

VERSION 3 – JUNE 2014

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# VACCINATION AND IMMUNISATION PROGRAMMES 2014/15

## GUIDANCE AND AUDIT REQUIREMENTS



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# SECTION 1. INTRODUCTION

In November 2013, NHS Employers (on behalf of NHS England<sup>1</sup>) and the General Practitioners Committee (GPC) of the British Medical Association (BMA) announced the agreed changes to the General Medical Services (GMS) contract for 2014/15.

This document provides detailed guidance for area teams and practices<sup>2</sup> providing vaccination programmes commissioned by NHS England<sup>3</sup>. This document will be updated as and when guidance for vaccination programmes is available.

The technical requirements for these services are outlined in the 'Technical requirements for 2014/15 GMS contract changes'<sup>4</sup> document. This document will also be updated.

Area teams, clinical commissioning groups (CCGs) and contractors taking part should ensure they have read and understood the requirements in the Regulations, Directions, NHS England service specifications<sup>5</sup>, Business Rules<sup>6</sup>, 'GMS contract 2014/15 guidance and audit requirements'<sup>7</sup> document, as well as the guidance in this document. This supersedes all previous guidance issued on these areas.

Wherever possible, NHS England seeks to minimise the reporting requirements for the services delivered by practices where these can be supported by new systems and this guidance outlines the assurance management arrangements and audit requirements for the services detailed. This guidance is applicable in England only.

The detailed requirements for practices delivering the rotavirus, MMR, hepatitis B (newborn babies), shingles (routine aged 70) vaccination programmes are set out in the GMS Contract Regulations, Directions and the Statement of Financial

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<sup>1</sup> From 1 April 2013 the NHS Commissioning Board (NHS CB) is the body legally responsible for the commissioning of primary care in England. However, the NHS CB operates under the name NHS England, therefore the name NHS England is used throughout this guidance.

<sup>2</sup> A practice is defined as a provider of essential primary medical services to a registered list of patients under a GMS, Personal Medical Services (PMS) or Alternative Provider Medical Services (APMS) contract.

<sup>3</sup> The individual sections of this guidance have been subject to the NHS England gateway approval process and the appropriate gateway reference numbers are included in each section.

<sup>4</sup> NHS Employers. Technical requirements for 2014/15 GMS contract changes.

[www.nhsemployers.org/GMS2014-15](http://www.nhsemployers.org/GMS2014-15)

<sup>5</sup> NHS England. Service specifications. <http://www.england.nhs.uk/resources/d-com/gp-contract/>

<sup>6</sup> HSCIC. Business Rules. [www.hscic.gov.uk/qofesextractspecs](http://www.hscic.gov.uk/qofesextractspecs)

<sup>7</sup> NHS Employers. GMS contract 2014/15 guidance and audit requirements.

[www.nhsemployers.org/GMS2014-15](http://www.nhsemployers.org/GMS2014-15)

Entitlements (SFE).<sup>8</sup>

The detailed requirements for practices delivering the pertussis, men C, shingles catch-up, childhood seasonal influenza, pneumococcal and seasonal influenza vaccination programmes are set out in the service specifications.

## Calculating Quality Reporting Service (CQRS) and the General Practice Extraction Service (GPES)

CQRS<sup>9</sup> is the automated system used to calculate achievement and payments on quality services. These include the QOF, ESs and other clinical services (e.g. new immunisations).

GPES<sup>10</sup> is a centrally managed service that extracts information from general practice clinical IT systems. It will be used as part of the process for providing payments to practices. In addition, GPES will extract relevant data for management information purposes to enable NHS England to monitor general practice delivery of service requirements.

The individual sections will confirm which vaccination programmes will be supported by GPES.

Practices are required to use the Read codes provided in the 'Technical requirements for 2014/15 GMS contract changes' document to allow CQRS to calculate achievement and payment, as well as to extract data on management information counts. Practices will need to re-code patients if they have used codes not included in that document. Read codes are updated twice yearly in April and October.

The Business Rules<sup>11</sup> supporting the relevant ES and vaccination programmes will be available on the Health and Social Care Information Centre (HSCIC)<sup>12</sup> website. Area teams and practices are advised to refer to the Business Rules for a full and up-to-date list of all available codes.

Both CQRS and GPES are managed by the HSCIC.

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<sup>8</sup> DH. SFE. <https://www.gov.uk/government/publications/nhs-primary-medical-services-directions-2013>

<sup>9</sup> HSCIC. CQRS. <http://systems.hscic.gov.uk/systemsandservices/cqrs>

<sup>10</sup> HSCIC. GPES. [www.hscic.gov.uk/gpes](http://www.hscic.gov.uk/gpes)

<sup>11</sup> HSCIC. Business Rules. [www.hscic.gov.uk/qofesextractspecs](http://www.hscic.gov.uk/qofesextractspecs)

<sup>12</sup> HSCIC. [www.hscic.gov.uk/home](http://www.hscic.gov.uk/home)

# SECTION 2. NEW PROGRAMMES (commencing April 2014)

## Hepatitis B (newborn babies) vaccination programme

### Background and purpose

PHE identified the need to introduce a consistent approach across England for the vaccination to protect against hepatitis B in newborn babies. As a result, vaccination against hepatitis B was introduced for newborn babies into the national immunisation programme from 1 April 2014.

The UK is a very low-prevalence country, for hepatitis B. Prevalence is higher in adults born in high-endemicity countries, many of whom will have acquired infection at birth or in early childhood.<sup>13</sup> Prevalence rates found in antenatal women, vary from 0.05 to 0.08 per cent in some rural areas to one per cent or more in certain inner city areas.<sup>14</sup>

Hepatitis B infection can be transmitted from infected mothers to their babies at or around the time of birth (perinatal transmission). Babies acquiring infection at this time have a high risk of becoming chronically infected with the virus. It is estimated that between 2,000 and 3,000 newborn babies will be infected nationally are at risk of perinatal transmission each year.

People with chronic hepatitis B can still pass the virus on to other people, even if it is not causing any symptoms. Around 20 per cent of people with chronic hepatitis B will go on to develop scarring of the liver (cirrhosis) and around one in ten people with cirrhosis will develop liver cancer<sup>15</sup>.

The risk of developing chronic hepatitis B infection depends on the age at which infection is acquired. Without intervention, chronic infection occurs in 90 per cent of infants infected perinatally whereas in previously healthy adults the risk of chronic infection is closer to 5 per cent<sup>16</sup>.

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<sup>13</sup> Boxall *et al.*, 1994; Aweis *et al.*, 2001.

<sup>14</sup> DH. The Green Book.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/263311/Green\\_Book\\_Chapter\\_18\\_v2\\_0.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/263311/Green_Book_Chapter_18_v2_0.pdf)

<sup>15</sup> NHS. Hepatitis B. <http://www.nhs.uk/Conditions/Hepatitis-B/Pages/Introduction.aspx>

<sup>16</sup> DH. The Green Book, chapter 7.

All pregnant women should be offered screening for hepatitis B infection during each pregnancy and where an un-booked mother presents in labour, an urgent test is performed to ensure that vaccines can be given to babies born to positive mothers within 24 hours of birth.

All newborn babies born to mothers with hepatitis B should receive a complete course of hepatitis B vaccination. The benefit of vaccination is high in this group of infants and vaccination should not be withheld or delayed.

The hepatitis B immunisation programme comprises four doses of hepatitis B vaccine given to infants at birth (routinely in hospital), aged one month, aged two months (four weeks after dose one) and at aged 12 months.

Vaccinations and immunisations are an additional service under the GMS contract. The GMS Contract for 2014/15 introduced this new item of service at £7.64 payment for each dose.

This guidance is applicable in England only.

Further details on background to the programme, dosage, timings and administration can be found in the Green Book.<sup>17</sup>

This document provides details on the audit requirements to support practices and NHS England<sup>18, 19</sup> area teams in the provision of vaccination against hepatitis B.

Area teams and practices taking part should ensure they have read and understood the requirements in the Statement of Financial Entitlements Directions (SFE)<sup>20</sup> as well as the information contained in this document.

## Requirements

This is a new permanent programme as part of the childhood immunisation schedule from 1 April 2014.

Practices participating in this programme will be required to sign on CQRS no later than 30 June 2014.

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<sup>17</sup> Green Book. <https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>

<sup>18</sup> From 1 April 2013 the NHS Commissioning Board (NHS CB) is the body legally responsible for the commissioning of primary care in England. However, the NHS CB operates under the name NHS England, therefore the name NHS England is used throughout this guidance.

<sup>19</sup> The NHS England gateway reference number for the hepatitis section of this guidance is 01447.

<sup>20</sup> DH. SFE. <https://www.gov.uk/government/publications/nhs-primary-medical-services-directions-2013>

Practices are required to:

- identify from 1 April 2014 all eligible patients in the following cohort: newborn babies who are registered with the practice and who are at risk of hepatitis B due to their mother being hepatitis B positive when the baby is born, by checking the mother's status when new babies are registered at the practice
- provide vaccination to all newborn babies who are eligible under this programme and are identified by either the hospital, community midwife, health visitors or practice
- procure directly from the manufacturers adequate supplies of the hepatitis B vaccine
- in the event the hospital or community midwife have been unable to administer it, provide the first vaccination dose at the earliest opportunity
- provide the second vaccination dose at age one month or as soon as possible
- provide the third vaccination dose at age two months or as soon as possible
- provide the fourth dose at age 12 months or as soon as possible
- take or refer for a blood test for hepatitis B surface antigen (can be venepuncture or dried blood spot -heel prick) at age 12 months (this can be at the same time as the fourth dose) or as soon as possible thereafter
- ensure that the results of the blood test are communicated as soon as practicable to the patient's parents or guardian and where there is a positive result, a referral is made for early paediatric assessment
- update the patient records of those offered each vaccination and blood test to include a record of when each vaccination was administered, the date and results of the blood test.

## Identifying newborn babies at risk of hepatitis B

Screening mothers during pregnancy or testing for hepatitis B in hospital will identify most babies at risk of hepatitis B. It is recommended that babies at risk of hepatitis B are delivered in hospital. The hospital will routinely administer the first vaccination dose of hepatitis B. The newborn baby's medical record (or red book) will then be updated and arrangements should be in place to ensure that information is shared with appropriate local agencies and GP practices to facilitate follow up.

However, due to the importance of timely immunisation and risk of babies not receiving the first dose in hospital, during a home birth or being registered out of the area, practices cannot rely on hospital notice alone. Accordingly practices are required to identify all newborn babies registered with the practice after 1 April 2014 who are at risk of hepatitis B by checking the mother's status.

It is anticipated that from 1 April 2014 practices will routinely identify babies up to age one when they are registered with the practice. However, “newborn”, “baby” and “babies” are not defined on the basis that where immunisation is unavoidably delayed beyond the periods identified above, it is acceptable to consult clinical guidance<sup>21</sup> and resume vaccination as recommended on a case by case basis.

To ensure that the vaccination course is completed, it is recommended that practices routinely enquire as a matter of good practice, as to a baby’s immunisation status; when they are registered with a new practice.

## Vaccination

The hepatitis B virus incubates for at least six months and infection cannot be determined until the baby is aged 12 months. Hepatitis B vaccination must commence immediately from birth to prevent the virus establishing in the baby. Each dose must be delivered at the required time (i.e. dose one within 24 hours, dose two at age one month, dose three at age two months, dose four at age 12 months) to improve the effectiveness of the vaccine and limit the risks of infection.

Where immunisation is delayed, it is more likely that the child may become infected. The vaccine course should resume as soon as possible and be completed. In this instance, testing above the age of 12 months is particularly important. In cases where vaccination is delayed and has not been completed at birth, at age one month, age two months and age 12 months, practices should consult the Green Book for further detail and vaccinate and undertake further blood testing as clinically necessary and appropriate.

The recommended interval between each dose is four weeks. The interval between doses can be reduced to three weeks if there is a risk of a child missing a later dose, however the results may be sub-optimal.

Where the vaccine status of a baby (identified as at risk due to their mother being hepatitis B positive when the baby is born) is incomplete, for instance where a baby is born prior to 1 April 2014 (when this programme began) or there has been significant delay, practices may opportunistically complete the administration of the required doses of hepatitis B as clinically appropriate and claim for payment.

The approved vaccine to be used for this programme in the UK, is either the following paediatric preparations: 0.5 ml of Energix B, or 10 mcg manufactured by GlaxoSmithKline (GSK) or HBVax-Pro 5 mcg manufactured by Sanofi Pasteur MSD (SPMSD) or 0.5 ml of the equivalent adult dose.

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<sup>21</sup> Green Book.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/263311/Green\\_Book\\_Chapter\\_18\\_v2\\_0.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/263311/Green_Book_Chapter_18_v2_0.pdf)



Hepatitis B vaccines are routinely given intramuscularly in the upper arm or anterolateral thigh.

Provided the hepatitis B vaccinations are administered at the appropriate time, there are no contra-indications to administering the vaccine when patients attend for their routine childhood immunisations.

## Blood test

Testing at age 12 months will identify any babies for whom this intervention has not been successful and who have become chronically infected with hepatitis B. This testing can be carried out at the same time as the fourth dose is given. It will be good practice to test as soon as possible to identify if the baby is hepatitis B surface antigen positive.

Practices can either undertake the dried blood spot (heel prick) test or venepuncture themselves, or use an alternative local provider (including hospital provision if appropriate) commissioned by their CCG to undertake the blood test.

There is no specific training requirement if practices choose to do the dried blood spot (heel prick) test themselves, however guidelines on how to perform this test should be followed and blood testing should only be performed where the doctor or nurse is clinically competent. This is a matter for the practice to take into account when deciding whether to do the blood test themselves or refer to a local clinic or hospital.

**The results of the test must be communicated to the patients' parents or guardian and updated on the patient record.** Payment for the fourth dose will only be made after this. It is estimated up to ten per cent of at risk babies will test positive and require a referral by the practice for paediatric assessment and further management.

Where vaccination has been delayed, blood testing is particularly important and further testing may be necessary before establishing whether to continue the vaccination course. Further details are available in the Green Book.

## Monitoring

There are four payment counts (see payment and validation section) and no management information counts for this programme.

Practices will be required to manually input data into CQRS, on a monthly basis for the financial year 2014/15. The data input will be in relation to the payment count.

For information on how to manually enter data into CQRS, please see the HSCIC website<sup>22</sup>.

The document, 'Technical requirements for 2014/15 GMS contract changes'<sup>23</sup> contains the payment count and Read codes<sup>24</sup> relevant for this programme. Although GPES will not be supporting this programme for 2014/15, practices are still advised that the relevant Read codes are to be used. This is because only those included in this document and the supporting Business Rules will be acceptable to allow CQRS to calculate achievement and payment. Practices will need to ensure that they use the relevant codes and if necessary re-code patients as required.

