

Enhanced Service Specification

Seasonal influenza vaccination programme
for health and social care workers 2018/19



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Description 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.

Cross Reference

Superseded Docs (if applicable) Enhanced Service Specification Seasonal Influenza Vaccination programme for Care & Nursing Home Workers 2017/18

Action Required NA

Timing / Deadlines (if applicable)

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Enhanced Service (ES) Specification

Seasonal flu vaccination programme for health and social care workers

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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."

Contents

Seasonal influenza vaccination programme for health and social care workers

Contents	4
1: Introduction	5
2: Background.....	5
3: Aims	6
4: Process.....	7
5: Service specification	7
6: Monitoring	11
7: Payment and validation	12

Annexes

A: Groups included in this ES and included in the national influenza immunisation programme as defined in the tri-partite letter.....	14
B: Vaccines and dosage.....	18
C: Administration provisions relating to payment under this ES.....	19

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 clinical codes as required to ensure payment.

Other formats of this document are available on request. Please send your request to: england.gpcontracts@nhs.net

1 Introduction

- 1.1 All GP 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 ES¹ is directed at GP practices² delivering vaccination and immunisation services in England.
- 1.3 The aim of the seasonal influenza vaccination programme for health and social care workers ES is to protect those who are most at risk of serious illness or death should they develop influenza, by offering protection against the most prevalent strains of influenza virus.
- 1.4 Where a practice agrees to participate in this ES, they will be expected to deliver vaccinations to eligible patients for this programme.
The arrangements to deliver this ES supersede any previous local agreements.

2 Background

- 2.1 For most healthy people, influenza is an unpleasant but usually self-limiting disease. However, children, older people, pregnant women and those with underlying disease are at particular risk of severe illness if they catch it. This ES covers those paid carers who work in a setting where they have direct contact with patients most at risk from influenza.
- 2.2 This specification is for commissioners to commission a seasonal influenza vaccination for the identified cohort. The ES is effective from 1 September 2018 to 31 March 2019.

¹ Section 7a functions are described as 'reserved functions' which are not covered by the 'directed 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.

² 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.

Flu immunisation should be provided to:

- health and social care staff, employed by a registered residential care/nursing home or registered domiciliary care provider and health and care staff employed by a voluntary managed hospice provider, who are directly involved in the care of vulnerable patients/clients who are at increased risk from exposure to influenza. Vulnerable means those patients/clients in a clinical risk group or aged 65 years and over.

For all patients eligible for seasonal influenza vaccination under this ES, one of the recommended influenza vaccines listed in the NHS England, Public Health England (PHE), Department of Health and Social Care (DHSC) seasonal influenza tri-partite letter should be administered. Further advice and guidance can be obtained from PHE on inactivated influenza vaccine information for health care practitioners³.

- 2.3 Details of this programme and the wider seasonal influenza programme can be found in the annual flu letter and annual flu plan⁴.
- 2.4 Further details on the background, dosage, timings and administration of the vaccination can be found in the Green Book⁵.

3 Aims

- 3.1 The aim of this ES is to support commissioners in delivering the seasonal influenza vaccination programme with GP practices in order to protect patients who are at increased risk of severe complications of influenza.

The target timeframe for the influenza vaccination programme is three months from 1 September 2018 to 30 November 2018 in order to achieve maximum impact. Those eligible should be vaccinated as soon as vaccine is available. Widespread immunisation may continue until December but where possible

³ PHE The National Influenza Immunisation Programme 2018/19 Inactivated influenza vaccine information for healthcare professionals: <https://www.gov.uk/government/publications/inactivated-influenza-vaccine-information-for-healthcare-practitioners>

⁴ PHE. Seasonal influenza. <https://www.gov.uk/government/collections/annual-flu-programme>

⁵ DHSC. Green Book Chapter 19: <https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>

should be completed as soon as practical and preferably before the end of the year. However influenza can circulate well into the following year and could still be circulating as late as March or April. 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 immune response following immunisation takes about two weeks to fully develop.

4 Process

- 4.1 The seasonal influenza vaccination programme for health and social care workers ES begins on 1 September 2018 until 31 March 2019.
- 4.2 Commissioners will seek to invite GP practices to participate in this ES before 31 August 2018. Practices who participate in this ES should respond to the commissioners' no later than 30 September 2018. The agreement should be recorded in writing with their commissioner.
- 4.3 Payment and activity recording will be managed by CQRS⁶ and GP practices are required to sign-up to CQRS no later than 30 September 2018⁷.

