NHS England

Enhanced Service Specification

Seasonal influenza and pneumococcal polysaccharide vaccination programme 2015/16

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Description	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. This Enhanced Service is directed at GP practices delivering vaccination and immunisation services in England.
Cross Reference	
Superseded Docs (if applicable)	This document has been amended as Pneumovax® II is no longer the manufacturers brand name for the pneumococcal polysaccharide vaccine – PPV23 and has therefore been removed. There is no change to the vaccine components or to the delivery of the vaccine programme. Previous Gateway Ref 03101.
Action Required	Regions, clinical commissioning groups (CCGs) and contractors taking part should ensure they have read and understood the document.
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Contact Details for further information	Linda Issott Programme Manager, GP Contracts Quarry House Quarry Hill LS2 7UE 0113 825 1139 http://www.england.nhs.uk/commissioning/gp-contract/

Document Status

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Enhanced Service Specification

Seasonal flu and pneumococcal vaccination programme

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The National Health Service Commissioning Board was established on 1 October 2012 as an executive non-departmental public body. Since 1 April 2013, the National Health Service Commissioning Board has used the name NHS England for operational purposes.

Equalities and health inequalities statement

"Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

- given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it;
- given regard to the need to reduce inequalities between patients in access to, and outcomes from, healthcare services and in securing that services are provided in an integrated way where this might reduce health inequalities."

[1] Version 3 updated to change vaccine name from Pneumovax® II to Pneumococcal Polysaccharide Vaccine Sanofi Pasteur MSD

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Seasonal influenza and pneumococcal polysaccharide vaccination programme

1 Introduction

1.1 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.

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

1.3 This ES is agreed between NHS Employers (on behalf of NHS England[3]) and the British Medical Association (BMA) General Practitioners Committee (GPC).

1.4 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.

1.5 Where a practice agrees to participate in this ES, they will be expected to deliver vaccinations to eligible patients for both the seasonal influenza and pneumococcal vaccination programmes. The arrangements to deliver this ES supersede any previous local agreements.

Part one – pneumococcal polysaccharide vaccination programme

2 Background (pneumococcal)

2.1 Pneumococcal infection is caused by Streptococcus pneumoniae – a common cause of pneumonia which can also lead to invasive disease including

[2] 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 Provider Medical Services contract.

[3] 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 Specification.

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 under two years are covered by the Statement of Financial Entitlements (SFE). In older children and adults, severe pneumococcal infection predominantly affects those with underlying conditions and the elderly.

2.2 This is a new specification for commissioners to commission routine seasonal influenza and pneumococcal polysaccharide vaccinations. The pneumococcal element of this ES is effective from 1 April 2015 to 31 March 2016. The patients eligible for pneumococcal vaccination under this ES are those who are previously unvaccinated with PPV23 since aged two, who are:

a. aged 65 and over.

b. aged two to 64 years and defined as at-risk in the Green Book[4].

Patients eligible for vaccination under this ES are also outlined at Annex B.

2.3 The vaccine used against pneumococcal disease in those aged two and over is the 23-valent plain pneumococcal polysaccharide vaccine – PPV23, manufactured by Sanofi Pasteur MSD. Adults previously unvaccinated with PPV23 aged 65 and over should be offered a single dose of PPV23 (except where booster doses are being given, see appendix B). 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 (some groups require booster doses, see appendix B).

2.4 PPV23 is not repeated annually, therefore only one dose is 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, commissioners can manually adjust achievement on the Calculating Quality Reporting Service (CQRS) to facilitate payment.

2.5 Further details on the background, dosage, timings and administration of the

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

vaccination can be found in the Green Book[5] and supporting guidance[6].

3 Aims (pneumococcal)

3.1 The aim of this ES is to support commissioners 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.

4 Process (pneumococcal)

4.1 The pneumococcal element of this ES commences on 1 April 2015 until 31 March 2016.

4.2 Commissioners will seek to invite GP practices to participate in this ES before 30 June 2015. Practices who participate in this ES should respond to the commissioners' offer within 42 days. The agreement should be recorded in writing with their commissioner no later than 31 July 2015.

