

NHS England – North (Yorkshire and the Humber)



Public Health 2019/20 – GP Practices ‘Vaccination and Immunisation Programmes’ Contract, Guidance and Participation Agreement

GP PRACTICE CODE	
PROVIDER	Principal and/or registered main GP practice office address and Post Code:
CCG	

DATE OF CONTRACT	1 April 2019 – 31 March 2020
SERVICE COMMENCEMENT DATE	1 April 2019
CONTRACT TERM	12 months
COMMISSIONER	NHS England
CO-ORDINATING COMMISSIONER	NHS England – North (Yorkshire and the Humber)

Contract Agreement - Public Health 2019/20 – GP Vaccination and Immunisation Programmes

**Please confirm your practices will be delivering the 'Directed Enhanced Services' (DES) in line with GP core contract*

Childhood Immunisations - 2 yr. old's (DTaP/IPV/HiB/HepB) (MMR dose 1)

Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (HiB) and hepatitis B

Childhood Immunisations - 5 yr. old's (Pre-School Booster) (DTaP/IPV) (MMR dose 2)

Diphtheria, tetanus, pertussis (whooping cough), polio and Measles, mumps & rubella (German measles)

**Please confirm you will be delivering the following Public Health 'Additional Services' (AS) & 'Enhanced Services' (ES) vaccinations*

Childhood Influenza (2 and 3 year olds of healthy children)

Hepatitis B 'at-risk' (newborn babies born to HepB positive mothers)

Pneumococcal (PCV) (Childhood Imms programme 8 weeks, Sixteen weeks & 1 year) /

Haemophilus influenza type B and Meningitis C (HiB/MenC) (Childhood Imms programme 1 year)

Human Papillomavirus (HPV) (Girls/Women)

Measles, Mumps and Rubella, (MMR) (Age 16 and over)

Measles, Mumps and Rubella (MMR) Catch up (for 10 and 11 year old's)

Meningococcal (Completing dose)

Meningococcal ACWY Freshers (18 years on 31 August, freshers)

Meningococcal B (MenB) (for infants)

Pertussis for pregnant women (from 16 weeks of pregnancy)

Pneumococcal (PPV) (over 65's, 'At Risk' groups)

Rotavirus (Babies eight weeks and twelve weeks)

Seasonal Influenza (over 65's, 'At Risk' groups, Care Home, Social Care Staff)

Shingles Routine (70 years old)

Shingles Catch-up (from 78th birthday – 80th birthday)

On behalf of the GP practice we agree to participate in and deliver all the Vaccination and Immunisation services listed above and understand that in signing this contract have full responsibility and accountability for all elements of the immunisation programmes listed above.

on behalf of GP Practice

**on behalf of NHS England and NHS Improvement-
(NE and Yorkshire)**

Signature

Signature

Title

Title

Date/...../.....

Date/...../.....

Comments

Please complete, sign and return the above Contract Agreement pages to NHS England - North (Yorkshire and the Humber) by email or post no later than 3rd May 2019 to ensure CQRS sign up and enable automatic GPES extractions.

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1) 2019/20 PUBLIC HEALTH (VAC & IMMS) CONTRACT AGREEMENT

This agreement covers the period 1 April 2019 – 31 March 2020.

This document constitutes an agreement between the NHS England (the commissioner) and the practice (the contractor) in respect of delivering the Vaccinations and Immunisations within the GP Contract indicated below.

Directed Enhanced Services

The Directed Enhanced Service agreement for the following services has been varied to extend the agreement for a further year (from 1st April 2019 to 31st March 2020). Some agreed modifications to previous service specifications have taken place.

Additional and Enhanced Services

The Additional and Enhanced Service agreements for the listed services have been varied to extend the agreement for a further year (from 1st April 2019 to 31st March 2020). Some agreed modifications to previous service specifications have taken place and new programmes introduced.

Duration of agreement: From 1st April 2019 to 31st March 2020

The contractor reserves the right to withdraw from any of the above additional and enhanced services by giving three (3) months' notice to the commissioner. The commissioner reserves the right to terminate this agreement should the contractor's GMS/PMS/APMS contract be terminated or be subject to such conditions that in the reasonable opinion of the commissioner warrants early termination.

Please complete, sign and return the above Contract Agreement pages to NHS England - North (Yorkshire and the Humber) by email or post no later than 3rd May 2019 to ensure CQRS sign up and enable automatic GPES extractions.

2) BACKGROUND

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

Following recommendations from the Joint Committee on Vaccinations and Immunisations (JCVI), several programmes are commissioned for delivery by general practice. This includes those which are legally directed by the Secretary of State for Health to establish or offer, and those NHS England has prescribed. Some enhanced services (ES) delivered by GMS practices have payments directed in the statement of financial entitlements (SFE). The full set of enhanced services can be found on the NHS England enhanced services webpage.

Vaccination v Immunisation

The use of the word “immunisation” instead of “vaccination” is everywhere and are often used interchangeably. Most importantly, news outlets tell the public that immunisation is the same as vaccination. However, there is a large difference between the two.

Immunisation means to make someone immune to something.

Vaccination, by contrast, according to Dorland's Medical Dictionary, just means to inject “a suspension of attenuated or killed microorganisms...administered for prevention...or treatment of infectious disease.”

