

## **Locally Commissioned Service in Response to a Measles Outbreak 2016**

**Version 1.7 Final draft**

### **1. Background**

Measles activity in England has been at historically low levels since the MMR catch-up campaign in 2013, with 103 and 91 cases confirmed during 2014 and 2015 respectively. However, an increase in measles was observed at the end of 2015 with two identified clusters in South East England. Since early 2016, cases of measles have been confirmed across London and the East of England, predominantly in unimmunised adolescents and young adults (aged 14 to 40 years) without a history of recent travel.

Cases of measles have also increased across the South West during 2016. An outbreak of measles, originally focussed on the King Edward VI Community College (KEVICC) in Totnes South Devon, is now a community outbreak. There is also measles circulating at the South Devon Steiner School. Some of the cases emerging in other areas of the South West are linked to the South Devon outbreak, we are also seeing a small but increasing number of cases linked with recent music festivals in the South West and further afield, and others where no links have been established with local or national cases.

Since the middle of May 2016, 37 laboratory confirmed and 20 clinical and epidemiologically linked probable cases have been reported to the South West (South) Health Protection office in Exeter. Cases range from 0 to 47 years; mean 16 years. In the same time period 17 confirmed or probable cases have been reported to the Bristol office in South West (North) where the mean age of cases is 21 years. The majority of cases are unimmunised.

This Locally Commissioned Service has been introduced in response to the current outbreak and includes a range of measures intended to help reduce the spread of measles within the local community. The approaches outlined are based on current epidemiological information and recommendations from Public Health England which will be kept under review. Modifications to this specification may therefore be required in the future.

To ensure that practices clearly identify the services that are commissioned from them, this specification is divided into two parts

- PART 1 Outbreak area – selected practices within the South Devon / Torbay area with highest number of reported cases
- PART 2 Non Outbreak area – wider geography across Devon which is outside the outbreak zone with low incidence of measles cases

## **2. PART 1: Service elements commissioned from practices within the outbreak area**

### **2.1 Active call and vaccination with MMR vaccine of patients aged 4 – 25 with partial or incomplete vaccination status.**

This service specification must be read in conjunction with the national service specification for MMR ([service specification number 10 measles, mumps and rubella \(MMR\) imms programme 2016/17](#)) the [2016/17 Core Service Specification National immunisation programme](#), the online version of [the Green Book](#), in particular the measles, mumps and rubella chapters.

At the time of issuing this specification, the selected practices requested to participate in this element of the outbreak response are:

- a.i. Leatside
- a.ii. Catherine House
- a.iii. Buckfastleigh
- a.iv. South Brent Health Centre
- a.v. The Surgery - Ashburton

The purpose of this element of the service is to ensure that children and young adults aged 4 to 25 years who have not received two doses of MMR are proactively invited to attend their practice for vaccination and that appropriate remuneration rates are paid to the practices that are eligible to participate in delivering this service.

The eligible cohort for invitation should meet the following criteria:

- registered with practice
- not contraindicated to receive MMR (as per [the Green Book](#))
- aged 4 to 25 years (i.e. born between 01/08/1991 and 01/08/2012)
- are not fully vaccinated with two doses of MMR

Practices may invite individuals by any combination of personalised letter, e-mail, text or phone call. Invitations should make reference to the local outbreak of measles. When making a decision about which method of invitation to use practices may wish to consider the following factors:

- the age of the individual, for example teenagers and young adults aged 16 to 25 may respond to a text message rather than a letter
- the vaccination history of the individual, it may be preferable to contact parents who have not taken up recent offers of vaccination by phone to discuss this with them
- whether the patient has had any interaction with the practice in recent years and therefore which type of contact information held by the practice is most likely to be current

A template letter/e-mail is attached here:

Patients aged 4 -16 that are routinely vaccinated at patient initiated request are covered under current SFE principles. However, for the sole purpose of proactively responding to the outbreak, practices within the outbreak area will receive an incentive fee of £5 per dose of MMR vaccine administered to this age cohort backdated from 1<sup>st</sup> August 2016 and running up to 31<sup>st</sup> December 2016. This will promote herd immunity within the outbreak area and will not be widened further unless epidemiological data suggests otherwise. This will need to be recovered by manual claim processes. There will be no additional incentive payment for children under 4 that should be part of active call and recall arrangements for primary vaccinations.

The routine childhood immunisation schedule is not affected by these arrangements and children will continue to be called in the normal way for the first dose of MMR at one year and the second dose at three years and four months.