4.3 Participating practices are also required to sign up to CQRS and the General Practice Extraction Service (GPES)[7]. Commissioners will record GP practices' participation on CQRS by 31 July 2015.

4.4 Where a practice agrees to participate in this ES, they will be expected to deliver vaccinations to eligible patients for both the seasonal influenza and pneumococcal vaccination programmes.

5 Service specification (pneumococcal)

5.1 The requirements for GP practices participating in the pneumococcal ES are outlined within this section and section 12 covers the seasonal influenza requirements of the ES.

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

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

[6] NHS Employers. Vaccination and immunisation programmes 2015/16 guidance and audit requirements. www.nhsemployers.org/vandi

[7] Further guidance relating to CQRS and GPES will be provided by HSCIC when services are updated.

a. Eligible patients are those who are previously unvaccinated with PPV23 since aged two, registered with the practice, who are:
   i. aged 65 and over.
   ii. aged two to 64 years and defined as at-risk in the Green Book[8].

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.

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.

d. Vaccination must be delivered during the period of this ES, between 1 April 2015 and 31 March 2016.

e. Vaccination is with a single dose of the vaccine. 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.

5.3 **Take all reasonable steps to ensure that the medical records of patients receiving the pneumococcal vaccination 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 was accepted and:

c. details of the 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 recorded),

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

e. the date of administration,

f. where two vaccines are administered in close succession the route of administration and the injection site of each vaccine,

g. any contra-indication to the vaccination or immunisation,

h. any adverse reactions to the vaccination or immunisation.

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

5.4 **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.

5.5 **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.** The recommended pneumococcal vaccine for patients aged 65 and over and for children and adults in the clinical risk groups aged two to 65 and over, administered as a single dose is confirmed in the Green Book.

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

5.7 **Services will be accessible, appropriate and sensitive to the needs of all service users.** No eligible patient shall be excluded or experience particular difficulty in accessing and effectively using this ES due to their race, gender, disability, sexual orientation, religion and/or age.

5.8 **Practices will monitor and report activity information via** ImmForm as per the national uptake surveys for influenza and pneumococcal polysaccharide vaccine uptake.

5.9 **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.

5.10 **Practices will be required to input data manually into CQRS until GPES is available.** The Read codes which must be used to record activity are available in the document "Technical requirements for 2015/16 GMS contract changes"[9].

5.11 **Where the patients has indicated they wish to receive the vaccination but it is physically unable to attend the practice** (for example is housebound)

[9] NHS Employers. Technical requirements for 2015/16 GMS contract changes. www.nhsemployers.org/vandi

the practice must make all reasonable effort to ensure the patient is vaccinated.

6 Monitoring (pneumococcal)

6.1 Commissioners will monitor services and calculate payments under this ES using CQRS[10], wherever possible. GPES will provide information, using the defined Read2 and CTV3 codes, on the number of patients on the practices registered list, who are aged 65 and over, or aged two to 64 years and defined as at-risk in the Green Book and who are recorded as being vaccinated against pneumococcal during the period 1 April 2015 to 31 March 2016.

6.2 Practices will be required to manually input data into CQRS, until such time as GPES[11] is available to conduct electronic data collections. The data input will be in relation to the payment count only, with zeros being entered in the interim for the management information counts. For information on how to manually enter data into CQRS, see the HSCIC website[12].

6.3 When GPES is available, each GPES data collection will capture data for all payment and management information counts and report on activities from the start of the reporting period e.g. 1 April 2015 to the end of the relevant reporting month. The reporting month will be the month prior to the month in which the collection is run e.g. if the collection month is May 2015, the reporting month will be April 2015.

