Enhanced services specification

Seasonal influenza and pneumococcal immunisation enhanced service

NHS England gateway reference: 01790

Introduction

1. All GMS practices are expected to provide essential and those additional services they are contracted to provide to all their patients. This Enhanced Service (ES) specification outlines more specialised services to be provided. The specification of this service is designed to cover the enhanced aspects of clinical care all of which are beyond the scope of essential services. No part of the specification by commission, omission or implication defines or redefines essential or additional services.

2. This programme is directed at GP practices[1] delivering vaccination and immunisation services in England.

3. This programme has been agreed between NHS Employers (on behalf of NHS England[2]) and the General Practitioners Committee (GPC) of the British Medical Association (BMA).

Background

4. For most healthy people, influenza is an unpleasant but usually self-limiting disease. However, children, older people, pregnant women and those with underlying disease are at particular risk of severe illness if they catch it. This ES covers those patients most at risk from influenza aged six months and older.

[1] Reference to 'GP practice' in this specification refers to a provider of essential primary medical services to a registered list of patients under a General Medical Services, Personal Medical Services or Alternative Medical Services contract.

[2] From 1 April 2013 the NHS Commissioning Board (NHS CB) is the body legally responsible for the commissioning of primary care in England. However, the NHS CB operates under the name NHS England, therefore the name NHS England is used throughout this guidance.

Children aged two, three and four are not included in this ES as these patients are covered by the childhood influenza vaccination programme[3].

5. Pneumococcal infection is caused by *Streptococcus pneumoniae* – a common cause of pneumonia which can also lead to invasive disease including meningitis and septicaemia. Invasive disease is common in young children, who are offered protection against 13 serotypes of *S. pneumoniae* through the pneumococcal conjugate vaccination (PCV13) programme. Children aged under two are covered by the Statement of Financial Entitlements (SFE) (chapter 13). In older children and adults, severe pneumococcal infection predominantly affects those with underlying conditions and the elderly.

6. The aim of the seasonal influenza and pneumococcal polysaccharide immunisation ES is to protect those who are most at risk of serious illness or death should they develop influenza or pneumococcal disease, by offering protection against the most prevalent strains of influenza virus and against 23 serotypes of *S. pneumoniae*.

7. This is a new specification for area teams to commission routine seasonal influenza vaccinations and pneumococcal polysaccharide vaccinations. This programme is effective from 1 August 2014 to 31 March 2015.

   7.1 The patients eligible for seasonal influenza vaccination under this ES are those patients aged 65 and over on 31 March 2015, pregnant women, those patients aged six months to 64 years (excluding patients aged two, three and four as of 1 September 2014[4]) defined as at-risk in the Green Book[5] and locum GPs. The patients eligible for vaccination under this ES are also outlined at Annex A.

   7.2 The patients eligible for pneumococcal polysaccharide vaccination under this ES are patients who have not been vaccinated since aged two with PPV23, who are aged 65 and over and those patients aged two to 64 on 31 March 2015 defined as at-risk in the Green Book[6]. The patients eligible for vaccination under this ES are also outlined at Annex B.

8. Fluenz Tetra® manufactured by AstraZeneca UK Limited, is the recommended seasonal influenza vaccine for patients aged two and over but not yet 18 or over without a valid contra-indication; it is administered as a nasal spray. Fluenz Tetra® will be centrally supplied through ImmForm. For other at-risk children aged six months to two years and for those where Fluenz Tetra® is contra-indicated contractors will also be centrally supplied with an alternative inactivated influenza vaccine.

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[3] NHS England. Childhood influenza vaccination programme. ES specification. http://www.england.nhs.uk/ourwork/commissioning/gp-contract/

[4] Patients aged two, three and four are not included in this ES. These patients are covered by the childhood influenza vaccination programme.

[5] Green Book. Chapter 19. https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book

[6] Green Book. Chapter 25. https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book

9. For all other patients eligible for seasonal influenza vaccination under this ES, one of the inactivated influenza vaccines listed in Annex H of the NHS England, PHE, DH seasonal influenza tri-partite letter[7] should be administered.