Supporting Business Rules<sup>25</sup> will be published on the HSCIC website in due course. Area teams and practice should refer to these for the most up to date information on Read codes as these can be updated in-year.

## Payment and validation

Practices participating in this programme will be required to sign up to CQRS by no later than 30 June 2014. Payments will commence from July 2014. Provided that the practice has manually entered achievement for the periods April, May and June in June, the first payment processed will include payment for April, May and June. Thereafter payments under this programme will be on a monthly basis. Payment should be made (from June) by the last day of the month following the month in which the area team and practice approve the payment.

Payment under this programme will be on a monthly basis and calculated by identifying:

- Monthly count of the number of the first vaccination doses (given by the GP practice) administered to babies registered at the practice and identified as at risk of hepatitis from birth – within the reporting period (i.e. payment count HEP001)<sup>26</sup>.
- Monthly count of the number of the second vaccination doses (given by the GP practice) administered to babies registered at the practice and identified as at risk of hepatitis from birth – within the reporting period (i.e. payment count HEP002).
- Monthly count of the number of the third vaccination doses (given by the GP practice) administered to babies registered at the practice and identified as at

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<sup>22</sup> HSCIC. <http://systems.hscic.gov.uk/cqrs/participation>

<sup>23</sup> NHS Employers. Technical requirements for 2014/15 GMS contract changes. [www.nhsemployers.org/GMS2014-15](http://www.nhsemployers.org/GMS2014-15)

<sup>24</sup> Please note that the code descriptions in clinical systems may not exactly match the guidance text.

<sup>25</sup> HSCIC. Business Rules. [www.hscic.gov.uk/qofesextractspects](http://www.hscic.gov.uk/qofesextractspects)

<sup>26</sup> This will only be applicable by exception where hospitals have not delivered the first dose.

risk of hepatitis from birth – within the reporting period (i.e. payment count HEP003).

- Monthly count of the number of the fourth vaccination doses (given by the GP practice) administered to babies registered at the practice and identified as at risk of hepatitis from birth where a hepatitis B blood test has been recorded and the results communicated to the patient or guardian (i.e. payment count HEP004).

Payment will be made based on the monthly count multiplied by £7.64. Payment for the second and third dose will be made after the practice delivers the third dose.

It is anticipated that practices will claim for payment in the month following vaccination i.e. as soon as possible after birth, at age one month, two months and 12 months. Where vaccination is unavoidably delayed or incomplete and then delivered as soon as possible and as clinically appropriate, practices are entitled to payment (as detailed above) for the administration of doses required to complete the vaccination course. Claims must be submitted within six months of delivering the vaccine dose<sup>27</sup>.

CQRS will calculate the monthly payment achievement data via manually entered data.

After CQRS has calculated the practice's final achievement payment, the practice **should approve the payment value and declare an 'achievement declaration'**. The area team will then approve the payment (assuming that the criteria for the programme have been met) and initiate the payment via the payment agency's Exeter system. Once practices have submitted their data and the declaration and approval process has been followed, then payment for the programme will be sent to the payment agency for processing.

Area teams are responsible for post payment verification. This may include auditing claims of practices to ensure that not only the vaccinations were administered but that the full protocol described in the programme was followed i.e. checking the **mother's status to identify all newborn babies at risk of hepatitis B, administering the doses at the required time and intervals and referring at 12 months or as soon as possible thereafter for a blood test and reporting the results and recording them on the patient record and referring for paediatric assessment as necessary.**

Where required, practices must make available to area teams any information they required and that the practice can reasonably be expected to obtain, in order to establish whether or not the practice has fulfilled its obligation under the programme.

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<sup>27</sup> This is in line with SFE requirements.

The SFE sets out the administrative provisions relating to the conditions for payment under programme (for example conditions when payment may be withheld or reclaimed) and the treatment of payments in specific circumstances (for example, when contractors merge, split etc.).

# Meningococcal (MenC) freshers vaccination programme

## Background and purpose

Meningococcal disease is a life-threatening infection. It is a term used to describe two major illnesses – meningitis and septicaemia. These can occur on their own or more commonly both together. Most people will make a good recovery but at worst meningococcal disease causes very severe illness that can rapidly result in death.

The MenC routine vaccination programme was introduced in 1999 for children and adolescents under the age of 18. In 2002, the catch-up campaign was extended to include adults under 25 years. In 2006, the course was changed to two doses (at three and four months) and a booster dose at 12 months of age. In 2013, following recommendations by JCVI, further changes were made and an adolescent booster was introduced.<sup>28</sup> JCVI noted that older adolescents (who will be beyond the age of the routine booster introduced in 2013/14 academic year), may have only received a single dose of MenC vaccine at a young age. This group is at increased risk of contracting MenC disease if they enter into a further education setting for the first time because the disease can spread quickly in areas where people live closely to each other, e.g. in university halls of residence or shared accommodation.

Following recommendation by JCVI, a vaccination programme against MenC for freshers (first time university/further education students who have received notification via UCAS to obtain MenC vaccination) is being introduced and anticipated to last until the first cohort of the school year nine vaccination programme reaches university age (2018). An estimated 400,000 students in England, aged between 17 and 25 inclusive in the financial year 2014/15 and attending university/further education for the first time, will be advised to contact their general practice to obtain the MenC vaccination.

This is a new enhanced service (ES) commissioned by NHS England<sup>29</sup> on behalf of Public Health England (PHE) and is aimed at practices delivering vaccination and immunisation programmes in England. This ES is effective from 1 April 2014 until 31 October 2014.

Payment of £7.64 for each dose of MenC vaccination will be made to practices delivering this ES.

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<sup>28</sup> NHS England, PHE and DH letter to the Service. May 2013.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/197618/MenC\\_letter\\_FINAL.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/197618/MenC_letter_FINAL.pdf)

<sup>29</sup> The NHS England gateway reference number for the MenC section of this guidance is 01383.

This guidance is applicable in England only. A similar programme will be commissioned across the UK by the devolved administrations.

Further details on background to the programme, dosage, timings and administration can be found in the Green Book<sup>30</sup>.

This guidance provides details on the audit requirements to support practices and NHS England area teams in the provision of this ES.

Area teams and practices taking part in the ES should ensure they have read and understood the requirements and administration provisions set out in the service specification<sup>31</sup> as well as the information contained within this document.

## Requirements

This programme is from 1 April 2014 to 31 October 2014.

Area teams will seek to invite practices to participate in this ES before 30 April 2014. Practices who agree to participate will be required to sign up by no later than 30 June 2014.

Practices are required to:

- provide vaccination to eligible students on an opportunistic basis or who self-present (further to receiving notification via UCAS<sup>32</sup> that they should obtain MenC vaccination). Eligible patients are those:
  - i. attending university/further education for the first time
  - ii. aged from 17 to 25 inclusive at any time during the period between 1 April 2014 and 31 March 2015
  - iii. have not previously had any MenC vaccination since aged ten
  - iv. are vaccinated in the period from 1 April 2014 to 31 October 2014
- update the patient records of those vaccinated; and
- record all administered doses on ImmForm.

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<sup>30</sup> Green Book. <https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>

<sup>31</sup> NHS England. Service specification. <http://www.england.nhs.uk/resources/d-com/gp-contract/>

<sup>32</sup> UCAS manages applications for 37,000 courses at 370 providers including universities, colleges or conservatoires. A leaflet notifying students applying for relevant courses will be sent to students by UCAS during the application cycle.

## Vaccination

Practices are not required to identify or call and recall eligible patients.

Eligible patients will be advised by UCAS when they receive an offer of a university/further education place<sup>33</sup> to contact their general practitioner. In addition, practices may opportunistically offer vaccination to eligible patients.

University/further education encompasses a diverse range of courses and institutions. Practices are not required to have sight of the notification from UCAS or confirmation of a university/further education offer. When offering vaccinations opportunistically, practices should confirm with the patient that they are eligible.

Patients will have sufficient time after receiving notification via UCAS, to obtain the MenC vaccination at their usual practice. However, the programme timeframe also enables patients to register with a new practice close to their university and obtain immunisation provided this is no later than 31 October 2014.

Eligible patients must be aged between 17 and 25 years old, at any time during the period 1 April 2014 to 31 March 2015 inclusive to receive vaccination during the service timeframe i.e. 1 April to 31 October. By way of illustration:

- patients who are aged 16 between 1 April 2014 and 31 October 2014 can be vaccinated during that period provided they turn 17 by 31 March 2015.
- patients who are aged 25 at any time between 1 April 2014 and 31 March 2015 and then turn 26 can be vaccinated during the period 1 April 2014 and 31 October 2014.
- patients aged 26 at the start of the service (1 April 2014) cannot be vaccinated under this ES.

All meningococcal-containing vaccines are delivered by one booster dose given intramuscularly into the upper arm or anterolateral thigh.

NeisVac C manufactured by Baxter, will be centrally supplied through ImmForm. Menjugate and Meningitec are also acceptable vaccinations.

## Monitoring

There is one payment count (see payment and validation section) and no management information counts for this programme.

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<sup>33</sup> UCAS. <http://www.ucas.com/>

Practices will be required to manually input data into CQRS, on a monthly basis for the financial year 2014/2015. The data input will be in relation to the payment count only.

For information on how to manually enter data into CQRS, please see the HSCIC<sup>34</sup> website.

The document 'Technical requirements for 2014/15 GMS contract changes'<sup>35</sup> contains the payment counts, Read codes<sup>36</sup> relevant for this ES. The Read codes will be used as the basis for the GPES extract, which will allow CQRS to calculate payment and support the management information extracts, when available. Although practices will be required to manually enter data until such time as GPES is available, it is still required that practices use the relevant Read codes within their clinical systems. This is because only those included in this document and the supporting Business Rules will be acceptable to allow CQRS to calculate achievement and payment and for area teams to audit payment and service delivery. Practices will therefore need to ensure that they use the relevant codes and if necessary re-code patients as required.

Supporting Business Rules<sup>37</sup> will be published on the HSCIC website in due course. Area teams and practices should refer to these for the most up to date information on Read codes as these can be updated in-year.

## Payment and validation

Practices who participate in this programme will be required to sign up to CQRS by no later than 30 June 2014. Payments will commence from July 2014. Provided that the GP practice has manually entered achievement for the periods April, May and June in June, the first payment processed will include payment for April, May and June. Thereafter payments under this programme will be on a monthly basis. Payment should be made by the last day of the month following the month in which the practice and area team approve the payment.

Payment under this programme will be on a monthly basis and calculated by identifying:

- Monthly count of the number of patients aged between 17 and 25, at any point in the financial year, who have received a MenC booster vaccination at the general practice in the reporting period (patients must not previously have received a MenC booster since age ten) (i.e. payment count MENC01).

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<sup>34</sup> HSCIC. <http://systems.hscic.gov.uk/cqrs/participation>

<sup>35</sup> NHS Employers. Technical requirements for 2014/15 GMS contract changes. [www.nhsemployers.org/GMS2014-15](http://www.nhsemployers.org/GMS2014-15)

<sup>36</sup> Please note that the code descriptions in clinical systems may not exactly match the guidance text.

<sup>37</sup> HSCIC. [www.hscic.gov.uk/primary-care](http://www.hscic.gov.uk/primary-care)



Payment will be made based on the monthly count multiplied by £7.64.

CQRS will calculate the monthly payment achievement data via manually entered data.

After CQRS has calculated the practice's final achievement payment, the practice should **'approve the payment value' and submit an 'achievement declaration'**. The area team will then approve the payment (assuming that the criteria for the ES has been met) and initiate the payment via the payment agency's Exeter system. Once practices have submitted their data and the declaration and approval process has been followed, then payment for the ES will be sent to the payment agency for processing.

Area teams are responsible for post payment verification. This may include auditing claims of practices to ensure that not only the vaccinations were administered but that the full protocol described in the service specification<sup>38</sup> was followed i.e. vaccines were administered during the period 1 April to 31 October 2014 and the patients records and ImmForm were updated.

Where required, practices must make available to area teams any information they required and that the practice can reasonably be expected to obtain, in order to establish whether or not the practice has fulfilled its obligation under this ES.

The NHS England service specification sets out the administrative provisions relating to the conditions for payment under this ES (for example conditions when payment may be withheld or reclaimed) and the treatment of payments in specific circumstances (for example, when contractors merge, split etc.).

Payments made under this ES, or any part thereof, will be made only if practices satisfy the conditions set out in the service specification.

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<sup>38</sup> NHS England. Service specification. <http://www.england.nhs.uk/resources/d-com/gp-contract/>

# SECTION 3. EXISTING PROGRAMMES (continuing April 2014)

## MMR (aged 16 and over) vaccination programme

### Background and purpose

Outbreaks of measles in England have been increasing in recent years. In 2012, there was a total of 1,920 confirmed cases, the highest annual figure since 1994. During 2013, 587 cases were confirmed in England. The key difference in the pattern of infection in 2013 was a concentration of cases in teenagers, which had not been experienced in previous years. It is most likely that the increase in this age group was related to the adverse publicity about the MMR vaccine between 1998 and 2003 which resulted in sub-optimal vaccine coverage.

Following advice from PHE, NHS England<sup>39</sup> have commissioned a vaccination programme to offer Measles, Mumps and Rubella (MMR) vaccine to patients aged 16 and over who are not fully vaccinated. This was introduced in April 2013 to run until March 2014 and has now been extended from 1 April 2014 until 31 March 2015.

Vaccinations and immunisations are an additional service under the GMS contract. Changes to the GP contract for 2014/15 include a new item of service payment of £7.64 for each dose of MMR provided by GMS contractors offering this additional service.

This guidance is applicable in England only.

1. To be fully vaccinated against MMR, two injections should be administered a minimum of four weeks apart. There are two vaccines available in the UK: MMRVaxPRO – manufactured by Sanofi Pasteur MSD; and
2. Priorix – manufactured by GlaxoSmithKline.

These vaccines can be used interchangeably. Vaccines for this programme will be centrally supplied through ImmForm and practices are required to record all administered doses on ImmForm.

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<sup>39</sup> The NHS England gateway reference number for the MMR section of this guidance is 01348.

Further details on background, dosage, timings and administration can be found in the Green Book<sup>40</sup>.

This guidance provides details on the audit requirements to support area teams and practices in the provision of vaccination against MMR.

Area teams and practices taking part should ensure they have read and understood the requirements and administration provisions set out in the SFE<sup>41</sup> as well as the information contained in this document.

## Requirements

This programme is for one year from 1 April 2014 until 31 March 2015.

Practices who agree to participate will be required to sign up to the programme on CQRS no later than 30 June 2014.

Practices are required to:

- provide vaccination to all unvaccinated patients aged 16 and over who present to the practice requesting vaccination. The Green Book recommends that patients born before 1970 do not require MMR vaccination
- ensure that the patient records of those offered the vaccination are updated accordingly
- record all administered doses on ImmForm

A payment of £7.64 per dose will be made to practices vaccinating eligible patients aged 16 and over, who attend the practice and who are recorded as not having been fully vaccinated against MMR previously (i.e. not received both doses of vaccine and therefore either require one or two doses).