6.4 When collections commence, GPES will provide to CQRS the monthly counts.

6.5 The ‘Technical Requirements document’ contains the payment counts, management information counts and Read2 and CTV3 codes which are required for this service. The Read2 and CTV3 codes will be used as the basis for the GPES data collection, which will allow CQRS to calculate payment and support the management information collections, when available. Practices should use the relevant Read2 or CTV3 codes or re-code if necessary, only those included in this document and the supporting Business Rules will be acceptable to allow CQRS to calculate achievement and payment and for area

[10] Although the seasonal influenza and pneumococcal vaccination programmes are mutually dependent, they are separate services on CQRS and GPES.
[11] Details as to when GPES becomes available to support this service will be communicated via the HSCIC.
[12] HSCIC. http://systems.hscic.gov.uk/cqrs/participation

teams to audit payment and service delivery. Practices will therefore need to ensure that they use the relevant codes from the commencement of this service and re-code patients where necessary.

6.6 Supporting Business Rules will be published on the HSCIC website. Commissioners and practices should refer to these for the most up to date information on management information counts, Read2 and CTV3 codes.

7 Payment and validation (pneumococcal)

7.1 Claims for payments for this programme should be made monthly, after the final completing dose has been administered. Where claims are entered manually, this should be within 12 days of the end of the month when the completing dose was administered. Where there is an automated data collection, there is a five day period following the month end to allow practices to record the previous month's activity before the collection occurs. Activity recorded after the collection period is closed (five days), will not be collected and recorded on CQRS. Practices must ensure all activity is recorded by the cut-off date to ensure payment.

7.2 Payment will be made by the last day of the month following the month in which the practice validates and commissioners approve the payment.

7.3 Payments will commence provided that the GP practice has manually entered achievement, or GPES[13] has collected the data, the first payment processed will include payment for the same period.

7.4 Practices who wish to participate in this ES will be required to sign up to CQRS no later than 31 July 2015.

7.5 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 the 'service specification section' and provisions within this ES specification. Practices should ensure that the correct dosage is administered as clinically appropriate.

7.6 GP practices will only be eligible for payment for this ES in circumstances where all of the following requirements have been met:

[13] See 'Process' section for information relating to sign-up and automated collection.

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

b. 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:

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

ii. All patients in respect of whom payment is being claimed were within the cohort (as per the service specification section) at the time the vaccine was administered.

iii. The GP practice did not receive any payment from any other source in respect of the vaccine (should this be the case, then the commissioner may reclaim any payments as set out in annex D).

iv. The GP practice submits the claim within six months[14] of administering the vaccine (commissioners may set aside this requirement if it considers it reasonable to do so).

7.7 Commissioners will be responsible for post payment verification. This may include auditing claims of practices to ensure that they meet the requirements of this ES.

7.8 Administrative provisions relating to payments under this ES are set out in the Annex.

Part two – seasonal influenza vaccination programme

8 Background (influenza)

8.1 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. Children aged two, three and four are not included in this ES as these patients are covered by the childhood seasonal influenza vaccination programme[15].

[14] In line with the SFE and only applicable if CQRS is not being used.
[15] NHS England. Childhood influenza vaccination programme. ES specification. http://www.england.nhs.uk/commissioning/gp-contract/

8.2 This is a new specification for commissioners to commission routine seasonal influenza vaccinations and pneumococcal polysaccharide vaccinations. The seasonal influenza element of this ES is effective from 1 September 2015 to 31 March 2016. The patients eligible for seasonal influenza vaccination under this ES are those patients:

a. aged 65 and over on 31 March 2016,

b. pregnant women,

c. aged six months to 64 years (excluding patients aged two, three and four as of 31 August 2015) defined as at-risk in the Green Book[16]; and

d. locum GPs. The patients eligible for vaccination under this ES are also outlined at Annex A.

8.3 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.

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

8.5 Further details on the background, dosage, timings and administration of the vaccination can be found in the Green Book[17] and supporting guidance[18].

9 Aims (influenza)

9.1 The aim of this ES is to support commissioners in delivering seasonal influenza and pneumococcal polysaccharide vaccinations with GP practices in

[16] Green Book. Chapter 19. https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book
[17] DH. Green Book. https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book
[18] NHS Employers. Vaccination and immunisation programmes 2015/16 guidance and audit requirements. www.nhsemployers.org/vandi

order to protect patients who are at increased risk of severe complications of the influenza and pneumococcal diseases.