10. The vaccine used against pneumococcal disease in those aged two and over is the 23-valent plain pneumococcal polysaccharide vaccine – PPV23 (Pneumovax® II), manufactured by Sanofi Pasteur MSD. Adults previously unvaccinated with PPV23 aged 65 and over should be offered a single dose of PPV23. Children aged two and over and adults in a clinical risk group who have not previously received a PPV23 vaccination should also be offered a single dose of PPV23.

11. Unlike the seasonal influenza vaccination, PPV23 is not repeated annually. No further doses are required, except for individuals with no spleen, splenic dysfunction or chronic renal disease who will require boosters at five year intervals. Practices should contact their area team to reach local agreement on the re-vaccination of these patients. Where local agreement has been reached, area teams can manually adjust achievement on CQRS to facilitate payment.

12. Further details on the background, dosage, timings and administration of the vaccinations for influenza and pneumococcal disease can be found in the relevant Green Book chapters.

Aims

13. The aim of this ES is to support NHS England area teams in delivering seasonal influenza and pneumococcal polysaccharide vaccinations with GP practices in order to protect patients who are at increased risk of severe complications of the influenza and pneumococcal diseases.

14. The target timeframe for the influenza programme is five months from 1 September 2014 to 31 January 2015 in order to achieve maximum impact of the programme before influenza starts to circulate. However, GP practices may begin vaccinating from 1 August 2014 when the influenza vaccines become available for this season and may continue to vaccinate and receive payment for eligible patients until 31 March 2015.

15. PPV23 is only required once in most individuals, however, it is recognised that clinically the vaccine can be given outside of the winter period but any vaccination given outside of the timeframe for this ES would not be eligible for payment. The seasonal influenza programme offers an opportunity (using the same call and recall system) to provide PPV23 alongside seasonal influenza to unvaccinated people in risk groups and those who have just turned 65. As pneumococcal infection is a recognised complication of influenza, providing the two vaccines together early in the season will increase the level of protection to vulnerable individuals over the winter period.

[7] NHS England, PHE and DH tri-partite letter and national flu plan. April 2014. https://www.gov.uk/government/collections/annual-flu-programme

Process

16. This ES commences on 1 August 2014 until 31 March 2015.

17. NHS England area teams will offer this ES to GP practices by 30 June 2014.

18. GP practices will be required to confirm participation in this ES to their area team by 31 July 2014.

19. NHS England and GP practices will record GP practices' participation on the Calculating Quality Reporting Service (CQRS).

Service specification

20. The requirements for GP practices participating in the ES are as follows:

    20.1 **Provide seasonal influenza vaccination** to all eligible patients registered at the GP practice; unless contra-indicated.

        a. Eligible patients are those who are registered at the practice, who are:

            i. aged 65 and over.

            ii. pregnant women.

            iii. aged six months and over to 64[8] and defined as at-risk in the Green Book[9].

            iv. locum GPs (to be vaccinated by the GP practice where they are registered as a patient).

        b. Patients should be vaccinated on either:

            i. a proactive call basis, if not considered at-risk, or

            ii. a proactive call and recall basis, if considered at-risk with the aim of maximising uptake in at-risk patients[10].

        c. Immunisation is contra-indicated where the patient has previously had a confirmed anaphylactic reaction to a previous dose of the vaccine, or to any component of the vaccine.

[8] Patients aged two, three and four are not included in this ES. These patients are covered by the childhood influenza vaccination programme.
[9] This is also included as Annex A of this ES specification.
[10] The Directions state that practice must have robust call and reminder systems to contact at-risk patients with the aim of maximising uptake in the interest of at-risk patients and meeting any public health targets.

d. Vaccination must be delivered during the period of this ES, namely between 1 August 2014 and 31 March 2015, with vaccinations concentrated between 1 September 2014 and 31 January 2015.

e. Vaccination must be with the appropriate vaccine and dosage[11, 12]: Practices should ensure that the correct dosage is administered as clinically appropriate. Where two doses are required a failure to do so may render vaccination ineffective. Conversely where only one vaccination is clinically appropriate payment should not be made for a second dose within the period 1 August 2014 to 31 March 2015.

   i. One dose of inactivated influenza vaccine (which will be centrally supplied), is required for patients aged six months and over but not two years or over at the time of vaccination.

