 and have been vaccinated under this ES by the GP

practice as at 31 December 2021 and 31 March 2022, including distinguishing between registered and non-registered Patients of the GP practice and the type of primary care setting the Patient works in. This collection of data is to assure NHSE that primary care colleagues are protected as quickly and effectively as possible and are able to continue their vital role in supporting the care of others. Further information regarding this manual report will be made available

Co-Administration

The latest JCVI guidance (the Green Book was updated on 16th September) advises that where it is “operationally practical” COVID-19 and influenza vaccines may be co-administered but planning for this should not take priority over administering the flu vaccine if available, and therefore practices should continue with their pre-organised flu clinics, subject to vaccine delivery. NHS England are recommending co-administration if this is feasible on the basis this minimises patient attendances and assists the efficiency of both vaccination programmes.


The COVID-19 Enhanced Service Vaccination Collaborative Agreement template has been updated to permit a joint delivery programme for both vaccines, if operationally appropriate. This is described in Schedule 9 of the template Collaborative Agreement and should be included if Collaboration Group members wish to participate in the programme in this way, which essentially involves member practices agreeing to pool a proportion of their normally practice delivered flu vaccine for administration at the Designated Site. Schedule 9 also includes details of ‘pop-up’ clinics at which, with the agreement of the CCG, influenza as well as COVID-19 vaccination may occur.

Practices must therefore use ‘Point of Care’ System if co-administration of COVID-19 and flu vaccination occurs, nominating the COVID-19 Collaboration Group host practice to receive payments for the co-administered vaccinations.

If GP practices deliver COVID-19 and flu vaccines separately, then either CQRS or Point of Care Systems can be used, but, in the case of the latter, the nomination of the host practice to receive payments.

The LMC Flu Guide will be updated to reflect these new arrangements in place.

With best wishes

A handwritten signature in black ink, appearing to read 'JP', with a long horizontal line extending to the right.

Dr Julius Parker
Chief Executive