Updated April 2014

VACCINATION AND IMMUNISATION PROGRAMMES 2014/15

GUIDANCE AND AUDIT REQUIREMENTS

BMA

NHS England

NHS Employers

CONTENTS

SECTION 1. INTRODUCTION

In November 2013, NHS Employers (on behalf of NHS England[1]) 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[2] providing vaccination programmes commissioned by NHS England[3]. 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'[4] 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[5], Business Rules[6], 'GMS contract 2014/15 guidance and audit requirements'[7] 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

[1] 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.
[2] 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.
[3] 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.
[4] NHS Employers. Technical requirements for 2014/15 GMS contract changes. www.nhsemployers.org/GMS2014-15
[5] NHS England. Service specifications. http://www.england.nhs.uk/resources/d-com/gp-contract/
[6] HSCIC. Business Rules. www.hscic.gov.uk/qofesextractspecs
[7] NHS Employers. GMS contract 2014/15 guidance and audit requirements. www.nhsemployers.org/GMS2014-15

Entitlements (SFE).[8]

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[9] 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[10] 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[11] supporting the relevant ES and vaccination programmes will be available on the Health and Social Care Information Centre (HSCIC)[12] 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.

[8] DH. SFE. www.nhsemployers.org/GMS2014-15
[9] HSCIC. CQRS. http://systems.hscic.gov.uk/systemsandservices/cqrs
[10] HSCIC. GPES. www.hscic.gov.uk/gpes
[11] HSCIC. Business Rules. www.hscic.gov.uk/qofesextractspecs
[12] HSCIC. 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.[13] 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.[14]

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.[15]

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.[16]

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[13] Boxall *et al.*,1994; Aweis *et al.*, 2001.
[14] DH. The Green Book. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/263311/Green_Book_Chapter_18_v2_0.pdf
[15] NHS. Hepatitis B. http://www.nhs.uk/Conditions/Hepatitis-B/Pages/Introduction.aspx
[16] 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.[17]

This document provides details on the audit requirements to support practices and NHS England[18] [19] 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)[20] 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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[17] The Green Book. https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book

[18] 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.

[19] The NHS England gateway reference number for the hepatitis section of this guidance is 01447.

[20] DH. SFE. www.nhsemployers.org/GMS2014-15

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[21] 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.

[21] The Green Book. 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 booster 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.[22]

The document, *Technical requirements for 2014/15 GMS contract changes*,[23] contains the payment count and Read codes[24] 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[25] 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 administered to babies registered at the practice and identified as at risk of hepatitis B from birth – within the reporting period (i.e. payment count HEP001).[26]
- Monthly count of the number of the second vaccination doses administered to babies registered at the practice and identified as at risk of hepatitis B from birth – within the reporting period (i.e. payment count HEP002).

[22] HSCIC. http://systems.hscic.gov.uk/cqrs/participation
[23] NHSE. *Technical requirements for 2014/15 GMS contract changes*. www.nhsemployers.org/GMS2014-15
[24] Please note that the code descriptions in clinical systems may not exactly match the guidance text.
[25] HSCIC. Business Rules. www.hscic.gov.uk/qofesextractspecs
[26] This will only be applicable by exception where hospitals have not delivered the first dose.

- Monthly count of the number of the third vaccination doses administered to babies registered at the practice and identified as at risk of hepatitis B from birth – within the reporting period (i.e. payment count HEP003).
- Monthly count of the number of the fourth vaccination doses administered to babies registered at the practice and identified as at risk of hepatitis B from birth – within the reporting period (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.[27]

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.

[27] 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.[28] 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[29] 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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[28] 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

[29] 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.[30]

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[31] 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[32] 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.

[30] The Green Book. https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book

[31] NHS England. Service specification. http://www.england.nhs.uk/resources/d-com/gp-contract/

[32] 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[33] 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.

[33] UCAS. http://www.ucas.com/

Monitoring

There is one payment count (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 2014/2015. 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[34] website.

