

Enhanced service specification

Childhood seasonal influenza vaccination programme

NHS England gateway reference: 01641

Introduction

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.
2. This programme is directed at GP practices¹ delivering vaccination and immunisation services in England.
3. This programme has been agreed between NHS Employers (on behalf of NHS England²) and the General Practitioners Committee (GPC) of the British Medical Association (BMA).

Background

4. 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 seventeen. The roll-out of this extended programme will be phased in over a period of time ensuring a manageable and successful implementation process. The first cohort of patients to be vaccinated from 1 September 2013 to 31 March 2014 was children aged two and three years. This ES further extends the patient cohort to include all children aged two, three and four years old (but not aged less than two or aged five or over) from 1 September 2014. In the interests of maintaining the highest level of safety and in order to set

¹ Reference to 'GP practice' in this specification refers to a provider of essential primary medical services to a registered list of patients under a General Medical Services, Personal Medical Services or Alternative Medical Services contract.

² From 1 April 2013 the NHS Commissioning Board (NHS CB) is the body legally responsible for the commissioning of primary care in England. However, the NHS CB operates under the name NHS England, therefore the name NHS England is used throughout this guidance.

a clear and manageable limit, healthy children that turn two after 1 September should not be offered the vaccine. Further phasing and consideration of how the programme will be extended to school age children will be informed by pilots and through collaboration between Public Health England (PHE), NHS England and the Department of Health (DH). Details of this programme and the wider seasonal influenza programme can be found in the NHS England, PHE, DH tri-partite annual flu letter and flu plan, published 29 April 2014³.

5. Fluenz Tetra® manufactured by AstraZeneca UK Limited, is the recommended vaccine and it is administered as a nasal spray. Fluenz Tetra® will be centrally supplied through ImmForm for use for all patients eligible for vaccination under this ES. Where patients are contra-indicated to Fluenz Tetra®, inactivated flu vaccines (TIV) Fluarix Tetra® (GSK) and TIV (Split Virion) BP (Sanofi Pasteur MSD) will also be centrally supplied through ImmForm.
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 Book⁴).

Aims

7. The aim of this ES is to support NHS England area teams in delivering seasonal flu 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 at any age.
8. The target timeframe for this programme is the four months from 1 September 2014 to 31 December 2014. Vaccine has been ordered to cover the period over which historically the flu vaccine has been administered, extending from September to the end of December supporting the need to vaccinate before flu is likely. In light of this it will be important for practices to ensure that efforts are made to vaccinate children by the end of December 2014.
9. However, as with the current seasonal influenza programme, practices may continue to vaccinate and receive payment for eligible patients until 31 March 2015. Although PHE does not recommend that inactivated flu vaccines are used for healthy children unless there is a contra-indication, in the event that a child presents for flu vaccination after the expiry of Fluenz Tetra®, the inactivated vaccine is an option at the clinical discretion of the GP.
10. It is anticipated that this extended programme will involve vaccinating approximately 2,110 000⁵ patients in England.

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

⁴ DH. Green Book. (due to be published in June 2014)
<https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>

⁵ Based on ONS Statistics.

Process

11. This ES commences on 1 September 2014 until 31 March 2015.
12. NHS England area teams will offer this ES to GP practices by 30 June 2014.
13. GP practices will be required to confirm participation in this ES to their area team by 31 July 2014.
14. NHS England and GP practices will record participation on the Calculating Quality Reporting Service (CQRS).

Service specification

15. The requirements for GP practices participating in the ES are as follows:
 - 15.1 **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 on 1 September 2014 (but not aged less than two or aged five or over),
 - 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-risk⁶.
 - 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.
 - d. Vaccination must be delivered during the period of this ES, namely between 1 September 2014 and 31 March 2015, with vaccinations concentrated between 1 September 2014 and 31 December 2014.
 - e. Vaccination must be with the appropriate vaccine and dosage⁷: Practices should ensure that the correct dosage is administered as clinically appropriate. Where two doses are required a failure to do so may render vaccination ineffective. Conversely where only one vaccination is clinically appropriate payment should not be made for a second dose within the period 1 September 2014 to 31 March 2015.

⁶ The at-risk groups are defined in the NHS England, PHE and DH tripartite letter dated 29 April 2014.

⁷ NHS England, PHE and DH tripartite letter dated 29 April 2014.

- One dose of Fluenz Tetra® (which will be centrally supplied), is required for eligible patients who are not contra-indicated.
- Eligible patients included in an at-risk group will also require a second dose of Fluenz Tetra®, where they have not received influenza vaccination previously (and are aged between two to less than nine years) at least four weeks after the first dose.
- Where Fluenz Tetra® is contra-indicated one dose of a suitable inactivated influenza vaccine (which will be centrally supplied) is required, except where an eligible patient has not received influenza vaccination previously (and are aged six months to less than nine years), in which case a second dose of a suitable inactivated influenza vaccine is required at least four weeks after the first dose.

15.2 Take all reasonable steps to ensure that the medical records of patients receiving the influenza vaccination are kept up to date with regards to the immunisation status and in particular, include:

- a. any refusal of an offer of immunisation,
- b. where an offer of immunisation is accepted:
- c. details of 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 recoded),
- d. the batch number, expiry date and title (brand) of the vaccine,
- e. the date of administration,
- f. where other vaccines are administered in close succession, the route of administration and the injection site of each vaccine, any contra-indication to the vaccination or immunisation or any adverse reactions to the vaccination or immunisation.
- g. where vaccines have been administered by other healthcare providers, where notified by the patient or other healthcare provider, practices should ensure that the patient record is updated accordingly⁸.