Practices are also required to administer the vaccine to all unvaccinated eligible 'at-risk' children aged ten to 15, who present to the practice requesting vaccination or on an opportunistic basis. Payment is included in the existing global sum allocations, assuming the practice provides additional services. As such, no additional payment will be made for vaccinating these children.

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<sup>40</sup> Green Book. <https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>

<sup>41</sup> DH. SFE. <https://www.gov.uk/government/publications/nhs-primary-medical-services-directions-2013>

## Monitoring

There is one payment count (see payment and validation) and no management information counts for this programme.

Practices will be required to manually input data into CQRS, on a monthly basis for the financial year 2014/15. The data input will relate to the payment count.

For information on how to manually enter data into CQRS, please see the HSCIC website<sup>42</sup>.

The document 'Technical requirements for 2014/15 GMS contract changes'<sup>43</sup> contains the payment count, Read codes<sup>44</sup> available for this programme. Although GPES will not be supporting this programme for 2014/15, practices are still advised that the relevant Read codes are to be used. This is because only those included in this document and the supporting Business Rules will be acceptable to allow CQRS to calculate achievement and payment. Practices will need to ensure that they use the relevant codes and if necessary re-code patients as required.

Supporting Business Rules will be published on the HSCIC website<sup>45</sup> in due course. Area teams and practices should refer to these for the most up to date information on Read codes as these can be updated in-year.

## Payment and validation

Practices who participate in this programme will be required to sign up to CQRS by no later than 30 June 2014. Payments will commence from July 2014. Provided that the GP practice has manually entered achievement for the periods April, May and June in June, the first payment processed will include payment for April, May and June. Thereafter, payments under this programme will be on a monthly basis. Payment should be made by the last day of the month following the month in which the area team and practice approve the payment.

Payments are calculated by identifying the "monthly count of the number of MMR vaccination doses administered to registered patients aged 16 and over who have not been fully vaccinated against MMR in the reporting period (i.e. payment count MMR001)".

Payment will be made based on the monthly count multiplied by £7.64.

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<sup>42</sup> HSCIC. Manual data entry. <http://systems.hscic.gov.uk/cqrs/participation>

<sup>43</sup> NHS Employers. Technical requirements for 2014/15 GMS contract changes. [www.nhsemployers.org/GMS2014-15](http://www.nhsemployers.org/GMS2014-15)

<sup>44</sup> Please note that the code descriptions in clinical systems may not exactly match the guidance text.

<sup>45</sup> HSCIC. Business Rules. [www.hscic.gov.uk/qofesextractspecs](http://www.hscic.gov.uk/qofesextractspecs)

CQRS will calculate the monthly payment achievement data via manually entered data.

After CQRS has calculated the practice's final achievement payment, the practice should review the payment value and declare an '**achievement declaration**'. The area team will then approve the payment (assuming that the criteria for the programme have been met) and initiate the payment via the payment agency's Exeter system. Once practices have submitted their data and the declaration and approval process has been followed, then payment for the programme will be sent to the payment agency for processing.

Area teams are responsible for post payment verification. This may include auditing claims of practices to ensure that the full protocol described in the programme was followed i.e. patients are administered either one or two doses as necessary. If two doses are required they must be given at least four weeks apart and the patients records are updated as necessary.

Where required, practices must make available to area teams any information they required and that the practice can reasonably be expected to obtain, in order to establish whether or not the practice has fulfilled its obligation under the programme.

The SFE<sup>46</sup> sets out the administrative provisions relating to the conditions for payment under programme (for example conditions when payment may be withheld or reclaimed) and the treatment of payments in specific circumstances (for example, when contractors merge, split etc.).

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<sup>46</sup> DH. SFE. <https://www.gov.uk/government/publications/nhs-primary-medical-services-directions-2013>

# Pertussis (pregnant women) vaccination programme

For details of the requirements for the pertussis vaccination programme, see the service specification<sup>47</sup> on the NHS England website.

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<sup>47</sup> NHS England. Service specification. <http://www.england.nhs.uk/resources/d-com/gp-contract/>

# Rotavirus (routine childhood immunisation) vaccination programme

## Background and purpose

Following a recommendation by the JCVI, vaccination against rotavirus was introduced to the national immunisation programme from July 2013, to protect infants.

Rotavirus can cause gastroenteritis which may lead to severe diarrhoea, vomiting, stomach cramps, dehydration and mild fever. If unvaccinated, nearly all children would have at least one episode of rotavirus gastroenteritis before reaching five years of age. The vaccine, given orally, is over 85 per cent effective at protecting against severe rotavirus gastroenteritis. An estimated 130,000 children with rotavirus gastroenteritis would have visited their practice and approximately 12,700 of these children would have been hospitalised in England and Wales each year if there was no vaccination programme. Deaths caused by rotavirus are rare and difficult to quantify accurately. However, in England and Wales there were approximately three to four each year prior to the vaccination programme commencing.

The rotavirus immunisation programme comprises two doses of rotavirus vaccine given to infants at the age of two months and three months (that is two doses four weeks apart) when they attend for their first and second routine childhood immunisations.

Vaccinations and immunisations are an additional service under the GMS contract. Changes to the GMS contract for 2014/15 include a new item of service payment of £7.64 for a completed course of rotavirus vaccination for GMS providers of the additional service.

This guidance is applicable in England only.

Further details on background to the programme, dosage and timings can be found in the Green Book<sup>48</sup>.

The Business Rules<sup>49</sup> supporting this programme are available to download from the HSCIC website. This document provides details on the audit requirements to support NHS England<sup>50</sup> area teams and practices in the provision of vaccination against

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<sup>48</sup> Green Book. <https://www.gov.uk/government/publications/rotavirus-the-green-book-chapter-27b>

<sup>49</sup> HSCIC. Business Rules. [www.hscic.gov.uk/primary-care](http://www.hscic.gov.uk/primary-care)

<sup>50</sup> The NHS England gateway reference number for the rotavirus section of this guidance is 01410.

rotavirus.

Area teams and practices taking part in this programme should ensure they have read and understood the requirements and administration provisions set out in the SFE<sup>51</sup> as well as the information contained in this document.

## Requirements

This programme is for one year from 1 April 2014 until 31 March 2015.

Practices who participate in this programme will be required to sign up to the programme on CQRS no later than 30 June 2014.

Practices are required to:

- Administer a completed course of vaccine as specified in the SFE. For the purpose of this programme, a completed course is defined as 'two doses of **rotavirus vaccination**'. **The first dose of the vaccine is to be administered from age six weeks (the earliest the vaccine can be given).** Patients should only receive the first dose of Rotarix if they are aged under 15 weeks. A minimum of four weeks is required between doses. The second dose is due before the patient reaches the age of 24 weeks.
- Ensure that the patient records of those offered the vaccination are updated accordingly.
- Record all administered doses on ImmForm.

Patients who inadvertently receive the first dose of rotavirus vaccine at age 15 weeks or older should still receive their second dose at least four weeks later provided they are still under 24 weeks of age at the time. The reason for the 15 week age limit is to minimise a potential risk of intussusception<sup>52</sup>.

The vaccine can be administered with other childhood vaccines, meaning it can be given at the routine first and second childhood immunisations appointments.

The vaccine to be used for this programme is Rotarix, which will be centrally supplied through ImmForm and is manufactured by GlaxoSmithKline, and is to be administered orally.

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<sup>51</sup> DH. SFE. <https://www.gov.uk/government/publications/nhs-primary-medical-services-directions-2013>

<sup>52</sup> Green Book.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/254913/Green\\_Book\\_Chapter\\_27b\\_v2\\_0.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/254913/Green_Book_Chapter_27b_v2_0.pdf)



## Monitoring

There is one payment count (see payment and validation section) and five management information counts for this service.

Practices will be required to manually input data into CQRS, on a monthly basis, until such time as GPES<sup>53</sup> is available. The data input will be in relation to the payment count, with zeros being entered in the interim for the management information counts.

For information on how to manually enter data into CQRS, please see the HSCIC website<sup>54</sup>.

When GPES is available, each extract will capture data for all six counts and report on activities from the start of the reporting month to the end of the reporting month. The reporting month will be the month prior to the extraction month, e.g. if month five (August 2014) is the reporting month then the extraction will take place in September 2014. Counts will be non-cumulative monthly counts from when the practice begins to deliver the programme. It is important to note that when GPES takes a data extraction for a given period, the extract only includes activity relating to patients registered at the reporting period end date (i.e. month end/year-end). For example, a monthly extract would only include patients registered with the practice at the year end.

When extractions commence, GPES will provide to CQRS the monthly counts from the reporting month they start in, to the end of the relevant reporting month. For this programme, reporting and payment will be monthly from June. If a practice has declared achievement (payment and management information counts) for a month on CQRS and the area team has approved it, no GPES-based automated extract will be received as the payment and management information declaration in CQRS cannot be overwritten.

The 'Technical Requirements for 2014/15 GMS contract changes'<sup>55</sup> contains the payment counts, management information counts, Read codes<sup>56</sup> relevant for this programme. The Read codes will be used as the basis for the GPES extraction, which will allow CQRS to calculate payment and support the management information extraction, when available. Although practices will be required to manually enter data until such time as GPES is available, it is still required that practices use the

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<sup>53</sup> Details as to when and if GPES becomes available to support this service will be communicated via the HSCIC.

<sup>54</sup> HSCIC. Manually entry. <http://systems.hscic.gov.uk/cqrs/participation>

<sup>55</sup> NHS Employers. Technical requirements for 2014/15 GMS contract changes. [www.nhsemployers.org/GMS2014-15](http://www.nhsemployers.org/GMS2014-15)

<sup>56</sup> Please note that the code descriptions in clinical systems may not exactly match the guidance text.

relevant Read codes within their clinical systems. This is because only those included in this document and the supporting Business Rules will be acceptable to allow CQRS to calculate achievement and payment and for area teams to audit payment and service delivery. Practices will need to ensure that they use the relevant codes and if necessary re-code patients as required.

Supporting Business Rules<sup>57</sup> will be published on the HSCIC website. Area teams and practices should refer to these for the most up to date information on management information counts, Read codes as they may be updated in-year.

## Payment and validation

Practices who participate in this programme will be required to sign up to CQRS by no later than 30 June 2014. Payments will commence from July 2014. Provided that the GP practice has manually entered achievement for the periods April, May and June in June, the first payment processed will include payment for April, May and June. Thereafter, payments under this programme will be on a monthly basis. Payment should be made, by the last day of the month following the month in which the area team and practice approve the payment. It is important to note that payment will only be made following the month in which a completed course is recorded i.e. if first dose given in August and second dose given in September, then payment will only be made in October.

Payments are calculated by identifying the “Monthly count of the contractor’s registered patients who have a completed rotavirus immunisation (2 doses) given before 24 weeks of age in the reporting period (i.e. payment count ROTA001)”.

Payment will be made based on the monthly count multiplied by £7.64. Only one payment will be made per patient vaccinated.

CQRS will calculate the monthly payments, based on the achievement data, at the end of each month (except for the period April to June which will be paid in July provided data is available on CQRS in June) either via manually entered data or data extracted from GPES.

Where CQRS has not been provided with data (i.e. the practice has not enabled the extraction or the extraction is not supported by their system supplier) the data will need to be entered onto CQRS manually.

After CQRS has calculated the practice’s final achievement payment, the practice **should approve the payment value and declare an ‘achievement declaration’**. The area team will then approve the payment (assuming that the criteria for the programme has been met) and initiate the payment via the payment agency’s Exeter

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<sup>57</sup> HSCIC. Business Rules. [www.hscic.gov.uk/qofesextractspecs](http://www.hscic.gov.uk/qofesextractspecs)

system. Once practices have submitted their data and the declaration and approval process has been followed, then payment for the programme will be sent to the payment agency for processing.

Area teams are responsible for post payment verification. This may include auditing claims of practices to ensure not only that the practice has administered a completed course, but that the full protocol described in the programme was followed i.e. the vaccination was given from age six weeks (the earliest the vaccine can be given) and with a minimum of four weeks between doses and that the second dose is given before the patient reaches the age of 24 weeks. This information will be available to the area teams and practices, through CQRS in aggregated numbers, as an indicative check, through the management information counts as and when data extractions via GPES are available. The reason for it being 'indicative' is that it is not known whether this aggregated number is directly tied to the same patients in the payment count.

The information extracted for management information purposes will not be used for payment purposes. It will be available through CQRS, as and when GPES is available to extract the information, to support practices and NHS England to validate requirements of the programme, as necessary, to demonstrate that the full protocol was followed.

Where required, practices must make available to area teams any information they required and that the practice can reasonably be expected to obtain, in order to establish whether or not the practice has fulfilled its obligation under the enhanced service arrangements.

The SFE<sup>58</sup> sets out the administrative provisions relating to the conditions for payment under programme (for example conditions when payment may be withheld or reclaimed) and the treatment of payments in specific circumstances (for example, when contractors merge, split etc.).

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<sup>58</sup> DH. SFE. <https://www.gov.uk/government/publications/nhs-primary-medical-services-directions-2013>

# SECTION 4. EXISTING PROGRAMMES (continuing after August 2014)

## Childhood seasonal influenza vaccination programme

### Background and purpose

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 will be phased in over a period of time ensuring a manageable and successful implementations process. The first cohort of patients to be vaccinated from 1 September 2013 to 31 March 2014 was children aged two and three years.

This Enhanced Service (ES) further extends the patient cohort to include all children aged two, three and four years old (but not aged less than two or aged five or over) from 1 September 2014 to 31 March 2015. Further phasing and consideration of how the programme will be extended to school age children will be informed by pilots and through collaboration between Public Health England (PHE), NHS England and the Department of Health (DH).

The childhood seasonal influenza ES is in addition to the seasonal influenza ES which vaccinates children aged six months and over who have clinical conditions which put them at risk of the effects of influenza. Children aged two, three and four but not aged less than two or aged five or over (including those defined as at-risk) are excluded from the seasonal influenza ES to avoid duplication as this cohort is eligible under this extended childhood seasonal influenza ES.

The objective of influenza immunisation is to protect those who are most at risk of serious illness or death should they develop influenza and to reduce transmission of the infection, thereby contributing to the protection of vulnerable patients who may have a suboptimal response to their own immunisations.

The childhood seasonal influenza vaccination programme is an ES aimed at

supporting NHS England<sup>59, 60</sup> on behalf of PHE in delivering vaccination and immunisation programmes in England. This ES is effective from 1 September 2014 to 31 March 2014 for patients aged two, three and four (but not aged less than two or aged five or over) on 1 September 2014. In the interests of maintaining the highest level of safety and in order to set a clear and manageable limit, healthy children that turn two after 1 September 2014 should not be offered the vaccine.

