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BMA

UK GPs

General Practitioners Committee

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Dear Colleague

H1N1 vaccinations for children aged 6 months - 5 years

We are sorry to have to inform you that it has not been possible to reach agreement with the UK governments on a national framework for H1N1 vaccination by GPs of children aged 6 months up to 5 years. Instead, local agreements will need to be put in place to ensure all eligible children can be vaccinated as quickly as practically possible.

The Directed Enhanced Service negotiated to support the delivery of the first wave of vaccinations was designed to acknowledge the additional workload associated with the campaign and release staff time to allow the vaccinations to be given without detriment to other patient services. We know that practices are currently working hard to undertake these first wave vaccinations as quickly as the supply chain and their clinical workload allows. We also know from listening to GP representatives across the UK that many practices are struggling to cope with the combined effects of normal seasonal illness, flu related workload and the vaccination campaign.

It was with this in mind that we had to insist that any national agreement for phase two of the campaign supported practices by releasing staff time and covering additional costs. Unfortunately, the health departments were unwilling to agree sufficient measures to help free up practice time to support this programme. Their offer reflected the per-jab element of the phase one arrangements but did not provide realistic further measures to ease pressure on GPs and their staff, which were an integral part of the phase one agreement. This approach ignores the practical difficulties inherent in a vaccination campaign of this scale and disregards the national benchmark for vaccination delivery set by the Influenza and Pneumococcal Immunisation Schemes.

We made it clear to the health departments that an average practice might have 360 registered patients under five and therefore need to offer enough appointments to vaccinate this group. These appointments will be longer and more complex than those needed to vaccinate most adults because of the extra time needed to provide explanation and reassurance to parents and children. Although we fully support the vaccination of children against H1N1, we have to balance an ongoing responsibility to operate without impairing other important day to day clinical work – the management of acute illness and the treatment and monitoring of chronic disease. We believe that the governments' expectation, that practices should vaccinate under-fives whilst coping with the current flu pandemic and vaccinating at-risk groups is unrealistic.

It is important that this group of children are vaccinated against H1N1 and, as national discussions to create a Directed Enhanced Service have now concluded without a solution, Local Enhanced Service

arrangements will need to be put in place to support the campaign. Because of the unique set of circumstances that swine flu has created, appropriate local enhanced services will be sensitive to local workload pressures which should mean that practices can be given the necessary support to engage in the next phase of the H1N1 vaccination programme. We hope LMCs and Primary Care Organisations (PCOs) will be able to swiftly reach agreements.

Where practices are not able to agree an appropriate local enhanced service and choose not to be part of the vaccination programme, practices should provide PCOs with a list of patients in this age group on request.

We share the governments' objective of ensuring those that would benefit from the H1N1 vaccination receive it. The GPC will soon be issuing guidance to help any practices who feel able to provide this service locally, though we recognise that where practices are already struggling, it may be appropriate for other professionals to undertake this work.

Yours faithfully

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Chairman, GPC

David Bailey
Chairman, GPC Wales

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