9.2 The target timeframe for the influenza programme is five months from 1 September 2015 to 31 January 2016 in order to achieve maximum impact. Those eligible should be given vaccinated as soon as vaccine is available. Widespread immunisation may continue until December but where possible should be completed before flu starts to circulate in the community. However influenza can circulate considerably later than this and clinicians should apply clinical judgement to assess the needs of individual patients for immunisation beyond this point. This should take into account the level of flu-like illness in the community and the fact that immune response following immunisation takes about two weeks to fully develop.

10Process (influenza)

10.1 The seasonal influenza element of this ES commences on 1 September 2015 until 31 March 2016.

10.2 Commissioners will seek to invite GP practices to participate in this ES before 30 June 2015. Practices who participate in this ES should respond to the commissioners' offer within 42 days. The agreement should be recorded in writing with their area team no later than 31 July 2015.

10.3 Participating practices are also required to sign up to CQRS and GPES[19]. NHS England will record GP practices' participation on CQRS by 31 August 2015.

11Service specification (influenza)

11.1 The requirements for GP practices participating in the seasonal influenza ES are outlined in this section and section 5 covers the pneumococcal requirements of the ES.

11.2 **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:

[19] Further guidance relating to CQRS and GPES will be provided by HSCIC when services are updated.

i. aged 65 and over.
ii. pregnant women.
iii. aged six months and over to 64[20] and defined as at-risk in the Green Book[21].
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.

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.

d. Vaccination must be delivered during the period of this ES, namely between 1 September 2015 and 31 March 2016.

   The target timeframe for the influenza programme is five months from 1 September 2015 to 31 January 2016 in order to achieve maximum impact. Those eligible should be vaccinated as soon as vaccine is available. Widespread immunisation may continue until December but where possible should be completed before influenza starts to circulate in the community. However influenza can circulate considerably later than this and clinicians should apply clinical judgement to assess the needs of individual patients for immunisation beyond this point. This should take into account the level of flu-like illness in the community and the fact that immune response following immunisation takes about two weeks to fully develop.

e. Vaccination must be with the appropriate vaccine and dosage[22, 23]: 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.

[20] Patients aged two, three and four are not included in this ES. These patients are covered by the childhood influenza vaccination programme.
[21] This is also included as Annex A of this ES specification.
[22] 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
[23] This is also included as Annex C of this ES specification.

i. One dose of inactivated influenza vaccine (which will be centrally supplied), is required for patients defined as at-risk 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 and who have not received influenza vaccination previously, will require a second dose of either Fluenz Tetra® or inactivated influenza vaccine[24], at least four weeks after the first dose.

11.3 **Take all reasonable steps to ensure that the medical records of patients receiving the influenza vaccination 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 was accepted and:

c. details of the 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 recorded),

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

e. the date of administration,

f. where two vaccines are administered in close succession the route of administration and the injection site of each vaccine,

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

g. any contra-indication to the vaccination or immunisation,

h. any adverse reactions to the vaccination or immunisation.

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

a. referred to the clinical guidance available; and.

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

11.5 **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.** 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 patients defined as at-risk who are contra-indicated, an inactivated influenza vaccine 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[25].

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

11.7 **Services will be accessible, appropriate and sensitive to the needs of all service users.** No eligible patient shall be excluded or experience particular difficulty in accessing and effectively using this ES due to their race, gender, disability, sexual orientation, religion and/or age.

11.8 **Practices 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 a seasonal influenza vaccination in the relevant month.

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

11.9 **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.

11.10 **Practices will be required to input data manually into CQRS until GPES is available.** The Read codes which must be used to record activity are available in the document "Technical requirements for 2015/16 GMS contract changes"[26].

11.11 **Where the patient 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.

12Monitoring (influenza)

12.1 Commissioners will monitor services and calculate payments under this ES using CQRS, wherever possible[27]. GPES will provide information, using the defined Read2 and CTV3 codes, on the number of patients on the practices registered list, who are defined as eligible in the service specification section and who are recorded as being vaccinated against influenza during the period 1 September 2015 to 31 March 2016.