Payment of £7.64 for each dose of influenza vaccination will be made to practices delivering this ES in accordance with the service specification.

This guidance is applicable in England only.

Details on this programme and the wider seasonal influenza programme can be found in the NHS England, PHE and DH tri-partite letter<sup>61</sup> and annual flu plan dated 28 April 2014, the Green Book<sup>62</sup> and the ES specification<sup>63</sup>.

This guidance provides details on the audit requirements to support area teams and practices in the provision of this ES.

Area teams and practices taking part in the ES should ensure they have read and understood the requirements and administration provisions set out in the service specification as well as the information contained within this document.

## Requirements

This programme is from 1 September 2014 to 31 March 2015.

Area teams will seek to invite practices to participate in this ES before 30 June 2014.

Practices who agree to participate will be required to sign up to CQRS by no later than 31 July 2014.

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<sup>59</sup> From 1 April 2013 the NHS Commissioning Board (NHS CB) is the body legally responsible for the commissioning of primary care in England. However, the NHS CB operates under the name NHS England, therefore the name NHS England is used throughout this guidance.

<sup>60</sup> The NHS England gateway reference number for the childhood influenza section of this guidance is 01641.

<sup>61</sup> NHS England, PHE and DH tri-partite letter and national flu plan. April 2014.

<https://www.gov.uk/government/collections/annual-flu-programme>

<sup>62</sup> Green Book. <https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book> (due to be published June 2014)

<sup>63</sup> NHS England. Childhood seasonal influenza vaccination programme service specification.

<http://www.england.nhs.uk/ourwork/commissioning/gp-contract/>

Practices are required to:

- Provide influenza vaccination to all eligible patients registered at the practice unless contra-indicated.
  - a. Eligible patients are those who:
    - i. are registered patients; and are
    - ii. aged two, three or four on 1 September 2014 (but not aged less than two or aged five or over),
  - b. Patients should be vaccinated on either:
    - i. a proactive call basis, if not considered at-risk, or
    - ii. a proactive call and recall<sup>64</sup> basis, if considered at-risk as defined in the tri-partite letter (extract included at the childhood annex).
  - 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 2014 and 31 March 2015, with vaccinations concentrated between 1 September 2014 and 31 December 2014.
  - e. Vaccination must be with the appropriate vaccine and dosage<sup>65, 66</sup>:
    - One dose of Fluenz Tetra® (which will be centrally supplied), is required for eligible patients who are not contra-indicated.
    - Eligible patients included in an at-risk group will also require a second dose of Fluenz Tetra®, where they have not received influenza vaccination previously (and are aged between two to less than nine years) at least four weeks after the first dose.
    - Where Fluenz Tetra® is contra-indicated one dose of a suitable inactivated influenza vaccine (which will be centrally supplied) is required, except where an eligible patient has not received influenza vaccination previously (and are aged between six months to less than nine years), in which case a second dose of a suitable inactivated influenza vaccine is required at least four weeks after the first dose.
- Update the patient records of those vaccinated as set out in the ES specification.
- Record all administered doses on ImmForm.

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<sup>64</sup> NHS. Primary Medical Services Directions 2014. Influenza and pneumococcal scheme. Page 14, paragraph 8 requires that practices develop a proactive and preventative approach to offering immunisations by adopting robust call and reminder systems for at-risk patients, with the aims of maximising uptake and meeting public health targets.

<sup>65</sup> The at-risk groups, vaccines and dosages are defined in the NHS England, PHE and DH tripartite letter dated 29 April 2014 and the Green Book.

<sup>66</sup> The at-risk groups are also defined in the childhood annex of this guidance.

## Vaccine

This vaccination programme is for all registered patients aged two, three and four (but not aged less than two or aged five or over) on 1 September 2014. By way of illustration, patients will not be eligible for childhood seasonal influenza vaccination under this ES if they are aged one or under, or five or over on 1 September 2014. However patients turning five during the timeframe 2 September 2014 to 31 March 2015 will remain eligible as they were within the eligible age range on 1 September 2014. In the interests of maintaining the highest level of safety and in order to set a clear manageable limit, healthy children that turn two on or after 2 September 2014 should not be vaccinated.

Vaccination should be concentrated in the period from 1 September 2014 to 31 December 2014 however practices are encouraged to begin vaccinating their eligible patients as soon as possible in order to achieve the maximum protection before influenza begins to circulate. However, practices may continue to vaccinate eligible patients until 31 March 2015 for whom they will receive payment.

Where two doses are clinically indicated, they must be delivered at least four weeks apart.

See the influenza chapter of the Green Book for detailed information about administration and dosage<sup>67</sup>.

All vaccines for this ES will be centrally supplied through ImmForm and practices are required to record all administered doses on ImmForm. The vaccine centrally supplied for this programme is Fluenz Tetra® for all cases except where contra-indicated where inactivated influenza vaccine will be supplied. Fluenz Tetra® and the inactivated influenza vaccine (Fluarix Tetra® and TIV (Split Virion) BP) can be ordered online from ImmForm as per other centrally supplied vaccines.

Fluenz Tetra® is a live attenuated influenza vaccine and is supplied in an applicator that allows a divided dose to be administered in each nostril (total dose of 0.2 ml - 0.1 ml in each nostril). The device allows intranasal administration to be performed without the need for additional training. Administration of either dose does not need to be repeated if the patient sneezes or blows their nose following administration. There are no data on the effectiveness of Fluenz Tetra® when given to children with a heavily blocked or runny nose (rhinitis) attributable to infection or allergy. As heavy nasal congestion might impede delivery of the vaccine to the nasopharyngeal mucosa, deferral of administration until resolution of the nasal congestion or an appropriate alternative intramuscularly administered influenza vaccine should be

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<sup>67</sup> Green Book. <https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>

considered. Fluenz Tetra® has a short shelf-life and doses will have a use-by date and the latest expiry date is expected to be around January /February<sup>68</sup>. Clinical advice on seasonal influenza immunisation is that vaccinations should be given as early as possible before influenza starts circulating in the community. Although PHE does not recommend that inactivated flu vaccines are used for healthy children unless there is a contra-indication, in the event that a child presents for vaccination after stocks of Fluenz Tetra® have expired, the inactivated vaccine is an option at the clinical discretion of the GP.

Inactivated influenza vaccines for intramuscular administration are supplied as suspensions in pre-filled syringes. They should be shaken well before they are administered.

Some of the summaries of product characteristics (SPCs) for intramuscular inactivated influenza vaccines indicate that young children can be given either a 0.25 ml or a 0.5 ml dose. JCVI has advised that where these alternative doses are indicated in the SPC, the 0.5 ml dose of intramuscular inactivated influenza vaccine should be given to infants aged six months or older and young children because there is evidence that this dose is effective in young children<sup>69</sup>.

The PHE chart summarises the advice on influenza vaccination for the 2014/15 influenza vaccination programme. This chart should be read in conjunction with the contra-indications and precautions sections and also table 19.6 in the Green Book<sup>70</sup>, chapter 19 that gives details about the age indications for influenza vaccines.

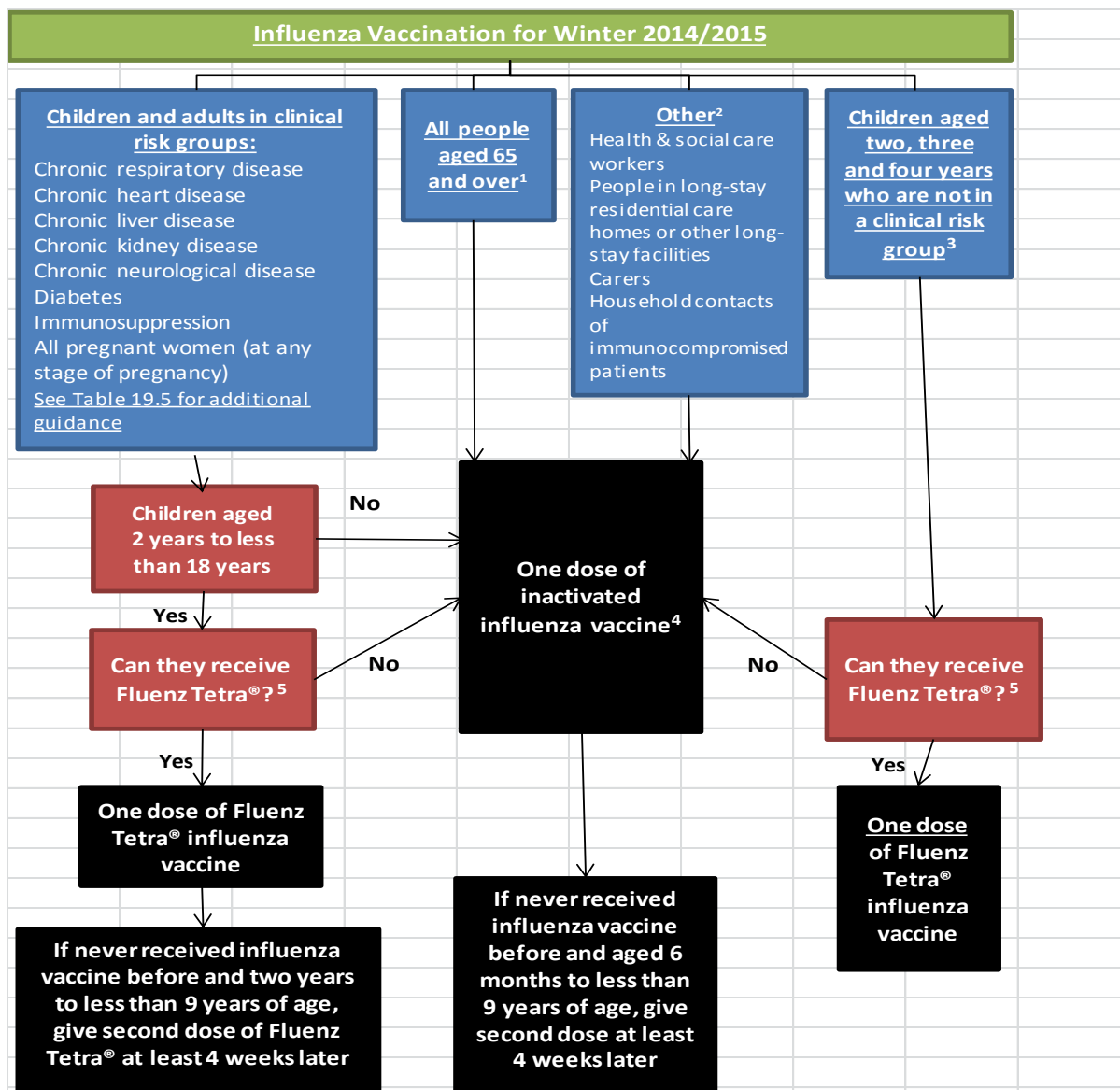
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<sup>68</sup> As Fluenz Tetra® is a live vaccine, actual expiry dates are not yet known. Practices should check the expiry dates and use their stock accordingly.

<sup>69</sup> Heinonen *et al.*, 2010.

<sup>70</sup> Green Book. <https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>





1 all those aged 65 years or older including all those aged 65 years on or before 1 March 2015

2 follow additional guidance from UK health departments

3 all children aged two three or four years (but not five years or older) on or before 1 Sept 2014

4 if quadrivalent inactivated vaccine available, consider for **children age 3 years and older only**.

If quadrivalent unavailable, offer suitable trivalent inactivated influenza vaccine. See table 19.6

which lists the vaccines that can be used in young children - **some are not suitable for young children**.

5 cannot receive if: under age of two years; 18 years and older; have egg allergy;

have a history of active wheezing at the time of vaccination (until at least 7 days after wheezing has stopped on oral steroids or high dose inhaled steroids for asthma; certain immunodeficiencies; or pregnant.

See Green Book Chapter 19 - contraindications and precautions for full list and details.

## Monitoring

There payment and management information counts for this ES are to be confirmed. This guidance will be updated to include this information in due course.

Practices will be required to manually input data into CQRS, on a monthly basis, until such time as GPES<sup>71</sup> is available to conduct electronic data extractions. The data input will be in relation to the payment count only, with zeros being entered in the interim for the management information counts.

For information on how to manually enter data into CQRS, please see the HSCIC website<sup>72</sup>.

When GPES is available, each extract will capture data for all counts and report on activities from the start of the reporting month to the end of the reporting month. The reporting month will be the month prior to the extraction month, e.g. if December 2014 is the reporting month then the extraction will take place in January 2015. Counts will be non-cumulative monthly counts from when the practice begins to deliver the ES. It is important to note that when GPES takes a data extraction for a given period, the extract only includes activity relating to patients registered at the reporting period end date (i.e. a monthly extract would only include patients registered with the practice at the month end).

When extracts commence, GPES will provide to CQRS the monthly counts from the relevant month they start in to the end of the relevant reporting month. For this ES, reporting will be monthly from September and payment will be monthly from October. If a practice has declared achievement (payment and management information) for a month on CQRS and the area team has approved it, no GPES-based automated extract will be received as the payment declaration in CQRS cannot be overwritten. The manually entered data will therefore take precedent.

The document “**Technical Requirements for 2014/15 GMS Contract Changes**”<sup>73</sup> contains the payment counts, management information counts and Read codes<sup>74</sup> relevant for this ES. The Read codes will be used as the basis for the GPES extract, which will allow CQRS to calculate payment and support the management information extracts, when available. Although practices will be required to manually enter data until such time as GPES is available, it is still required that practices use the relevant Read codes within their clinical systems. This is because only those included in this document and the supporting Business Rules will be acceptable to allow CQRS to calculate achievement and payment and for area teams to audit payment and service delivery. Practices will therefore need to ensure that they use the relevant codes and if necessary re-code patients as required including the Read codes for patients vaccinated by another healthcare provider.

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<sup>71</sup> Details as to when and if GPES becomes available to support this service will be communicated via the HSCIC.

<sup>72</sup> HSCIC. <http://systems.hscic.gov.uk/cqrs/participation>

<sup>73</sup> NHS Employers. Technical Requirements for 2014/15 GMS Contract Changes. <http://www.nhsemployers.org/GMS2014-15>

<sup>74</sup> Please note that the code descriptions in clinical systems may not exactly match the guidance text.

Supporting Business Rules<sup>75</sup> will be published on the HSCIC website. Area teams and practices should refer to these for the most up to date information on management information counts and Read codes as they may be updated in-year.

## Payment and validation

Practices participating in this ES will be required to sign up to CQRS no later than 7 September 2014. Vaccination can commence from 1 September 2014. Payments will commence from October 2014. Payment should be made by the last day of the month following the month in which the area team and practice approve the payment. It is important to note that payment will only be made following the month in which a dose is recorded i.e. if a first dose is given in September and a second dose given at least four weeks later in October, then payment will be made in October and November.

