

# Enhanced Service Specification

Childhood seasonal influenza vaccination  
programme 2016/17



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<b>Additional Circulation List</b>	
<b>Description</b>	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.
<b>Cross Reference</b>	N/A
<b>Superseded Docs (if applicable)</b>	N/A
<b>Action Required</b>	Regions, clinical commissioning groups (CCGs) and contractors taking part should ensure they have read and understood the document
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<b>Contact Details for further information</b>	Linda Issott Programme Manager GP Contracts Quarry House Quarry Hill LS2 7UE england.gpcontracts@nhs.net  <a href="http://www.england.nhs.uk/commissioning/gp-contract/">http://www.england.nhs.uk/commissioning/gp-contract/</a>

<b>Document Status</b>
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# **Enhanced Service Specification**

## **Childhood seasonal influenza 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."

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**Please be aware that all aspects of this service specification outline the requirements for this programme. As such, commissioners and practices should ensure they have read and understood all sections of this document as part of the implementation of this programme.**

**Practices are advised that to ensure they receive payment, particular attention should be paid to the payment and validation terms. Practices will need to ensure they understand and use the designated Read codes as required to ensure payment.**

**Other formats of this document are available on request. Please send your request to [england.gpcontracts@nhs.net](mailto:england.gpcontracts@nhs.net)**

## 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<sup>1</sup> is directed at GP practices<sup>2</sup> delivering vaccination and immunisation services in England.
- 1.3 This ES is agreed between NHS Employers (on behalf of NHS England) and the British Medical Association (BMA) General Practitioners Committee (GPC).

## 2 Background

- 2.1 In 2012 the Joint Committee on Vaccination and Immunisation (JCVI) recommended that the seasonal influenza programme be extended to all children aged two to under 17. The roll-out of this extended programme is being phased in over a period of time, in order to ensure a manageable and successful implementation process.
- 2.2 This ES delivered by GP practices is to offer vaccination to all children aged two, three and four years of age. GP practices should offer vaccination to all children two, three and four but not aged five years on 31 August 2016.
- 2.3 Details of this programme and the wider seasonal influenza programme can be found in the NHS England, PHE and DH annual flu letter and annual flu plan<sup>3</sup>.
- 2.4 The vaccine recommended for this programme is live attenuated influenza vaccine (LAIV) nasal spray and will be centrally supplied through ImmForm for

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<sup>1</sup> Section 7a functions are described as 'reserved functions' which are not covered by the 'enhanced services delegated to CCG' category in the delegation agreement. NHS England remains responsible and accountable for the discharge of all the Section 7a functions. As this vaccination is defined as a Section 7a function, this agreement cannot be changed or varied locally.

<sup>2</sup> Reference to 'GP practice' in this specification refers to a provider of essential primary medical services to a registered list of patients under a GMS, PMS or APMS contract.

<sup>3</sup> PHE. Seasonal influenza. <https://www.gov.uk/government/collections/annual-flu-programme>

use for all patients eligible for vaccination under this ES. Where patients are contra-indicated to the LAIV and are defined as at-risk, an alternative, inactivated, influenza vaccine will also be centrally supplied through ImmForm.

- 2.5 Further details on the background, dosage, timings and administration of the vaccination can be found in the online version of Immunisation against infectious disease (the Green Book<sup>4</sup>) and supporting guidance<sup>5</sup>.

### 3 Aims

- 3.1 The aim of this ES is to support commissioners<sup>6</sup> in delivering seasonal influenza vaccination with GP practices in order to lower the impact of influenza on children and lower influenza transmission to other children, adults and those in clinical risk groups of any age.
- 3.2 Those eligible should be vaccinated as soon as a vaccine is available. Planned immunisation activity should aim to be completed by the end of December 2016<sup>7</sup> 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 the immune response following immunisation takes about two weeks to fully develop.
- 3.3 As with the current seasonal influenza programme, practices may continue to vaccinate and receive payment for eligible patients until 31 March 2017. PHE does not recommend that inactivated influenza vaccines are used for healthy children.
- 3.4 In the event that a child in one of the at-risk categories, as defined in the Green Book, presents for flu vaccination after the expiry of the LAIV stock,

