

BLMK IMMUNISATION STRATEGY & IMPROVEMENT PLAN 2025/26

FLU PROGRAMME 2025/26									
Strategic Aims & Objectives Successful delivery of flu immunisation aimed at providing best protection to those at higher risk of flu associated severe illness. Objectives are: <ul style="list-style-type: none"> Increase uptake of flu vaccination across all eligible cohorts with minimum goal to match or better previous year's uptake percentage. Focus will be on frontline HSCW, clinical risks groups, children aged 2 and 3 years old and pregnant women Reduce inequalities in vaccination coverage across ethnic groups, socioeconomic and geographical areas within BLMK Strengthen partnership working across primary care, providers, public health, community, and voluntary sectors 									
Eligible Cohorts & Programme Timing - based on the national flu immunisation letter published Feb 13 2025 <table border="0" style="width:100%"> <tr> <td style="width:50%"> From 1 September 2025: <ul style="list-style-type: none"> Pregnant women All children aged 2-3 years as of 31 August 2025 Primary school children (Reception – Year 6) Secondary school children (Year 7-11) Children aged 6 months - <18 years in clinical risks groups </td> <td style="width:50%"> From 1 October 2025: <ul style="list-style-type: none"> Adults ≥ 65 years Adults 18 - <65 in clinical risk groups Residents in long-stay care homes Carers (on carer's allowance or main carers of older/disabled people) Close contacts of immunocompromised individuals Frontline social-care workers (without employer OH schemes) All frontline healthcare workers, including both clinical and non-clinical staff who have contact with patients and social-care staff in care home settings </td> </tr> </table>					From 1 September 2025: <ul style="list-style-type: none"> Pregnant women All children aged 2-3 years as of 31 August 2025 Primary school children (Reception – Year 6) Secondary school children (Year 7-11) Children aged 6 months - <18 years in clinical risks groups 	From 1 October 2025: <ul style="list-style-type: none"> Adults ≥ 65 years Adults 18 - <65 in clinical risk groups Residents in long-stay care homes Carers (on carer's allowance or main carers of older/disabled people) Close contacts of immunocompromised individuals Frontline social-care workers (without employer OH schemes) All frontline healthcare workers, including both clinical and non-clinical staff who have contact with patients and social-care staff in care home settings 			
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Workstream Leads Programme SRO – Craig Lister Senior Programme Manager – Suzie Ogunleye Primary Care – Angelina Florio (BB), Shalene Daly (CB), Andrew Boyd (LB), Donna Holding (MK) Care Homes, Shielded Patients and Residential Homes Lead – Suzie Ogunleye Children, Young People & Maternity – Rebecca Twist (HCT), Barbara Hamill (Regional Imms Lead) Under 65 ‘at risk’ patients particularly with Long Term condition – Chirag Bakhai Hospital and Front-Line Staff – Emma Else and Jackie Davies (Occupational Health Managers) – Bedfordshire Hospitals, Rebecca Bason - MKUH Carers and Care Staff – Local Authority & Public Health – DASs, Christina Gleeson, Jo Freeman, Zahid Ullah Community Pharmacy & Medicines Management – Funmi Balogun, Fiona Garnett Communications Lead – Steven Thomas Dashboard, Data & Surveillance – Jeremy Phillips (Public Health Officer – Population Health Analyst); Suzie Ogunleye	
Key Actions to Support Delivery & Improve Uptake	
<p>A. Data Driven Targeting</p> <ul style="list-style-type: none"> Use FDP data to map low uptake areas and under-vaccinated populations. Identify top 10 lowest performing PCNs and liaise with Place leads to create tailored improvement plans. Weekly dashboard reporting during peak vaccination season. Report flu vaccination uptake to Quality and Performance Committee and Public boards. <p>B. Community Outreach and Engagement</p> <ul style="list-style-type: none"> Deliver targeted flu vaccine information campaigns in community languages (e.g. Polish, Urdu, Bengali). Partner with local VCSE groups, especially those supporting ethnic minorities, elderly and disabled people. Use faith-based venues (mosques, churches, temples) for pop-up clinics or information sessions. <p>C. School and Child Vaccination</p> <ul style="list-style-type: none"> Early communication to advise parents/guardians of all eligible 2- and 3-year-olds to access the flu vaccination from their GP practice. Engage school headteachers to support full participation. Ensure robust scheduling with school immunisation teams to avoid missed cohorts. Engage with parent groups/PTAs to dispel myths and encourage uptake. Include SEND schools and alternative education settings in planning. Local call and recall initiatives operated by HCT CSAIS. Work with Local Authorities to share benefit messages at children’s centres and community hubs. Community catch-up clinics across BLMK run by HCT offering Flu vaccines. Clinic dates, times and locations will be communicated to GPs, Public Health, ICB website etc. 	