

# NHS public health functions agreement 2016-17

Service specification No.8

Pneumococcal immunisation programme

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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; and
- Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities

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Prepared by Public Health England

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# Service specification No.8

This is a service specification to accompany the 'NHS public health functions agreement 2016-17 (the '2016-17 agreement') published in December 2015.

This service specification is to be applied by NHS England in accordance with the 2016-17 agreement. This service specification is not intended to replicate, duplicate or supersede any other legislative provisions that may apply.

Where a specification refers to any other published document or standard, it refers to the document or standard as it existed at the date when the 2016-17 agreement was made between the Secretary of State and NHS England Board, unless otherwise specified. Any changes in other published documents or standards may have effect for the purposes of the 2016-17 agreement in accordance with the procedures described in Chapter 3 of the 2016-17 agreement

Service specifications should be downloaded in order to ensure that commissioners and providers refer to the latest document that is in effect.

The 2016-17 agreement is available at [www.gov.uk](http://www.gov.uk) (search for 'commissioning public health').

All current service specifications are available at [www.england.nhs.uk](http://www.england.nhs.uk) (search for 'commissioning public health').

This service specification is not intended to replicate, duplicate or supersede any other legislative provisions that may apply. It must always be read in conjunction with the core service specification [] and the online version of the Green Book:

<https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>

# 1. Purpose of pneumococcal immunisation programme

- 1.1. This document relates to the pneumococcal conjugate (PCV) and pneumococcal polysaccharide (PPV) vaccines, which protect against infections caused by the bacteria *Streptococcus pneumoniae*. Although this infection can affect anyone, some groups, including children under two years of age, adults aged 65 years and over and children and adults with chronic conditions or suppressed immune systems are more at risk. PCV is routinely given as part of the national childhood immunisation programme to all children under two years. PCV can also be offered to children from two years of age and adults in defined clinical risk groups. PPV is offered to all adults 65 years and over, and to children and adults in defined clinical risk groups.
- 1.2. The purpose of the service specification is to enable NHS England to commission pneumococcal immunisation services to a standard that will continue to minimise the number of infections and outbreaks caused by these organisms. This means achieving high levels of coverage across England as well as within upper tier local government areas and within the context of populations with protected characteristics as defined by the Equality Act 2010.
- 1.3. This specification provides a brief overview of the vaccines including the diseases they protect against, the context, evidence base, and wider health outcomes and should be read alongside the core service specification which underpins national and local commissioning practices and service delivery.
- 1.4. [Immunisation against infectious disease](#) (known as 'the Green Book'), issued by Public Health England (PHE) provides guidance and is the main evidence base for all immunisation programmes. This service specification must be read in conjunction with the core service specification, the online version of the Green Book, all relevant official public health letters. This specification must also be read in conjunction with additional evidence, guidance and literature issued by the [Joint Committee on Vaccination and Immunisation](#) (JCVI).
- 1.5. This service specification is not designed to replicate, duplicate or supersede any relevant legislative provisions that may apply, e.g. the Health and Social Care Act 2012. The specification will be reviewed and amended in line with any new recommendations or guidance, and in line with reviews of the Section 7A agreement.

## 2. Population needs

### Background

- 2.1. Immunisation is one of the most successful and cost effective health protection interventions and is a cornerstone of public health. High immunisation rates are key to preventing the spread of infectious disease, complications and possible early death among individuals and to protecting the population's health through both individual and herd immunity.
- 2.2. The pneumococcal vaccines protect against infections caused by the bacterium *Streptococcus pneumoniae*. The pneumococcus is one of the most frequently reported causes of septicaemia and meningitis and it is the commonest cause of community-acquired pneumonia.
- 2.3. Invasive pneumococcal disease is a major cause of morbidity and mortality and can affect anyone. However, it particularly affects the very young, the elderly and those with impaired immunity or chronic conditions.
- 2.4. Over 90 different serotypes of the pneumococcal bacterium have been identified. Prior to the introduction of pneumococcal vaccines, eight to ten of these serotypes were responsible for 66% of the serious pneumococcal infections in adults and about 80% of invasive infections in children.
- 2.5. A worldwide increase in pneumococcal antibiotic resistance has been reported. This, added to the large burden and the severity of pneumococcal disease, resulted in the introduction of UK infant, elderly and at-risk group pneumococcal vaccine programmes.

