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Enhanced Service Specification

Childhood seasonal influenza vaccination programme 2021/22

Version 1, August 2021

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1 Introduction

- 1.1 All GP practices must provide essential services and those additional services they are contracted to provide to all their patients. This enhanced service (ES) is designed to cover the enhanced aspects of clinical care, all of which are beyond the scope of essential services. No part of the specification by commission, omission or implication defines or redefines essential or additional services.
- 1.2 This ES¹ is directed at GP practices² delivering vaccination and immunisation services in England.
- 1.3 This ES has been developed from the Enhanced Service Specification Childhood seasonal influenza vaccination programme 2020/21³ which was agreed between NHS England and the British Medical Association (BMA) General Practitioners Committee (GPC) in England. It is a national specification that cannot be varied locally.

2 Background

- 2.1 In 2012 the Joint Committee on Vaccination and Immunisation (JCVI) recommended that the seasonal influenza programme be extended to all children aged two to under 17. The roll-out of this extended programme has been phased in over a period of time starting with the youngest children first, in order to ensure a manageable and successful implementation process. It was fully implemented for all primary school aged children in 2019 to 2020 and is now being extended into secondary schools.
- 2.2 This ES delivered by GP practices is to offer vaccination to all children aged two and three years of age. GP practices should offer vaccination to all children two and three but not aged four years on 31 August 2021.
- 2.3 Details of this programme and the wider seasonal influenza programme can be found in the NHS England and NHS Improvement, Public Health England

¹ Section 7a functions are described as ‘reserved functions’ which are not covered by the ‘enhanced services delegated to CCG’ category in the delegation agreement. NHS England remains responsible and accountable for the discharge of all the Section 7a functions. As this vaccination is defined as a Section 7a function, this agreement cannot be changed or varied locally.

² Reference to ‘GP practice’ in this specification refers to a provider of essential primary medical services to a registered list of patients under a GMS, PMS or APMS contract.

³ <https://www.england.nhs.uk/publication/enhanced-service-specification-childhood-seasonal-influenza-vaccination-programme-2020-21/>

(PHE) and the Department of Health and Social Care (DHSC) annual flu letter.⁴

- 2.4 The vaccine recommended for this programme is the live attenuated influenza vaccine (LAIV) nasal spray and will be centrally supplied by Public Health England through ImmForm, for use for all patients eligible for vaccination under this ES. Where patients are contra-indicated to the LAIV or it is otherwise unsuitable, an alternative, cell-grown quadrivalent inactivated influenza vaccine (QIVc) will also be centrally supplied through ImmForm. Further details on the background, dosage, timings and administration of the vaccination can be found in the online version of Immunisation against infectious disease (the Green Book).⁵

3 Aims

- 3.1 The aim of this ES is to support commissioners⁶ in commissioning a seasonal influenza vaccination service from GP practices in order to reduce the impact of influenza on children and lower influenza transmission to other children, adults and those in clinical risk groups of any age.
- 3.2 Vaccination should be given in sufficient time to ensure patients are protected before flu starts circulating. Planned immunisation activity should aim to be completed by the end of November where possible. However, influenza can circulate considerably later than this and clinicians should apply clinical judgement to assess the needs of individual patients for immunisation beyond this point. This should take into account the level of flu-like illness in the community and the fact that the immune response following immunisation takes about two weeks to fully develop.
- 3.3 As with the current seasonal influenza programme, practices may continue to vaccinate and receive payment for eligible patients until 31 March 2022.
- 3.4 In the event that a child in one of the clinical at-risk categories, as defined in the Green Book, presents for flu vaccination late in the flu season after all LAIV stock has expired, immunisation with an appropriate inactivated vaccine is an option at the clinical discretion of the GP. Two doses, four weeks apart, are recommended for children aged less than 9 years in at-risk groups who

⁴ <https://www.gov.uk/government/publications/national-flu-immunisation-programme-plan>

⁵ Green Book. Chapter 19. <https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>

⁶ This document refers to 'commissioners', this could be NHS England or a CCG operating under delegated responsibilities.

have not received any flu vaccine previously. Children under 9 years in at-risk groups who have only received one dose of LAIV before LAIV stock expires should be offered a suitable inactivated vaccine as their second dose, allowing a 4-week minimum interval between the 2 doses.