Payment under this ES will be on a monthly basis and calculated by identifying the:

- “**Monthly count of seasonal influenza vaccination given to patients aged two, three and four (but not aged less than two or aged five or over) on 1 September 2014**” (i.e. payment count).
- “**Count of second doses given to patients within the same month but at least four weeks after the first dose**”.

Payment will be made based on the monthly count multiplied by £7.64. Only one payment will be made per dose delivered. Where two doses have been delivered, practices may be required to provide evidence as to why the second dose was indicated. Where evidence does not support delivery of a second dose, the practice will not be paid for the second dose.

CQRS will calculate the monthly payment, based on the achievement data either via manually entered data or data extracted from GPES.

Where CQRS has not been provided with data (i.e. the practice has not enabled the extraction or the extraction is not supported by their system supplier) the data will need to be entered onto CQRS manually.

After CQRS has calculated the practice's final achievement payment, the practice should review the **payment value and declare an ‘achievement declaration’**. The area team will then approve the payment (assuming that the criteria for the ES has been met) and initiate the payment via the payment agency's Exeter system. Once practices have submitted their data and the declaration and approval process has

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<sup>75</sup> HSCIC. Business Rules. [www.hscic.gov.uk/qofesextractspecs](http://www.hscic.gov.uk/qofesextractspecs)

been followed, then payment for the service will be sent to the payment agency for processing.

Area teams are responsible for post payment verification. This may include auditing claims of practices to ensure that not only that the practice administered a completed course, but that the full protocol described in the ES specification was followed. This information could be available to practices and area teams, as an indicative check, through the management information counts as and when live extractions via GPES are available. The reason for it being 'indicative' is that it is not known whether this aggregated number is directly tied to the same patients in the payment count.

The information extracted for management information will not be used for payment purposes. It will be available through CQRS, as and when GPES is available to extract the information, to support practices and area teams to validate requirements of the ES, as necessary, to demonstrate that the full protocol was followed.

Where required, practices must make available to area teams any information they required and that the practice can reasonably be expected to obtain, in order to establish whether or not the practice has fulfilled its obligation under this ES.

The NHS England service specification sets out the administrative provisions relating to the conditions for payment under this ES (for example conditions when payment may be withheld or reclaimed) and the treatment of payments in specific circumstances (for example, when contractors merge, split etc.).

Payments made under this ES, or any part thereof, will be made only if practices satisfy the conditions set out in the ES specification<sup>76</sup>.

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<sup>76</sup> NHS England. Service specification <http://www.england.nhs.uk/resources/d-com/gp-contract/>

## Childhood annex

Groups included in the national flu immunisation programme as defined in the tri-partite letter

Eligible groups	Further details
Chronic respiratory disease aged six 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	<p>Congenital heart disease, hypertension with cardiac complications, chronic heart failure, individuals requiring regular medication and/or follow-up for ischaemic heart disease.</p>
Chronic kidney disease aged six months and over	<p>Chronic kidney disease at stage 3, 4 or 5, chronic kidney failure, nephrotic syndrome, kidney transplantation.</p>
Chronic liver disease aged six months and over	<p>Cirrhosis, biliary atresia, chronic hepatitis</p>
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).</p> <p>Clinicians should consider on an individual basis the clinical needs of patients including individuals with cerebral palsy, multiple sclerosis and related or similar conditions; or hereditary and degenerative disease of the nervous system or muscles; or severe neurological or severe learning disability.</p>
Diabetes aged six months and over	<p>Type 1 diabetes, type 2 diabetes requiring insulin or oral hypoglycaemic drugs, diet controlled diabetes.</p>

<p>Immunosuppression aged six months or older</p>	<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, compliment 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 a patient could be considered to be at a greater risk of the serious consequences of influenza and should be offered influenza vaccination. This decision is best made on an individual basis <b>and left to the patient's clinician.</b></p> <p>Some immune-compromised patients may have a suboptimal immunological response to the vaccine.</p>
<p>Asplenia or dysfunction of the spleen aged six months or older</p>	<p>This also includes conditions such as homozygous sickle cell disease and coeliac syndrome that may lead to splenic dysfunction.</p>
<p>People in long-stay residential or homes</p>	<p>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.</p>

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 vaccination should be offered in such cases even if the individual is not in the clinical risk groups specified above<sup>77</sup>.

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<sup>77</sup> Only those patients eligible for vaccination as defined in the service specification will be paid for under this enhanced service.

# Seasonal influenza and pneumococcal polysaccharide vaccination programme

## Background and purpose

Immunisation is one of the most successful and cost-effective health protection interventions and is a cornerstone of public health. High immunisation rates are key to preventing the spread of infectious disease, complications and possible early death among individuals and **protecting the population's health** through both individual and herd immunity.

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.

Pneumococcal infection is caused by *Streptococcus pneumoniae* – a common cause of pneumonia and can also lead to invasive disease including meningitis and septicaemia. Invasive disease is common in young children, who are offered protection against 13 serotypes of *S. pneumoniae* through the pneumococcal conjugate vaccination (PCV13) programme. Children aged under two years are covered under the Statement of Financial Entitlements<sup>78</sup> (SFE). In older children and adults, severe pneumococcal infection predominantly affects those with underlying conditions and the elderly.

The aim of the seasonal influenza and pneumococcal polysaccharide vaccination programmes is to protect those who are most at risk of serious illness or death should they develop influenza or pneumococcal disease, by offering protection against the most prevalent strains of influenza virus and against 23 serotypes of *S. pneumoniae*. This will be achieved by delivering evidence-based, population wide immunisation programmes that:

- identify the eligible population and ensure effective and timely delivery with optimal coverage based on the target populations,
- is safe, effective, of a high quality and is independently monitored; and
- is delivered and supported by suitably trained, competent and qualified healthcare practitioners.

NHS England has been directed to establish a seasonal influenza and pneumococcal enhanced service (ES). Where a practice agrees to participate in this ES, they will be

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<sup>78</sup> DH. SFE. Chapter 13. <https://www.gov.uk/government/publications/nhs-primary-medical-services-directions-2013>

expected to deliver vaccinations to eligible patients for both the seasonal influenza and pneumococcal vaccination programmes. The arrangements to deliver this ES supersede any previous local agreements.

This ES will support NHS England, on behalf of Public Health England (PHE) in delivering vaccination and immunisation programmes in England<sup>79</sup>. This ES is effective from 1 August 2014 to 31 March 2015. Patients eligible for vaccination under this ES are patients registered at the practice and:

- for seasonal influenza vaccinations are:
  - i. patients aged 65 and over,
  - ii. pregnant women,
  - iii. patients aged six months and under two years and patients aged five to 64 years defined as at-risk in the Green Book<sup>80</sup>; and
  - iv. locum GPs.
- for pneumococcal polysaccharide vaccinations are:
  - i. patients aged 65 and over; and
  - ii. patients aged two<sup>81</sup> to 64 years defined as at-risk in the Green Book<sup>82</sup>.

The vaccines recommended for seasonal influenza vaccinations are:

- Fluenz Tetra® for patients aged two to 17 years unless contra-indicated in which case a suitable inactivated influenza vaccine should be used. The inactivated vaccines recommended at Fluarix Tetra® (GSK) and TIV (Split Viron) BP (Sonofi Pasteur MSD).
- A suitable inactivated influenza vaccine for all other eligible patients.

The vaccine recommended for pneumococcal polysaccharide vaccination is the pneumococcal polysaccharide vaccine 23 (PPV23) vaccine Pnuemovax® II.

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<sup>79</sup> The NHS England gateway reference number for the seasonal influenza and pneumococcal polysaccharide section of this guidance is 01791.

<sup>80</sup> Green Book. Chapter 19. <https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book> (*The at-risk groups for seasonal influenza are available in seasonal influenza annex A.*)

<sup>81</sup> Practices should ensure that patients aged two to four years (inclusive) have received the recommended course of PCV13 prior to further pneumococcal vaccination with PPV23.

<sup>82</sup> Green Book. Chapter 25. <https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book> (*The at-risk groups for pneumococcal polysaccharide are available in pneumococcal annex B.*)



Payment of £7.64 for each dose of the appropriate seasonal influenza or PPV23 vaccine will be made to practices delivering this ES in accordance with the service specification<sup>83</sup>.

Details on the national seasonal influenza vaccination programme including dosage, timings and administration can be found in the NHS England, PHE and Department of Health (DH) tri-partite letter and annual flu plan<sup>84</sup> dated 28 April 2014 and chapter 19 of the Green Book.

Details on the pneumococcal vaccination programme including dosage, timings and administration can be found in chapter 25 of the Green Book.

Area teams and practices taking part in the ES should ensure they have read and understood the requirements and administration provisions set out in the service specification<sup>85</sup> as well as the information contained within this document.

This guidance provides details on the audit requirements to support area teams and practices in the provision of this ES. This guidance is applicable in England only.

## Requirements

This programme is from 1 August 2014 to 31 March 2015.

Area teams will seek to invite practices to participate in this ES before 30 June. Practices will be required to confirm their participation by 31 July 2014.

Practices who agree to participate will be required to sign up to CQRS by no later than 31 August 2014.

Practices are required to:

- Provide seasonal influenza vaccination to all eligible patients registered at the practice unless contra-indicated. Eligible patients are those who are:
  - i. aged 65 and over,
  - ii. pregnant women,

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<sup>83</sup> NHS England. Service specification. <http://www.england.nhs.uk/ourwork/commissioning/gp-contract/>

<sup>84</sup> NHS England, PHE and DH. Letter to the Service. National flu immunisation programme 2014/15. <https://www.gov.uk/government/publications/flu-immunisation-programme-2014-to-2015>

<sup>85</sup> NHS England. Service specification. <http://www.england.nhs.uk/ourwork/commissioning/gp-contract/>

- iii. aged six months to under two years and patients aged five to 64 years defined as at-risk in the Green Book<sup>86</sup>; and
- iv. Locum GPs<sup>87</sup>.
- Provide PPV23 vaccination to all eligible patients registered at the practice unless contra-indicated. Eligible patients are those who are previously unvaccinated since aged two, who are:
  - i. aged 65 and over; and
  - ii. aged two<sup>88</sup> to 64 years defined as at-risk in the Green Book<sup>89</sup>.
- For seasonal influenza and PPV23 vaccinations, patients should be vaccinated on either:
  - i. a proactive call basis, if not considered at-risk, or
  - ii. a proactive call and recall basis, if considered at-risk with the aim of maximising uptake in at-risk patients<sup>90</sup>.
- 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.
- Vaccination must be delivered during the period of this ES, namely between 1 August 2014 and 31 March 2015, with vaccinations concentrated between 1 September 2014 and 31 January 2015 for seasonal influenza.
- Vaccinations delivered under this ES must be with the appropriate vaccine and dosage<sup>91</sup>:
  - i. For seasonal influenza vaccinations:
    - o One dose of inactivated influenza vaccine (which will be centrally supplied), is required for patients aged six months and over but not two years or over at the time of vaccination.
    - o Fluenz Tetra<sup>®</sup> (which will be centrally supplied), is required for patients aged two years and over but not 18 years or over at the time of vaccination who are not contra-indicated. Where Fluenz Tetra<sup>®</sup> is contra-indicated,

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<sup>86</sup> The at-risk groups for seasonal influenza vaccination are also defined in seasonal influenza annex A.

<sup>87</sup> Locum GPs are expected to be vaccinated by the practice they are registered with rather than at the practice where they work.

<sup>88</sup> Practices should ensure that patients aged two to four years (inclusive) have received the recommended course of PCV13 prior to further pneumococcal vaccination with PPV23.

<sup>89</sup> The at-risk groups for pneumococcal vaccination are also defined in pneumococcal annex B.

<sup>90</sup> Section 8 of the Directions state that practice must have robust call and reminder systems to contact at-risk patients with the aim of maximising uptake in the interest of at-risk patients and meeting any public health targets.

<sup>91</sup> Green Book. <https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>

one dose of a suitable inactivated influenza vaccine (which will also be centrally supplied) is required.

- One dose of inactivated influenza vaccine is recommended for all other patients eligible under this ES including those patients aged six months and over but not yet two years old at the time of vaccination. Vaccines for patients aged 18 and over should be ordered direct from the manufacturers.
  - Patients aged six months and over but not nine years or over at the time of vaccination, defined as at-risk who have not received influenza vaccination previously, will require a second dose of either Fluenz Tetra® or inactivated influenza vaccine<sup>92</sup>, at least four weeks after the first dose.
- ii. For PPV23 vaccinations one dose is required for all eligible patients.
- Where a patient has indicated they wish to be vaccinated for either vaccination, but are physically unable to attend the practice (for example is housebound), the practice must make all reasonable effort to ensure the patient is vaccinated.
  - Update the patient records of those vaccinated as set out in the ES specification.
  - Record all the administered doses on ImmForm.

## Vaccine

### Seasonal influenza

This vaccination will be offered to all registered patients that meet the criteria defined under the 'requirements' section.

The target timeframe for seasonal influenza vaccinations is five months from 1 September 2014 to 31 January 2015 in order to achieve the maximum protection to the populations. However, practices may begin vaccinating from 1 August 2014 and continue to vaccinate eligible patients until 31 March 2015 for whom they will receive payment.

Where two doses of vaccine are to be administered, this must be done at least four weeks apart. Payment under this ES will be on a monthly basis, based on an item of service payment of £7.64 per dose (either one or two doses as clinically appropriate) per eligible patient vaccinated.

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<sup>92</sup> Practices should check that the vaccine they use is age appropriate for the patients they are vaccinating i.e. Fluarix Tetra is licensed for patients aged three and over only.

See chapter 19 of the Green Book for detailed information about administration and dosage<sup>93</sup>.

Vaccines for children aged six months to 17 years (inclusive) will be centrally supplied and practices are required to record all administered doses on ImmForm. The vaccine licensed for children is Fluenz Tetra® for all cases except where contra-indicated where an appropriate<sup>94</sup> inactivated vaccine is recommended. As these vaccines will be centrally supplied, practices will not be able to claim administration fees.

Practices are required to order vaccines for all other patients eligible for vaccination as part of the ES direct from the manufacturers. This includes patients aged 18 and over defined as at-risk, pregnant women, patients aged 65 and over and locum GPs. The list of available seasonal flu vaccines, the manufacturer are detailed in Annex H of the tri-partite letter.

Fluenz Tetra® is a live attenuated influenza vaccine and is supplied in an applicator that allows a divided dose to be administered in each nostril (total dose of 0.2 ml - 0.1 ml in each nostril). The device allows intranasal administration to be performed without the need for additional training. Administration of either dose does not need to be repeated if the patient sneezes or blows their nose following administration. There are no data on the effectiveness of Fluenz Tetra® when given to children with a heavily blocked or runny nose (rhinitis) attributable to infection or allergy. As heavy nasal congestion might impede delivery of the vaccine to the nasopharyngeal mucosa, deferral of administration until resolution of the nasal congestion or an appropriate alternative intramuscularly administered seasonal influenza vaccine should be considered.