3) NATIONALLY AGREED CHANGES TO 2019/20 VACCINATION AND IMMUNISATIONS PROGRAMMES WITHIN GP CONTRACTS

From 1 April 2019, the item of service (IoS) fee for the following vaccinations remains at £10.06 per dose in line with the consumer price inflation (CPI) index:

- Hepatitis B at-risk (new-born babies)
- Human papilloma virus (HPV) completing dose (booster)
- Meningococcal B (MenB)
- Meningococcal ACWY freshers
- Meningococcal completing dose (booster)
- Measles, Mumps & Rubella (MMR) for persons over 16 and over
- Rotavirus
- Shingles routine
- Shingles catch-up

The item of service (IoS) fee for the following programmes will be uplifted to £10.06 from April 2019 per dose:

- Childhood seasonal influenza
- Pertussis for pregnant women
- Seasonal influenza
- Pneumococcal polysaccharide (PPV)

Please note: IoS uplifts for future years will be included in the wider review of vaccinations and immunisations.

The payment for pneumococcal PCV/HIB MenC vaccination programme (consisting of 4 separate doses, 3 PCV and 1 Hib/MenC) will remain at £15.02. Please be aware the claiming mechanism for this vaccination programme changed onto CQRS from 1st April 2018 and remains on CQRS.

Changes

A few changes to the vaccination and immunisation programmes.

- Childhood 6 in 1 Vaccine – In late September 2017 the UK agreed to replace the 5 in 1 vaccine with the 6 in 1 vaccine for all babies born on or after 1st August 2017. Both vaccine give protection against diphtheria, tetanus, whooping cough (pertussis), polio and Hib disease (Haemophilus Influenzae type b), the additional component offers protection against Hepatitis B to all babies.
- Hepatitis B (new-born babies) – programme name changed to hepatitis B ‘at-risk’ (new-born babies born to hep B positive mothers). Vaccine changes and number of recommended doses reduced to three monovalent doses (with the first been given at birth by maternity services), therefore the payment of the second dose (4 weeks) has now been uncoupled from the third (final) dose (12 months). This was an in-year change with effective from 30 October 2017, (included for completeness). New-born interim doses are now included in the routine schedule (6 in 1).

- Meningococcal completing dose and freshers’ vaccination programmes – Although the requirements are defined in two separate service specifications, the meningococcal

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completing dose and freshers' vaccination programmes are set up as one service on CQRS. These programmes allow for the vaccination of all eligible patients on an opportunistic basis. Practices are responsible for ensuring that any 14 – 24 year old's vaccinated under either programme are eligible under the terms of the SFE and service specification.

- HPV vaccine - The current Human Papillomavirus (HPV) programme is provided in schools and is for girls aged 14-18. Contractors can already vaccinate women above age 18, based on clinical judgement. It has been agreed to amend the SFE from April 2019 so that any vaccination of women aged over 18 and up to 25 years will be paid at an IoS rate of £10.06.
- HPV vaccine – With effect from September 2019 the current Human Papillomavirus (HPV) programme provided in schools will be extended to include Academic school year 8 Boys only. The HPV for boys' programme will begin as part of the HPV vaccine programme (including girls and boys going forward) from September 2019. NHS England, GPC England and PHE have agreed that the catch-up element for boys will not need to be delivered through GP practices in 2019/20. Any boys who miss the initial doses from September 2019 to March 31, 2020 will be offered another appointment via the school based programme. We anticipate that boys will be added to the HPV catch-up scheme in general practice from April 2020.
- MMR catch up for 10 and 11 year old's - From April 2019 NHS England and GPC England have agreed an item of service payment of £5 per patient for the extra cost of a catch-up campaign for the Measles, Mumps and Rubella (MMR) vaccine for 10 and 11-year olds in the light of the current measles outbreaks. Payment will be made for each child recorded as unvaccinated. In return for receiving payment practices will be expected to:
 - i. Check patient paper/electronic records (Electronic Patient Record) and if necessary correct computerised record
 - ii. Confirm that patient is still in the area - if not, remove from list and inform the local Child Health Information Service (CHIS)
 - iii. Actively invite all those missing one or both doses of MMR to have the MMR vaccine at a vaccination clinic held in the practice or to make an appointment – priority should be given to patients missing both doses as this is where most clinical value /value for money can be gained
 - iv. Invites should be by letter, email, phone call, text or digital personal child health record 'red book' as appropriate. NHS England expect as a minimum three invites per payment per patient and a record of practice activity to go local teams:
 - First invite can simply offer appointment
 - Second invite - offer appointment, confirm receipt and/or check if parent/guardian has record of vaccination already e.g. Personal Child Health Record
 - Third contact should be a practice healthcare professional discussion, either face-to-face or via telephone, with the parent or guardian - with the expectation that all staff participating are adequately trained. Practices to make use of the Public Health England (PHE) designed resources to aid call/recall discussions if required to support informed choice and improved uptake and coverage. ([https://www.gov.uk/government/collections/immunisation#measles,-mumps-and-rubella-\(mmr\)](https://www.gov.uk/government/collections/immunisation#measles,-mumps-and-rubella-(mmr))) At this point also check – offer/update any other childhood immunisations missing.