   ii. Fluenz Tetra® (which will be centrally supplied), is required for patients aged two years and over but not 18 years or over at the time of vaccination who are not contra-indicated. Where Fluenz Tetra® is contra-indicated, one dose of a suitable inactivated influenza vaccine (which will also be centrally supplied) is required.

   iii. One dose of inactivated influenza vaccine is recommended for all other patients eligible under this ES including those patients aged six months and over but not yet two years old at the time of vaccination. Vaccines for patients aged 18 and over should be ordered direct from the manufacturers.

   iv. Patients aged six months and over but not nine years or over at the time of vaccination, defined as at-risk who have not received influenza vaccination previously, will require a second dose of either Fluenz Tetra® or inactivated influenza vaccine[13], at least four weeks after the first dose.

20.2 **Provide pneumococcal polysaccharide vaccination** to all eligible patients registered at the GP practice; unless contra-indicated.

f. Eligible patients are those who are previously unvaccinated with PPV23 since aged two, registered with the practice, who are:

   v. aged 65 and over.

   vi. aged two to 64 years and defined as at-risk in the Green Book[14].

[11] Further details on the background, dosage, timings and administration of the vaccination can be found in the tri-partite letter. In addition guidance is available at NHS Employers website. http://www.nhsemployers.org/your-workforce/primary-care-contacts/general-medical-services/vaccination-and-immunisation

[12] This is also included as Annex C of this ES specification.

[13] Practices should ensure that the patients is given an age appropriate vaccine.

[14] This is also included as Annex B of this service specification.

g. Patients should be vaccinated on either:

iii. a proactive call basis, if not considered at-risk, or

iv. a proactive call and recall basis, if considered at-risk.

h. Immunisation is contra-indicated where the patient has previously had a confirmed anaphylactic reaction to a previous dose of the vaccine, or to any component of the vaccine.

i. Vaccination must be delivered during the period of this ES, between 1 August 2014 and 31 March 2015.

20.3 Vaccination is with a single dose of Pneumovax® II. Boosters are required at five yearly intervals in individuals with no spleen, splenic dysfunction or chronic renal disease as outlined in Green Book. Practices should contact their area teams to reach local agreement on the re-vaccination of these patients. Where local agreement has been reached, area teams can manually adjust achievement on CQRS to facilitate payment.

20.4 **Take all reasonable steps to ensure that the medical records of patients receiving the <u>influenza and pneumococcal vaccinations</u> are kept up to date with regard to the immunisation status** and in particular, include:

a. any refusal of an offer of immunisation,

b. where an offer of immunisation is accepted:

c. details of consent to the immunisation (including persons that have consented on the patient's behalf and that person's relationship to the patient must also be recoded),

d. the batch number, expiry date and title (brand) of the vaccine,

e. the date of administration,

f. where other vaccines are administered at the same visit, the route of administration and the injection site of each vaccine, any contra-indication to the vaccination or immunisation or any adverse reactions to the vaccination or immunisation,

g. where vaccines have been administered by other healthcare providers, where notified by the patient or other healthcare provider, practices should ensure that the patient record is updated accordingly[15].

[15] The NHS GMS Regulations 2004 – Part 5 – Records, information, notifications and rights of entry, 73.3. "The contractor shall include in the records referred to in sub-paragraph (2) clinical reports sent in accordance with paragraph 7 of this Schedule or from any other healthcare professional who has provided clinical services to a person on its list of patients."

20.5 **Ensure that all healthcare professionals who are involved in administering the vaccine have:**

a. referred to the clinical guidance available,

b. the necessary experience, skills and training, including training with regard to the recognition and initial treatment of anaphylaxis.

20.6 **Ensure all orders of vaccine are in line with national guidance, including adherence to any limits on stocks to be held at any one time.**

a. The seasonal influenza vaccines for patients aged six months and over but not yet 18 or over for this programme are Fluenz Tetra® for all cases except where the patient is either too young or contra-indicated. For these patients inactivated influenza vaccines Fluarix Tetra® (GSK) and TIV (Split Viron) BP (Sanofi Pasteur MSD) will be supplied. Fluenz Tetra® and inactivated influenza vaccine for this cohort should be ordered online from ImmForm as per other centrally supplied vaccines. Practices are required to order inactivated influenza vaccines for all other patients eligible for vaccination under this ES direct from the manufacturers[16].

b. Pneumovax® II is the recommended pneumococcal vaccine for patients aged 65 and over and for children and adults in the clinical risk groups aged five to 65 and over, administered as a single dose.