12.2 Practices will be required to manually input data into CQRS, until such time as GPES[28] is available to conduct electronic data extractions. The data input will be in relation to the payment count only, with zeros being entered in the interim for the management information counts. For information on how to manually enter data into CQRS, see the HSCIC website[29].

12.3 When GPES is available, each GPES data collection will capture data for all payment and management information counts and report on activities from the start of the reporting period e.g. 1 September 2015 to the end of the relevant reporting month. The reporting month will be the month prior to the month in

[26] NHS Employers. Technical requirements for 2015/16 GMS contract changes. www.nhsemployers.org/vandi

[27] Although the seasonal influenza and pneumococcal vaccination programmes are mutually dependent, they are separate services on CQRS and GPES.

[28] Details as to when GPES becomes available to support this service will be communicated via the HSCIC.

[29] HSCIC. http://systems.hscic.gov.uk/cqrs/participation

which the collection is run e.g. if the collection month is October 2015, the reporting month will be September 2015.

12.4 When collections commence, GPES will provide to CQRS the monthly counts.

12.5 The 'Technical Requirements document' contains the payment counts, management information counts and Read2 and CTV3 codes which are required for this service. The Read2 and CTV3 codes will be used as the basis for the GPES data collection, which will allow CQRS to calculate payment and support the management information extractions, when available. Practices should use the relevant Read2 or CTV3 codes or re-code if necessary, only those included in this document and the supporting Business Rules will be acceptable to allow CQRS to calculate achievement and payment and for commissioners to audit payment and service delivery. Practices will therefore need to ensure that they use the relevant codes from the commencement of this service and re-code patients where necessary.

12.6 Supporting Business Rules will be published on the HSCIC website. Area teams and practices should refer to these for the most up to date information on management information counts, Read2 and CTV3 codes.

13Payment and validation (influenza)

13.1 Claims for payments for this programme should be made monthly, after the final completing dose has been administered. Where claims are entered manually, this should be within 12 days of the end of the month when the completing dose was administered. Where there is an automated data collection, there is a five day period following the month end to allow practices to record the previous month's activity before the collection occurs. Activity recorded after the collection period is closed (five days), will not be collected and recorded on CQRS. Practices must ensure all activity is recorded by the cut-off date to ensure payment.

13.2 Payment will be made by the last day of the month following the month in which the practice validates and commissioners approve the payment.

13.3 Payments will commence provided that the GP practice has manually entered achievement, or GPES[30] has collected the data, the first payment processed

[30] See 'Process' section for information relating to sign-up and automated collection.

will include payment for the same period.

13.4 Practices who wish to participate in this ES will be required to sign up to CQRS no later than 31 August 2015.

13.5 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 the 'service specification section' 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. Conversely where only one vaccination is clinically appropriate payment should not be made for a second dose within the period 1 September 2015 to 31 March 2016.

13.6 GP practices will only be eligible for payment for this ES in circumstances where all of the following requirements have been met:

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

b. 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:

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

ii. All patients in respect of whom payment is being claimed were within the cohort (as per the service specification section) at the time the vaccine was administered.

iii. The GP practice did not receive any payment from any other source in respect of the vaccine (should this be the case, then the commissions may reclaim any payments as set out in the annex).

iv. The GP practice submits the claim within six months[31] of administering the vaccine (commissioners may set aside this requirement if it considers it reasonable to do so).

13.7 As the vaccine is centrally supplied for patients under 18 years, no claim for reimbursement of vaccine costs or personal administration fee apply to those vaccinations delivered to this cohort.

[31] In line with the SFE and only applicable if CQRS is not being used.

13.8 Commissioners will be responsible for post payment verification. This may include auditing claims of practices to ensure that they meet the requirements of this ES.

13.9 Administrative provisions relating to payments under this ES are set out in Annex D.

Annex A: Groups included in this ES and included in the national influenza immunisation programme as defined in the annual flu letter and Green Book

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 2016 (i.e. born on or before 31 March 1951).
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 disability, 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.