#### Remuneration rates

Element	Remuneration fee	Claim method
Proactive Invitations for patients 4-25	£1.60 per invitation	Manual claim (use attached form)
MMR vaccinations children 4 – 15yrs	£5 per dose of MMR administered	Manual claim (use attached form)
MMR vaccinations children 16 – 25	£9.80 per dose of MMR vaccine administered	CQRS manual claim

Payment for all invitations and MMR vaccinations administered to patients aged 4 to 15 should be claimed using the spreadsheet below which should be returned to [phcontractssouthwest@nhs.net](mailto:phcontractssouthwest@nhs.net) by 17/01/2017.

## 2.2 MMR vaccinations on request

GP practices within the outbreak area are also likely to receive ad hoc reactive requests for vaccination from patients that are outside the age range of the active invitation arrangements. The MMR Catch Up Additional Service makes provision for the vaccination of patients over the age of 16 and advises that individuals born before 1970 are likely to have had exposure to all three infections and are less likely to be susceptible to measles. However, for the sole purpose of managing the current outbreak, there will be no age limit on vaccinations administered by GP practices within the outbreak area. Remuneration will be at the rate set out below. This arrangement will remain active up until 31<sup>st</sup> December 2016 and will be reviewed in line with epidemiological data.

#### Remuneration rates

Element	Remuneration fee	Claim method
Reactive vaccination of patients aged 16+ (no upper limit)	£9.80 per dose of MMR administered	CQRS manual claim

### 2.3 MMR vaccinations for employed practice staff

To ensure the protection of practice staff and their patients, practices within the outbreak area are advised to offer their employed staff vaccination with two doses of MMR unless they have current evidence of immunity (previous immunisation with two doses of MMR or documented positive IgG antibodies on serological testing to measles and rubella). There is no requirement for antibody testing. Routine immunity testing is not currently commissioned and vaccination with two doses of MMR will provide more rapid protection and is also safe to give to someone who may already be immune.

NHS England has agreed that as a time limited outbreak control measure, practices can classify their employed staff as requiring immediately necessary treatment and use national supplies of MMR vaccine. The employing practice will supply the staff member with confirmation of the vaccine being given to enable them deliver it to their practice to update their notes. Practices should also document if an offer of vaccination has been declined by members of staff.

#### Remuneration rates

Element	Remuneration fee	Claim method
Vaccination of employed staff (no upper age limit)	£9.80 per dose of MMR administered	CQRS manual claim

## 3. PART 2: Service elements commissioned from practices outside the outbreak area

GP practices that are not included within the list set out at section 2.1 are deemed to be outside the main outbreak area with a much lower incidence of measles cases. Therefore a reduced range of measures will be commissioned under this service but will be reviewed in line with available epidemiological data.

### 3.1 MMR vaccinations on request

Practices outside the designated outbreak area will continue to offer the MMR Catch Up Additional Service for patients age 16+ that request vaccination. The MMR Catch Up Additional Service makes provision for the vaccination of patients over the age of 16 and advises that individuals born before 1970 are likely to have had exposure to

all three infections and are less likely to be susceptible to measles. Practices not in the outbreak area are advised to heed this guidance and assess the clinical risk to individual patients in their decision making before administering MMR vaccine. Practices may claim for the anticipated small numbers of patients born before 1970 that are deemed to be clinically appropriate to receive two doses of MMR vaccine

#### Remuneration rates

Element	Remuneration fee	Claim method
Reactive vaccination of patients aged 16+ born after 1970	£9.80 per dose of MMR administered	CQRS manual claim
Reactive vaccination of patients aged 16+ born before 1970 by clinical exception only	£9.80 per dose of MMR administered	CQRS manual claim

### 3.2 MMR vaccinations for employed practice staff

To ensure the protection of practice staff and their patients, all practices are advised to offer their employed staff vaccination with two doses of MMR unless they have current evidence of immunity (previous immunisation with two doses of MMR or documented positive IgG antibodies on serological testing to measles and rubella). There is no requirement for antibody testing. Routine immunity testing is not currently commissioned and vaccination with two doses of MMR will provide more rapid protection and is also safe to give to someone who may already be immune.

NHS England has agreed that as a time limited outbreak control measure, practices can classify their employed staff as requiring immediately necessary treatment and use national supplies of MMR vaccine. The employing practice will supply the staff member with confirmation of the vaccine being given to enable them deliver it to their practice to update their notes. Practices should also document if an offer of vaccination has been declined by members of staff.