The document *Technical requirements for 2014/15 GMS contract changes*[35] contains the payment counts, Read codes[36] 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[37] 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.

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[34] HSCIC. http://systems.hscic.gov.uk/cqrs/participation

[35] NHS Employers. *Technical requirements for 2014/15 GMS contract changes*. www.nhsemployers.org/GMS2014-15

[36] Please note that the code descriptions in clinical systems may not exactly match the guidance text.

[37] HSCIC. www.hscic.gov.uk/primary-care

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).

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[38] 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.

[38] 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[39] 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.

[39] 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.[40]

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[41] 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.

[40] The Green Book. https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book
[41] DH. SFE. www.nhsemployers.org/GMS2014-15

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.[42]

The document *Technical requirements for 2014/15 GMS contract changes*[43] contains the payment count, Read codes[44] 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[45] 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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[42] HSCIC. Manual data entry. http://systems.hscic.gov.uk/cqrs/participation

[43] NHS Employers. *Technical requirements for 2014/15 GMS contract changes*. www.nhsemployers.org/GMS2014-15

[44] Please note that the code descriptions in clinical systems may not exactly match the guidance text.

[45] HSCIC. Business Rules. www.hscic.gov.uk/gofesextractspecs

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[46] 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.).

[46] DH.SFE. www.nhsemployers.org/GMS2014-15

Pertussis (pregnant women) vaccination programme

For details of the requirements for the pertussis vaccination programme, see the service specification[47] on the NHS England website.

[47] 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.[48]

The Business Rules[49] supporting this programme are available to download from the HSCIC website. This document provides details on the audit requirements to support

[48] DH. The Green Book. https://www.gov.uk/government/publications/rotavirus-the-green-book-chapter-27b
[49] HSCIC. Business Rules. www.hscic.gov.uk/primary-care

NHS England[50] area teams and practices in the provision of vaccination against 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[51] 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.[52]

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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[50] The NHS England gateway reference number for the rotavirus section of this guidance is 01410.
[51] DH. SFE.
[52] The Green Book. 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[53] 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.[54]

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* [55] contains the payment counts, management information counts, Read codes[56] 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

[53] Details as to when and if GPES becomes available to support this service will be communicated via the HSCIC.

[54] HSCIC. Manually entry. http://systems.hscic.gov.uk/cqrs/participation

[55] NHS Employers. *Technical requirements for 2014/15 GMS contract changes*. www.nhsemployers.org/GMS2014-15

[56] 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[57] 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

[57] HSCIC. Business Rules. 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[58] 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.).

[58] DH. SFE. www.nhsemployers.org/GMS2014-15

SECTION 4. EXISTING PROGRAMMES (continuing after August 2014)

Childhood seasonal influenza vaccination programme

The guidance for this vaccination programme is being developed. Once finalised, this document will be updated accordingly. The *Technical requirements for 2014/15 GMS contract changes* [59] will also be updated.

[59] NHS Employers. *Technical requirements for GMS contract changes 2014/15*. http://www.nhsemployers.org/GMS2014-15

Pneumococcal vaccination programme

The guidance for this vaccination programme is being developed. Once finalised, this document will be updated accordingly. The *Technical requirements for 2014/15 GMS contract changes* [60] will also be updated.

[60] NHS Employers. *Technical requirements for GMS contract changes 2014/15*. http://www.nhsemployers.org/GMS2014-15

Seasonal influenza vaccination programme

The guidance for this vaccination programme is being developed. Once finalised, this document will be updated accordingly. The *Technical requirements for 2014/15 GMS contract changes* [61] will also be updated.

[61] NHS Employers. *Technical requirements for GMS contract changes 2014/15*. http://www.nhsemployers.org/GMS2014-15

Shingles (routine aged 70) vaccination programme

The guidance for this vaccination programme is being developed. Once finalised, this document will be updated accordingly. The *Technical requirements for 2014/15 GMS contract changes* [62] will also be updated.