5 Service specification⁸

- 5.1 The requirements for GP practices participating in the seasonal influenza ES are outlined in this section.
- 5.2 **Provide seasonal influenza vaccination** to all eligible patients registered at the GP practice; unless contra-indicated.
 - a. Eligible patients for this ES are those who are registered at the practice, who are health and social care staff, employed by a registered residential care/nursing home or registered domiciliary care provider and, health and care staff employed by a voluntary managed hospice provider who are directly involved in the care of vulnerable patients/clients who are at increased risk from exposure to influenza.

⁶ Further guidance relating to this enhanced service and how to claim via CQRS and GPES will be provided by NHS Digital when services are updated.

⁷ Practices will be required to sign-up to CQRS in order for payment to be calculated and processed.

⁸ 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.

Vulnerable means those patients/clients in a clinical risk group or aged 65 years and over⁹.

Patients should be vaccinated on an opportunistic basis, when the patient presents and requests vaccination.

Prior to vaccination the patient should provide suitable identification that demonstrates they work in a designated direct care environment, caring for at-risk patients as described in the seasonal flu DES specification or Green Book.^{10,11}

- b. As part of the consultation and prior to vaccination the clinician is required to check the patients eligibility for flu vaccination against the clinical criteria under the terms of the seasonal influenza DES. If the patient qualifies under one of the clinical indications the vaccination should be recorded accordingly, if they do not qualify they should then be vaccinated under the terms of this enhanced service.
- 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 2018 and 31 March 2019.

The target timeframe for the influenza programme is three months from 1 September 2018 to 30 November 2018 in order to achieve maximum impact. Those eligible should be vaccinated as soon as vaccine is available. Widespread immunisation may continue until December but where possible should be completed before influenza starts to circulate in the community. However influenza can circulate

⁹ Patients who are identified as eligible under the seasonal influenza DES should be vaccinated and recorded using the correct clinical indication code. Practices will then be reimbursed via the seasonal influenza DES arrangements.

¹⁰ Patients presenting must also provide one of the following to demonstrate they are employed in a in the identified care setting as described in the specification and are eligible for vaccination. A pay slip , or a letter from their employer or an identity card (showing employer is a care provider)

¹¹ The table identifying eligible patients as described in the seasonal flu DES can be found in annex A of this document.

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 immune response following immunisation takes about two weeks to fully develop.

- i. **Vaccination must be with the appropriate vaccine and dosage^{12, 13}.** Quadrivalent influenza vaccine (QIV) should be used for all those aged 18-64 years including those 18-64 years in a clinical risk group who are eligible under the Seasonal influenza DES. aTIV should be used for those aged 65 years and over.
- ii. **Practices should ensure that the correct dosage is administered as clinically appropriate.** One dose of inactivated influenza vaccine is recommended for all patients eligible under this ES. Vaccines should be ordered direct from the manufacturers.
- iii. **Seasonal influenza vaccination programme (as defined in the annual flu letter).**

Eligible groups	Vaccine	Dosage
65 years and over	Adjuvanted trivalent influenza vaccine (aTIV)	1 dose
18 years and over in clinical risk groups	Quadrivalent inactivated vaccine (QIV)	1 dose
9 years to less than 18 years in clinical risk groups	Live attenuated influenza vaccine (LAI) unless contra-indicated then a suitable quadrivalent inactivated vaccine (QIV) is recommended	1 dose

¹² Further details on the background, dosage, timings and administration of the vaccination can be found in the tri-partite letter.

¹³ This is also included as Annex B of this ES specification.

5.3 Practices should 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 informed consent to the immunisation,
 - ii. the batch number, expiry date and title of the vaccine,
 - iii. the date of administration,
 - iv. when two or more 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 immunisation¹⁴.

5.4 Practices should 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.

5.5 Practices should 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. Practices are required to order inactivated influenza vaccines for all other patients eligible for vaccination under this ES direct from the manufacturers¹⁵.

5.6 Ensure that all vaccines are stored in accordance with the

¹⁴ This should be reported via the yellow card scheme. <https://yellowcard.mhra.gov.uk/>

¹⁵ The available inactivated influenza vaccines and suitable age ranges are detailed in the tri-partite letter. <https://www.gov.uk/government/collections/annual-flu-programme>

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.