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<sup>4</sup> DH. Green Book. Chapter 19. <https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>

<sup>5</sup> NHS Employers. Vaccination and immunisation programmes 2016/17 guidance and audit requirements. [www.nhsemployers.org/vandi201617](http://www.nhsemployers.org/vandi201617)

<sup>6</sup> This document refers to 'commissioners', this could be NHS England or a CCG operating under delegated responsibilities.

<sup>7</sup> This is in line with advice in the annual flu plan. However, practices are able to vaccinate patients up to the end of this programme.

immunisation with an appropriate inactivated vaccine is an option at the clinical discretion of the GP.

## 4 Process

- 4.1 This ES commences on 1 September 2016 until 31 March 2017.
- 4.2 Commissioners will seek to invite GP practices to participate in this ES before 30 June 2016. Practices who participate in this ES should respond to the commissioners' offer no later than 31 July 2016. The agreement should be recorded in writing with their commissioner.
- 4.3 Payment and activity recording will be managed by the Calculating Quality Reporting Service (CQRS)<sup>8</sup> and participating practices are required to sign-up to CQRS at the same time they accept the offer to participate in the ES – no later than 31 July<sup>9</sup>.

## 5 Service specification<sup>10</sup>

- 5.1 The requirements for GP practices participating in the ES are outlined within this section.
- 5.2 Provide influenza vaccination to all eligible patients registered at the GP practice; unless contra-indicated.
  - a. Eligible patients are those who:
    - i. are registered patients,
    - ii. aged two, three or four (but not aged less than two or aged five or over on 31 August 2016),
  - 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<sup>11</sup>.

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<sup>8</sup> Further guidance relating to CQRS and GPES will be provided by HSCIC when services are updated.

<sup>9</sup> Practices will be required to sign-up to CQRS in order for payment to be calculated and processed.

<sup>10</sup> Commissioners and practices should ensure they have read and understood all sections of this document as part of the implementation of this programme and to ensure accurate payment.

<sup>11</sup> The at-risk groups are defined in the NHS England, PHE and DH annual flu letter.

- 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 as per the Green Book.
- d. Vaccination must be delivered during the period of this ES, namely between 1 September 2016 and 31 March 2017, with vaccinations concentrated between 1 September and 30 November 2016.
- e. Vaccination must be with the appropriate vaccine and dosage: practices should ensure that the correct dosage is administered as clinically appropriate. Where two doses are required a failure to provide both may render vaccination less effective.
- f. Conversely, where only one vaccination is clinically appropriate, payment should not be made for a second dose within the period 1 September 2016 to 31 March 2017.
  - i. One dose of LAIV (which will be centrally supplied), is required for all eligible patients who are not contra-indicated.
  - ii. Eligible patients included in an at-risk group will also require a second dose of the LAIV if they have not received influenza vaccination previously (and are aged between two to less than nine years when they attend for vaccination). This should be given at least four weeks after the first dose.
  - iii. When the LAIV is contra-indicated, patients defined as at-risk in the Green Book should receive one dose of a suitable inactivated influenza vaccine (which will be centrally supplied), except where the patient has not received influenza vaccination previously (and are aged six months to less than nine years when they attend for vaccination), in which case a second dose of a suitable inactivated influenza vaccine is also required. This should be given at least four weeks after the first dose.

**5.3 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:
  - i. 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),
  - ii. the batch number, expiry date and title of the vaccine,
  - iii. the date of administration,



- iv. where two vaccines are administered in close succession the route of administration and the injection site of each vaccine,
- v. any contra-indication to the vaccination or immunisation,
- vi. any adverse reactions to the vaccination or immunisation.

5.4 **Ensure all doses of Childhood Flu vaccine administered are communicated to the local Child Health Informatics System (CHIS).**

5.5 **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.