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- v. Ensure that those parents/guardians of patients who need second dose are invited and attend for the second dose (three invites);
 - vi. Continue to follow-up, recall and update computerised records for patients who do not respond or fail to attend scheduled clinics or appointments and offer opportunistically as and when
 - vii. If there is no response after the following the process outlined above, practices to notify school nursing service to follow up/offer at school
 - viii. Inform local team of outcome.
- Pneumococcal (PCV) – Discussions continue with JCVI regarding a potential change to this schedule. The current programme and funding remains unchanged at £15.02. Any changes will be notified in due course.
 - Pneumococcal (PPV) – The main eligible cohort, of a single dose relates to patients from their 65th birthday. At-risk patients as defined in the service specification and Green book (inc 5-year booster). Practices are required to operate 'proactive call' for all eligible patients and 'proactive recall' for all 'at risk' patients which is obtainable throughout the year. Please note: 5 year booster vaccinations are not automatically recorded/extracted by GPES and as a result practice must inform NHS England and NHS Improvement (NE – Yorkshire) Public Health team with proof to enable amendment of claim.
 - Seasonal Influenza – All eligible cohorts as defined in the 2019/20 Flu plan, inclusive of Health and Social Care workers.
 - Shingles Programme(s) - Criteria for inclusion consists of Individuals who:
 - are aged 70 years (part of the routine cohort)
 - are aged 78 years (part of the catch-up cohort)
 - have existing eligibility for shingles (herpes zoster, live) vaccine under the national immunisation programme. This includes unimmunised individuals who turned 70 years of age after the 1 September 2012* (routine cohorts) and unimmunised individuals aged 79 years (catch-up cohorts). These individuals remain eligible for immunisation until their 80th birthday.
- *These individuals have attained 70 years of age and have a DOB on or after 2/9/1942
From 1/9/19 anyone aged 70 to 80 will be eligible. Please note: Those currently not eligible are those who are currently aged 77 (whose birthday falls between today and 31/8/19) who will become eligible on their 78th birthday.

Download a summary of the new and amended programmes -

<https://www.england.nhs.uk/gp/gpfv/investment/gp-contract/>

Service Specifications

The 2019/20 service specifications for the following vaccination programmes are available to view and download <https://www.england.nhs.uk/gp/gpfv/investment/gp-contract/>:

- Childhood seasonal influenza 2019/20 service specification
- MenACWY freshers 2019/20 service specification
- Pertussis (pregnant women) 2019/20 service specification
- Seasonal influenza and Pneumococcal polysaccharide 2019/20 service specification
- Shingles (catch-up) 2019/20 service specification

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The detail of these programmes will be available in the vaccination and immunisation programmes 2019/20 guidance and audit requirements document which will be published on NHS employers - <http://www.nhsemployers.org/your-workforce/primary-care-contacts/general-medical-services/vaccination-and-immunisation/2019-20-vaccination-and-immunisations> in due course.

The technical requirements for 2019/20 GMS contract changes document will also be published on NHS employers - <http://www.nhsemployers.org/your-workforce/primary-care-contacts/general-medical-services/vaccination-and-immunisation/2019-20-vaccination-and-immunisations> in due course.

4) DIRECTED ENHANCED SERVICE (DES)

Routine Childhood Immunisations - 2 Yr. old's (DTaP/IPV/Hib/HepB) Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (HiB) and hepatitis B – (8 weeks, 12 weeks, 16 weeks) and **(MMR)** Measles, Mumps & Rubella (German measles) (12 months)

Routine Childhood Immunisations - 5 Yr. old's (Pre-School Booster) (DTaP/IPV) Diphtheria, tetanus, pertussis (whooping cough), polio (3 years 4 months old or soon after) and **(MMR)** Measles, Mumps & Rubella (German measles) (check first dose given) (3 years 4 months old or soon after)

Establishment etc. of directed enhanced services schemes

3. (c) a Childhood Immunisation Scheme, the underlying purpose of which is to ensure that patients— (i) who have attained the age of 2 years but who are not yet 3 years are able to benefit from the recommended immunisation courses (that is those that have been recommended in England and by the World Health Organisation(a)) for protection against— (aa) diphtheria, tetanus, poliomyelitis, pertussis and Haemophilus influenzae type B (HiB), (bb) measles/mumps/rubella, and (cc) Meningitis C, or

(ii) who have attained the age of 5 years but who are not yet 6 years are able to benefit from the recommended reinforcing doses (that is those that have been recommended in England and by the World Health

Childhood Immunisation Scheme

- 6.— (1) As part of its Childhood Immunisation Scheme (referred to in this Direction as “the Scheme”), the Board must, each financial year, offer the opportunity to enter into arrangements under the Scheme to each GMS or PMS contractor, unless—
- (a) it already has such arrangements with the contractor in respect of that financial year; or
 - (b) in the case of a GMS contractor, the contractor is not providing the childhood immunisation and pre-school boosters additional service under its general medical services contract.
- (2) The arrangements under paragraph (1) must, in respect of each financial year to which those arrangements relate, include—
- (a) a requirement that the contractor—
 - (i) develops and maintains a register (its “Childhood Immunisation Scheme Register”, which may comprise electronically tagged entries in a wider computer database) of all the children for whom the contractor has a contractual duty to provide, or offer to provide, childhood immunisation and pre-school booster services (irrespective of whether or not those children may have already have been immunised, or offered immunisation, by the contractor or otherwise),
 - (ii) offers the recommended immunisations referred to in direction 3(c) in respect of the children on its Childhood Immunisation Scheme Register (with the aim of maximising uptake in the interests of patients, both individually and collectively), and