<p>D. Enhance Primary Care</p> <ul style="list-style-type: none"> Offer evening/weekend flu clinics across all PCNs. Provide recognition for practices that meet or exceed targets. Use SMS, email, and phone outreach from practices for reminders. Proactive call/recall system to contact all at risk patients. <p>E. Workforce and Care Sector</p> <ul style="list-style-type: none"> Coordinate with local authority social care leads to support with consents and ensure flu access for care home staff and residents. Early comms with employers i.e. ICBs, Bedfordshire and MK Hospitals, ELFT, CCS other system partners to ensure healthcare workers get their flu vaccine. Run on-site vaccination days for NHS and care sector staff and encourage peer vaccinators. Include flu messages in all ICB internal comms and HR bulletins. Occupational Health Departments will provide frequent bookable clinics for the entire flu vaccination period. Online booking system ‘Vaccination Track’ to send all staff invite self-book their appointment. Staff can directly email or call occupational health depart to book flu appt. Weekly email reminders to be sent throughout the flu season unless staff responds that they have either received the vaccine elsewhere or decline. <p>F. Communications Campaign</p> <ul style="list-style-type: none"> Launch key BLMK campaign in September using social media, radio, local press. Include real-life stories from BLMK residents who benefitted from the flu jab. Update BLMK ICB website with an easy-to-navigate flu vaccine portal with cohort specific information and clinic locations.
Key Timelines	
<ul style="list-style-type: none"> ➤ Finalise programme planning with service providers ➤ Launch internal and external communications campaign ➤ NBS opens for participating sites to post flu and COVID-19 appointments ➤ NBS open for bookings to the public for vaccination from 1 Oct 2025 ➤ Begin rollout of flu vaccine to pregnant women and all eligible children ➤ Commence flu and COVID-19 vaccine rollout to all eligible adults ➤ Peak delivery window ➤ School aged cohorts – vaccination in schools should be completed with further catch-up opportunities ➤ Catch-up and mop-up clinics ➤ Last available appointment on NBS and Flu autumn/winter vaccination programme ends. ➤ Programme review and evaluation 	<p>July 2025</p> <p>August 2025</p> <p>18 August 2025</p> <p>1 September 2025</p> <p>1 September 2025</p> <p>1 October 2025</p> <p>September – December 2025</p> <p>12 October 2025</p> <p>December 2025 – January 2026</p> <p>31 March 2026</p> <p>February 2026 – April 2026</p>
Risks/Challenges and Mitigation	
<ul style="list-style-type: none"> Impact of the ICB changes (cluster arrangements) on workforce to drive delivery of autumn 25/26 vaccination programmes. Lack of national comms and low uptake in key eligible groups to be mitigated by enhanced comms, localised outreach and flexible delivery models Low uptake in frontline healthcare workers. Support from Trust executives and leaders to encourage their staff/teams to access the flu vaccine. Lack of national comms and low uptake in eligible groups to be mitigated by enhanced comms, localised outreach and flexible delivery models. Vaccine supply chain disruption to be mitigated by obtaining Provider assurance that sufficient vaccines has been ordered in advance. Public confusion regarding co-administration. Provide clear messaging from trusted sources, training for frontline staff Difficulty for HCT CSAIS to get static room/space in Trust settings to support maternity vaccinations, which helps delivery of vaccination with women knowing where to go after their scans. Even when room is booked, team is often moved. Issue raised with Trust for a solution. Challenge in finding appropriate community venues at certain times as car parking is a barrier. Significant barriers for CSAIS to identify children that have outstanding immunisations (and which immunisations). Data sharing between GP Practices and CSAIS team to be improved by ensuring all GP Practices who use SystmOne switch on Enhance Data Sharing Model (eDSM). 	
Governance and Monitoring	
Flu programme governance arrangements: BLMK Immunisation Board meeting monthly. Upward reporting to Primary Care Delivery Group	