

DIRECTED ENHANCED SERVICE SPECIFICATION

PNEUMOCOCCAL IMMUNISATION for 2013-2014

1 Introduction

The purpose of this directed enhanced service is to cover the provision **Pneumococcal Immunisation in those aged 65 or over and other at-risk groups.**

Pneumococcal

The Pneumococcal vaccine should be offered to those aged 65 or over and those aged 5 years or over and in a Clinical at risk group outlined in **Appendix A.**

This Directed Enhanced Service does not include the provision of Pneumococcal Immunisation for Children under 5 years of age, who are receiving immunisation as part of the revised childhood immunisation programme.

This agreement is for a period of twelve months, commencing **1st October 2013** and ending on **31st March 2014.**

This is a Directed Enhanced Service and is subject to change as determined by the CMO at the Department of Health.

2 Aims

To reduce the serious morbidity and mortality from pneumococcal by immunising those most likely to have a serious or complicated illness should they develop influenza. This can avert the need for the patient to be hospitalised.

Vaccinations administered to patients that fall outside the criteria of the DES can be given at clinical discretion. However practices will not be eligible for payment under the Enhanced Service agreement.

Existing arrangements will continue to apply in terms of obtaining supplies of pneumococcal vaccine.

3 Target Group

Payment arrangements under the scheme will only apply to all at-risk patients who are eligible to be immunised by 31 March in the relevant financial year.

Providers will be required to make the pneumococcal conjugate (PCV) vaccine available to:

- Children, who have no history of PCV where appropriate, as indicated in the Green Book. This will include those in eligible age groups who move into the area, school or are newly registered with general practice

- every appropriate opportunity should be taken to offer immunisation to individuals who have missed the routine schedule
- children from hard to reach groups (for example gypsy traveller children or looked after children) who are eligible for the vaccine may require special and specific arrangements
- health professionals should take all opportunities, particularly those contacts during the early years to remind parents and carers of the importance of immunisations and the need to have them at the appropriate times.

Providers will be required to make the pneumococcal polysaccharide (PPV) vaccine available to:

- adults over 65 and at-risk groups that are aged five years and over (as defined in the Green book).

The non-age related at-risk groups are described in Appendix A. It is for each practice to identify the patients concerned from their records and this will be consistent with the registers maintained as part of the quality and outcomes framework (QOF).

4 **Qualifications/Level of Skill Required**

The contractor will ensure that any healthcare professional who is involved in administering a vaccine has any necessary experience, skills and training required for administering the vaccine and has received training with regard to recognition and initial treatment of anaphylaxis have appropriate resuscitation equipment on site in case of anaphylactic reactions.

5 **Requirements under the DES**

Individual GP practices will have accurate registers for the majority of the at-risk patient population as part of the quality and outcomes framework if they are participating. Non-participating practices would have to be able to produce satisfactory registers to be eligible for the directed enhanced services.

Practices are required to :

- Update At risk registers where possible
- Operate a robust call and re-call system during the influenza immunisation season to ensure maximum uptake is achieved.
- Record consent, place of procedure, name of brand, batch number and expiry date of vaccine and whether any follow up advice has been given.
- Utilise the National Read codes available which have been standardised as part of the UK approach to having agreed Read code definitions.
- Store information on the Practice Clinical system and ensure that all staff enter the same Read code to indicate immunisation has been given or offered or declined. The current codes are detailed below:

5 byte	CVT3	Preferred Term
9021.	9021.	Letter invite to screening
68NI.	XE1TI	Medical (C/I) contraindication to immunisation

6572	XaCKa	Pneumococcal vaccination given
813Q	Xalyy	Pneumococcal vaccination declined
68Ne	XaFk4	Consent given for Pneumococcal vaccination

Note that the dots after the codes are important.

6 Pricing & Payment Arrangements

Immunisations given at any time between **1st October 2013 and 31st March 2014** will qualify under this DES. Guidance suggests the vaccine should only need to be given once unless the patient has had a splenectomy or Nephrotic syndrome.