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- (iii) records the information that it has in its Childhood Immunisation Scheme Register using any applicable national clinical codes(a);
- (b) a requirement that the contractor—
 - (i) develops a strategy for liaising with and informing parents or guardians of children on its Childhood Immunisation Scheme Register about its immunisation programme with the aim of improving uptake, and
 - (ii) provides information on request to those parents or guardians about immunisation;
- (c) a requirement that the contractor takes all reasonable steps to ensure that the lifelong medical records held by a child's general practitioner are kept up-to-date with regard to the child's immunisation status, and in particular include—
 - (i) any refusal of an offer of immunisation,
 - (ii) where an offer of immunisation was accepted—
 - (aa) details of the consent to the vaccine or immunisation where a person has consented on a child's behalf (and that person's relationship to the child must also be recorded),
 - (bb) the batch number, expiry date and title of the vaccine,
 - (cc) the date of administration of the vaccine,
 - (dd) where two vaccines are administered in close succession, the route of administration and any injection site of each vaccine,
 - (ee) any contraindications to the vaccine, and
 - (ff) any adverse reactions to the vaccine;
- (d) a requirement that the contractor ensures that any health care professional who is involved in administration of the vaccine has—
 - (i) the necessary experience, skills and training with regard to the administration of the vaccine, and
 - (ii) training with regard to the recognition and initial treatment of anaphylaxis;
- (e) a requirement that the contractor ensures that—
 - (i) all vaccines are stored in accordance with the manufacturer's instructions, and
 - (ii) all refrigerators in which vaccines are stored have a maximum/minimum thermometer and that readings are taken from that thermometer on all working days;
- (f) a requirement that the contractor supply the Board with such information as it may reasonably request for the purposes of monitoring the contractor's performance of its obligations under the arrangements;
- (g) arrangements for an annual review of the arrangements which must include—
 - (i) an audit of the rates of immunisation, which must also cover any changes to the rates of immunisation, and
 - (ii) an analysis of the possible reasons for any changes to the rates of immunisation; and
- (h) in the case of PMS contractors, the payment arrangements for the contractor, which must comprise target payments to the contractor where the contractor—
 - (i) meets its obligations under the Scheme, and
 - (ii) meets, in respect of the children on the contractor's Childhood Immunisation Scheme Register, immunisation levels designed to ensure adequate protection, both for individual patients and for the public, against the infectious diseases against which immunisation is being offered (and the Board must take no account of exception reporting in its calculation of target payments), and in determining the appropriate level of those target payments, the Board must have regard to the target payments and the targets rewarded under Section 11 of the Statement of Financial Entitlements.

5) ADDITIONAL SERVICES

Vaccination programmes classified as 'Additional' services are funded under Global Sum.

GP practices that provide childhood vaccines and immunisations as part of the additional services under the GMS contract are required to offer and provide the immunisations.

The Statement of Financial Entitlement (SFE) makes provision for payments to be paid to contractors, who are contracted to provide these vaccination programmes as part of an 'Additional' service.

Contractors who offer and provide these immunisations as part of the 'Additional' services must follow the guidance and information set out in;

- vaccination and immunisation programmes 2019/20 guidance and audit requirements document which will be published on NHS employers - <http://www.nhsemployers.org/your-workforce/primary-care-contacts/general-medical-services/vaccination-and-immunisation/2019-20-vaccination-and-immunisations>
- The technical requirements for 2019/20 GMS contract changes document will also be published on NHS employers - <http://www.nhsemployers.org/your-workforce/primary-care-contacts/general-medical-services/vaccination-and-immunisation/2019-19-vaccination-and-immunisations>.
- The Green Book and
- Any other national communications e.g. tripartite letters.

6) ENHANCED SERVICES

Vaccination programmes classified as 'Enhanced' services.

These are services other than 'Essential or Additional' services (an enhanced level of service provision) that the GP Practice agrees under the contract to provide in accordance with the specification.

The Statement of Financial Entitlement (SFE) makes provision for payments to be paid to contractors, who provide these vaccination programmes as part of an 'Enhanced' service.

Contractors who offer and provide these immunisations as part of the 'Enhanced' services must follow the guidance and information set out in the Specification.

2019/20 Vaccination and Immunisation Programme Agreement

Scheduling of immunisations need to be reviewed in line with the 'Green Book', 'The routine immunisation schedule' and 'Vaccination of individuals with uncertain or incomplete immunisation status'.