#### Remuneration rates

Element	Remuneration fee	Claim method
Vaccination of employed staff (no upper age limit)	£9.80 per dose of MMR administered	CQRS manual claim

## 4. General terms and conditions applicable to all practices

### 4.1 Parties to the agreement

GP practices as per separate sign up sheet  
The 'Commissioner' is NHS England

#### **4.2 Terms of the agreement**

This Locally Commissioned Service will run from 1<sup>st</sup> August 2016 until 31<sup>st</sup> December 2016.

This is locally commissioned service is in response to an outbreak and does not affect or replace pre-existing contractual arrangements, additional or essential services

For the purpose of this agreement invitation is defined as a personalised letter or phone conversation with the eligible individual or their parent/carer. Practices will be expected to run a one off call only process (no recall) aspiring to 100% offer of vaccination for all children and young people within the 4 – 25 yrs target cohort

Practices that subsequently wish to withdraw from this service agreement will need to provide NHS England with one month's written notice of their intention to do so.

NHS England may terminate this agreement by giving one month's written notice to the provider (practice).

In the event of disagreement or dispute, NHS England and the practice will use best endeavours to resolve the dispute without recourse to formal arbitration. If unsuccessful, the matter will be determined in accordance with the normal contractual dispute resolution procedure.

#### **4.3 Vaccine schedule**

The measles, mumps and rubella chapters of the [Green book](#) should be used to guide the scheduling of vaccinations. To achieve optimal levels of immunity against MMR, two injections must be administered a minimum of four weeks apart.

There are two vaccines available in the UK:

1. MMRVaxPRO manufactured by SPMSD
2. Priorix manufactured by GSK.

These vaccines can be used interchangeably. Vaccines for this programme are centrally supplied through [ImmForm](#) .

#### **4.4 Consent**

Chapter 2 of the [Green Book](#) provides guidance on consent, which relates to the immunisation of both adults and children. There is no legal requirement for consent to be in writing but sufficient information must be available to make an informed decision.

#### 4.5 Requirements prior to immunisation

Providers must have:

- systems in place to assess eligible individuals for suitability by a competent individual prior to each immunisation
- assessed the immunisation record of each individual to ensure that all vaccinations are up to date
- systems in place to identify, follow-up and offer immunisation to eligible individuals
- arrangements in place that enable them to identify and recall under or unimmunised individuals and to ensure that such individuals are offered immunisation in a timely manner
- systems in place to optimise access for those in underserved groups (e.g. travellers and looked after children)
- arrangements in place to access specialist clinical advice so that immunisation is only withheld or deferred where a valid contraindication exists.

Health professionals must take all opportunities, particularly those contacts during the early years and during the pre-school and teenage booster visits, to check vaccination status and remind parents and carers of the importance of immunisations and the need to have them at the appropriate times. Every contact should be used to promote immunisation, as set out in the Healthy Child Programme. Any missing doses should be offered as appropriate to ensure that everyone has completed an age-appropriate course. The link below provides guidance on the vaccination of individuals with uncertain or incomplete immunisation status: <https://www.gov.uk/government/publications/vaccination-of-individuals-with-uncertain-or-incomplete-immunisation-status>

#### 4.6 Vaccine administration

The provider must adhere to the following:

- professionals involved in administering the vaccine, must have the necessary skills, competencies and annually updated training with regard to vaccine administration and the recognition and initial treatment of anaphylaxis. The provider has a duty to ensure it has, or will have, trained and competent staff to deliver (any) given immunisation programme they agree a contract for.
- regular training and development (taking account of national standards) should be routinely available. Training is likely to include diseases, vaccines, delivery issues, consent, cold chain, vaccine management and anaphylaxis. See section 4 of this document for reference to training standards
- the professional lead in the practice must ensure that all staff are legally able to supply and/or administer the vaccine by:
  - working under an appropriate patient group direction (PGD)
  - working from a patient specific direction (PSD)/prescriptions or
  - working as an appropriate prescriber.

