

Local Enhanced Service Specification

**MenACWY vaccination programme for 15 and
16 year olds (school year 11) in Cornwall and
the Isles of Scilly**

1st January 2016 to 31st August 2016



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1 Background

- 1.1 Meningococcal disease is a life-threatening infection. It is a term used to describe two major illnesses – meningitis and septicaemia. These can occur on their own or more commonly both together. Most people will make a good recovery but at worst meningococcal disease causes very severe illness that can rapidly result in death. There are 12 types of Meningococci (A, B, C, E, H, I, K, L, W, X, Y and Z). B, C and Y are the most common types in the UK. Since the introduction of the routine meningococcal C (MenC) programme in November 1999 the number of cases of MenC have greatly reduced.
- 1.2 The MenC routine vaccination programme was introduced in 1999 for children and adolescents under the age of 18. In 2002, the catch-up campaign was extended to include adults under 25 years. In 2006, the primary course was changed to two doses (at three and four months) and a booster dose at 12 months of age. In 2013, following recommendations by the Joint Committee on Vaccination and Immunisation (JCVI), further changes were made with the dose at four months withdrawn and an adolescent booster was introduced along with a single dose for university freshers entering higher education for the first time.
- 1.3 In February 2015, Public Health England presented data to the JCVI on the increase in meningococcal group W (MenW) disease in England and Wales since 2009, with the most recent cases increasing in an accelerated manner. JCVI agreed this constituted an outbreak situation and that population level control of MenW was required with urgency, to reduce the risk of further rapid increases in disease across the population. JCVI advised that a programme to vaccinate all adolescents aged 14-18 years of age. Vaccination of this cohort is expected to provide herd protection for the wider population.
- 1.4 Those aged 17 and 18 years (school year 13), who attained the age of 18 years on 31 August 2015 were the first cohort to be vaccinated against MenW as a priority using the MenACWY quadrivalent vaccine. This vaccine also provides protection against meningococcal types A, C and Y. The new MenACWY vaccine has also made available for the freshers programme and the adolescent booster programme replacing the current MenC vaccines
- 1.5 As well as these routine cohorts, local health care providers should also aim to immunise a one-off catch-up cohort of school year 11 adolescents (i.e. DOB 01/09/1999 - 31/08/2000) from January 2016. The purpose of this LES is to ensure that all adolescents in this cohort who are resident in Cornwall and Isles of Scilly (IOS) are offered the opportunity to attend their GP practice in order to receive this vaccination.
- 1.6 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](#). Vaccines for this programme are centrally supplied through ImmForm.

2 Aims

- 2.1 The aim of this Local Enhanced Service is to support commissioners in delivering a MenACWY catch-up campaign to the Year 11 (DOB 01/09/1999 - 31/08/2000) cohort who are resident in Cornwall.
- 2.2 The cohort of eligible adolescents will be called and recalled by Child Health Information Services (CHIS) for their MenACWY vaccine. Practices should aim to offer an appointment for this vaccination by 31/03/2016 where possible.

3 Service specification

- 3.1 The requirements for GP practices participating in the LES are as follows:
- 3.2 **Provide MenACWY vaccination** to patients registered at the GP practice in the date of birth cohort 01/09/1999 - 31/08/2000; unless contra-indicated.
 - a) Eligible patients are those who:
 - i. are registered patients,
 - ii. are born between 01/09/1999 and 31/08/2000
 - b) Patients should not be invited as this will be done by CHIS
 - c) Vaccinations must be administered during the period of this LES, namely between 1 January 2016 and 31 August 2016. Where possible registered patients should be offered an appointment by 31 March 2016 to be consistent with the timing of administration in school based programmes in other areas.
 - d) Vaccination must be with the appropriate vaccine and dosage: practices should ensure that the correct dosage is administered as clinically appropriate.
- 3.3 **Take all reasonable steps** to ensure that the medical records of patients receiving the MenACWY 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 plus:
 - 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.

- 3.4 Providers will ensure that** all information regarding refusal or uptake of an offer of immunisation against MenACWY are transferred to CHIS in a timely manner so that the unimmunised cohort can be recalled appropriately and robust information regarding uptake in the population can be gathered.
- 3.5 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.
- 3.6 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 vaccine is centrally supplied via the ImmForm website for this programme.
- 3.7 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.
- 3.8 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 LES due to their race, gender, disability, sexual orientation, religion and/or age.
- 3.9 Providers will monitor and report activity information.** Vaccinations will be recorded using appropriate READ codes to enable practices to provide activity information at specified reporting intervals. The number of adolescents in the invited cohort vaccinated against MenACWY will need to be provided to NHS England by 9 September 2016.

4 Payment and validation

- 4.1 Adolescents in this cohort are born between 01/09/1999 and 31/08/2000 (current school year 11). Therefore vaccinations administered to this group can be claimed for on CQRS under the meningitis C booster vaccination programme.
- 4.2 Payment is available to participating GP practices under this LES 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 LES specification.
- 4.3 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:
 - 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 named 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 of administering the vaccine (commissioners may set aside this requirement if it considers it reasonable to do so).
- 4.4 As the vaccine is centrally supplied, no claim for reimbursement of vaccine costs or personal administration fee apply.
- 4.5 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.
- 4.6 Administrative provisions relating to payments under this LES are set out in the Annex.

5 Interdependencies

- 5.1 Practices are required to update the medical records of all children vaccinated and notify child health information departments for this specific vaccination programme.

Annex. Administrative provisions relating to payments under the LES for MenACWY vaccination programme

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 for this programme will be processed through manual claims under the meningitis C booster vaccination programme on CQRS.
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)
 - 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 an overpayment is made by the commissioner to the practice under this LES for any reason the commissioner may take reasonable measures to recover such a sum.
6. Where there is a disagreement between NHS England Local Team and a practice which cannot easily be resolved between the two parties, these will be resolved by a panel, the 3 member appeal panel will consist of a representative of the LMC, a member of NHS England Local Team (Head of Primary Care or Head of Public Health) and a nominated chair. The chair will be operationally independent of NHS England Local Team and primary care. The panel's decision will be final.

Provisions relating to GP practices that terminate or withdraw from this LES prior to 31 August 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 LES but its primary medical care contract subsequently terminates or the GP practice withdraws from the LES prior to 31 August 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 quarter during which the GP practice provides the information required.
9. 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.
10. The payment due to GP practices that terminate or withdraw from the LES agreement prior to 31 August 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 LES.
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 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.
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 LES specification as of this commencement date.

Provisions relating to non-standard splits and mergers

15. 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, 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