- 5.7 **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 a protected characteristic, as outlined in the Equality Act (2010) - this includes age, Disability, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion or Belief, Sex or Sexual Orientation.
- 5.8 **Practices 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 a seasonal influenza vaccination in the relevant month. This information will be used by NHS England and PHE for monitoring uptake achievement and national reporting.
- 5.9 **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.
- 5.10 **Practices will be required to input data manually into CQRS.** Although practices are required to manually enter non-patient identifiable data, it is still required that practices use the relevant clinical codes. The clinical codes which can be used to record activity under this ES are outlined the "Technical requirements for 2018/19 GMS contract changes"¹⁶ document.

6 Monitoring

- 6.1 Commissioners will monitor services and calculate payments under this ES using CQRS, using the defined clinical codes, on the number of patients on the practices registered list, who are eligible for vaccination as described in the 'service specification section' and who are recorded as being vaccinated during the period 1 September 2018 to 31 March 2019.
- 6.2 Practices will be required to manually input data into CQRS. For information

¹⁶ NHS Employers Technical requirements for 2018/19 GMS contract changes:
www.nhsemployers.org/vandi201819

on how to manually enter data into CQRS, see the NHS Digital website¹⁷.

- 6.3 The 'Technical requirements document' contains the payment, management information and cohort counts and the clinical codes¹⁸ which are required for this service. Practices should use the relevant clinical codes or re-code if necessary, only those included in this document should be used.

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 begin provided that the GP practice has manually entered and declared achievement and the practice has declared such data¹⁹. The first payment processed will include payment for the same period.
- 7.4 Practices who wish to participate in this ES will be required to sign up to CQRS no later than 30 September 2018.
- 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 in accordance with the 'service specification section' and provisions within this ES specification.
- 7.6 GP practices will only be eligible for payment for this ES in circumstances where all of the following requirements have been met.
- 7.7 The GP practice is contracted to provide vaccine and immunisations as part of GMS additional services or under their PMS or APMS contract.

¹⁷ NHS Digital. <https://digital.nhs.uk/article/279/General-Practice-GP-collections>

¹⁸ Please note that the code descriptions in clinical systems may not exactly match the guidance text.

¹⁹ Practices are reminded that they are responsible for checking their 'achievement' is accurate before they 'declare' it on CQRS.

- a. 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 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 months²⁰ of administering the vaccine (commissioners may set aside this requirement if it considers it reasonable to do so).

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.

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

²⁰ In line with the SFE and only applicable if CQRS is not being used.

Annex A: Groups included in the national influenza immunisation programme as defined in the annual flu letter and Green Book

Eligible groups	Further details
All patients aged 65 years and over	"Sixty-five and over" is defined as those aged 65 years and over on 31 March 2019 (i.e. born on or before 31 March 1954).
Chronic respiratory disease aged 6 months and over	<p>Asthma that requires continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospital admission.</p> <p>Chronic obstructive pulmonary disease (COPD) including chronic bronchitis and emphysema; bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis and bronchopulmonary dysplasia (BPD).</p> <p>Children who have previously been admitted to hospital for lower respiratory tract disease.</p>
Chronic heart disease aged six months and over	Congenital heart disease, hypertension with cardiac complications, chronic heart failure, individuals requiring regular medication and/or follow-up for ischaemic heart disease.
Chronic kidney disease aged six months and over	Chronic kidney disease at stage 3, 4 or 5, chronic kidney failure, nephrotic syndrome, kidney transplantation.
Chronic liver disease aged 6 months and over	Cirrhosis, biliary atresia, chronic hepatitis.

Eligible groups	Further details
Chronic neurological disease aged six months and over	<p>Stroke, transient ischaemic attack (TIA). Conditions in which respiratory function may be compromised due to neurological disease (e.g. polio syndrome sufferers). Clinicians should offer immunisation to all patients with a learning disability²¹.</p> <p>Clinicians should offer immunisation, based on individual assessment, to vulnerable individuals including those with cerebral palsy, multiple sclerosis and related or similar conditions; or hereditary and degenerative disease of the nervous system or muscles; or severe neurological disability.</p>
Diabetes aged 6 months and over	Type 1 diabetes, Type 2 diabetes requiring insulin or oral hypoglycaemic drugs, diet controlled diabetes.
Immunosuppression aged 6 months and over	<p>Immunosuppression due to disease or treatment, including patients undergoing chemotherapy leading to immunosuppression, bone marrow transplant, HIV infection at all stages, multiple myeloma or genetic disorders affecting the immune system (e.g. IRAK-4, NEMO, complement deficiency).</p> <p>Individuals treated with or likely to be treated with systemic steroids for more than a month at a dose equivalent to prednisolone at 20 mg or more per day (any age), or for children under 20 kg, a dose of 1 mg or more per kg per day.</p> <p>It is difficult to define at what level of immunosuppression</p>

