

**Local Enhanced Service
MENINGITIS ACWY – FOR THOSE NOT COVERED BY DIRECTED ENHANCED
SERVICE OR SCHOOL PROGRAMMES**

(Where school immunisations service covers year 10)

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 Local Enhanced Service (LES) 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 Local Enhanced Service is directed at GP practices with the NHS England Central Midlands: Leicestershire and Lincolnshire geography (whether GMS, PMS and APMS) delivering childhood vaccination and immunisation services.

2. Background

- 2.1 As a result of an increase in Meningitis W cases nationally, the previous teenage Meningitis C vaccination has moved to a quadrivalent Meningitis ACWY vaccine.
- 2.2 From September 2015 all children will be offered Td/IPV and Meningitis ACWY vaccination in school year 10 by the School Immunisation Service.
- 2.3 There are national Directed Enhanced Services for general practice to deliver Meningitis ACWY to
- those who are aged 18 on 31 August 2016 (year 13/ school leavers DOB 01/09/1997 – 31/8/1998)
 - those who were 18 on 31 August 2015
 - those who are attending university for the first time aged 19-25 (“Freshers”)
- 2.4 National negotiations also mean that GPs can claim for Meningitis ACWY vaccinations given to those who have attained the age of 14 years on or after 1st April 2015 [*i.e. DOB on or after 1.4.2001*] but who had not previously been vaccinated by the school immunisation service.

Note: patients cease to be eligible for a Meningitis ACWY vaccination once they reach 26 years old.

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- 2.5 Ultimately these services will result in the school-age immunisations service replacing the need for general practice to give routine teenage vaccinations for Td/IPV and Meningitis ACWY.
- 2.6 However, there remain children who either do not yet fall into one of the above vaccination cohorts covered by the DES, or have otherwise missed the vaccination, but remain at risk of Meningitis ACWY.
- 2.7 By having a LES, this effectively gives a longer timescale and an increased number of opportunities to vaccinate all those patients the national schemes seek to reach.
- 2.8 Therefore, NHS England Midlands and East (Central Midlands) (hereafter referred to as “the commissioner”) is asking general practices within the **Northamptonshire area** to:
- Identify those children whose date of birth is
 - between **01/09/1998 and 1/4/2001** and
 - have not received a conjugate Meningitis W containing vaccine since reaching their 10th birthday;
 - contact these patients on a proactive “call and recall” basis to offer of a Meningitis ACWY vaccine and;
 - where the offer is accepted provide the Meningitis ACWY vaccine in line with this specification, along with the Td/IPV booster where appropriate
- This includes patients who may previously have had a Meningitis C only vaccination who should be also be contacted with the offer of a Meningitis ACWY vaccination.
- 2.9 Additionally, when inviting any patient for their Meningitis ACWY, practices should check whether the patient has received their Td/IPV teenage booster vaccination; and if this has been missed at the scheduled time, opportunistically offer this vaccination.
- 2.10 In these circumstances, the resulting Meningitis ACWY activity will be payable but the teenage booster vaccination falls within the routine contracted childhood vaccination schedule and so does not attract a fee.

3. Aims

- 3.1 The aim of this LES is to
- Enable those children who have previously missed a Men ACWY vaccine to be offered this in general practice along with the Td/IPV booster where appropriate

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- Allow children currently in current school year 12 (DOB 01/09/98 – 31/08/1999) to receive MenACWY vaccination until 31 March 2017. This LES make these children eligible now and therefore gives practices a longer period of time to offer this cohort the MenACWY vaccine
- Therefore this LES covers children born between 01/09/1998 to 1/4/2001

Note:

The priority remains to vaccinate current year 13/ school leavers covered by the Directed Enhanced Service (i.e. those who are 18 on 31 August 2016). The aim should be to call this year 13 cohort prior to the end of August 2016. Practices are able to schedule the call/ recall of the patients under this LES across the financial year as suits managing their workload.

4. Process

- 4.1 This ES commences on 1 April 2016 until 31 March 2017.
- 4.2 Commissioners invite GP practices to participate in this LES and to respond before 30 June 2016.

5. Service specification

- 5.1 The requirements for GP practices participating in the LES are as follows in this section.
- 5.2 **Identify eligible patients on a call and recall basis, to offer and (where accepted) provide Meningitis ACWY vaccination (in conjunction with a routine adolescent Td/IPV booster, if not already received) unless contra-indicated.**
- 5.3
- a. **Eligible patients are those who:**
- i. **are registered patients at the practice;**
 - ii. **have a date of birth that falls between 01.09.1998 and 1.4.2001; and**
 - iii. **have not had a Meningitis ACWY conjugate vaccine since reaching their 10th birthday**
- b. 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.

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- c. Vaccination must be delivered during the period of this LES, namely between 1 April 2016 and 31 March 2017.
- d. Vaccination must be with the appropriate vaccine and dosage: practices should ensure that the correct dosage is administered as clinically appropriate.

5.4 For patients under the age of 19 (nineteen) years, ensure that the Child Health Information System is aware of patients' vaccination status through one of the following:

- a. **Practices on SystemOne:** update the patient record as usual and, (provided the practice has given the Child Health Information System access rights), the vaccination status will be automatically available; or
- b. **Practices using other GP IT systems:** must ensure that updates to vaccination records are shared with their local Child Health Information Service in no more than one week from the date of vaccination using the normal means of communication for notifying unscheduled immunisations.