The rate per Pneumococcal immunisation administered is **£7.64**.

Practices are required to submit their activity on a quarterly basis using the claim form sent out by East Anglia Area Team and submit by the **6th working day** of the month following quarter-end. It is expected that this information will be collected and collated by GPES and CQRS from October 2013.

Patients who fall outside the criteria of this DES but are vaccinated due to clinical need as decided by the clinician, will be funded. Should there be a discrepancy between the number of patients vaccinated and the number of claims acknowledged by CQRS that equates to the patients who have been vaccinated but are outside the criteria, a manual claim to the Area Team may be submitted. Any such claim must be accompanied by the clinical rationale for vaccinating a patient outside the DES criteria.

7 Payment Verification

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.

8 Termination

Should either party wish to terminate this agreement, a minimum period of 3 months notice must be provided in writing. However in the event that the Contractor breaches the requirements of this service level agreement and/or the Commissioner or Contractor terminates the PMS/GMS Contract, this Service Level Agreement will also be terminated.

9 Signatories to the Agreement

Practices wishing to provide this service are required to complete and sign the application form, and return to the Commissioner for consideration and also to accept the Direct Enhanced Service on CQRS when offered on the system.

Appendix A – Pneumococcal Inclusion and Exclusion Criteria

The Patient Group Direction used by your previous PCT is to be used.

This Directed Enhanced Service does not include the provision of Pneumococcal Immunisation for Children under 5 years of age, who are receiving immunisation as part of the revised childhood immunisation programme.

Criteria for Inclusion	Examples (decision based on clinical judgement)
All adults aged 65 years or over who have not been previously immunised	
Adults and children aged 24 months and over in the clinical risk groups in whom there is a increased risk of morbidity or mortality from pneumococcal disease as listed in Table 25.1 Chapter 25 of the Green Book	<ul style="list-style-type: none"> • Asplenia or Dysfunction of the spleen • Chronic Respiratory Disease • Chronic Heart Disease • Chronic Kidney Disease • Chronic Liver Disease • Diabetes (requiring insulin or other antihyperglycaemic drugs, does not include diet controlled) • Immunosuppression • Individuals with Cochlear Implants • Individuals with Cerebrospinal fluid leaks
Close contacts of invasive pneumococcal disease and in local outbreaks, following advice from the Health Protection Agency	

Criteria for Exclusion
<ul style="list-style-type: none"> • No valid consent • Confirmed history of true anaphylaxis to a previous dose of this vaccine • Confirmed history of true anaphylaxis to any component/constituent of this vaccine, including the active substances, or to any of the excipients • Current acute febrile illness (postpone and reschedule). • <i>Minor illnesses or infections without fever or systemic upset are not a contraindication to vaccination and not a valid reason to delay immunisation</i> • Children under 2 years of age – there is no evidence of effectiveness of PPV in children under 2 years of age • Healthy adults and children under 65 years • Persons who have previously received 23-valent pneumococcal polysaccharide vaccine PPV • Individuals who have received a dose of PCV within the last 2 months • Pregnant or lactating women • People who have had pneumococcal pneumonia or other pneumococcal infection

30 September 2013

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- Elective splenectomy – not to be administered later than 2 weeks prior to elective splenectomy, and not to be
- administered until at least 2 weeks after the operation
- Chemotherapy/radiotherapy treatment – not to be administered later than 2 weeks before initiation of
- treatment, nor before three months after completion of treatment – see 'Frequency' section

NB Patients may be excluded by cautions or interactions

Where there is doubt, appropriate advice should be sought from a consultant paediatrician, immunisation coordinator or consultant in communicable disease control, rather than with hold immunisation. Specialist advice must be sought on the vaccines and circumstances in which they could be given

This document should be read with the Department of Health service specification no 8.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213158/08-PCV-specification-121024.pdf