5.6 **Ensure that all vaccine ordering is conducted in line with national guidance**, including adherence to any limits on stocks to be held at any one time. The LAIV vaccines for this programme are centrally supplied as a nasal spray for all children. When contra-indicated, an inactivated flu vaccine will be supplied<sup>12</sup>. The LAIV and inactivated flu vaccines can be ordered online via the ImmForm website as per other centrally supplied vaccines.

5.7 **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 and that appropriate action is taken when readings are outside the recommended temperature.

5.8 **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.

5.9 **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 childhood seasonal influenza vaccination in the relevant month.

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<sup>12</sup> The alternative vaccine will be provided for children defined as at-risk only.

- 5.10 **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.
- 5.11 **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 2016/17 GMS contract changes”<sup>13</sup>.
- 5.12 **Where the parent or legal guardian has indicated they wish the child to receive the vaccination but they or the child is physically unable to attend the practice** (for example is housebound) the practice must make all reasonable effort to ensure that the patient is vaccinated.

## 6 Monitoring

- 6.1 Commissioners will monitor services and calculate payments under this ES using CQRS, wherever possible. GPES will provide information, using the defined Read2 and CTV3 codes, on the number of patients on the practice’s registered list, who are aged two, three and four (but not aged less than two or aged five or over) on 31 August 2016 and who are recorded as being vaccinated against influenza during the period 1 September 2016 to 31 March 2017.
- 6.2 Practices will be required to manually input data into CQRS, until such time as GPES<sup>14</sup> is available to conduct electronic data collections. For information on how to manually enter data into CQRS, see the HSCIC website<sup>15</sup>.
- 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 September 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 October, the reporting month will be September.
- 6.4 When collections commence, GPES will provide to CQRS the monthly counts.

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<sup>13</sup> NHS Employers. Technical requirements for 2016/17 GMS contract changes. [www.nhsemployers.org/vandi201617](http://www.nhsemployers.org/vandi201617)

<sup>14</sup> When GPES becomes available it will be communicated via the HSCIC.

<sup>15</sup> HSCIC. <http://systems.hscic.gov.uk/cqrs/participation>

- 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 data collection, which will allow CQRS to calculate payment and support the management information collection, 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 (<http://www.hscic.gov.uk/qofesextractspecs>) 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.
- 6.6 Supporting Business Rules will be published on the HSCIC website<sup>16</sup>. 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

- 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 and declared achievement, or GPES<sup>17</sup> has collected the data and the practice has declared such data. The first payment processed will include payment for the same period.

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<sup>16</sup> HSCIC. <http://www.hscic.gov.uk/qofesextractspecs>

<sup>17</sup> See 'Process' section for information relating to sign-up and automated collection.

- 7.4 Practices who wish to participate in this ES will be required to sign up to CQRS no later than 31 August 2016.
- 7.5 Payment is available to participating GP practices under this ES as an item of service payment of £9.80 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 the vaccination ineffective. Conversely where only one vaccination is clinically appropriate payment should not be made for a second dose within the period 1 September 2016 to 31 March 2017.
- 7.6 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 practice's 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 commissioners may reclaim any payments as set out in the annex).
    - iv. The GP practice submits the claim within six months<sup>18</sup> of administering the vaccine (commissioners may set aside this requirement if it considers it reasonable to do so).
- 7.7 As the vaccine is centrally supplied, no claim for reimbursement of vaccine costs or personal administration fee apply.
- 7.8 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.

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<sup>18</sup> In line with the SFE and only applicable if CQRS is not being used.

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

## **Annex. Administrative provisions relating to payments under the ES for childhood seasonal influenza 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 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,
  - b. 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,
  - c. 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 a commissioner makes a payment to a GP practice under this ES and:
  - a. 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);

- 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,

commissioners 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 4 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 2017 (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 2017, 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 2017 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 the commissioners opinion are reasonable in all circumstances.