5.5 Take all reasonable steps to ensure that the medical records of patients receiving the Td/IPV and Meningitis ACWY immunisation are kept up-to-date with regard to the immunisation status and in particular, include:

- a. any refusal of an offer of immunisation;
- b. when an offer of immunisation was accepted and:
 - i. details of the consent to the immunisation (including details of any person that has consented on the patient's behalf and that person's relationship to the patient);
 - ii. the batch number, expiry date and title of the vaccine;
 - iii. the date of administration,;
 - iv. when two vaccines are administered in close succession the route of administration and the specific injection site of each vaccine;
 - v. any contra-indication to the vaccination or immunisation;
 - vi. any adverse reactions to the vaccination or immunisation.

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- 5.6 Ensure that all healthcare professionals who are involved in administering the vaccine have:**
- a. referred to the clinical guidance available; and
 - b. have the necessary experience, skills and training, including training with regard to the recognition and initial treatment of anaphylaxis.
- 5.7 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.
- 5.8 Use the relevant centrally supplied meningococcal containing vaccine.**
- 5.9 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.
- 5.10 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 LES due to their race, gender, disability, sexual orientation, religion and/or age.
- 5.11 When the patient has indicated they wish to receive the vaccination but is physically unable to attend the practice** (for example is housebound) the practice must make all reasonable effort to ensure the patient is vaccinated.
- 6. Monitoring**
- 6.1 Commissioners will monitor services and calculate payments under this LES
Coding should reflect the Meningococcal booster vaccination programme
READ and CTV codes

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	Read v2	Read CTV3
Meningitis ACW & Y vaccination	657J.	XaIQX
First meningitis ACW & Y vaccination	657J0	XacK1
Second meningitis ACW & Y vaccination	657J1	XacK2
Third meningitis ACW & Y vaccination	657J2	XacK3
Fourth meningitis ACW & Y vaccination	657J3	XacK4
Meningococcal polysaccharide vaccine injection (pdr for recon)+diluent	-	x0553
Meningococcal ACW & Y vaccination given by other healthcare provider	657J4	XacK5
Meningococcal ACW & Y vaccination contra-indicated	8123Q	XacK6
Meningococcal ACW & Y vaccination declined	657J5	XacK7

7. Payment and validation

- 7.1 Payment is available to participating GP practices under this LES as an item of service payment of £9.80 per dose to eligible patients in accordance with the 'Service specification section' and provisions within this LES specification
- 7.2 Payment is for the administration of the Meningitis ACWY containing vaccination since the Td/IPV element is already included within the childhood vaccination and immunisation additional services element of the GMS contract and its equivalent in PMS/ APMS contracts.
- 7.3 Claims for payments for this programme should be made on the monthly excel claim form, after the final completing dose has been administered.
- 7.4 Payment will be made by the last day of the month following the month in which the practice validates and commissioner approves the payment.
- 7.5 Payments will commence provided that the GP practice has submitted their activity data, the first payment processed will include payment for the same period.
- 7.6 GP practices will only be eligible for payment for this LES 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:

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- 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 or under any other programme in respect of the vaccine (should this be the case, then the commissioner may reclaim any payments as set out in the annex)
 - iv. The GP practice submits the claim within six months 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 LES.
- 7.9 Administrative provisions relating to payments under this LES are set out in the Annex.

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Annex. Administrative provisions relating to payments under the Meningitis ACWY LES for those not covered by directed enhanced service or school programmes

1. Payments under this LES are to be treated for accounting and superannuation purposes as gross income of the GP practice in the financial year.
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.
3. Payment under this LES, 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 LES, 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, or local claim form as applicable and do so promptly and fully; and,
 - c. all information supplied pursuant to or in accordance with this paragraph must be accurate.
4. If the GP practice does not satisfy any of the above conditions, commissioners may, in appropriate circumstances, withhold payment of any, or any part of, an amount due under this LES that is otherwise payable.
5. If a commissioner makes a payment to a GP practice under this LES 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,

the 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 LES that the contractor must pay to the commissioner that equivalent amount.

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6. Where the commissioner is entitled under this LES 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 6 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 LES prior to 31 March 2017 (subject to the provisions below for termination attributable to a GP practice split or merger)

7. Where a GP practice has entered into this LES but its primary medical care contract subsequently terminates or the GP practice withdraws from the LES 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.
8. In order to qualify for payment in respect of participation under this LES, the GP practice must provide the commissioner with the information in this LES 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 LES agreement
9. The payment due to GP practices that terminate or withdraw from the LES 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

10. Where two or more GP practices merge or are formed following a contractual split of a single GP practice and as a result the registered population is combined or divided between new GP practice(s), the new GP practice(s) may enter into a new agreement to provide this LES.
11. The LES 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.
12. The entitlement to any payment(s) of the GP practice(s), formed following a contractual merger or split, entering into the agreement for this LES, 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.
13. Where that agreement is entered into and the arrangements commence within 28 days of the new GP practice(s) being formed, the new arrangements are

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deemed to have commenced on the date of the new GP practice(s) being formed. Payment will be assessed in line with this LES specification as of this commencement date.

Provisions relating to non-standard splits and mergers

14. Where the GP practice participating in the LES 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,
- the commissioners may, in consultation with the GP practice or GP practices concerned, agree to such payments as in the commissioner's opinion are reasonable in all circumstances.