

**A DIRECTED ENHANCED SERVICE SPECIFICATION BETWEEN GP PRACTICES
(THE PROVIDER) AND NHS ENGLAND EAST ANGLIA AREA TEAM (THE
COMMISSIONER)**

**CHILDHOOD (TWO & THREE YEAR OLDS) SEASONAL INFLUENZA VACCINATION
PROGRAMME**

**TARGET TIMEFRAME 1st SEPTEMBER – 31st DECEMBER 2013
(With continuation to 31st March 2014 for eligible patients in line with the current
seasonal influenza programme)**

1. Introduction and aim

- 1.1 The Joint Committee on Vaccination and Immunization (JCVI) has recommended that the seasonal influenza programme be extended to all children aged between two and up to 17 years of age.
- 1.2 The long term aim is 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. The roll out of this extended programme will be phased in over a period of time due to both vaccine supply and ensuring a manageable implementation process.
- 1.3 The first patient cohort to be vaccinated will therefore cover two and three year olds. **This DES relates to 2 to 3 year olds only.**
- 1.4 This document includes information about the delivery of the programme and payment rates.

2. Timeframe and eligibility

- 2.1 The timeframe for this programme is for three months from 1 September 2013 to 31 December 2013, in order to achieve maximum impact of the programme before influenza starts to circulate.
- 2.2 However, as with the current seasonal influenza programme, practices may continue to vaccinate eligible patients until 31 March 2014, for whom they will receive payment.
- 2.3 GP practices will be required to vaccinate all registered patients who attain the age of two and three years, but not yet four, on 1 September 2013 (Date of birth on or after 02/09/2009 and on or before 01/09/2011)
on either:

- a proactive call basis, if not considered at-risk
- a proactive call and recall basis, if considered at-risk

2.4 It is expected that GP practices will be able to record all administered doses using the appropriate Read codes and this data will be reported through a GPES extraction.

3 Delivery of the childhood seasonal influenza vaccination programme for two and three year olds

3.1 In delivering this programme providers will need to decide on the best mechanisms to contact eligible patients to maximise uptake.

3.2 Fluenz® is the recommended vaccine and is administered as a nasal spray.

3.3 One dose is required for patients in the cohort who are not included in an at-risk group. For patients in the cohort who are included in an at-risk group **and** who have not received influenza vaccine before, two doses are required - the second dose must be given at least 4 weeks **after** the first dose.

3.4 The vaccine has been centrally procured and GP practices will be able to order vaccines online via the ImmForm service for patients in the cohort.

3.5 Where two and three year olds are contra-indicated to Fluenz®, contractors will be required to make an alternative 'Inactivated Trivalent Influenza Vaccine' (TIV) available. Inactivated TIVs which have already been ordered by practices for two and three year olds in clinical risk groups can be utilised for the contra-indicated two and three year olds. Practices will be reimbursed for this as per children in clinical risk groups. Practices experiencing difficulties in sourcing inactivated TIV for the contra-indicated two and three year olds should contact the ImmForm helpdesk on 0844 376 0040.

3.6 Guidance for administering the vaccine will be available in The Green Book in August 2013
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/147958/Green-Book-Chapter-19-v4_71.pdf

3.7 Fluenz® may be administered to patients that fall outside the criteria of the DES at clinical discretion. **However, practices will not be eligible for payment under the Enhanced Service agreement.**

3.8 Providers need to ensure that they:

3.8.1 Take all reasonable steps to ensure that the medical records of children receiving seasonal flu immunisation are kept up to date with regard to the immunisation status and, in particular, include:

- any refusal of an offer of immunisation;
- where an offer of immunisation was accepted:
- 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)
- the batch number, expiry date and title of the vaccine
- the date of administration and the name of the vaccinator
- where two vaccines are administered in close succession (for example, pertussis and influenza) , the route of administration and the injection site of each vaccine
- any contra-indication to the vaccination or immunisation
- any adverse reactions to the vaccination or immunisation.

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

- referred to any JCVI recommendations and the clinical guidance in the Green Book, the safest way to protect individuals and communities from infectious diseases.
- the necessary experience, skills and training, including training with regard to the recognition and initial treatment of anaphylaxis.
- **Ensure that all vaccines ordering is conducted in line with national guidance**, including adherence to any limits on stocks to be held at any one time. This vaccine will be supplied centrally, ordered from IMMFORM as per other childhood vaccines.
- **Ensure that all vaccines are stored in accordance with the manufacturer's instructions** and that all refrigerators comply with the recommendations in the Green Book (Immunisation against infectious diseases) 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.
- **Ensure that services are accessible, appropriate and sensitive to the needs of all patients.** No eligible patient shall 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.