4 Process

- 4.1 This ES shall be effective from 1 September 2021 until 31 March 2022.
- 4.2 Commissioners will invite GP practices to participate in this ES before Monday 2 August 2021. All practices who wish to participate in this ES must respond to the commissioners' offer by 23:59 on Monday 16 August 2021. The agreement should be recorded in writing with the commissioner
- 4.3 Payment and activity recording will be managed by the Calculating Quality Reporting Service (CQRS)⁷ and all GP practices delivering the service must sign-up to CQRS – no later than Monday 16 August.

5 Service specification⁸

- 5.1 The requirements for GP practices participating in the ES are outlined within this section.
- 5.2 Offer **influenza vaccination** to all eligible patients registered at the GP practice; unless contra-indicated.
 - a. Eligible patients are those who:
 - i. are registered patients; and
 - ii. aged two and three (but not aged less than two or aged four or over on 31 August 2021) (ie born on or after 1 September 2017 and on or before 31 August 2019)
 - b. GP practices should ensure they offer vaccination to all eligible patients. GP practices are required to ensure that they have in place:-
 - i. a proactive call and recall basis, if considered at-risk, or
 - ii. a proactive call basis, if not considered at-risk⁹

⁷ Further guidance relating to CQRS and GPES will be provided by NHS Digital when services are updated.

⁸ Commissioners and practices should ensure they have read and understood all sections of this document as part of the implementation of this programme and to ensure accurate payment.

⁹ The at-risk groups are defined in the Green Book. Chapter 19

- 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 as per the Green Book.
- d. Vaccination must be delivered during the period of this ES, between 1 September 2021 and 31 March 2022, with vaccinations concentrated between 1 September and end of November where possible.
- e. Vaccination must be with the appropriate vaccine and dosage: practices should ensure that the correct dosage is administered as clinically appropriate. Where two doses are required a failure to provide both may render vaccination less effective.
- f. Where only one vaccination is clinically appropriate, payment will not be made for a second dose within the period 1 September 2021 to 31 March 2022.
 - i. One dose of LAIV (which will be centrally supplied), is required for all eligible patients who are not contra-indicated.
 - ii. Eligible patients included in an at-risk group will also require a second dose of the LAIV if they have not received influenza vaccination previously and are aged between two to less than nine years when they attend for vaccination. This should be given at least four weeks after the first dose.
 - iii. When the LAIV is contra-indicated or otherwise unsuitable), patients aged 2 years to less than 18 years (as relevant to this ES) as defined as at-risk in the Green Book should receive a suitable cell-grown quadrivalent inactivated influenza vaccine, which will be centrally supplied via ImmForm.¹⁰
 - iv. Although LAIV is the best option for children who are not contraindicated, if their parents/guardian choose for them not to have LAIV (for example, because of the porcine gelatine content), GP practices can offer a suitable injectable alternative vaccine to LAIV.

5.3 GP practices must take all reasonable steps to adhere to defined standards of record keeping ensuring that the vaccination event is recorded in the medical records of patients receiving the influenza

¹⁰ As a second option the egg-grown quadrivalent inactivated influenza vaccine QIVe is suitable to offer to those patients, however practices should be aware that this will not be centrally supplied for this age group.

vaccination on the same day the vaccine is administered where possible and in particular, include:

- a. any refusal of an offer of immunisation.
- b. where an offer of immunisation was accepted and:
 - i. details of the consent to the immunisation (including persons that have consented on the patient's behalf and that person's relationship to the patient must also be recorded),
 - ii. the batch number, expiry date and title of the vaccine,
 - iii. the date of administration,
 - iv. where two vaccines are administered in close succession the route of administration and the injection site of each vaccine,
 - v. any contra-indication to the vaccination or immunisation,
 - vi. any adverse reactions to the vaccination or immunisation.¹¹

5.4 GP practices must ensure that all healthcare professionals who are involved in administering the vaccine have:

- a. referred to the clinical guidance available; and
- b. the necessary experience, skills and training, including training with regard to the recognition and initial treatment of anaphylaxis.

5.5 GP practices must ensure that all vaccine ordering is conducted in line with national guidance, including adherence to any limits on stocks to be held at any one time. The LAIV vaccines for this programme are centrally supplied as a nasal spray for all children. When contra-indicated, a cell-grown quadrivalent inactivated influenza vaccine will be supplied. The LAIV and cell-grown quadrivalent inactivated influenza vaccines can be ordered online via the ImmForm website as per other centrally supplied vaccines. Where vaccine supply issues arise, GP practices should refer to national guidance to ensure the most appropriate action is being taken, regarding the delivery of this service. GP practices should remain flexible when scheduling immunisation sessions and be prepared to reschedule if necessary.

