

Gateway Reference 07402

To: CCGs

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Dear colleagues

Clarification over contracting arrangements for post-exposure prophylaxis with antiviral drugs for influenza like illness (ILI)

Influenza vaccination remains the first-line intervention to prevent influenza and its complications; however, NICE technology appraisal guidance (TA158) describes the benefits of antivirals (neuraminidase inhibitors such as oseltamivir and zanamivir) for at risk patients¹ arising from localised community outbreaks of influenza.

Local Public Health England Centre Health Protection Teams (PHE Centre HPTs) routinely receive reports of outbreaks. Where an outbreak is reported, they undertake an assessment and, if indicated, will recommend the use of antivirals for exposed persons in at risk groups.

NHS England wrote to Clinical Commissioning Groups (CCGs) in a letter dated 12 June 2017 to clarify contractual arrangements for providing services to at risk patients and asking CCGs to inform their local health protection teams (HPTs) about these arrangements, to ensure a timely response to local outbreaks of Influenza like illness in the out of season period. A copy of the letter can be found [here](#).

This letter is to clarify the contractual position for service provision as we approach the winter and circulating levels of influenza are set to rise.

At the point when the Chief Medical Officer confirms that circulating levels of influenza have risen to a level which defines the 'flu season', prescribers will be able to prescribe antiviral medications on the usual FP10.

¹ At risk patients include patients with chronic respiratory disease, chronic heart disease, chronic renal disease, chronic liver disease, chronic neurological disease, immunosuppression and diabetes mellitus. People who are aged 65 years or older are also defined as at-risk for the purpose of this guidance.

NICE TA 168 recommends the use of oseltamivir and zanamivir within their marketing authorisations, for the treatment of influenza in adults and children if *all* the following circumstances apply:

- national surveillance schemes indicate that influenza virus A or B is circulating;
- the person is in an 'at-risk' group; and
- the person presents with an influenza-like illness and can start treatment within 48 hours (or within 36 hours for zanamivir treatment in children) of the onset of symptoms as per licensed indications.

From a contractual perspective, treatment of patients who are ill, or who believe themselves to be ill, with influenza like illness will fall within the definition of essential medical services and we would expect patients to be managed as such, in line with the requirements set out in the GP contract.

However, a distinction has to be made between those patients who are ill (or believe themselves to be ill) and those at risk patients who are not ill but for whom post-exposure prophylaxis with antiviral drugs has been recommended because of local contact with a person with influenza-like illness.

What this means in practice is that established commissioning arrangements to respond to PHE Centre HPT alerts of a localised outbreak in a residential or nursing homes (or other contained communities; for example, boarding schools) should continue throughout the year. The difference between the 'flu season' and the 'out of flu season' will be that patients can be issued with a FP10 during the flu season.

For those CCGs that have not yet commissioned services to respond to a PHE Centre HPT alert by ensuring appropriate clinical assessment, prescribing and supply of antivirals, this needs to be done with some urgency as we approach what is likely to be a challenging winter.

A range of options exist for how such a service can be commissioned. Some CCGs have commissioned a local enhanced services delivered by some or all GP practices; however, given at risk patients should begin prophylaxis within 36 hours of contact with an index case for zanamivir and within 48 hours of contact with an index case for oseltamivir, a number of CCGs have commissioned this service from their out-of-hours or urgent care providers.

CCGs should be aware that it will not be possible to access the local PHE Centre antiviral stocks for outbreaks during the period when the Chief Medical Officer has confirmed that influenza is circulating in the community. Antivirals 'in-season' are available on a FP10.

If not already established, as a priority CCGs should advise their local PHE Centre HPT about the arrangements which have been made for notification and activation of

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the local NHS response, seven days a week so that information about local ILI outbreaks can be acted upon without delay.

For further information or for examples of how this service has been commissioned elsewhere, please contact england.primarycareops@nhs.net

Best wishes

A handwritten signature in blue ink, appearing to read 'David Geddes', written in a cursive style.

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