Fluenz Tetra® has a short shelf-life and doses will have a use-by date and the latest expiry date is expected to be around January /February<sup>95</sup>. Clinical advice on seasonal influenza immunisation is that vaccinations should be given as early as possible in order for immunity to increase before the virus begins to circulate. Where a patient presents for vaccination after the intranasal vaccine has expired, practices can deliver the vaccinations using one of the centrally supplied inactivated influenza vaccine.

Inactivated influenza vaccines for intramuscular administration are supplied as suspensions in pre-filled syringes. They should be shaken well before they are

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<sup>93</sup> Green Book. Chapter 19. <https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>

<sup>94</sup> Practices should check that the vaccine they use is age appropriate for the patients they are vaccinating i.e. Fluarix Tetra is licensed for patients aged three and over only.

<sup>95</sup> As Fluenz Tetra® is a live vaccine, actual expiry dates are not yet known. Practices should check the expiry dates and use their stock accordingly.

administered. Some of the summaries of product characteristics (SPCs) for intramuscular inactivated influenza vaccines indicate that young children can be given either a 0.25 ml or a 0.5 ml dose. JCVI has advised that where these alternative doses are indicated in the SPC, the 0.5 ml dose of intramuscular inactivated influenza vaccine should be given to infants aged six months or older and young children because there is evidence that this dose is effective in young children<sup>96</sup>.

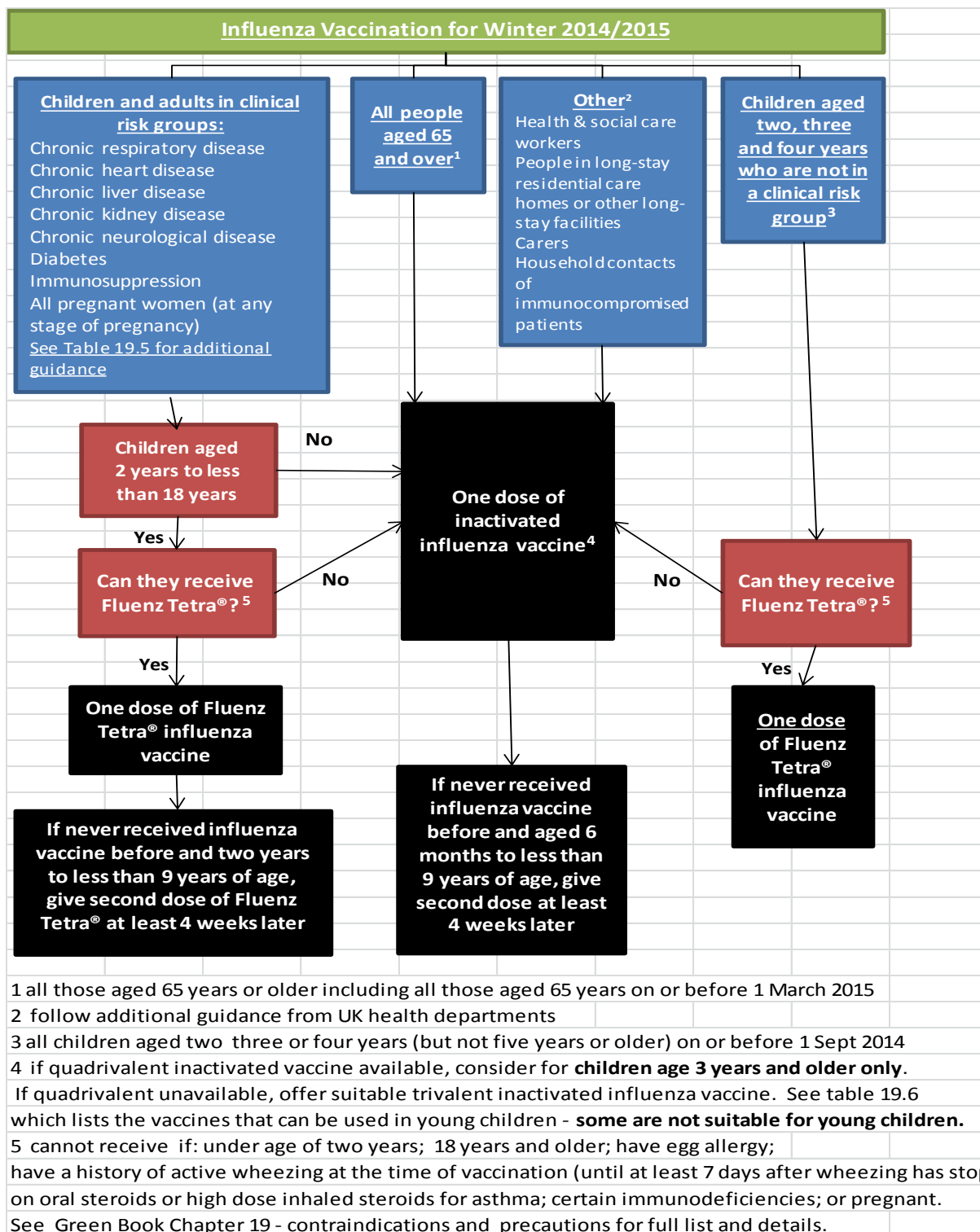
**Care must be taken not to confuse the two 'Tetra' brands.** Fluenz Tetra® (a quadrivalent live attenuated intranasal influenza vaccine) will be supplied in place of Fluenz®. As Fluarix™ Tetra (a quadrivalent inactivated intramuscular influenza vaccine) will also be supplied. Fluarix™ Tetra is not licensed for use in children less than three years.

The PHE chart summarises the advice on influenza vaccination for the 2014/15 influenza vaccination programme. This chart should be read in conjunction with the contra-indications and precautions sections and also table 19.6 in the Green Book<sup>97</sup>, chapter 19 that gives details about the age indications for influenza vaccines.

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<sup>96</sup> Heinonen *et al.*, 2010.

<sup>97</sup> Green Book. <https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>



## Pneumococcal

This vaccination will be offered to all registered patients that meet the criteria defined under the 'requirements' section.

Only one dose of PPV23 is required to provide life-time protection for patients aged two and over. However, it is recognised that clinically, the vaccine can be given

outside of the winter period but any vaccination given outside of the timeframe for this ES would not be eligible for payment. The seasonal influenza vaccination programme offers an opportunity (using the same call and recall system) to provide PPV23 alongside influenza to unvaccinated people in risk groups and those who have just turned 65. As pneumococcal infection is a recognised complication of influenza, providing the two vaccines together early in the season will increase the level of protection to vulnerable individuals over the winter period.

There are some patients with specific diseases which may require vaccination every five years. Practices should contact their area team to reach local agreement on the re-vaccination of these patients.

See chapter 25 of the Green Book for detailed information about doses and administration<sup>98</sup> for this programme and the wider pneumococcal disease area.

Practices are required to order vaccines for this ES direct from the manufacturers.

The PPV23 vaccine (Pneumovax® II) is manufactured by Sanofi Pasteur MSD. PPV23 vaccines are supplied as single doses of 0.5 ml. PPV can be given at the same time as other vaccines such as DTaP/IPV/Hib, MMR, men C, Hib/men C and influenza. The vaccines should be given in separate sites, preferably in separate limbs. If given in the same limb, they should be at least 2.5 cm apart.

## Monitoring

Seasonal influenza and PPV23 are set up as separate services on CQRS and GPES. As practices who agree to participate in this ES will be expected to deliver vaccinations to eligible patients for both the seasonal influenza and pneumococcal vaccination programmes, practices would be expected to sign up to both services on CQRS.

Practices will be required to manually input data into CQRS, on a monthly basis, until such time as GPES<sup>99</sup> is available to conduct electronic data extractions. The data input will be in relation to the payment count only, with zeros being entered in the interim for the management information counts.

For information on how to manually enter data into CQRS, please see the HSCIC website<sup>100</sup>.

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<sup>98</sup> Green Book. <https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>

<sup>99</sup> Details relating to the availability of GPES support will be communicated via the HSCIC.

<sup>100</sup> HSCIC. <http://systems.hscic.gov.uk/cgrs/participation>

For seasonal influenza there are three payment counts (see payment and validation section) and 11 management information counts.

For PPV23 there are 3 payment counts (see payment and validation section) and ten management information counts.

When GPES is available, each extract will capture data for all counts and report on activities from the start of the reporting month to the end of the reporting month. The reporting month will be the month prior to the extraction month, e.g. if December 2014 is the reporting month then the extraction will take place in January 2015. Counts will either cumulative or non-cumulative monthly counts from when the practice begins to deliver the ES<sup>101</sup>. It is important to note that when GPES takes a data extraction for a given period, the extract only includes activity relating to patients registered at the reporting period end date (i.e. a monthly extract would only include patients registered with the practice at the month end).

When extracts commence, GPES will provide to CQRS the monthly counts from the relevant month they start in to the end of the relevant reporting month. For this ES, reporting will be monthly from August/September 2014<sup>102</sup> and payment will be monthly from October. If a practice has declared achievement (payment and management information) for a month on CQRS and the area team has approved it, no GPES-based automated extract will be received as the payment declaration in CQRS cannot be overwritten. The manually entered data will therefore take precedent.

The document “Technical Requirements for 2014/15 GMS Contract Changes”<sup>103</sup> contains the payment counts, management information counts and Read codes<sup>104</sup> relevant for this ES. The Read codes will be used as the basis for the GPES extract, which will allow CQRS to calculate payment and support the management information extracts, when available. Although practices will be required to manually enter data until such time as GPES is available, it is still required that practices use the relevant Read codes within their clinical systems. This is because only those included in this document and the supporting Business Rules will be acceptable to allow CQRS to calculate achievement and payment and for area teams to audit payment and service delivery. Practices will therefore need to ensure that they use the relevant codes and if necessary re-code patients as required.

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<sup>101</sup> Counts including the words “up to the end of the reporting period” are cumulative, whereas those counts using the word “within the reporting period” are non-cumulative.

<sup>102</sup> The HSCIC will inform practices when CQRS will be available to support this ES.

<sup>103</sup> NHS Employers. Technical requirements for 2014/15 GMS contract changes.

<http://www.nhsemployers.org/GMS2014-15>

<sup>104</sup> Please note that the code descriptions in clinical systems may not exactly match the guidance text.



Supporting Business Rules<sup>105</sup> will be published on the HSCIC website. Area teams and practices should refer to these for the most up to date information on management information counts and Read codes as they may be updated in-year.

## Payment and validation

Practices participating in this ES will be required to sign up to CQRS no later than 31 August 2014. Vaccination can commence from 1 August 2014. Payments will commence from October 2014. Payment should be made by the last day of the month following the month in which the area team and practice approve the payment. It is important to note that payment will only be made following the month in which the vaccination is recorded.

Payment under this ES will be on a monthly basis and calculated by identifying the following:

- SFLU01: Monthly count of patients aged 65 and over on 31 March 2015, who have received a seasonal influenza vaccination by the GP practice, within the reporting period.
- SFLU002: Monthly count of seasonal influenza vaccination doses given by the GP practice to eligible\* patients, identified as at risk, where the risk is clearly demonstrated by at least one clinical Read code in the patients record in the reporting period.
- SFLU03: Monthly count of seasonal influenza vaccination doses given by the GP practice to eligible patients\*, identified as at risk, where the risk is not clearly demonstrated by at least one clinical Read code in the patients record but is identified by the Read code 9OX4. in the reporting period.

*\* Eligible patients are aged six months to 64 years on 31 March 2015, excluding patients aged 2, 3 and 4 as at 1 September 2014*

- PNEU01: Monthly count of patients aged 65 and over as at 31 March 2015, who have received a pneumococcal vaccination by the GP practice, within the reporting period.
- PNEU02: Monthly count of patients aged 2 to 64 on 31 March 2015 and identified as at risk, with **at least one clinical Read code in the patient's record, who have** received a pneumococcal vaccination by the GP practice within the reporting period.
- Monthly count of patients aged 2 to 64 on 31 March 2015 and identified as at risk by the Read code 65WB. or XaM2n **"requires a pneumococcal vaccination"** who received a pneumococcal vaccination by the GP practice in the reporting period (excluding patients identified in count PNEU002).

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<sup>105</sup> HSCIC. Business Rules. [www.hscic.gov.uk/qofesextractspecs](http://www.hscic.gov.uk/qofesextractspecs)

Payment for seasonal influenza and PPV23 will be made based on the monthly count multiplied by £7.64. Only one payment will be made per dose delivered for each programme.

Where a patient has been administered a second dose of an appropriate seasonal influenza vaccine, NHS England may request evidence as to why a second dose has been given, in the event that the second dose was not clinically indicated NHS England may choose to claw back payment for that dose.

CQRS will calculate the monthly payment, based on the achievement data either via manually entered data or data extracted from GPES.

Where CQRS has not been provided with data (i.e. the practice has not enabled the extraction or the extraction is not supported by their system supplier) the data will need to be entered onto CQRS manually.

After CQRS has calculated the practice's final achievement payment, the practice **should review the payment value and declare an 'achievement declaration'**. The area team will then approve the payment (assuming that the criteria for the ES has been met) and initiate the payment via the payment agency's Exeter system. Once practices have submitted their data and the declaration and approval process has been followed, then payment for the service will be sent to the payment agency for processing.

Area teams are responsible for post payment verification. This may include auditing claims of practices to ensure that not only that the practice administered a completed course, but that the full protocol described in the ES specification was followed. This information could be available to practices and area teams, as an indicative check, through the management information counts as and when live extractions via GPES are available. The reason for it being 'indicative' is that it is not known whether this aggregated number is directly tied to the same patients in the payment count.

The information extracted for management information will not be used for payment purposes. It will be available through CQRS, as and when GPES is available to extract the information, to support practices and area teams to validate requirements of the ES, as necessary, to demonstrate that the full protocol was followed.

Where required, practices must make available to area teams any information they required and that the practice can reasonably be expected to obtain, in order to establish whether or not the practice has fulfilled its obligation under this ES.

The NHS England service specification sets out the administrative provisions relating to the conditions for payment under this ES (for example conditions when payment

may be withheld or reclaimed) and the treatment of payments in specific circumstances (for example, when contractors merge, split etc.).

Payments made under this ES, or any part thereof, will be made only if practices satisfy the conditions set out in the ES specification<sup>106</sup>.