¹¹ This should be reported via the yellow card scheme. <https://yellowcard.mhra.gov.uk/>

- 5.6 **GP practices must ensure that all vaccines are stored in accordance with the manufacturer's and Public Health England¹² instructions** and that all refrigerators in which vaccines are stored have a maximum/minimum thermometer and that the readings are taken and recorded from that thermometer on all working days and that appropriate action is taken when readings are outside the recommended temperature.
- 5.7 **GP practices must ensure that services will be accessible, appropriate and sensitive to the needs of all service users.** No eligible patient shall be excluded or experience particular difficulty in accessing and effectively using this ES due to protected characteristics as outlined in the Equality Act (2010) – this includes Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion or Belief, Sex or Sexual Orientation.
- 5.8 **GP practices will monitor and report all activity information via ImmForm on a monthly basis.** The activity information shall include a monthly count of all eligible patients who received childhood seasonal influenza vaccination in the relevant month. This information will be used by NHS England and NHS Improvement and PHE for monitoring coverage, payment purposes, population coverage, uptake achievement and national reporting.
- 5.9 **GP practices who agree to participate in this ES must indicate acceptance on CQRS** to enable CQRS to calculate the monthly payment achievement. Practices must input data manually into CQRS, until GPES is available.
- 5.10 **Where the parent or legal guardian has indicated they wish the child to receive the vaccination but the child is unable to attend at the practice** (for example because the medical condition of the eligible patient is such that, in the reasonable opinion of the GP practice attendance on the eligible patient is required and it would be inappropriate for the eligible patient to attend the practice) the practice must make all reasonable effort to ensure that the patient is vaccinated.

6 Monitoring

- 6.1 Commissioners will monitor services and calculate payments under this ES using CQRS, wherever possible. GPES will provide information, using the

¹² PHE's ordering, storing and handling protocol

<https://www.gov.uk/government/publications/protocol-for-ordering-storing-and-handling-vaccines>

defined clinical codes, on the number of patients on the practice's registered list, who are aged two and three (but not aged less than two or aged four or over) on 31 August 2021 and who are recorded as being vaccinated against influenza during the period 1 September 2021 to 31 March 2022.

- 6.2 If the automated collection via GPES is not available for any reason, GP practices must manually input data into CQRS, until such time as GPES¹³ is available again. For information on how to manually enter data into CQRS, see the NHS Digital website.¹⁴ Alternatively, GP practices may choose to wait until the automated collection is available again and can claim payment later.
- 6.3 When GPES is available, each GPES data collection will capture data for all payment and management information counts and report on activities from the start of the reporting period eg 1 September to the end of the relevant reporting month. The reporting month will be the month prior to the month in which the collection is run eg if the collection month is October, the reporting month will be September.
- 6.4 When collections begin, GPES will provide to CQRS the monthly counts.
- 6.5 GP practices should ensure that they only use the relevant clinical codes included in the supporting Business Rules (<http://content.digital.nhs.uk/qofesextractspecs>) and should also re-code patients where necessary. This will allow CQRS to calculate achievement and payment and for commissioners to audit payment and service delivery. Commissioners and practices should refer to the supporting Business Rules to ensure that they have the most up-to-date information on management counts and clinical codes.
- 6.6 GP practices should maintain clear records of how they have 'called' and recalled all eligible patients.

7 Payment and validation

- 7.1 Payment is available to participating GP practices under this ES as an item of service payment of £10.06 per dose to eligible patients and in accordance with the 'service specification section' and provisions within this ES specification.

¹³ When GPES becomes available it will be communicated via NHS Digital.

¹⁴ NHS Digital. <https://digital.nhs.uk/article/279/General-Practice-GP-collections>

