

Enhanced Service Specification

**Childhood seasonal influenza vaccination
programme 2020/21**

NHS England and NHS Improvement



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Childhood seasonal influenza vaccination programme

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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."

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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 must provide essential services 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 This ES is agreed between NHS England and NHS Improvement, the British Medical Association (BMA) and the General Practitioners Committee (GPC) England.

2 Background

- 2.1 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 17. The roll-out of this extended programme has been phased in over a period of time, in order to ensure a manageable and successful implementation process. Now that the programme has been rolled out to all primary-school aged children it will be reviewed to assess whether to continue the extension into secondary schools.
- 2.2 This ES delivered by GP practices is to offer vaccination to all children aged two and three years of age. GP practices should offer vaccination to all children two and three but not aged four years on 31 August 2020.
- 2.3 Details of this programme and the wider seasonal influenza programme can be found in the NHS England and NHS Improvement, Public Health England (PHE) and the Department of Health and Social Care (DHSC) annual flu letter
- 2.4 The vaccine recommended for this programme is the live attenuated influenza vaccine (LAIV) nasal spray and will be centrally supplied by Public Health England through ImmForm, for use for all patients eligible for vaccination

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

under this ES. Where patients are contra-indicated to the LAIV and are defined as at-risk, an alternative, egg-grown quadrivalent inactivated influenza vaccine (QIVe) will also be centrally supplied through ImmForm.

- 2.5 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 Book³).

3 Aims

- 3.1 The aim of this ES is to support commissioners⁴ in commissioning a seasonal influenza vaccination service from GP practices in order to reduce the impact of influenza on children and lower influenza transmission to other children, adults and those in clinical risk groups of any age.
- 3.2 Vaccination should be given in sufficient time to ensure patients are protected before flu starts circulating. Planned immunisation activity should aim to be completed by the end of November where possible. However, influenza can circulate 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 the immune response following immunisation takes about two weeks to fully develop.
- 3.3 As with the current seasonal influenza programme, practices may continue to vaccinate and receive payment for eligible patients until 31 March 2021.
- 3.4 In the event that a child in one of the at-risk categories, as defined in the Green Book, presents for flu vaccination after the expiry of the LAIV stock, immunisation with an appropriate inactivated vaccine is an option at the clinical discretion of the GP.

³ Green Book. Chapter 19. <https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>

⁴ This document refers to 'commissioners', this could be NHS England or a CCG operating under delegated responsibilities.

4 Process

- 4.1 This ES begins on 1 September 2020 until 31 March 2021.
- 4.2 Commissioners will invite GP practices to participate in this ES before 30 June 2020. All practices who participate in this ES must respond to the commissioners' offer no later than 31 July 2020. The agreement should be recorded in writing with their commissioner
- 4.3 Payment and activity recording will be managed by the Calculating Quality Reporting Service (CQRS)⁵ and all practices must sign-up to CQRS – no later than 31 July 2020⁶ whether or not they intend to deliver the ES in order to ensure that they can claim payment once this becomes an essential service.

5 Service specification⁷

- 5.1 The requirements for GP practices participating in the ES are outlined within this section.
- 5.2 **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 and three (but not aged less than two or aged four or over on 31 August 2020) (i.e. born on or after 1 September 2016 and on or before 31 August 2018)
 - iii. GP practices should ensure they offer vaccination to all eligible patients, GP practices are required to ensure that they have in place:-
 - iv. a proactive call and recall basis, if considered at-risk, or
 - v. a proactive call basis, if not considered at-risk⁸
 - b. 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 as per the Green Book.
 - c. Vaccination must be delivered during the period of this ES, namely between 1 September 2020 and 31 March 2021, with vaccinations

⁵ Further guidance relating to CQRS and GPES will be provided by NHS Digital when services are updated.

⁶ Practices will be required to sign-up to CQRS in order for payment to be calculated and processed.

⁷ 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.