20.7 **Ensure all vaccines are stored in accordance with the manufacturer's instructions.** All refrigerators in which the vaccines are stored should have a maximum/minimum thermometer and readings are to be taken and recorded from that thermometer on all working days.

20.8 **Ensure that services are accessible, appropriate and sensitive to the need of all patients.** No eligible patient shall be excluded or experience particular difficultly in accessing and effectively using this service due to their race, gender, disability, sexual orientation, religion and/or age.

20.9 **Providers will monitor and report activity information via ImmForm on a monthly basis.** The activity information shall include a monthly count of all eligible patients who received influenza vaccination in the relevant month.

20.10 **Practices who agree to participate in this ES will be required to indicate acceptance on CQRS to enable CQRS to calculate the monthly payment achievement data via manually entered data or via GPES.**

20.11 **Practices will be required to input data manually into CQRS (until such time as GPES is available), on a monthly basis for the period 1**

[16] The available inactivated influenza vaccines and suitable age ranges are detailed in Annex H of the tri-partite letter.

August 2014 to 31 March 2015. The Read codes which must be used to record activity are available in the document "Technical requirements for 2014/15 GMS contract changes"[17].

20.12 **Where the patients has indicated they wish to receive the vaccination but it is physically unable to attend the practice** (for example is housebound) the practice must make all reasonable effort to ensure the patient is vaccinated.

Monitoring

21. NHS England through area teams will monitor this ES.

22. Practices will report data manually on to CQRS on a monthly basis from August/September[18] until such time as GPES is available to extract data, on a monthly basis relating to the number of patients on the practices registered list, who:

    22.1 for seasonal influenza vaccination under this ES are those patients aged 65 and over on 31 March 2015, pregnant women, those patients aged six months to 64 years (excluding patients aged two, three and four as of 1 September 2014[19]) defined as at-risk in the Green Book[20] and locum GPs.

    22.2 for PPV23 vaccination under this ES are those patients aged 65 and over and those patients aged five to 64 years on 31 March 2015 defined as at-risk in the Green Book[21].

Payment and validation

23. Payments will commence in October 2014 and will be made on a monthly basis.

24. Practices who wish to participate in this ES will be required to sign up to CQRS by no later than 31 August 2014.

25. Payment is available to participating GP practices under this ES as an item of service payment of £7.64 per dose to eligible patients and in accordance with paragraph 20 and provisions within this ES specification. Practices should ensure that the correct dosage is administered as clinically appropriate. Where two doses are required a failure to do so may render vaccination ineffective.

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[17] NHS Employers. Technical requirements for 2014/15 GMS contract changes. http://www.nhsemployers.org/GMS2014-15

[18] The HSCIC will inform practices when CQRS will be available to support this ES.

[19] Patients aged two, three and four are not included in this ES. These patients are covered by the childhood influenza vaccination programme.

[20] Green Book. Chapter 19. https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book

[21] Green Book. Chapter 25. https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book

Conversely where only one vaccination is clinically appropriate payment should not be made for a second dose within the period 1 August 2014 to 31 March 2015. Where a patient has been administered a second dose of an appropriate seasonal influenza vaccine, NHS England may request evidence as to why a second dose has been given, in the event that the second dose was not clinically indicated NHS England may choose to claw back payment for that dose.

26. GP practices will only be eligible for payment for this ES in circumstances where all of the requirements have been met, including.

    26.1 The GP practice is contracted to provide vaccine and immunisations as part of additional services.

    26.2 All patients in respect of whom payments are being claimed were on the GP practices registered list at the time the vaccine was administered and all of the following apply:

        a. The GP practice administered the vaccine to all patients in respect of whom payment is being claimed.

        b. All patients in respect of whom payment is being claimed were within the cohort (as specified in paragraph 20) at the time the vaccine was administered.

        c. The GP practice did not receive any payment from any other source in respect of the vaccine. Should this be the case, then NHS England may reclaim any payments as set out in Annex D of this ES specification.

        d. The GP practice submits the claim within six months[22] of administering the vaccine (NHS England may set aside this requirement if it considers it reasonable to do so).