### Pneumococcal vaccine – key details

- 2.6. The key details are that:
  - there are two different types of pneumococcal vaccine: pneumococcal conjugate vaccine (PCV) and pneumococcal polysaccharide vaccine (PPV);
  - PCV is offered to all children under two years of age and to at-risk children from two years of age and adults in defined clinical risk groups. The PCV vaccine in current use protects against 13 pneumococcal serotypes. PCV is made by conjugating pneumococcal polysaccharides to a protein carrier which makes this vaccine more effective in young children. In addition, the vaccine reduces carriage rates of the vaccine serotypes thus contributing to indirect or herd protection for older individuals;
  - PPV provides protection against 23 serotypes and is offered to those aged 65 and over and to at-risk groups aged two years and over. PPV only contains the polysaccharide capsules of pneumococci without conjugation to a protein carrier and, as such, is poorly immunogenic in young children. Details of the 'at risk' groups are found in the relevant chapter in the [Green Book](#).



## 3. Scope

### Aims

- 3.1. The aim of the pneumococcal vaccine programme is to protect targeted groups from pneumococcal infections and reduce the associated morbidity and mortality.

### Objectives

- 3.2. The aim will be achieved by delivering an evidence-based, population-wide immunisation programme that:
- identifies the eligible population and ensures effective timely delivery with optimal coverage based on the target population set out in paragraphs 4.2 and 4.3;
  - is safe, effective, of a high quality and is independently monitored;
  - is delivered and supported by suitably trained, competent and qualified clinical and non-clinical staff who participate in recognised on-going training and development;
  - delivers, manages and stores vaccine in accordance with national guidance;
  - is supported by regular and accurate data collection using the appropriate returns.

### Direct health outcomes

- 3.3. In the context of health outcomes the pneumococcal vaccine programmes aim to:
- protect the health of individuals and the wider population;
  - reduce the number of preventable infections and their onward transmission;
  - achieve high coverage in the target cohort;
  - minimise adverse physical/psychological/clinical aspects of immunisation (e.g. anxiety, adverse reactions).

### Baseline vaccine coverage

- 3.4. Local services must aim for 100% of relevant individuals being offered immunisation in accordance with the Green Book and other official DH/PHE guidance. This includes performance indicators and key deliverables that are set in Annex B of the NHS Public Health Functions Agreement (Section 7A) for 2016–2017.

## 4. Service description / care pathway

### Local service delivery

4.1. The delivery of immunisation services at the local level is based on evolving best practice that has been built since vaccinations were first introduced more than a hundred years ago. This section of the document specifies the high-level operational elements of the pneumococcal immunisation programme, based on that best practice that NHS England must use to inform local commissioning, contracts and service delivery. There is also scope to enable NHS England and providers to enhance and build on specifications to incorporate national or local service aspirations that may include increasing local innovation in service delivery. It is essential, in order to promote a nationally aligned, high-quality programme focusing on improved outcomes, increasing coverage and local take-up, that all the core elements that are set out in the core specification are included in contracts and specifications.

### Target population

- 4.2. Providers will be required to make the pneumococcal conjugate (PCV) vaccine available to:
- all children both registered and unregistered with a GP, as part of the childhood immunisation programme's immunisation course up to age of two years;
  - children and adults in clinical risk groups as defined in the Green Book recommendations.
- 4.3. Providers will be required to make the pneumococcal polysaccharide (PPV) vaccine available to:
- adults over 65;
  - at risk groups that are aged two years and over (as defined in the Green Book).

### Vaccine schedule

4.4. Routine schedule for all infants:

Dose 1 PCV	Two months	With DTaP-IPV-Hib, rotavirus and MenB
Dose 2 PCV	Four months	With DTaP-IPV-Hib and MenB
Dose 3 PCV	12 months	With MMR, Hib/MenC and, for infants born since 01 May 2015, MenB

4.5. For healthy adults aged 65 years and over:

Dose 1 PPV	Only one dose required
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4.6. For at risk children and adults refer to Green Book.

## Vaccine ordering

4.7. PCV vaccine for use in the national childhood immunisation programme must be ordered via the [ImmForm](#) online ordering system. NB: PPV vaccine is not centrally procured and therefore is not available through ImmForm. It should be ordered from the manufacturer. Details are given in the pneumococcal chapter of the Green Book.

4.8. Further information:

You can register to order vaccine via ImmForm:

- online: <https://www.immform.dh.gov.uk/SignIn.aspx>
- via email: Send your request to [helpdesk@immform.org.uk](mailto:helpdesk@immform.org.uk)

4.9. Further help is available at:

- <https://www.gov.uk/government/organisations/public-health-england/series/immform>
- ImmForm Helpdesk: 0844 376 0040.