GMS National Enhanced Service – specification for pertussis vaccination of pregnant women

Introduction

1. All GMS practices are expected to provide essential and those additional services they are contracted to provide to all their patients. This National Enhanced Services (NES) 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 NES is directed at GP practices delivering vaccination and immunisation services in England although the pricing is agreed as applying in all four countries.
3. This NES is agreed between NHS Employers (on behalf of the Department of Health) and the General Practitioners Committee of the British Medical Association.

Background

4. The Chief Medical Officer, on the advice of the Joint Committee on Vaccination and Immunisation (JCVI), has asked that a temporary programme of pertussis (whooping cough) vaccination be urgently put in place to respond to the outbreak of infection that continues to increase in severity and has led to a number of infant deaths across the country.
5. Vaccination of pregnant women in the third trimester (recommended between 28 and 38 weeks of pregnancy) will offer protection to newborns during the early weeks after birth when the risk of pertussis is greatest. JCVI have advised the use of dTaP/IPV (Repevax®) which is currently used in the routine childhood programme as appropriate for use in this interim programme.

Aims

6. The aim of this NES is to support primary care trusts (PCTs) in quickly establishing pertussis vaccination services with GP practices in order to prevent cases of the disease and deaths in infants, in the period before they can be offered protection through the routine childhood vaccination programme.
7. It is envisaged uptake levels achieved will be similar to that of flu immunisation in pregnant women and there should be no detriment to routine childhood vaccination uptake as a consequence of this additional programme.

Duration

8. This NES applies from 1 October 2012 for as long as the temporary programme continues to be advised by the CMO. The programmes impact will be reviewed after six months and the CMO may choose to cease or continue the programme for a further period thereafter.

Service specification

9. This NES will require GMS contractors to:

I. **Offer and (where accepted) provide pertussis vaccination to all pregnant women on the contractors patient list for whom immunisation is recommended.** That is all pregnant women who reach or were already at the 28th week of their pregnancy from the start of the national programme unless immunisation is contraindicated. Immunisation is contraindicated where the patient has previously had a confirmed anaphylactic reaction to a previous dose of the vaccine, or, to any component of the vaccine.

   The contractor is expected to offer vaccination before week 38 of pregnancy. Contractors may also offer vaccination beyond week 38, including new mothers who missed the opportunity to be vaccinated during pregnancy and who have not previously been vaccinated to provide protection from pertussis, up to when their child receives their first vaccination.

II. **Producing and maintaining a satisfactory register of all eligible pregnant women** on the contractors registered list during each financial year of the programme. Simple registers of pregnant women are all that is required although these will need to be updated regularly to capture the target population and record EDD so it is known when they are eligible for vaccination.

III. **GP practices will need to decide on the best mechanisms to contact all eligible pregnant women on the contractors register to maximise uptake.** They will particularly need to consider how to contact women who are solely in the care of a midwife or hospital consultant.

IV. **Liaising with and informing all eligible pregnant women of the benefits of being immunised** and making full use of all publicity and information materials available for national/local campaigns. Health professionals should ensure that appropriate information and advice about the pertussis vaccine is given to each pregnant women who attends an immunisation session and be given reasonable opportunity to discuss any concerns before being immunised.

V. **Take all reasonable steps to ensure that the medical records of patients receiving the pertussis immunisation 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:

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 (for example, pertussis and influenza) , 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 immunisation.

VI. **Ensure that all healthcare professionals who are involved in administering the vaccine have:**

a. referred to the clinical guidance in the Chief Medical Officer letter of 28 September 2012.
b. the necessary experience, skills and training, including training with regard to the recognition and initial treatment of anaphylaxis.

VII. **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. The vaccine currently advised for this programme is dTaP/IPV (Repevax®) as currently used in the routine childhood programme. This vaccine will be supplied centrally, ordered from Immsform as per other centrally supplied vaccines.

VIII. **Ensure that all vaccines are stored in accordance with the 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.

IX. **Services will be 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.

X. **Providers will monitor and report activity information via the locally approved PCT form on a monthly basis to be submitted by the deadline notified by the PCT**. The activity information shall include:

a. A denominator "Number Pregnant Patients (28 weeks and over)" which is the count of all pregnant women on the contractors register who reach or were already at the 28th week of their pregnancy from the start of the programme, updated periodically. Women who reached or were already at the 28th week of their pregnancy but were no longer pregnant by the time a vaccination was arranged should still be included in the denominator, as they were eligible at some point in time as per paragraph 9.1.
b. A numerator "Number Vaccinated with Repevax®" which is the count of all those within the denominator that were vaccinated with Repevax®.

Pricing

10. This NES is priced as follows:

    a. Pertussis vaccinations for pregnant women is £7.67 per patient

    b. Pertussis vaccinations for new mothers is £7.67 per patient

11. As the vaccine is centrally supplied, no claim for reimbursement of vaccines costs (personal administration fee) apply.