15.3 Ensure that all healthcare professionals who are involved in administering the vaccine have:

- a. referred to the clinical guidance available,

⁸ The NHS GMS Regulations 2004 – Part 5 – Records, information, notifications and rights of entry, 73.3. “The contractor shall include in the records referred to in sub-paragraph (2) clinical reports sent in accordance with paragraph 7 of this Schedule or from any other healthcare professional who has provided clinical services to a person on its list of patients.”

- b. the necessary experience, skills and training, including training with regard to the recognition and initial treatment of anaphylaxis.
- 15.4 **Ensure all orders of vaccine are in line with national guidance**, including adherence to any limits on stocks to be held at any one time. The vaccines centrally supplied for this programme are Fluenz Tetra® for all cases except where contra-indicated where an inactivated flu vaccine will be supplied. Fluenz Tetra® and an inactivated flu vaccine can be ordered online via the ImmForm website as per other centrally supplied vaccines.
- 15.5 **Ensure all vaccines are stored in accordance with the manufacturer’s instructions.** All refrigerators in which the vaccines are stored should have a maximum/minimum thermometer and readings should be taken and recorded from that thermometer on all working days.
- 15.6 **Ensure that services are accessible, appropriate and sensitive to the need of all patients.** No eligible patient should be excluded or experience particular difficulty in accessing and effectively using this service due to their race, gender, disability, sexual orientation, religion and/or age.
- 15.7 **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 influenza vaccination in the relevant month.
- 15.8 **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 data via manually entered data or via GPES.**
- 15.9 **Practices will be required to input data manually into CQRS (until such time as GPES is available), on a monthly basis for the period 1 September 2014 to 31 March 2015.** The Read codes which must be used to record activity are available in the document “Technical requirements for 2014/15 GMS contract changes”⁹.
- 15.10 **Where 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.

Monitoring

16. NHS England through area teams will monitor this ES.

⁹ NHS Employers. Technical requirements for 2014/15 GMS contract changes.
<http://www.nhsemployers.org/GMS2014-15> (version 3 - due to be updated June 2014)

17. Practices will report data manually on to CQRS until such time as GPES is available to extract data, on a monthly basis from September 2014 relating to the number of patients on the practices registered list, who are aged two, three and four (but not aged less than two or aged five or over) on 1 September 2014 and who are recorded as being vaccinated against influenza during the period 1 September 2014 to 31 March 2015.

Payment and validation

18. Payments will commence in October 2014 and will be made on a monthly basis.

19. Practices who wish to participate in this ES will be required to sign up to CQRS by no later than 7 September 2014.

20. Payment is available to participating GP practices under this ES as an item of service payment of £7.64 per dose to eligible patients and in accordance with paragraph 15 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 vaccination ineffective. Conversely where only one vaccination is clinically appropriate payment should not be made for a second dose within the period 1 September 2014 to 31 March 2015.

21. GP practices will only be eligible for payment for this ES in circumstances where all of the requirements have been met, including:

21.1 The GP practice is contracted to provide vaccine and immunisations as part of additional services.

21.2 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:

- a. The GP practice administered the vaccine to all patients in respect of whom payment is being claimed.
- b. All patients in respect of whom payment is being claimed were within the cohort (as specified in paragraph 15) at the time the vaccine was administered.
- c. The GP practice did not receive any payment from any other source in respect of the vaccine. Should this be the case, then NHS England may reclaim any payments as set out in the Annex.
- d. The GP practice submits the claim within six months¹⁰ of administering the vaccine (NHS England may set aside this requirement if it considers it reasonable to do so).

¹⁰ This is in line with the SFE and is only applicable if CQRS is not being used.

22. As the vaccine is centrally supplied, no claim for reimbursement of vaccine costs or personal administration fee apply.
23. NHS England area teams will be responsible for post payment verification. This may include auditing claims of practices to ensure that they meet all the requirements of this ES. NHS England may make use of the additional information extracted by GPES on complete and incomplete vaccinations.
24. Administrative provisions relating to payments under the 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. The amount calculated as payment in the period 1 September 2014 to 31 March 2015 falls due from October on the last day of the month following the month during which the GP practice provides the information specified in this ES.
3. Payment under this ES, or any part thereof, will be made only if the GP practice satisfies the following conditions:
 - 3.1 the GP practice must make available to NHS England any information under this ES, which NHS England needs and the GP practice either has or could be reasonably expected to obtain,
 - 3.2 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,
 - 3.3 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, NHS England may, in appropriate circumstances, withhold payment of any or any part of, an amount due under this ES that is otherwise payable.
5. If NHS England makes a payment to a GP practice under this ES and:
 - 5.1 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);
 - 5.2 NHS England 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
 - 5.3 NHS England is entitled to repayment of all or part of the money paid,

NHS England 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 NHS England that equivalent amount.
6. Where the NHS England is entitled under this ES to withhold all or part of a payment because of a breach of a payment condition, and NHS England does so or recovers the money by deducting an equivalent amount from another payment

in accordance with paragraph 5, 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 2015 (subject to the provisions below for termination attributable to a GP practice split or merger)

7. 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 2015, 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 ES, the GP practice must provide NHS England with the information in this ES specification or as agreed with area teams 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.
9. The payment due to GP practices that terminate or withdraw from the ES agreement prior to 31 March 2015 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 ES.
11. 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 7 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 ES, will be assessed and any new arrangements that may be agreed in writing with NHS England, 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 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

14. Where the GP practice participating in the ES is subject to a split or a merger and:

- 14.1 the application of the provisions set out above in respect of splits or mergers would, in the reasonable opinion of NHS England, lead to an inequitable result; or,
- 14.2 the circumstances of the split or merger are such that the provisions set out in this section cannot be applied,

NHS England may, in consultation with the GP practice or GP practices concerned, agree to such payments as in NHS England's opinion are reasonable in all circumstances.