Programme	Specification or SFE	Timeframe	Change	Cohort	Payment details	Payment £
Childhood Seasonal Influenza	Specification	01/09/19 - 31/03/20	Eligibility dependent on Child's age as of 31 August 2019.	Aged 2 and 3 on 31 August 2019 i.e. born on or after 1/9/2015 and on or before 31/8/2017). Children aged 4 years but who were 3 years old on 31 August 2019 are still eligible for GP vaccination. Practices are required to operate a 'proactive call' for ALL children and if 'at risk' a 'proactive recall' .	CQRS and GPES	£10.06 per dose
Meningococcal completing dose	SFE	In line with SFE – 01/04/19 - 31/03/20	Upper age limit is prior to 25 th Birthday. Once patients reach 25 years, they are no longer eligible.	Anyone from the age of 14 but not 25 years of age who self-presents or can be offered on an opportunistic basis who missed the opportunity to be vaccinated through the school programme. (Academic School year 9)	Manual reporting via CQRS	£10.06 per dose
Meningococcal ACWY Freshers	Specification	In line with SFE - 01/04/19 - 31/03/20	Upper age limit changed from 26 to 25. Once patients reach 25 years, they are no longer eligible.	19-24 years attending university for the first time, who have not been previously vaccinated (19 years on 31/8/2019 but not yet 25 on 31/3/20). Practices are not required to proactively offer or encourage patients to be vaccinated.	CQRS and GPES	£10.06 per dose
Pertussis (Antenatal)	Specification	In line with SFE - 01/04/19 - 31/03/20	Change in eligibility from 20 weeks to 16 weeks	Pregnant women (and new mothers who missed the opportunity to be vaccinated while pregnant – up to the time the baby becomes eligible for their first immunizations'). Practices are required to identify, liaise with, inform and offer all pregnant women and record offer or refusal, making every reasonable opportunity to vaccinate. (Recommended to be given AFTER 20-week Fetal Anomaly scan, Green Book).	CQRS and GPES	£10.06 per dose

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Seasonal influenza and pneumococcal	Directions and specification	01/09/19 - 31/03/20	All eligible cohorts as defined in the 2019/20 Flu plan.	Influenza From 65 th birthday, At-risk patients as defined in the service specification and Green book and Health and Social Care workers. Practices are required to operate 'proactive call' for ALL eligible patients AND 'proactive recall' for all 'at risk' patients.	CQRS and GPES Influenza and pneumococcal are mutually dependent in the specification but separate services on CQRS.	£10.06 per dose
		Pneumococcal in line with SFE - 01/04/19 - 31/03/20	Eligible cohort of single dose from 65 th birthday. 'At Risk' patients as defined in the green book (inc 5 year boosters)	Pneumococcal Eligible cohort of single dose from 65 th birthday. At-risk patients as defined in the service specification and Green book (inc 5-year booster). Practices are required to operate 'proactive call' for ALL eligible patients AND 'proactive recall' for all 'at risk' patients which is obtainable throughout the year.		
Shingles Routine	SFE	In line with SFE - 01/04/19 - 31/03/20	Eligibility is when the patient turns 70, not their age on a specific date. Timeframe changed from September to April to fit in with the SFE.	Patients from 70 th Birthday. Patients aged 70 on or after 1 September 2013 will remain eligible until their 80th birthday. Practices are not required to proactively offer vaccination which is obtainable throughout the year.	CQRS and GPES	£10.06 per dose
Shingles Catch-up	Specification	In line with SFE - 01/04/19 - 31/03/20	Eligibility is when the patient turns 78, not their age on a specific date. Timeframe changed from September to August to fit in with the SFE.	Patients from their 78 th Birthday. Patients previously eligible remain eligible for vaccination until their 80th birthday. Practices are not required to proactively offer vaccination which is obtainable throughout the year.	CQRS and GPES	£10.06 per dose

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Programme	Specification or SFE	Timeframe	Cohort	Payment details	Payment £	Additional Information
Hepatitis B 'at risk' (new-born Babies of HepB positive mothers)	SFE	In line with SFE - 01/04/19 - 31/03/20	<p>Newborn babies Babies whose mother has HepB have an increased risk of contracting HepB at birth.</p> <p>This programme ensures they receive 2 doses of monovalent HepB vaccine within the first month of life and a 3rd monovalent dose at 12 months of age.</p> <p>Patients will present for other vaccinations for at least 1 of the doses and there are no contra indications to this.</p>	Vaccine changes and number of recommended monovalent doses reduced to three (dose 1 at birth by maternity provider, dose 2 at 4 weeks in primary care, dose 3 at 12 months in primary care), therefore the payment of the second dose has now been uncoupled from the third dose. This was an in-year change effective 30 October 2017, included for completeness.	£10.06 per dose	Generally, the hospital or midwife will provide 1st vaccination and inform the babies/mothers practice (or intended practice) of the child's health/ conditions and immunisations. Women with HepB are not recommended for home birth, so this should mean the numbers are minimal. Due to the risk of babies being registered elsewhere or details not being provided by the hospital, practices are required to identify newborn babies registered with the practice (by checking mother's status, not relying on hospital notice) who are at risk of HepB and provide appropriate vaccinations.
Human Papillomavirus (HPV) (Girls)	SFE	In line with SFE - 01/04/19 - 31/03/20	<p>14-18 years (girls) (14 years on 1/4/19 but not yet 18 years on 31/3/20)</p> <p>Women above age 18 and up to 25 years, can receive the vaccination programme based on clinical judgement</p>	Manual reporting via CQRS	£10.06 per dose	Practices are not required to proactively offer or encourage patients to be vaccinated. Vaccination only where the patient has missed schools' provision. As from April 2019 contractors can vaccinate women above age 18 and up to 25 years, based on clinical judgement and receive payment at an IoS rate of £10.06.
Meningococcal B (MenB)	Specification	In line with SFE - 01/04/19 - 31/03/20	3 doses of vaccine at 8 and 16 weeks and 12 months (in line with	CQRS and GPES	£10.06 per dose	As this programme will fit in with the existing routine childhood immunisations scheme, there is no requirement for practices to