Eligible groups	Further details
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[32, 33].

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

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 2016 (i.e. born on or before 31 March 1951)
Chronic respiratory disease aged 2 to 64 years	Asthma (only if so severe it requires continuous or frequently repeated or use of systemic steroids see immunosupressions). 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 (re-immunisation is recommended every five years).
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

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

[33] JCVI have advised that morbidly obese people (defined as BMI>40) could also benefit from a seasonal influenza vaccination. Many of this patient group will be eligible for vaccination under another risk category due to other health complications that obesity places on them. However, funding has not been agreed to cover this cohort as part of this ES. Practices are able to use clinical judgement to vaccinate patients in this group, but vaccinations for morbidly obese patients with no other risk factor are not eligible for payment under this ES. The inclusion of this cohort in subsequent years is under consideration.

Eligible groups	Further details
Immunosuppression & asplenia or dysfunction of the spleen aged 2 to 64 years	Immunosuppression due to disease or treatment, chemotherapybone marrow transplant, asplenia or splenic dysfunction this also includes conditions such as homozygous sickle cell disease and coeliac syndrome that may lead to splenic dysfunction (re-immunisation is recommended every five years) , 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.
Individuals with cochlear implants aged 2 to 64 years	It is important that immunisation does not delay the cochlear implantation.
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 annual flu 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

Eligible groups	Vaccine	Dosage
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 inactivated vaccines, suppliers and the appropriate age indications see the tri-partite letter.

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

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

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. Claims for payments for this programme should be made monthly, after the final completing dose has been administered. Where claims are entered manually, this should be within 12 days of the end of the month when the completing dose was administered. Where there is an automated data collection, there is a five day period following the month end to allow practices to record the previous month's activity before the collection occurs. Activity recorded after the collection period is closed (five days), will not be collected and recorded on CQRS. Practices must ensure all activity is recorded by the cut-off date to ensure payment.
3. Payment will be made by the last day of the month following the month in which the practice validates and commissioners approve the payment.
4. Payment under this ES, or any part thereof, will be made only if the GP practice satisfies the following conditions:
    a. the GP practice has participated in both the seasonal influenza and pneumococcal polysaccharide elements of this ES,
    b. the GP practice must make available to commissioners any information under this ES, which the commissioner needs and the GP practice either has or could be reasonably expected to obtain,
    c. 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,
    d. all information supplied pursuant to or in accordance with this paragraph must be accurate.
5. If the GP practice does not satisfy any of the above conditions, commissioners may, in appropriate circumstances, withhold payment of any, or any part of, an amount due under this ES that is otherwise payable.
6. If commissioners makes a payment to a GP practice under this ES and:

a. the commissioner 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);
b. the commissioner 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
c. the commissioner is entitled to repayment of all or part of the money paid,

commisioners 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 the commissioner that equivalent amount.

7. Where the commissioner is entitled under this ES to withhold all or part of a payment because of a breach of a payment condition, and the commissioner does so or recovers the money by deducting an equivalent amount from another payment in accordance with paragraph 5 of this annex, 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 2016 (subject to the provisions below for termination attributable to a GP practice split or merger)

8. 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 2016, 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.

9. In order to qualify for payment in respect of participation under this ES, the GP practice must provide the commissioner with the information in this ES

specification or as agreed with commissioners 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.

10. The payment due to GP practices that terminate or withdraw from the ES agreement prior to 31 March 2016 will be based on the number of vaccinations given, prior to the termination or withdrawal.

Provisions relating to GP practices who merge or split

11. 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.
12. 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 8 of this annex.
13. 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 the commissioner, will commence at the time the GP practice(s) starts to provide such arrangements.
14. 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

15. Where the GP practice participating in the ES is subject to a split or a merger and:
    a. the application of the provisions set out above in respect of splits or mergers would, in the reasonable opinion of the commissioner, lead to an inequitable result; or,

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

commissioners 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.