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<sup>106</sup> NHS England. Service specification <http://www.england.nhs.uk/resources/d-com/gp-contract/>

# Seasonal influenza annex A

Groups included in the national seasonal influenza immunisation programme as defined in the tri-partite letter

Eligible groups	Further details
<i>All children aged 2 to less than 5 years old</i>	<i>All those aged 2, 3 and 4 years old (but not 5 years or older) on 1 September 2014 (i.e. date of birth on or after 2 September 2009 and on or before 1 September 2012).</i>
<i>School-aged children who are part of the pilot childhood programme</i>	<i>Seven geographical pilots of primary school aged children started in 2013/14 will continue. Pilots of secondary school aged children in Years 7 and 8 will start in 2014/15. Immunisation for school-aged children will be directly commissioned by NHS England.</i>
All patients aged 65 years and over	"Sixty-five and over" is defined as those aged 65 years and over on 31 March 2015 (i.e. born on or before 31 March 1950).
Chronic respiratory disease aged six months or older	<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 or older	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 or older	Chronic kidney disease at stage 3, 4 or 5, chronic kidney failure, nephrotic syndrome, kidney transplantation.
Chronic liver disease aged six months or older	Cirrhosis, biliary atresia, chronic hepatitis.

Eligible groups	Further details
Chronic neurological disease aged six months or older	<p>Stroke, transient ischaemic attack (TIA). Conditions in which respiratory function may be compromised due to neurological disease (e.g. polio syndrome sufferers).</p> <p>Clinicians should offer immunisation, based on individual assessment, to vulnerable individuals including those with cerebral palsy, learning difficulties, 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 six months or older	Type 1 diabetes, type 2 diabetes requiring insulin or oral hypoglycaemic drugs, diet controlled diabetes.
Immunosuppression aged six months or older	<p>Immunosuppression due to disease or treatment, including chemotherapy leading to immunosuppression, bone marrow transplant, HIV infection (all stages,) multiple myeloma or genetic disorders affecting the immune system (e.g. IRAK-4, NEMO, compliment deficiency).</p> <p>Individuals treated with or likely to be treated with systemic steroids for more than a month (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 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 <b>the patient's clinician</b>.</p> <p>Some immunocompromised patients may have a suboptimal immunological response to the vaccine.</p>
Asplenia or dysfunction of the spleen aged six months or older	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).

Eligible groups	Further details
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	<b>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.</b>
Locum GPs	Locum GPs should be vaccinated by their own GP. All other GP's and primary care staff are the responsibility of their employer as part of occupational health arrangements.
<i>Health and social care staff</i>	<i>Health and social care workers who are in direct contact with patients/service users should be vaccinated by their employer as part of an occupational health programme.</i>

*\* not included in this but are covered by other national and local agreements and pilot arrangements.*

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 vaccination should be offered in such cases even if the individual is not in the clinical risk groups specified above<sup>107</sup>.

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<sup>107</sup> Only those patients eligible for vaccination as defined in the service specification will be paid for under this enhanced service.

## Pneumococcal polysaccharide annex B

Groups covered by this ES and included in the pneumococcal polysaccharide immunisation programme as defined in the Green Book<sup>108</sup>

Eligible groups	Further details
Patients aged 65 years and over	“Sixty-five and over” is defined as those aged 65 years and over on 31 March 2015 (i.e. born on or after 31 March 1950).
Chronic respiratory disease	Asthma (only if so severe it requires continuous or frequently repeated or use of systemic steroids). Chronic respiratory disease including chronic obstructive pulmonary disease (COPD), chronic bronchitis and emphysema, bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis and bronchopulmonary dysplasia (BPD).  Children with respiratory problems caused by aspiration or a neurological condition (e.g. cerebral palsy).
Chronic heart disease	Congenital heart disease, hypertension with cardiac complications, chronic heart disease, chronic heart failure, individuals requiring regular medications and/or follow-up for ischaemic heart disease.
Chronic kidney disease	Chronic kidney disease at stages 4 and 5, nephrotic syndrome, kidney dialysis and those with kidney transplantation
Chronic liver disease	Chronic liver disease, cirrhosis, biliary atresia, chronic hepatitis
Diabetes	Diabetes mellitus require insulin or oral hypoglycaemic drugs NOT diabetes that is diet controlled

<sup>108</sup> Only those patients eligible for vaccination as defined in the service specification will be paid for under this enhanced service.

Eligible groups	Further details
Immunosuppression & asplenia or dysfunction of the spleen	Immunosuppression due to disease or treatment, chemotherapy bone marrow transplant, asplenia or splenic dysfunction, HIV infection (all stages), multiple myeloma or genetic disorders affecting the immune system (e.g. IRAK-4, NEMO complemented deficiency) and individuals likely to be on systemic steroids for more than a month (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).
Individuals with cochlear implants	It is important that it does not delay the Individuals with cochlear implants.
Individuals with cerebrospinal fluid leaks e.g. following trauma or major skull surgery	Individuals with cerebrospinal fluid leaks e.g. following trauma or major skull surgery



# Influenza and pneumococcal annex C: Vaccines and dosage

Seasonal influenza vaccination programme (as defined in the tri-partite letter)

Eligible groups	Vaccine	Dosage
6 months to less than 2 years in clinical risk groups	Inactivated influenza vaccine	1 dose unless first influenza vaccination in which case a second dose is recommended at least 4 weeks after the first
2 years to less than 9 years in clinical risk groups	Fluenz Tetra® unless contra-indicated then a suitable inactivated influenza vaccine is recommended	1 dose unless first influenza vaccination in which case a second dose is recommended at least 4 weeks after the first
9 years to less than 18 years in clinical risk groups	Fluenz Tetra® unless contra-indicated then a suitable inactivated influenza vaccine is recommended	1 dose
18 years and over in clinical risk groups	Inactivated influenza vaccine	1 dose
65 years and over	Inactivated influenza vaccine	1 dose

For a list of the available TIV's, suppliers and the appropriate age indications see Annex H of the tri-partite letter<sup>109</sup>.

<sup>109</sup> NHS England, PHE and DH. Letter to the Service. National flu immunisation programme 2014/15. <https://www.gov.uk/government/publications/flu-immunisation-programme-2014-to-2015>

## Pneumococcal polysaccharide vaccination programme (as defined in the Green Book)

Eligible groups	Vaccine	Dosage
2 to 4 years in clinical risk groups	PPV23	1 single dose, after an age appropriate course of PCV13
5 to 64 years in clinical risk groups	PPV23	1 single dose
65 and over	PPV23	1 single dose

# Shingles (routine aged 70) vaccination programme

## Background and purpose

The incidence of shingles in England and Wales is estimated to be around 790 to 880 cases per 100,000 people per year for those aged 70 to 79 years. The risk and severity of shingles increases with age and can lead to post herpetic neuralgia (PHN) and hospitalisation. It is estimated that, in people aged 70 years and over, around one in 1000 cases of shingles results in death<sup>110 111</sup>.

In March 2012, the Joint committee on Vaccinations and Immunisations (JCVI) recommended that patients aged 70 to 79 (inclusive) should be routinely offered vaccination against shingles. The roll out of this extended programme will be considered by NHS England, Public Health England (PHE) and the Department of Health (DH) and will be phased in over a period of time due to both vaccine supply and ensuring a manageable implementation process.

The shingles (routine aged 70) vaccination programme was introduced from 1 September 2013, comprising a single injection, offered routinely to patients who are aged 70 as at 1 September that year.

A separate catch-up ES for patients aged 78 and 79 on 1 September 2014 is outlined in a separate section in this guidance.

This guidance is applicable in England only and applies to the shingles (routine aged 70) for patients aged 70 on 1 September 2014 until 31 August 2015. The date of birth range for patients eligible to receive the shingles (routine aged 70) vaccination is 2 September 1943 to 1 September 1944.

Vaccinations and immunisations are an additional service under the GMS contract. The GMS Contract for 2014/15 introduced this new item of service at £7.64 payment for each dose.

Further details on background to the programme, dosage, timings and

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<sup>110</sup> Green Book.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/233012/Green\\_Book\\_Chapter\\_28a\\_v2.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/233012/Green_Book_Chapter_28a_v2.pdf)

<sup>111</sup> van Hoek *et al.*, 2009

administration can be found in the Green Book<sup>112</sup>.

This document provides details on the audit requirements to support practices and NHS England<sup>113, 114</sup> area teams in the provision of vaccination against shingles.

Area teams and practices taking part should ensure they have read and understood the requirements in the Statement of Financial Entitlements Directions (SFE)<sup>115</sup> as well as the information contained in this document.

## Requirements

This programme is for one year from 1 September 2014 until 31 August 2015.

Practices participating in this programme will be required to sign up to CQRS no later than 31 August 2014.

Practices are required to:

- provide vaccination to all eligible patients aged 70 but not yet 71 on 1 September 2014, who have not previously had a shingles vaccination, who present to the practice requesting vaccination and on an opportunistic basis.
- ensure that the patient records of those offered the vaccination are updated accordingly; and
- record all administered doses on ImmForm

## Vaccination

Practices are not required to call and recall eligible patients but instead offer vaccination opportunistically to eligible patients when they access general practice services.

This vaccination programme comprises a single injection.

Under the GMS contract for 2014/15, GMS providers of this service will be paid an item of service payment of £7.64 for each previously unvaccinated patient who

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<sup>112</sup> Green Book. <https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>

<sup>113</sup> From 1 April 2013 the NHS Commissioning Board (NHS CB) is the body legally responsible for the commissioning of primary care in England. However, the NHS CB operates under the name NHS England, therefore the name NHS England is used throughout this guidance.

<sup>114</sup> The NHS England gateway reference number for the shingles (routine) section of this guidance is 01783.

<sup>115</sup> DH. SFE. <https://www.gov.uk/government/publications/nhs-primary-medical-services-directions-2013>

receives the routine shingles vaccination within the period 1 September 2014 until 31 August 2015 and who were aged 70 years but not yet 71 years on 1 September 2014.

Vaccines for this programme will be centrally supplied through ImmForm and practices are required to record all administered doses on ImmForm.

The shingles vaccination may be given at the same time as inactivated influenza vaccination. It can also be given at the same time as pneumococcal for those patients who are eligible for both vaccinations. If the shingles vaccine is given at the same time as other vaccinations, care should be taken to ensure that the appropriate route of injection is used for all the vaccinations and to check there are no contraindications to administering the shingles vaccine to individuals in at-risk groups presenting for seasonal influenza vaccination. If additional immunisations are required, refer to the Green Book for advice on administering the shingles vaccine with other vaccines.

Patients who request vaccination who are not included in either the routine shingles programme or shingles catch-up programme patient cohorts may be vaccinated, at the practice's discretion. However, practices are advised that this should only occur where eligible patients have already been vaccinated or offered the vaccination and the practice is using up their left over stocks. If a practice chooses to vaccinate patients not included in the eligible patient cohort, then these patients would not be eligible for payment under this programme.

The shingles vaccination can be delivered by any suitably trained and competent member of the practice's clinical staff, including Healthcare Assistants (HCAs), who can provide vaccinations under Patient Specific Directions (PSDs). However ultimately the responsibility lies with the prescriber. Individuals should be named and assessed for provision of this service, with the governance emphasis on training and competency.

## Monitoring

There is one payment count (see payment and validation section) and six management information counts for this service.

Practices will be required to manually input data into CQRS, on a monthly basis, until such time as GPES<sup>116</sup> is available to conduct electronic data extractions. The data input will be in relation to the payment count only, with zeros being entered in the interim for the management information counts.

For information on how to manually enter data into CQRS, please see the HSCIC

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<sup>116</sup> Details as to when and if GPES becomes available to support this service will be communicated via the HSCIC.

website<sup>117</sup>.

When GPES is available, each extract will capture data for all seven counts and report on activities from the start of the reporting month to the end of the reporting month. The reporting month will be the month prior to the extraction month, e.g. if December 2014 is the reporting month then the extraction will take place in January 2015. Counts will be non-cumulative monthly counts from when the practice begins to deliver the programme. It is important to note that when GPES takes a data extraction for a given period, the extract only includes activity relating to patients registered at the reporting period end date (i.e. a monthly extract would only include patients registered with the practice at the month end.)

When extracts commence, GPES will provide to CQRS the monthly counts from the relevant month they start in to the end of the relevant reporting month. For this vaccination programme, reporting will be monthly from September and payment will be monthly from October. If a practice has declared achievement (payment and management information) for a month on CQRS and the area team has approved it, no GPES based automated extract will be received as the payment declaration in CQRS cannot be overwritten. The manually entered data will therefore take precedent.

The document 'Technical Requirements for 2014/15 GMS Contract Changes'<sup>118</sup> contains the payment counts, management information counts and Read codes<sup>119</sup> relevant for this programme. The Read codes will be used as the basis for the GPES extract, which will allow CQRS to calculate payment and support the management information extracts, when available. Although practices will be required to manually enter data until such time as GPES is available, it is still required that practices use the relevant Read codes within their clinical systems. This is because only those included in this document and the supporting Business Rules will be acceptable to allow CQRS to calculate achievement and payment and for area teams to audit payment and service delivery. Practices will therefore need to ensure that they use the relevant codes and if necessary re-code patients as required.

Supporting Business Rules<sup>120</sup> will be published on the HSCIC website. Area teams and practices should refer to these for the most up to date information on management information counts and Read codes.

## Payment and validation

Practices participating in this programme will be required to sign up to CQRS by no

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<sup>117</sup> HSCIC. <http://systems.hscic.gov.uk/cqrs/participation>

<sup>118</sup> NHS Employers. <http://www.nhsemployers.org/GMS2014-15>

<sup>119</sup> Please note that the code descriptions in clinical systems may not exactly match the guidance text.

<sup>120</sup> HSCIC. Business Rules. [www.hscic.gov.uk/qofesextractspecs](http://www.hscic.gov.uk/qofesextractspecs)

later than 31 August 2014. Vaccination can commence from 1 September 2014. Payments will commence from October 2014. Payment should be made, by the last day of the month following the month in which the area team and practice approve the payment.

Payment under this programme will be on a monthly basis and calculated by identifying the following:

- “Monthly count of the number of registered patients aged 70 on 1 September 2014 who have a record of receiving a shingles vaccination at the GP practice in the reporting period” (i.e. payment count).”

Payment will be made based on the monthly count multiplied by £7.64.

CQRS will calculate the monthly payment, based on the achievement data either via manually entered data or data extracted from GPES.

Payment should be made by the last day of the month following the month in which the practice and area team approve the payment. Where CQRS has not been provided with data (i.e. the practice has not enabled the extraction or the extraction is not supported by their system supplier) the data will need to be entered onto CQRS manually.

After CQRS has calculated the practice's final achievement payment, the practice should review the **payment value and declare an 'achievement declaration'**. The area team will then approve the payment (assuming that the criteria for the service has been met) and initiate the payment via the payment agency's Exeter system. Once practices have submitted their data and the declaration and approval process has been followed, then payment for the service will be sent to the payment agency for processing.

Area teams are responsible for post payment verification. This may include auditing claims of practices to ensure that not only the vaccinations were delivered but that **the full protocol described in the programme was followed i.e. the patient's records** were updated appropriately. This information could be available to practices and area teams, as an indicative check, through the management information counts as and when live extractions via GPES are available. The reason for it being 'indicative' is that it is not known whether this aggregated number is directly tied to the same patients in the payment count.