⁸ The at-risk groups are defined in the Green Book. Chapter 19

concentrated between 1 September and end of November where possible.

- d. Vaccination must be with the appropriate vaccine and dosage: practices should ensure that the correct dosage is administered as clinically appropriate. Where two doses are required a failure to provide both may render vaccination less effective.
- e. Where only one vaccination is clinically appropriate, payment will not be made for a second dose within the period 1 September 2020 to 31 March 2021.
 - i. One dose of LAIV (which will be centrally supplied), is required for all eligible patients who are not contra-indicated.
 - ii. Eligible patients included in an at-risk group will also require a second dose of the LAIV if they have not received influenza vaccination previously and are aged between two to less than nine years when they attend for vaccination. This should be given at least four weeks after the first dose.
 - iii. When the LAIV is contra-indicated, patients defined as at-risk in the Green Book should receive a suitable egg-grown quadrivalent inactivated influenza vaccine, which will be centrally supplied via ImmForm.

5.3 Take all reasonable steps to adhere to defined standards of record keeping ensuring 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 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),
 - ii. the batch number, expiry date and title of the vaccine,
 - iii. the date of administration,
 - iv. where two 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 immunisation⁹.

5.4 Ensure that all healthcare professionals who are involved in

⁹ This should be reported via the yellow card scheme. <https://yellowcard.mhra.gov.uk/>

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 **Ensure that all vaccine ordering is conducted in line with national guidance**, including adherence to any limits on stocks to be held at any one time. The LAIV vaccines for this programme are centrally supplied as a nasal spray for all children. When contra-indicated, an egg-grown quadrivalent inactivated influenza vaccine will be supplied¹⁰. The LAIV and egg-grown quadrivalent inactivated influenza vaccines can be ordered online via the ImmForm website as per other centrally supplied vaccines. Where vaccine supply issues arise, GP practices should refer to national guidance to ensure the most appropriate action is being taken, regarding the delivery of this service. GP practices should remain flexible when scheduling immunisation sessions and be prepared to reschedule if necessary.
- 5.6 **Ensure that all vaccines are stored in accordance with the manufacturer's and Public Health England¹¹ 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 protected characteristics 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 **Providers will monitor and report all activity information via ImmForm on a monthly basis.** The activity information shall include a monthly count of all eligible patients who received childhood seasonal influenza vaccination in the relevant month. This information will be used by NHS England and NHS Improvement and PHE for monitoring coverage, payment purposes,

¹⁰ The alternative vaccine will be provided for children defined as at-risk only.

¹¹ PHE's ordering, storing and handling protocol <https://www.gov.uk/government/publications/protocol-for-ordering-storing-and-handling-vaccines>

population coverage, uptake achievement and national reporting.

5.9 **Practices who agree to participate in this ES must indicate acceptance on CQRS** to enable CQRS to calculate the monthly payment achievement.

Practices must input data manually into CQRS, until GPES is available.

5.10 **Practices who do not intend to deliver the ES must still indicate acceptance on CQRS by 31 July 2020** in order to ensure payment once this becomes an essential service.

5.11 **Where the parent or legal guardian has indicated they wish the child to receive the vaccination but they or the child is physically unable to attend the practice** (for example is housebound) the practice must make all reasonable effort to ensure that the patient is vaccinated.

6 Monitoring

6.1 Commissioners will monitor services and calculate payments under this ES using CQRS, wherever possible. GPES will provide information, using the defined clinical codes, on the number of patients on the practice's registered list, who are aged two and three (but not aged less than two or aged four or over) on 31 August 2020 and who are recorded as being vaccinated against influenza during the period 1 September 2020 to 31 March 2021.

6.2 If the automated collection via GPES is not available for any reason, Practices must manually input data into CQRS, until such time as GPES¹² is available again. For information on how to manually enter data into CQRS, see the NHS Digital website¹³. Alternatively, Practices may choose to wait until the automated collection is available again and can claim payment later.