27. As the seasonal influenza vaccine for patients aged six months and over but not yet 18 or over is centrally supplied, no claim for reimbursement of vaccine costs or personal administration fee apply to these vaccinations.

28. As practices are required to procure vaccines for seasonal influenza for patients aged 18 and over and pneumococcal polysaccharide aged two and over direct from the manufacturers, the normal ordering and fees apply to these vaccines.

29. NHS England area teams will be responsible for post payment verification. This may include auditing claims of practices to ensure that they meet the requirements of this ES. NHS England may make use of the additional information extracted by GPES on complete and incomplete vaccinations.

30. Administrative provisions relating to payments under the ES are set out in Annex D of this ES specification.

[22] This is in line with the SFE and is only applicable if CQRS is not being used.

Annex A: Groups included in this ES and included in the national influenza immunisation programme as defined in the tri-partite letter

Eligible groups	Further details
All patients aged 65 years and over	"Sixty-five and over" is defined as those aged 65 years and over on 31 March 2015 (i.e. born on or before 31 March 1950).
Chronic respiratory disease aged six months and over	Asthma that requires continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospital admission. Chronic obstructive pulmonary disease (COPD) including chronic bronchitis and emphysema; bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis and bronchopulmonary dysplasia (BPD). Children who have previously been admitted to hospital for lower respiratory tract disease.
Chronic heart disease aged six months and over	Congenital heart disease, hypertension with cardiac complications, chronic heart failure, individuals requiring regular medication and/or follow-up for ischaemic heart disease.
Chronic kidney disease aged six months and over	Chronic kidney disease at stage 3, 4 or 5, chronic kidney failure, nephrotic syndrome, kidney transplantation.
Chronic liver disease aged six months and over	Cirrhosis, biliary atresia, chronic hepatitis.
Chronic neurological disease aged six months and over	Stroke, transient ischaemic attack (TIA). Conditions in which respiratory function may be compromised due to neurological disease (e.g. polio syndrome sufferers). Clinicians should offer immunisation, based on individual assessment, to clinically vulnerable individuals including those with cerebral palsy, learning difficulties, multiple sclerosis and related or similar conditions; or hereditary and degenerative disease of the nervous system or muscles; or severe neurological disability.
Diabetes aged six months and over	Type 1 diabetes, type 2 diabetes requiring insulin or oral hypoglycaemic drugs, diet controlled diabetes.
Immunosuppression aged six months and over	Immunosuppression due to disease or treatment, including patients undergoing chemotherapy leading to immunosuppression, bone marrow transplant, HIV infection at all stages, multiple myeloma or genetic disorders

	affecting the immune system (e.g. IRAK-4, NEMO, compliment deficiency). Individuals treated with or likely to be treated with systemic steroids for more than a month at a dose equivalent to prednisolone at 20 mg or more per day (any age), or for children under 20 kg, a dose of 1 mg or more per kg per day. It is difficult to define at what level of immunosuppression a patient could be considered to be at a greater risk of the serious consequences of influenza and should be offered seasonal influenza vaccination. This decision is best made on an individual basis and left to the patient's clinician. Some immune-compromised patients may have a suboptimal immunological response to the vaccine.
Asplenia or dysfunction of the spleen aged six months and over	This also includes conditions such as homozygous sickle cell disease and coeliac syndrome that may lead to splenic dysfunction.
Pregnant women	Pregnant women at any stage of pregnancy (first, second or third trimesters).
People in long-stay residential or homes	Vaccination is recommended for people living in long-stay residential care homes or other long-stay care facilities where rapid spread is likely to follow introduction of infection and cause high morbidity and mortality. This does not include, for instance, prisons, young offender institutions, or university halls of residence.
Carers	Those who are in receipt of a carer's allowance, or those who are the main carer of an elderly or disabled person whose welfare may be at risk if the carer falls ill.
Locum GPs	Where locum GP's wish to be vaccinated, they should be vaccinated by their own GP *(all other GP's and primary care staff are the responsibility of their employer as part of occupational health arrangements)*.