The information extracted for management information will not be used for payment purposes. It will be available through CQRS, as and when GPES is available to extract the information, to support practices and area teams to validate requirements of the programme, as necessary, to demonstrate that the full protocol was followed.

Where required, practices must make available to area teams any information they required and that the practice can reasonably be expected to obtain, in order to establish whether or not the practice has fulfilled its obligation under this programme.

The SFE<sup>121</sup> sets out the administrative provisions relating to the conditions for payment under this programme (for example conditions when payment may be withheld or reclaimed) and the treatment of payments in specific circumstances (for example, when contractors merge, split etc.).

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<sup>121</sup> DH, SFE. <https://www.gov.uk/government/publications/nhs-primary-medical-services-directions-2013>



# Shingles (catch-up) vaccination programme

## Background and purpose

In March 2012, the Joint committee on Vaccinations and Immunisations (JCVI) recommended that patients aged 70 to 79 (inclusive) should be routinely offered vaccination against shingles. The roll out of this extended programme will be considered by NHS England, Public Health England (PHE) and the Department of Health (DH) and will be phased in over a period of time due to both vaccine supply and ensuring a manageable implementation process.

The shingles (routine aged 70) vaccination programme was introduced from 1 September 2013, the details of which are outlined in a separate section of this guidance.

The shingles catch-up vaccination programme is an enhanced service (ES) commissioned by NHS England<sup>122, 123</sup> on behalf of PHE and is aimed at delivering vaccination and immunisation programmes in England. This ES is effective from 1 September 2014 to 31 August 2015<sup>124</sup> for patients aged 78 and 79 on 1 September 2014. Payment of £7.64 for each vaccination of shingles will be made to practices delivering this ES.

Payment of £7.64 for each dose of shingles (Herpes Zoster) vaccination will be made to practices delivering this ES.

This guidance is applicable in England only.

Further details on background to the programme, dosage, timings and administration can be found in the Green Book<sup>125</sup>.

This guidance provides details on the audit requirements to support practices and NHS England area teams in the provision of this ES.

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<sup>122</sup> From 1 April 2013 the NHS Commissioning Board (NHS CB) is the body legally responsible for the commissioning of primary care in England. However, the NHS CB operates under the name NHS England, therefore the name NHS England is used throughout this guidance.

<sup>123</sup> The NHS England gateway reference number for the shingles (catch-up) section of this guidance is 01784

<sup>124</sup> NHS England. Shingles catch up programme service specification.

<http://www.england.nhs.uk/ourwork/commissioning/gp-contract/>

<sup>125</sup> Green Book. <https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>

Area teams and practices taking part in the ES should ensure they have read and understood the requirements and administration provisions set out in the service specification<sup>126</sup> as well as the information contained within this document.

## Requirements

This programme is for one year from 1 September 2014 to 31 August 2015.

Area teams will seek to invite practices to participate in this ES before 30 June 2014. Practices wishing to participate will be required to sign up to CQRS by no later than 31 August 2014.

Practices are required to:

- **provide vaccination to eligible patients** who are aged 78 or 79 years on 1 September 2014, who have not previously had a shingles vaccination who present to the practice requesting vaccination and on an opportunistic basis.
- ensure that the **patient records of those offered the vaccinated are updated accordingly; and**
- **record all administered doses on ImmForm.**

## Vaccination

Practices are not required to call or recall eligible patients but instead offer vaccination opportunistically to eligible patients when they access general practice services.

This vaccination programme, comprising a single injection, will now be offered to all registered patients aged 78 or 79 years on 1 September 2014. By way of illustration, patients aged 77 or 80 on 1 September 2014 will not be eligible for shingles vaccination under this ES. However patients turning age 80 during the timeframe 2 September 2014 to 31 August 2014 will remain eligible as they were within the eligible age range on 1 September 2014.

Payment under this ES will be on a monthly basis, based on an item of service payment of £7.64 per eligible patient vaccinated.

Vaccines for this ES will be centrally supplied through ImmForm and practices are required to record all administered doses on ImmForm.

The shingles vaccination may be given at the same time as inactivated influenza

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<sup>126</sup> NHS England. Shingles catch up programme service specification.  
<http://www.england.nhs.uk/ourwork/commissioning/gp-contract/>

vaccination. It can also be given at the same time as pneumococcal for those patients who are eligible for both vaccinations. If the shingles vaccine is given at the same time as other vaccinations, care should be taken to ensure that the appropriate route of injection is used for all the vaccinations and to check there are no contraindications to administering the shingles vaccine to individuals in at-risk groups presenting for seasonal influenza vaccination. If additional immunisations are required, refer to the Green Book for advice on administering the shingles vaccine with other vaccines.

Patients who are not included in either patient cohort for the routine shingles (patients aged 70) or shingles catch-up (patients aged 78 and 79) programmes who request vaccination may be vaccinated, at the practice's discretion. However, practices are advised that this should only occur where eligible patients have already been vaccinated or offered the vaccination and the practice is using up their left over stocks. If a practice chooses to vaccinate patients not included in the eligible patient cohort, then these patients would not be eligible for payment under the ES specification.

The shingles vaccination can be delivered by any appropriately trained and competent member of the practice's clinical staff, including HCAs under PSDs. However, ultimately the responsibility lies with the prescriber. Individuals should be named and assessed for provision of this service, with the governance emphasis on training and competency.

For full details of the service and administrative requirements, please see the ES specification<sup>127</sup>.

## Monitoring

There is one payment count (see payment and validation section) and five management information counts for this ES.

Practices will be required to manually input data into CQRS, on a monthly basis, until such time as GPES<sup>128</sup> is available to conduct electronic data extractions. The data input will be in relation to the payment count only, with zeros being entered in the interim for the management information counts.

For information on how to manually enter data into CQRS, please see the HSCIC website<sup>129</sup>.

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<sup>127</sup> NHS England. Service specification. <http://www.england.nhs.uk/ourwork/commissioning/gp-contract/>

<sup>128</sup>Details as to when and if GPES becomes available to support this service will be communicated via the HSCIC.

<sup>129</sup> HSCIC. <http://systems.hscic.gov.uk/cgrs/participation>

When GPES is available, each extract will capture data for all seven counts and report on activities from the start of the reporting month to the end of the reporting month. The reporting month will be the month prior to the extraction month, e.g. if December 2014 is the reporting month then the extraction will take place in January 2015. Counts will be non-cumulative monthly counts from when the practice begins to deliver the ES. It is important to note that when GPES takes a data extraction for a given period, the extract only includes activity relating to patients registered at the reporting period end date (i.e. a monthly extract would only include patients registered with the practice at the month end.)

When extracts commence, GPES will provide to CQRS the monthly counts from the relevant month they start in to the end of the relevant reporting month. For this ES, reporting will be monthly from September and payment will be monthly from October. If a practice has declared achievement (payment and management information) for a month on CQRS and the area team has approved it, no GPES-based automated extract will be received as the payment declaration in CQRS cannot be overwritten. The manually entered data will therefore take precedent.

The document 'Technical Requirements for 2014/15 GMS Contract Changes'<sup>130</sup> contains the payment counts, management information counts and Read codes<sup>131</sup> relevant for this ES. The Read codes will be used as the basis for the GPES extract, which will allow CQRS to calculate payment and support the management information extracts, when available. Although practices will be required to manually enter data until such time as GPES is available, it is still required that practices use the relevant Read codes within their clinical systems. This is because only those included in this document and the supporting Business Rules will be acceptable to allow CQRS to calculate achievement and payment and for area teams to audit payment and service delivery. Practices will therefore need to ensure that they use the relevant codes and if necessary re-code patients as required.

Supporting Business Rules<sup>132</sup> will be published on the HSCIC website. Area teams and practices should refer to these for the most up to date information on management information counts, Read codes.

## Payment and validation

Practices participating in this ES will be required to sign up to CQRS by no later than 31 August 2014. Vaccination can commence from 1 September 2014. Payments will commence from October 2014. Payment should be made by the last day of the month following the month in which the area team and practice approve the payment.

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<sup>130</sup> NHS Employers. <http://www.nhsemployers.org/GMS2014-15>

<sup>131</sup> Please note that the code descriptions in clinical systems may not exactly match the guidance text.

<sup>132</sup> HSCIC. Business Rules. [www.hscic.gov.uk/qofesextractspecs](http://www.hscic.gov.uk/qofesextractspecs)

Payment under this ES will be on a monthly basis and calculated by identifying the following:

- **“Monthly count of the number of registered patients aged 78 or 79 on 1 September 2014 who have a record of receiving a shingles vaccination at the GP practice in the reporting period” (i.e. payment count).”**

Payment will be made based on the monthly count multiplied by £7.64.

CQRS will calculate the monthly payment, based on the achievement data either via manually entered data or data extracted from GPES.

Payment should be made by the last day of the month following the month in which the practice and area team approve the payment. Where CQRS has not been provided with data (i.e. the practice has not enabled the extraction or the extraction is not supported by their system supplier) the data will need to be entered onto CQRS manually.

After CQRS has calculated the practice's final achievement payment, the practice **should review the payment value and declare an ‘achievement declaration’**. The area team will then approve the payment (assuming that the criteria for the ES has been met) and initiate the payment via the payment agency's Exeter system. Once practices have submitted their data and the declaration and approval process has been followed, then payment for the service will be sent to the payment agency for processing.

Area teams are responsible for post payment verification. This may include auditing claims of practices to ensure that not only the vaccinations were delivered but that the full protocol described in the ES specification was followed. This information could be available to practices and area teams, as an indicative check, through the management information counts as and when live extractions via GPES are available. The reason for it being 'indicative' is that it is not known whether this aggregated number is directly tied to the same patients in the payment count.

The information extracted for management information will not be used for payment purposes. It will be available through CQRS, as and when GPES is available to extract the information, to support practices and area teams to validate requirements of the ES, as necessary, to demonstrate that the full protocol was followed.

Where required, practices must make available to area teams any information they required and that the practice can reasonably be expected to obtain, in order to establish whether or not the practice has fulfilled its obligation under this ES.

The NHS England service specification sets out the administrative provisions relating to the conditions for payment under this ES (for example conditions when payment may be withheld or reclaimed) and the treatment of payments in specific circumstances (for example, when contractors merge, split etc.).

Payments made under this ES, or any part thereof, will be made only if practices satisfy the conditions set out in the service specification<sup>133</sup>.

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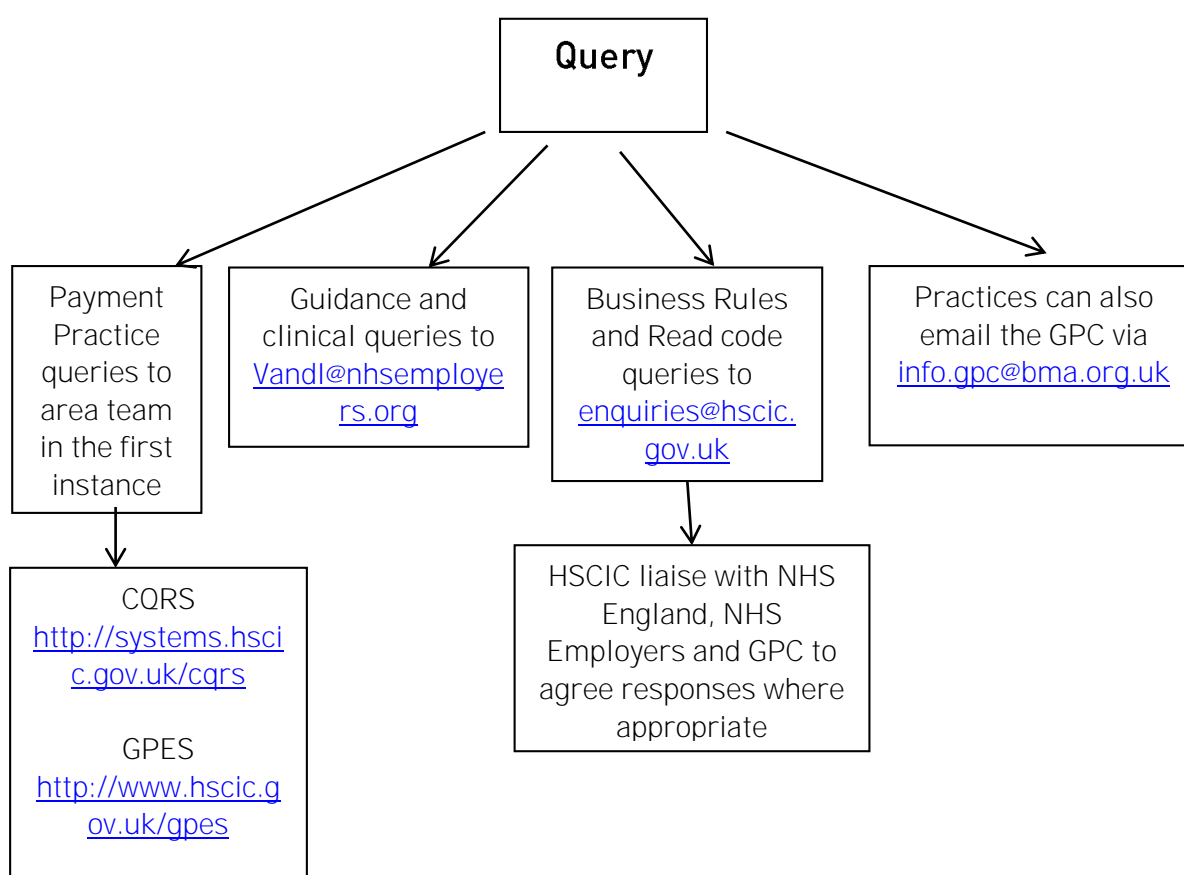
<sup>133</sup> NHS England. Service specification <http://www.england.nhs.uk/resources/d-com/gp-contract/>

# SECTION 5. QUERIES

Queries can be divided into three main categories:

1. those which can be resolved by referring to the specification or guidance,
2. those which require interpretation of the guidance or Business Rules,
3. those where scenarios have arisen which were not anticipated in developing guidance.

Within these categories, there will be issues relating to coding, Business Rules, payment, clinical issues and policy issues and in some cases the query can incorporate elements from each of these areas. If there are queries which cross the above areas, the recipient will liaise with the other relevant parties in order to resolve/respond. In addition, where a query has been directed incorrectly, the query will be redirected to the appropriate organisation to be dealt with.



**NHS Employers**

[www.nhsemployers.org](http://www.nhsemployers.org)

[Vandl@nhsemployers.org](mailto:Vandl@nhsemployers.org)

**General Practitioners  
Committee**

[www.bma.org.uk](http://www.bma.org.uk)

[info.gpc@bma.org.uk](mailto:info.gpc@bma.org.uk)

**NHS England**

[www.england.nhs.uk](http://www.england.nhs.uk)

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Ref EGUI24901