#### 4.7 Vaccine storage and wastage

Effective management of vaccines is essential to ensure patient safety and reduce vaccine wastage. Providers must:

- notify the NHS England screening and imms team of any cold chain incidents immediately
- have effective cold chain and administrative protocols that reduce vaccine wastage to a minimum and reflect national protocols (Chapter 3 of the Green Book and the 'Guidelines for maintaining the vaccine cold chain') and includes:
  - how to maintain accurate records of vaccine stock
  - how to record vaccine fridge temperatures
  - how to reset fridge thermometers
  - what to do if the temperature falls outside the recommended range

See further information:

[www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_130276.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_130276.pdf)

The ImmForm helpsheet <https://www.gov.uk/government/collections/immform>

#### 4.8 Documentation

Accurate recording of all vaccines given and good management of all associated documentation is essential. Providers must ensure that:

- the patient's medical records and, if appropriate the Child Health Information Systems (CHIS) are updated with key information that includes:
  - any contraindications to the vaccine and any alternative offered
  - any refusal of an offer of vaccination
  - details of consent and the person who gave the consent.
  - the batch number, product name and expiry date
  - the date of administration of the vaccine
  - the site and route of administration
  - any adverse reactions to the vaccine
  - name of immuniser.

Where the parent held child record is available it should be updated in line with the requirements for the red book.

#### 4.9 Reporting requirements

The collection of data is essential. It has several key purposes including the local delivery of the programme and the monitoring of coverage at national and local level, outbreak investigation and response as well as providing information to Ministers and the public. In-depth analysis underpins any necessary changes to the programme, which might include the development of targeted programmes or campaigns to improve general coverage of the vaccination. Exceptions to these reporting requirements are set out in individual service specifications and providers must check the detail within service specifications for those requirements.

- The provider must ensure that information on vaccines administered is documented and that this information is transferred to the general practice record.
- The provider must ensure that, where appropriate, information on vaccines administered is submitted directly to any relevant population immunisation register, in most areas the CHIS.
- Following an immunisation session/clinic or individual immunisation, local arrangements must be made for the transfer of data onto the relevant CHIS. Where possible this should aim to be within two working days.
- Any reported adverse incidents, errors or events during or post vaccination must follow determined procedures.
- Practices must report incidents to NHSE and are encouraged to report on the National Reporting and Learning System (NRLS).
- Suspected adverse reactions must be reported to the MHRA via the Yellow Card Scheme card, including the brand number and batch number in addition to following local and nationally determined procedures, including reporting through the NHS.
- Providers are required to report cases of suspected vaccine preventable notifiable diseases to the local PHE centre.
- Any cold chain failures must be documented and reported to the screening and immunisation team at PHE and registered on ImmForm as appropriate.
- The provider must report any significant concerns it has in relation to the delivery of services, including reports of serious failings, incidents or major risks to enable NHS England to inform the DH.
- In order to claim payment for invitations practices must submit information to NHS England on the number of invitations administered and the number of vaccinations subsequently administered to this cohort.

#### **4.10 Staffing and training**

The provider has a duty to ensure that it has, or will have, trained and competent staff to deliver (any) given immunisation programmes which they contract for.

Providers must:

- have an adequate number of trained, qualified and competent staff to deliver a high quality immunisation programme in line with best practice and national policy
- are covered by appropriate occupational health policies to ensure adequate protection against vaccine preventable diseases (eg measles, flu and hepatitis B)
- meet the National minimum standards in immunisation training (2005) either through training or professional competence ensuring that annual update trainings offered to all staff
- have had training (and annual updates) with regard to the recognition and initial treatment of anaphylaxis
- ensure that all staff are familiar with and have online access to the latest edition of the Green Book
- encourage all staff to register to receive Vaccine Update\_

- ensure that all staff are aware of the importance of and can access the official public health letters that announce changes to or any new programmes and additional guidance on the (PHE) website.

#### 4.11 Premises and equipment

Appropriate equipment and suitable premises are needed to deliver a successful immunisation programme. NHS England must ensure that providers have:

- suitable premises and equipment provided for the immunisation programme
- disposable equipment meeting approved standards
- appropriate waste disposal arrangements in place (e.g. approved sharps bins, etc.)
- appropriate policies and contracts in place for equipment calibration, maintenance and replacement
- anaphylaxis equipment accessible at all times during an immunisation session and all staff must have appropriate training in resuscitation
- premises that are suitable and welcoming for young children, their carers and all individuals coming for immunisation including those for whom access may be difficult.

### Communication Strategies

In response to the outbreak leaflets and posters regarding MMR and recognising the signs and symptoms of measles have been published recently and can be accessed here:

<https://www.gov.uk/government/collections/immunisation>

In particular there is a poster and leaflet about measles aimed at young people:

<https://www.gov.uk/government/publications/think-measles-patient-leaflet-for-young-people>

<https://www.gov.uk/government/publications/think-measles-poster-about-measles-in-young-people>

There is also a new leaflet about MMR

<https://www.gov.uk/government/publications/mmr-for-all-general-leaflet>

Additional information regarding the local outbreak will be circulated via the GP Bulletin.