- **Ensure that practice updates to vaccination records are shared with their local Child Health Information Service**, on a weekly basis using the standard vaccination and immunisation unscheduled appointment forms.

3.9 If the Provider is unable to provide the service according to the criteria set out in this specification, patients at the practice should be given the opportunity to receive this service from an alternative provider locally.

4 Service Quality

4.1 NHS England requires that services are properly led and supervised both clinically and managerially. The Provider must satisfy the NHS England East Anglia Area Team that all health care professionals are appropriately accredited and trained to provide the services detailed in this Directed Enhanced Service Specification.

4.2 Providers must ensure that:

- Health care professionals providing the service hold membership of an approved professional body and are approved and included on a Performers list within England, where relevant.
- Health care professionals have a regular appraisal and maintain professional development generally.
- The Provider will procure appropriate training for staff to ensure safe and competent delivery of this service specification
- Up-to-date certifications of competency must be maintained and may be requested by NHS England East Anglia Area Team.

4.3 The Provider will ensure all health care professionals are compliant with the Practice protocols for the clinical management of all patients in receipt of services commissioned. These protocols must be in line with best practice clinical guidelines and be reviewed on a regular basis. The Provider must ensure that all protocols reflect up-to-date national and local guidance and are amended in the light of any changes.

5 Payment and validation

5.1 GP practices will receive an item of service (IOS) payment of **£7.64** in respect of each registered patient who attains the age of two and three, but not yet four, on 1 September 2013 and who is vaccinated during the seven month period from 1 September 2013 to 31 March 2014.

5.2 Payment will be based on a completed course of treatment, meaning that for at-risk patients this will be following the second dose of vaccine being administered.

- 5.3 GP practices will only be eligible for payment for this service in circumstances where all of the following requirements have been met:
- 5.4 All patients in respect of whom payments are being claimed were on the GP practices registered list at the time the vaccine was administered.
- 5.5 The GP practice administered the vaccine to all patients in respect of whom payment is being claimed.
- 5.6 All patients in respect of whom payment is being claimed were within the cohort (as specified in paragraph 2.3) at the time the vaccine was administered.
- 5.7 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 paragraphs 25.1 and 25.2 of the Statement of Financial Entitlements).
- 5.8 NHS England area teams are offering this service to GP practices. GP practices who agree to participate will be required to indicate acceptance on the system to enable the CQRS to support payment for this programme.
- 5.9 CQRS will calculate the monthly payments based on the number of patients on the practices registered list, who attain the age of two and three, but not yet four, on 1 September 2013 and who are recorded as being vaccinated against influenza during the seven month period (1 September 2013 to 31 March 2014). *The code being used to identify payment will be confirmed later this year. (September)*
- 5.10 Payment will be made based on the monthly count multiplied by **£7.64**:
- 5.11 Monthly payment = number of patients, in the monthly count, who have been recording as having received the influenza vaccination within the qualifying criteria x £7.64
- 5.12 The first GPES extraction will be run in October 2013 (providing the monthly counts for completed vaccination for September 2013) and on a monthly basis thereafter. Payments will be made within the month following.
- 5.13 Practices entering into this contract agree to participate fully in the post payment verification/validation process determined by the Commissioner and LMC. Practices should ensure that they keep accurate records to ensure a full and proper audit trail is available and Practices are encouraged to utilise Practice computer systems to enable this condition to be met. NHS England may make use of the additional information extracted by GPES on complete and incomplete vaccinations.

6 Termination of Agreement

- 6.1 Both the provider and the commissioner may terminate this agreement by giving not less than one month's notice in writing to the other party.
- 6.2 NHS England may vary this agreement by giving not less than one month's notice in writing to the provider, unless required to do so under national policy.

This document should be read with the Department of Health service specification no 13A

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/192983/13_A_Seasonal_flu_childrens_programme_service_specification_VARIATION_130422.pdf

NHS Employers guidance can be found at :

http://www.nhsemployers.org/SiteCollectionDocuments/Service_spec_child_flu_programme_2013_updated_mh220713.pdf

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