PHE state that this list is not exhaustive and the clinicians should apply clinical judgement to take into account the risk of influenza exacerbating any underlying disease that a patient may have, as well as the risk of serious illness from influenza itself. Influenza vaccine should be offered in such cases even if the individual is not in the clinical risk groups specified above[23].

[23] Only those patients eligible for vaccination as defined in this ES specification will be paid for under this enhanced service.

Annex B: Groups included this ES and included in the pneumococcal polysaccharide immunisation programme as defined in the Green Book[24]

Eligible groups	Further details
Patients aged 65 years and over	"Sixty-five and over" is defined as those aged 65 years and over on 31 March 2015 (i.e. born on or after 31 March 1950)
Chronic respiratory disease aged 2 to 64 years	Asthma (only if so severe it requires continuous or frequently repeated or use of systemic steroids). Chronic respiratory disease including chronic obstructive pulmonary disease (COPD), chronic bronchitis and emphysema, bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis and bronchopulmonary dysplasia (BPD). Children with respiratory problems caused by aspiration or a neurological condition (e.g. cerebral palsy).
Chronic heart disease aged 2 to 64 years	Congenital heart disease, hypertension with cardiac complications, chronic heart disease, chronic heart failure, individuals requiring regular medications and/or follow-up for ischaemic heart disease.
Chronic kidney disease aged 2 to 64 years	Chronic kidney disease at stages 4 and 5, nephrotic syndrome, kidney dialysis and those with kidney transplantation
Chronic liver disease aged 2 to 64 years	Chronic liver disease, cirrhosis, biliary atresia, chronic hepatitis
Diabetes aged 2 to 64 years	Diabetes mellitus require insulin or oral hypoglycaemic drugs NOT diabetes that is diet controlled
Immunosuppression & asplenia or dysfunction of the spleen aged 2 to 64 years	Immunosuppression due to disease or treatment, chemotherapy bone marrow transplant, asplenia or splenic dysfunction, HIV infection at all stages, multiple myeloma or genetic disorders affecting the immune system (e.g. IRAK-4, NEMO complemented deficiency) and individuals likely to be on systemic steroids for more than a month at a dose equivalent to prednisolone at 20 mg or more per day (any age), or for children under 20 kg, a dose of 1 mg or more per kg per day.

[24] Only those patients eligible for vaccination as defined in this ES specification will be paid for under this ES.

Individuals with cochlear implants aged 2 to 64 years	It is important that it does not delay the Individuals with cochlear implants.
Individuals with cerebrospinal fluid leaks e.g. following trauma or major skull surgery aged 2 to 64 years	Individuals with cerebrospinal fluid leaks e.g. following trauma or major skull surgery

Annex C: Vaccines and dosage

Seasonal influenza vaccination programme (as defined in the tri-partite letter)

Eligible groups	Vaccine	Dosage
6 months to less than 2 years in clinical risk groups	Inactivated influenza vaccine	1 dose unless first influenza vaccination in which case a second dose is recommended at least 4 weeks after the first
2 years to less than 9 years in clinical risk groups	Fluenz Tetra® unless contra-indicated then a suitable inactivated influenza vaccine is recommended	1 dose unless first influenza vaccination in which case a second dose is recommended at least 4 weeks after the first
9 years to less than 18 years in clinical risk groups	Fluenz Tetra® unless contra-indicated then a suitable inactivated influenza vaccine is recommended	1 dose
18 years and over in clinical risk groups	Inactivated influenza vaccine	1 dose
65 years and over	Inactivated influenza vaccine	1 dose

For a list of the available TIV's, suppliers and the appropriate age indications see Annex H of the tri-partite letter[25].

Pneumococcal polysaccharide vaccination programme (as defined in the Green Book)

Eligible groups	Vaccine	Dosage
2 to 4 years in clinical risk groups	PPV23	1 single dose, after an age appropriate course of PCV13
5 to 64 years in clinical risk groups	PPV23	1 single dose
65 and over	PPV23	1 single dose

[25] NHS England, PHE and DH tri-partite letter and national flu plan. April 2014. https://www.gov.uk/government/collections/annual-flu-programme

Annex D. Administrative provisions relating to payments under the ES for seasonal influenza and pneumococcal immunisation ES

1. Payments under this ES are to be treated for accounting and superannuation purposes as gross income of the GP practice in the financial year.

