

**Flu Protocol 2020/2021 for People with Learning Disabilities in Sunderland**

**Introduction**

The Confidential Inquiry into the Deaths of People with Learning Disability (CIPOLD) found that respiratory problems were a major cause of death and the CIPOLD report recommended that people with learning disabilities should be identified as a high-risk group for inclusion in seasonal influenza vaccination programmes. The Leder Mortality Programme also stressed the importance of people with learning disabilities receiving their flu immunisation due to the high levels of premature deaths caused by respiratory disease. The importance of this approach is heightened currently due to the ongoing Covid-19 Pandemic.

**Sunderland Locality Approach**

The Sunderland Learning Disabilities Health Promotion Team have kindly offered to work in partnership with Sunderland Clinical Commissioning Group to support the GP practices in Sunderland with difficult to reach and complex individuals who may not ordinarily have their flu immunisation.

Referrals can be considered for those individuals who are accessing care and support from the Learning Disability Community Treatment Team or those whose care is primarily overseen by their GP in Primary Care. Individual’s may reside in their own homes, supported accommodation facilities or care home provisions.

**Sunderland Protocol**

This protocol aims to outline the process agreed for 2020-2021 due to the challenges faced during the Covid-19 Pandemic for optimising accessibility for Flu Vaccination administration for individuals from the Learning Disability population in Sunderland due to their increased vulnerability to respiratory illness.

The protocol will define the process for referral for an individual for consideration of this approach and support, obtaining the flu vaccine from the GP practice, administration to the individual, the associated documentation and sharing of information.

**The Role of the Sunderland Learning Disabilities** **Health Promotion Team**

The Sunderland Learning Disabilities Health Promotion Team will work with primary care across the city to support each practice, where there is a honorary contract in place, to identify individual’s with a learning disability on their register who have either not had the vaccine in the past or who have previously struggled to access their GP practice to have the vaccine administered.

Consent has been obtained to share information between the GP practice and the Sunderland Learning Disabilities Health Promotion Team by means of the easy read letter that was sent to all patients. Consent is then reviewed each year at their annual health check.

The Sunderland Learning Disabilities Health Promotion Team can support the clinicians within the Sunderland Learning Disabilities Community Treatment Team to also identify those individual’s receiving treatment by the service who may require a flexible outreach approach to access and engage with the administration of the vaccination and communicate with the GP to consider the most appropriate way forward.

**Process**

The GP practice can initiate contact with IRS on 03031231145 if they wish to make a referral for an individual to have their flu vaccination by the Sunderland Learning Disabilities Health Promotion Team.

Referrals will be considered for those individuals where it has not been possible to administer at the practice, where reasonable adjustments have been tried and proved not successful or where an individual is in a very high risk vulnerability group given the current Covid-19 Pandemic and it is felt it is in their best interest to have their vaccination administered in their own environment.

If an individual is already active to the Sunderland Learning Disabilities Community Treatment Team and the referral is actioned by the GP practice, IRS will email the request to [HPTLearningDisability@cntw.nhs.uk](mailto:HPTLearningDisability@cntw.nhs.uk) for consideration and processing.

If an individual is not active to the Sunderland Learning Disabilities Community Treatment Team, IRS will open the referral to the Sunderland Learning Disabilities Health Promotion Team and email the request to [HPTLearningDisability@cntw.nhs.uk](mailto:HPTLearningDisability@cntw.nhs.uk) for consideration and processing.

Referrals can also be made by the Sunderland Learning Disabilities Community Treatment Team for individual’s who are active to the service who meet this criteria by emailing [HPTLearningDisability@cntw.nhs.uk](mailto:HPTLearningDisability@cntw.nhs.uk).

Once the referral has been accepted by the Sunderland Learning Disabilities Health Promotion Team for support and administration of the Flu Vaccination appropriate consideration will be made to the most appropriate time, venue, environment and approach. The proposed plan will be communicated effectively with individual, family, carers, care provision, GP as necessary.

On the day of administration the Flu Vaccinator trained qualified nurse from the Sunderland Learning Disabilities Health Promotion Team or Sunderland Learning Disabilities Community Treatment Team will visit the individual’s GP practice to collect the vaccine populating appendix 2a of this document. The nurse will also require access to adrenaline should an anaphylactic reaction occur.