²¹ Practices are advised of the importance to ensure patients with learning disabilities are vaccinated. Patients with a learning disability are included in the eligibility for payment under this DES. PHE understand the difficulty with vaccinating this group with injectable vaccines. PHE advises that LAIV is not licensed for adults so practice should attempt to vaccinate using an injectable vaccine. Previously, it has been found that LAIV is easier to use in similar patients and is less distressing. However, in the event that an injectable vaccine is not appropriate, GP's can use their clinical discretion to use the LAIV vaccine off license.

Eligible groups	Further details
	<p>a patient could be considered to be at a greater risk of the serious consequences of influenza and should be offered seasonal influenza vaccination. This decision is best made on an individual basis and left to the patient's clinician.</p> <p>Some immune-compromised patients may have a suboptimal immunological response to the vaccine.</p>
Asplenia or dysfunction of the spleen aged six months and over	This also includes conditions such as homozygous sickle cell disease and coeliac syndrome that may lead to splenic dysfunction.
Pregnant women	Pregnant women at any stage of pregnancy (first, second or third trimesters).
Morbidly obese (class III obesity) ²²	Adults with a BMI ≥ 40 kg/m ² (adults aged 16+).
People in long-stay residential or homes	Vaccination is recommended for people living in long-stay residential care homes or other long-stay care facilities where rapid spread is likely to follow introduction of infection and cause high morbidity and mortality. This does not include, for instance, prisons, young offender institutions, or university halls of residence.
Carers	Those who are in receipt of a carer's allowance, or those who are the main carer of an elderly or disabled person whose welfare may be at risk if the carer falls ill.
Locum GPs	Where locum GPs wish to be vaccinated, they should be vaccinated by their own GP (<i>all other GPs and primary care staff are the responsibility of their employer as part of occupational health arrangements</i>).

²² Many of this patient group will already be eligible for vaccination due to complications of obesity that place them in another risk category.

PHE state that this list is not exhaustive and the clinicians should apply clinical judgement to take into account the risk of influenza exacerbating any underlying disease that a patient may have, as well as the risk of serious illness from influenza itself. Influenza vaccine should be offered in such cases even if the individual is not in the clinical risk groups specified above²³.

²³ Only those patients eligible for vaccination as defined in this ES specification will be paid for under this ES.

Annex B: Vaccines and dosage

Seasonal influenza vaccination programme (as defined in the annual flu letter²⁴)

Eligible groups	Vaccine	Dosage
9 years to less than 18 years in clinical risk groups	LAIV unless contra-indicated then a suitable quadrivalent inactivated vaccine (QIV) is recommended	1 dose
18 years and over in clinical risk groups	QIV	1 dose
65 years and over	Adjuvanted trivalent influenza vaccine (aTIV)	1 dose

For a list of the available inactivated vaccines, suppliers and the appropriate age indications see the tri-partite letter.

²⁴ PHE. Seasonal influenza. <https://www.gov.uk/government/collections/annual-flu-programme>

Annex C: Administrative provisions relating to payments under the ES

Payments under this ES are to be treated for accounting and superannuation purposes as gross income of the GP practice in the financial year.

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.
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 ES, or any part thereof, will be made only if the GP practice satisfies the following conditions:
 - a. the GP practice has participated in both the seasonal influenza and pneumococcal polysaccharide DES and this ES,
 - b. 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,
 - c. the GP practice must make any returns required of it (whether computerised or otherwise) to the payment system or CQRS, and do so promptly and fully; and,
 - d. 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 ES that is otherwise payable.
5. If the commissioner makes a payment to a GP practice under this ES and:
 - a. the practice 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.

6. 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 paragraphs 5 and 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 ES prior to 31 March 2019 (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 2019, 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 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.

9. The payment due to GP practices that terminate or withdraw from the ES agreement prior to 31 March 2019 will be based on the number of vaccinations given to eligible patients, 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 the commissioner, will begin at the time the GP practice(s) starts to provide such arrangements.
13. Where that agreement is entered into and the arrangements begin within 28 days of the new GP practice(s) being formed, the new arrangements are deemed to have begun on the date of the new GP practice(s) being formed. Payment will be assessed in line with this ES specification as of this 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:
 - 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 NHS England's opinion are reasonable in all circumstances.