[62] NHS Employers. *Technical requirements for GMS contract changes 2014/15*. http://www.nhsemployers.org/GMS2014-15

Shingles (catch-up) vaccination programme

The guidance for this vaccination programme is being developed. Once finalised, this document will be updated accordingly. The *Technical requirements for 2014/15 GMS contract changes* [63] will also be updated.

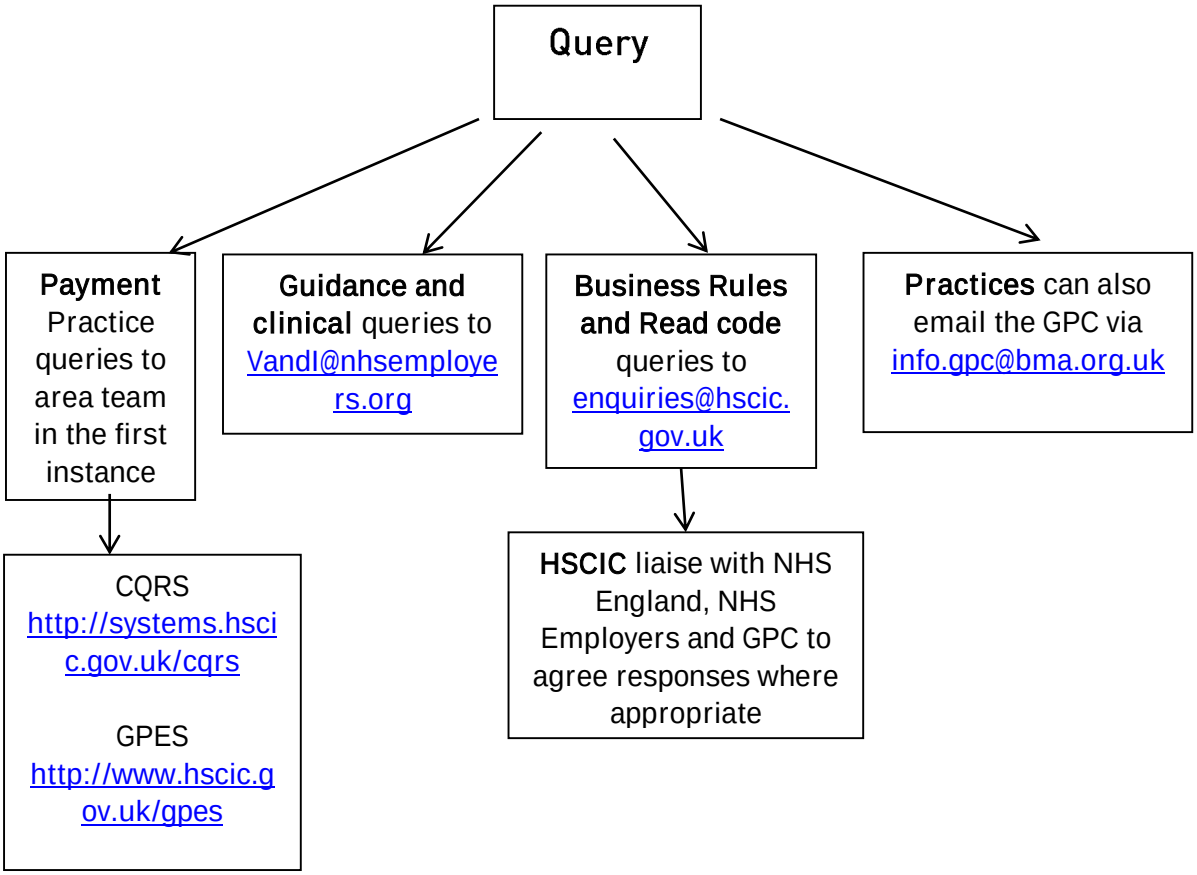
[63] NHS Employers. *Technical requirements for GMS contract changes 2014/15*. http://www.nhsemployers.org/GMS2014-15

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.



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