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			routine childhood immunisations). Please note: can be vaccinated up to 2 years.			operate additional call and recall specific to this vaccination.
MMR for persons 16 years and over	SFE	In line with SFE - 01/04/19 - 31/03/20	16 years and over - immunise patients that have no record or incomplete vaccination.	Manual reporting via CQRS	£10.06 per dose	Practices are not required to proactively offer or encourage patients to be vaccinated. (The Green Book recommends those patients born before 1970 do not require MMR vaccination).
Rotavirus	SFE	In line with SFE - 01/04/19 - 31/03/20	Babies 8 weeks and 12 weeks (not over 24 weeks)	Payment on completion of dose 2 CQRS and GPES	£10.06 per completed course	1 st Dose only prior to 15 weeks. 2 nd Dose only prior to 24 weeks.
Pneumococcal Vaccine (PCV) and Haemophilus influenza typeB and MeningitisC (Hib/MenC)	SFE	In line with SFE - 01/04/19 - 31/03/20	Childhood Imms programme 8 weeks, 16 weeks & 12/13 months. Childhood Imms programme 12/13 months)	Payment on completion of dose 4 CQRS and GPES	£15.02 per completed course	This programme fits within the existing childhood immunisation schedule.

- 1) PA fees are not claimable for vaccines supplied centrally.
- 2) Although they have separate service specifications, there is one joint quality service for the MenACWY 18 years and MenACWY freshers vaccination programmes.
- 3) Formerly known as 'Meningococcal booster'.
- 4) The DES Directions reflect the scope of influenza immunisations NHS England commission as primary medical care services. The specification reflects that NHS England and NHS Improvement commissions influenza immunisation for wider risk groups identified in the Green Book including pregnant women. These are public health functions carried out on behalf Secretary of State for Health under Section 7a.

Technical support for vaccination programmes

The intention is for all programmes to be supported by CQRS in line with the start date of the programme. Some programmes will remain CQRS only, but other programmes will be supported by GPES when it comes on line. Payment for vaccination programmes is monthly where payment is on a per dose basis and not linked for other doses. Where not monthly, it is outlined above.

CQRS – manual reporting only	CQRS with GPES support	
<ul style="list-style-type: none"> • Hepatitis B ‘at-risk’ • HPV (Girls/Women) • MMR (16 and over) • PCV/HiBMenC 	<ul style="list-style-type: none"> • Childhood Seasonal Influenza • Meningococcal (completing dose) * • MenACWY freshers* • MenB • Pertussis 	<ul style="list-style-type: none"> • Pneumococcal polysaccharide (PPV) • Rotavirus • Shingles – routine • Shingles – catch-up • Seasonal Influenza

* Separate service specifications but one service on CQRS and GPES.

Further details will be provided in guidance and updated in communications from NHS Digital.

2019/20 Vaccination and Immunisation Programme Agreement

7) CLAIMING MECHANISMS

NHS England and NHS Improvement – (NE and Yorkshire), Public Health team utilise two separate claiming mechanisms

Open Exeter - for the quarterly 'Routine Childhood Immunisations' (DES) 'target payments'

And

Calculating Quality Reporting Service (CQRS) for all the remaining immunisation programmes and new ones.

Reminder: The payment mechanism for the Pneumococcal Vaccine – Haemophilus influenza type B/Meningococcal C (PCV/HIB MenC) immunisation course is via CQRS (with effect from the 1st April 2018).

OPEN EXETER

In regards the claiming and re-imbursement of Routine Childhood Immunisations the payment mechanism is via a **quarterly** submission, electronically uploaded onto the relevant section of Open Exeter by GP practices. GP practice managers will receive email reminders when submissions are due with a specific deadline for submission.

Please note: The deadline for your quarterly submissions cannot be extended so please ensure this task is undertaken accordingly.

Timetable

The timetable for submission and payment of Routine Quarterly Childhood Immunisations Year on Year is as follows: -	
Count @ 1 April – 30 June Received via Open Exeter by 1 August	Quarter 1
Paid 15 September (PMS) 30 September (GMS)	
Count @ 1 July – 30 September Received via Open Exeter by 1 November	Quarter 2
Paid 15 December (PMS) 31 December (GMS)	
Count @ 1 October – 31 December Received via Open Exeter by 1 February	Quarter 3
Paid 15 March (PMS) 31 March (GMS)	
Count @ 1 January – 31 March Received via Open Exeter by 1 May	Quarter 4
Paid 15 June (PMS) 30 June (GMS).	

CALCULATING QUALITY REPORTING SERVICE (CQRS)

Reimbursement for **all** other Public Health 'Additional and Enhanced' services will be processed through the Calculating Quality Reporting Service (CQRS). CQRS is an automated system used to calculate achievement and payments following **monthly** GP practice submissions.