2. The amount calculated as payment in the period 1 August 2014 to 31 March 2015 falls due from September on the last day of the month following the month during which the GP practice provides the information specified in this ES.

3. Payment under this ES, or any part thereof, will be made only if the GP practice satisfies the following conditions:

    3.1 the GP practice must make available to NHS England any information under this ES, which NHS England needs and the GP practice either has or could be reasonably expected to obtain,

    3.2 the GP practice must make any returns required of it (whether computerised or otherwise) to the Exeter Registration System or CQRS, and do so promptly and fully; and,

    3.3 all information supplied pursuant to or in accordance with this paragraph must be accurate.

4. If the GP practice does not satisfy any of the above conditions, NHS England may, in appropriate circumstances, withhold payment of any or any part of, an amount due under this ES that is otherwise payable.

5. If NHS England makes a payment to a GP practice under this ES and:

    5.1 the contractor was not entitled to receive all or part thereof, whether because it did not meet the entitlement conditions for the payment or because the payment was calculated incorrectly (including where a payment on account overestimates the amount that is to fall due);

    5.2 NHS England was entitled to withhold all or part of the payment because of a breach of a condition attached to the payment, but is unable to do so because the money has already been paid; or

    5.3 NHS England is entitled to repayment of all or part of the money paid,

    NHS England may recover the money paid by deducting an equivalent amount from any payment payable to the GP practice, and where no such deduction can be made; it is a condition of the payments made under this ES that the contractor must pay to NHS England that equivalent amount.

6. Where the NHS England is entitled under this ES to withhold all or part of a payment because of a breach of a payment condition, and NHS England does so or recovers the money by deducting an equivalent amount from another payment

in accordance with paragraph 5, it may, where it sees fit to do so, reimburse the contractor the amount withheld or recovered, if the breach is cured.

Provisions relating to GP practices that terminate or withdraw from this ES prior to 31 March 2015 (subject to the provisions below for termination attributable to a GP practice split or merger)

7. Where a GP practice has entered into this ES but its primary medical care contract subsequently terminates or the GP practice withdraws from the ES prior to 31 March 2015, the GP practice is entitled to a payment in respect of its participation if such a payment has not already been made, calculated in accordance with the provisions set out below. Any payment calculated will fall due on the last day of the month following the month during which the GP practice provides the information required.

8. In order to qualify for payment in respect of participation under this ES, the GP practice must provide NHS England with the information in this ES specification or as agreed with area teams before payment will be made. This information should be provided in writing, within 28 days following the termination of the contract or the withdrawal from the ES agreement.

9. The payment due to GP practices that terminate or withdraw from the ES agreement prior to 31 March 2015 will be based on the number of vaccinations given, prior to the termination or withdrawal.

Provisions relating to GP practices who merge or split

10. Where two or more GP practices merge or are formed following a contractual split of a single GP practice and as a result the registered population is combined or divided between new GP practice(s), the new GP practice(s) may enter into a new agreement to provide this ES.

11. The ES agreements of the GP practices that formed following a contractual merger, or the GP practice prior to contractual split, will be treated as having terminated and the entitlement of those GP practice(s) to any payment will be assessed on the basis of the provisions of paragraph 7 of this Annex.

12. The entitlement to any payment(s) of the GP practice(s), formed following a contractual merger or split, entering into the agreement for this ES, will be assessed and any new arrangements that may be agreed in writing with NHS England, will commence at the time the GP practice(s) starts to provide such arrangements.

13. Where that agreement is entered into and the arrangements commence within 28 days of the new GP practice(s) being formed, the new arrangements are deemed to have commenced on the date of the new GP practice(s) being formed. Payment will be assessed in line with this ES specification as of this commencement date.

Provisions relating to non-standard splits and mergers

14. Where the GP practice participating in the ES is subject to a split or a merger and:

    14.1 the application of the provisions set out above in respect of splits or mergers would, in the reasonable opinion of NHS England, lead to an inequitable result; or,

    14.2 the circumstances of the split or merger are such that the provisions set out in this section cannot be applied,

    NHS England may, in consultation with the GP practice or GP practices concerned, agree to such payments as in NHS England's opinion are reasonable in all circumstances.