Following the attempted administration of the vaccine Appendix 2b will be populated and electronically sent to the GP practice to allow for the Primary Care records to be updated to reflect if the vaccine was successfully administered or not. If the administration has not been successful the vaccine returned to the practice or disposed of accordingly.

The GP practice will send an electronic receipt reflecting the documentation has been received and that the patient’s primary care record has been updated and coded accordingly. The administrating nurse will contact the GP practice by telephone as a prompt within 24 hours if no confirmation is received.

The administrating nurse will record on the individual’s electronic patient RIO progress notes the details of the clinical contact and that the flu vaccination has been attempted/administered. The record should contain the batch number, expiry date, vaccination site and time of vaccination.

The administering nurse will assume the individual has capacity in relation to understanding and agreeing to the flu vaccine. If capacity to understand the procedure is doubted by the clinician, they will make a best interest decision based on the individual’s presentation at the time of the clinical contact. If required the administering nurse will liaise with family, carers and professionals who will contribute to the decision making process.

*Further resources can be acquired by following the links here -*

https://www.gov.uk/government/publications/flu-vaccinations-for-people-with-learning-disabilities/flu-vaccinations-supporting-people-with-learning-disabilities



**Appendix 1**

Examples of Reasonable adjustments to consider before making referral for the flu immunisation to be given by Health Promotion Team

1. Is the issue environmental? Are they fearful of attending the practice? Could the practice nurse go out to the person’s home to administer it?
2. Is there a person in the practice that the patient has a good relationship with who could attempt to administer it?
3. Is the patient well known to the practice, do you have information about the person, their likes and dislikes, what they are interested in, what you could talk to them about as a means of distraction? Refer to their personal profile.
4. Have you contacted family members to see if they can support the patient to the practice?
5. Have you tried to use other forms of communication to help them understand why it is important, i.e. pictures and videos? Easy read materials.
6. Have you contacted your identified health promoter for your practice to see if they can offer any additional support?
7. Can desensitization be tried to encourage the patient to agree to the vaccine?
8. Has the use of topical applications to numb the skin prior to needle insertion been attempted?

**Use of the Nasal spray**

When someone with learning disabilities who is anxious about needles requires a blood test or an injection there should always be consideration of less invasive alternatives. This would include the use of the nasal spray flu vaccine.

The live intranasal influenza vaccine is given as a single spray squirted up each nostril. This has the advantage of being needle-free and for children it is more effective than the injected flu vaccine. This is not licensed for adults, as there is evidence it may be less effective than the injected inactivated vaccine. However, [guidance for healthcare workers](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/728536/Childhood_flu_programme_information_for_healthcare_practitioners_2018_19.pdf) says that medical practitioners can choose to use the nasal spray “off-label” and that this can be for “patients with learning disabilities who become seriously distressed with needles”. PHE has agreed that the national stock of the nasal spray flu can be used for this purpose but it needs to be individually prescribed using a Patient Specific Direction (PSD).



**Appendix 2a**

**Collection of Vaccine**

|  |  |
| --- | --- |
| **Patient Name** | **NHS Number** |
|  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Practice Name** | **Staff name providing vaccine** | **Staff Name receiving**  **vaccine** | **Batch Number** | **Expiry Date** |
|  |  |  |  |  |  |

**Signature of Provider…………………………………………**

**Signature of Collector………………………………………..**



**Appendix 2b**

Dear Dr

I am writing to inform you that the following patient has received their Seasonal Influenza Vaccine / Pneumococcal Vaccine.

Name of patient

NHS Number

D.O.B

**Inactivated Influenza Vaccine**

|  |  |  |
| --- | --- | --- |
| Batch No./ Expiry Date | Vaccination Site | Date Administered |
|  |  |  |

This patient was unable to have the Flu immunisation today due too

|  |  |
| --- | --- |
|  | Tick |
| Distress |  |
| Behavioural issues |  |
| Unwell |  |
| Capacity and consent |  |
| Other |  |

**Print Name**

**Signature**

**Date**