All GP practices participating in any of these 'Additional and Enhanced' services will still be required to enter data manually onto CQRS until extractions via General Practice Extraction Service (GPES) are fully operational/available (e.g. Rotavirus). All manual CQRS claims must be submitted within 12 days of the end of the month when the completing dose was administered.

Reimbursement payments will be identified separately against each CQRS 'Additional and Enhanced' service claim submitted. CQRS will calculate the practice's final achievement payment; the practice should review the payment value and declare an 'achievement declaration'. NHS England and NHS Improvement - (NE and Yorkshire) Public Health team will then approve the payment (assuming that the criteria for the vaccination programme has been met) and initiate the payment via the payment agency's Exeter system.

Where automatic extractions are undertaken by GPES, practices with need to declare the extraction as a true and accurate record. The commissioner will then review and approve the payment for the programme. will be sent to the payment agency for processing.

Where specific programmes require manual submissions (as advised on pg. 16), practices must submit their data and the declaration and approval process is followed, then payment for the programme will be sent to the payment agency for processing.

The vaccination programmes will only be offered out to GP practices on CQRS following receipt of the signed Public Health 2019/20 – GP practices Vaccination and Immunisation Programmes Contract (pg. 4).

Please note: Any/all Claims submitted 6 months after the vaccine has been administered will not be eligible for payment as detailed in the SFE.

8) REQUESTING CLAIMING AMENDMENTS TO PUBLIC HEALTH IMMUNISATION PROGRAMMES

CALCULATING QUALITY REPORTING SYSTEM - CQRS

Where you have any queries/non payment(s) in regards any CQRS immunisation payments, **written justification** on why this information has not previously been submitted / declared within six months of the vaccination been administered (as stated within the SFE) **must** be provided.

This information will be reviewed and if a retrospective claim is authorised, then evidence in the form of screenshot(s) matching the relevant data **must** be submitted before any amendments or manual variation payments can be agreed and paid.

Any claiming amendments for Public Health Immunisation programmes identified by the practice that have either been extracted incorrectly by GPES or manually entered incorrectly via the 'CQRS' claiming mechanism should be done via email in the first instance.

Similarly, whilst undertaking the 'Commissioner Organisation Approval' process on CQRS if a claim has registered abnormally high for a specific vaccination programme, within a specific period, confirmation via a screenshot will be requested by NHS England and NHS Improvement (NE and Yorkshire) as the commissioner of the service.

***Please note: each region has its own relevant email address:**

South Yorkshire and Bassetlaw - england.syb-phclaims@nhs.net

West Yorkshire and Craven - england.wy-enhancedservices@nhs.net

North Yorkshire and the Humber - england.ny-publichealth@nhs.net

Reminder: All requests for amendments must include a screenshot from your clinical system (ensuring that no patient identifiable data is included), alongside a breakdown of your claim as it would/has appeared in CQRS.

SystemOne 'Seasonal Influenza' example

6a. February SFLU001 - 65+ and had flu vaccination	12	0.0 %	21 Mar 2017 14:27	
6b. February SFLU002 - At Risk aged 6m - 65y & had flu vaccine (excl 2-5y)	49	0.2 %	21 Mar 2017 14:27	
6c. February SFLU003 - Pts coded 90X4 aged 6m-65y (excl 2-5y) recieved vaccination	0	0.0 %	21 Mar 2017 14:27	
6d. February SFLU004 - At risk aged 6m-9y (excl 2-5y) & recieved 2nd dose of Flu Vaccine	1	0.0 %	21 Mar 2017 14:27	
6e. February SFLU005 - Coded 90X4, aged 6m-9y (excl 2-5y) & recieved 2nd dose of Flu Vaccine	0	0.0 %	21 Mar 2017 14:27	

CQRS 'Seasonal Influenza' example

Indicator ID	Description	Date Submitted	Submitted Values	Description
SFLU001	Monthly count of patients aged 65 years and over on 31st March 2019, who have received a seasonal influenza vaccination by the GP practice, within the reporting period.	10/03/2019	1	Monthly Count
SFLU006	Monthly count of the number of eligible patients, identified as at risk, where the risk is clearly demonstrated by at least one clinical code in the patients record, who have received a first dose of seasonal influenza vaccine given by the GP practice in the reporting period. (Eligible patients are aged 6 months to 64 years on 31 March 2019, excluding patients aged 2 and 3 years as at 31 August 2018)	10/03/2019	5	Monthly Count
SFLU007	Monthly count of the number of eligible patients, identified as at risk, where the risk is clearly demonstrated by at least one clinical code in the patients record, who have received a second dose of seasonal influenza vaccine given by the GP practice in the reporting period. (Eligible patients are aged 6 months to 8 years on 31 March 2019, excluding patients aged 2 and 3 years as at 31 August 2018)	10/03/2019	0	Monthly Count
SFLU008	Monthly count of the number of eligible patients, identified as at risk, where the risk is not clearly demonstrated by at least one clinical code in the patients record but is identified by the clinical code "requires influenza virus vaccination", who have received a first dose of seasonal influenza vaccine given by the GP practice in the reporting period. (Eligible patients are aged 6 months to 64 years on 31 March 2019, excluding patients aged 2 and 3 years as at 31 August 2018)	10/03/2019	1	Monthly Count
SFLU009	Monthly count of the number of eligible patients, identified as at risk, where the risk is not clearly demonstrated by at least one clinical code in the patients record but is identified by the clinical code "requires influenza virus vaccination", who have received a second dose of seasonal influenza vaccination given by the GP practice in the reporting period. (Eligible patients are aged 6 months to 8 years on 31 March 2019, excluding patients aged 2 and 3 years as at 31 August 2018)	10/03/2019	0	Monthly Count

Once your amendments are received we will endeavour to respond to your query within 5 working days. Failure to provide the required information and/or your GP practice B/C code may result in delays in processing any amendments.