6.3 When GPES is available, each GPES data collection will capture data for all payment and management information counts and report on activities from the start of the reporting period e.g. 1 September to the end of the relevant reporting month. The reporting month will be the month prior to the month in which the collection is run e.g. if the collection month is October, the reporting month will be September.

6.4 When collections begin, GPES will provide to CQRS the monthly counts.

6.5 Practices should ensure that they only use the relevant clinical codes included in the supporting Business Rules

¹² When GPES becomes available it will be communicated via NHS Digital.

¹³ NHS Digital. <https://digital.nhs.uk/article/279/General-Practice-GP-collections>

(<http://content.digital.nhs.uk/qofesextractspecs>) and should also re-code patients where necessary. This will allow CQRS to calculate achievement and payment and for commissioners to audit payment and service delivery. Commissioners and practices should refer to the supporting Business Rules to ensure that they have the most up-to-date information on management counts and clinical codes.

- 6.6 Practices should maintain clear records of how they have 'called' and recalled all eligible patients.

7 Payment and validation

- 7.1 Payment is available to participating GP practices under this ES as an item of service payment of £10.06 per dose to eligible patients and in accordance with the 'service specification section' and provisions within this ES specification.
- 7.2 GP practices will only be eligible for payment for this ES in circumstances where all of the following requirements have been met:
- a. The GP practice is contracted to provide vaccine and immunisations as part of additional services.
 - b. 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 in respect of the vaccine (should this be the case, then the commissioners may reclaim any payments as set out in the annex).
 - iv. The GP practice submits the claim within six months¹⁴ of administering the vaccine (commissioners may set aside this requirement if it considers it reasonable to do so¹⁵).
- 7.3 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

¹⁴ Consistent with payment claims for other vaccination programmes which are covered by the SFE

¹⁵ By exception only, for example where payment processes are made manually without CQRS and take longer to complete

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.

- 7.4 Payment will be made by the last day of the month following the month in which the practice validates and commissioners approve the payment.
- 7.5 Payments will begin provided that the GP practice has manually entered and declared achievement, or GPES¹⁶ has collected the data and the practice has declared such data¹⁷. The first payment processed will include payment for the same period.
- 7.6 Practices should ensure that the correct dosage is administered as clinically appropriate. Where two doses are required, a failure to do so may render the vaccination ineffective. Conversely where only one vaccination is clinically appropriate payment should not be made for a second dose within the period 1 September 2020 to 31 March 2021.
- 7.7 **Payment under this ES, or any part thereof, will be made only if the GP practice satisfies the following conditions:**
- a. 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,
 - b. 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,
 - c. all information supplied pursuant to or in accordance with this paragraph must be accurate.
- 7.8 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.
- 7.9 If a commissioner makes a payment to a GP practice under this ES and:
- a. 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);

¹⁶ See 'Process' section for information relating to sign-up and automated collection.

¹⁷ Practices are reminded that they are responsible for checking their 'achievement' is accurate before they 'declare' it on CQRS.

- 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.

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.

- 7.10 As the vaccine is centrally supplied, no claim for reimbursement of vaccine costs or personal administration fee apply.
- 7.11 Commissioners are responsible for post payment verification. This may include auditing claims of practices to ensure that they meet the requirements of this ES.

Provisions relating to GP practices that terminate or withdraw from this ES prior to 31 March 2021 (subject to the provisions below for termination attributable to a GP practice split or merger)

1. 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 2021, 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.
2. 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.
3. The payment due to GP practices that terminate or withdraw from the ES agreement prior to 31 March 2021 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

4. 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 or varied agreement to provide this ES.
5. 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 8 of this annex.
6. The entitlement to any payment(s) of the GP practice(s), formed following a contractual merger or split, entering into the new or varied 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.

7. Where that new or varied agreement is entered into and the arrangements begins 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

8. 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 the commissioners opinion are reasonable in all circumstances.