- 7.2 GP practices will only be eligible for payment for this ES in circumstances where all of the following requirements have been met:
- a. The GP practice is contracted to provide vaccine and immunisations as part of additional services.
 - b. All patients in respect of whom payments are being claimed were on the GP practice's registered list at the time the vaccine was administered and all of the following apply:
 - i. The GP practice administered the vaccine to the patients in respect of whom the payment is being claimed.
 - ii. The patient was an eligible patient on the date that the first vaccination was administered in respect of whom payment is being claimed.
 - iii. The GP practice did not receive any payment from any other source in respect of the vaccine (should this be the case, then the commissioners may reclaim any payments as set out in this ES).
 - iv. The GP practice submits the claim within six months¹⁵ of administering the vaccine (commissioners may set aside this requirement if it considers it reasonable to do so).¹⁶
- 7.3 Claims for payments for this programme should be made monthly, after the final completing dose has been administered. Where claims are entered manually, this should be within 12 days of the end of the month when the completing dose was administered. Where there is an automated data collection, there is a five-day period following the month end to allow practices to record the previous month's activity before the collection occurs. Activity recorded after the collection period is closed (five days), will not be collected and recorded on CQRS. GP practices must ensure all activity is recorded by the cut-off date to ensure payment.
- 7.4 Payment will be made by the last day of the month following the month in which the practice validates and commissioners approve the payment.
- 7.5 Payments will begin provided that the GP practice has manually entered and declared achievement, or GPES¹⁷ has collected the data and the practice has

¹⁵ Consistent with payment claims for other vaccination programmes which are covered by the SFE

¹⁶ By exception only, for example where payment processes are made manually without CQRS and take longer to complete

¹⁷ See 'Process' section for information relating to sign-up and automated collection.

declared such data.¹⁸ The first payment processed will include payment for the same period.

- 7.6 GP practices should ensure that the correct dosage is administered as clinically appropriate. Where two doses are required, a failure to do so may render the vaccination ineffective. Conversely where only one vaccination is clinically appropriate payment should not be made for a second dose within the period 1 September 2021 to 31 March 2022.
- 7.7 **Payment under this ES, or any part thereof, will be made only if the GP practice satisfies the following conditions:**
- a. the GP practice must make available to commissioners any information under this ES, which the commissioner needs and the GP practice either has or could be reasonably expected to obtain,
 - b. the GP practice must make any returns required of it (whether computerised or otherwise) to the payment system or CQRS and do so promptly and fully; and,
 - c. all information supplied pursuant to or in accordance with this paragraph must be accurate.
- 7.8 If the GP practice does not satisfy any of the above conditions, commissioners may, in appropriate circumstances, withhold payment of any, or any part of, an amount due under this ES that is otherwise payable.
- 7.9 If a commissioner makes a payment to a GP practice under this ES and:
- a. the contractor was not entitled to receive all or part thereof, whether because it did not meet the entitlement conditions for the payment or because the payment was calculated incorrectly (including where a payment on account overestimates the amount that is to fall due);
 - b. the commissioner was entitled to withhold all or part of the payment because of a breach of a condition attached to the payment, but is unable to do so because the money has already been paid; or
 - c. the commissioner is entitled to repayment of all or part of the money paid;
- Commissioners may recover the money paid by deducting an equivalent amount from any payment payable to the GP practice, and where no such

¹⁸ Practices are reminded that they are responsible for checking their 'achievement' is accurate before they 'declare' it on CQRS.

deduction can be made, it is a condition of the payments made under this ES that the GP practice must pay to the commissioner that equivalent amount.

Where the commissioner is entitled under this ES to withhold all or part of a payment because of a breach of a payment condition and the commissioner does so or recovers the money by deducting an equivalent amount from another payment in accordance with this ES, it may, where it sees fit to do so, reimburse the contractor the amount withheld or recovered, if the breach is cured.

7.10 No claims for reimbursement of vaccine cost or personal administration fees can be made in respect of centrally supplied vaccines. This does not apply to QIVe which has been purchased by the practice to administer as a second option to offer to those patients 2 to less than 18 years (as relevant to this ES) who are unsuitable for LAIV.

7.11 Commissioners are responsible for post payment verification. This may include auditing claims of practices to ensure that they meet the requirements of this ES.

Annex – Provisions relating to GP practices where the primary medical services contract terminates

1. Where a GP practice has entered into this ES but its primary medical care contract subsequently terminates prior to 31 March 2022, the GP practice is entitled to a payment in respect of its participation if such a payment has not already been made, calculated in accordance with the provisions set out below. Any payment calculated will fall due on the last day of the month following the month during which the GP practice provides the information required.
2. In order to qualify for payment in respect of participation under this ES, the GP practice must provide the commissioner with the information in this ES specification or as agreed with commissioners before payment will be made. This information should be provided in writing, within 28 days following the termination of the contract.
3. The payment due to GP practices will be based on the number of vaccinations given to eligible patients, prior to the termination.