OPEN EXETER

Where you have any queries/non payment(s) in regards the quarterly 'Routine Childhood' Immunisations 'target payments', **written justification** on why this information has not been uploaded via the Open Exeter system by the set deadlines **must** be provided.

This information will be reviewed and if a retrospective claim is authorised, then screenshot evidence matching the relevant quarter information **must** be submitted along with a manual calculating claim form template (provided by NHS England and NHS Improvement - (NE and Yorkshire) Public Health team before any amendments or manual variation payments can be agreed and paid.

SystemOne example

Evidence for Practice

Quarter Claims Target Immunisations

2 Year Old Data

Quarter Start Date: 1st July 2015 to 30 Sep 2015 Second Quarter Current quarter

Report date: 11 Dec 2015

Report by Health Authority

Leads: [JDS]

Information

- Two Year Old Immunisation
 - Numbers
 - Patients
 - Targets
- Five Year Old Immunisation
 - Numbers
 - Patients
 - Targets

Targets

Summary for practice

Figures...

Type	Group One	Group Two	Group Three	Total
Completed GMS	151	149	149	449
Completed Other GMS	1	0	1	2
Completed Non GMS	0	1	1	2
Not Completed	4	5	5	15
Total	156	156	155	15

Targets...

Number of patients on the register	155
90% target achieved	
Number of courses required to reach 100%	614
Number of achieved courses	605
Number of courses needed to achieve 100%	19
Number of courses that count towards target	600

5 Year old data

Quarter Start Date: 1st July 2015 to 30 Sep 2015 Second Quarter Current quarter

Report date: 11 Dec 2015

Report by Health Authority

Leads: [JDS]

Information

- Two Year Old Immunisation
 - Numbers
 - Patients
 - Targets
- Five Year Old Immunisation
 - Numbers
 - Patients
 - Targets

Targets

Summary for practice

Figures...

Type	Group One	Total
Completed GMS	143	143
Completed Other GMS	3	3
Completed Non GMS	0	0
Not Completed	17	17
Total	163	

Targets...

Number of patients on the register	163
70% target achieved	
Number of courses required to reach target	142
Number of achieved courses	146
Number of courses needed to achieve target	1
Number of courses that count towards target	114

Please note: Requests for manual variation payments to be undertaken are logged and GP practices will be challenged and may be denied if repeated requests are received without justifiable cause or reason provided.

Once your amendments are received we will endeavour to respond to your query within 5 working days. Failure to provide the required information and/or your GP practice B/C code may result in delays in processing any amendments.

9) TIMEFRAME FOR CLAIMING

OPEN EXETER

TWO YEAR OLDS

The amount payable as a Quarterly Two-Year-old's Immunisation Payment (TYOIP) is to fall due on the last day of the quarter after the quarter in respect of which the contractor is seeking payment (i.e. at the end of the quarter after the last quarter in which immunisations were carried out that could count towards the targets). However, if the contractor delays providing the information the Board needs to calculate its Quarterly TYOIP beyond the Board's cut-off date for calculating quarterly payments, the amount is to fall due at the end of the next quarter (that is, just under nine months after the cohort was established). No Quarterly TYOIP is payable if the contractor provides the necessary information more than four months after the final date for immunisations which could count towards the payment.

FIVE YEAR OLDS

The amount payable as a Quarterly Five-Year-old's Immunisation Payment (FYOIP) is to fall due on the last day of the quarter after the quarter in respect of which the contractor is seeking payment (i.e. at the end of the quarter after the last quarter in which immunisations were carried out that could count towards the targets). However, if the contractor delays providing the information the Board needs to calculate its Quarterly FYOIP beyond the Board's cut-off date for calculating quarterly payments, the amount is to fall due at the end of the next quarter (that is, just under nine months after the cohort was established). No Quarterly FYOIP is payable if the contractor provides the necessary information more than four months after the final date for immunisations which could count towards the payment.

CQRS

Claims for payments for immunisation programmes via CQRS should be made monthly, after the dose that is administered. Where claims are entered manually, this should be within 12 days of the end of the month when the completing dose was administered.

Practices are required to claim within 6 months of the administered vaccine which triggers payment in line with the SFE guidance. Claims not submitted within 6 months of the administration of the final completing vaccination programme will not be eligible for payment.

“This section makes provision in respect of payments to be made in respect of the administration by a contractor, which is contracted to provide vaccines and immunisations as part of Additional Services”

10) MONITOR AND AUDITING

Public Health England will continue to monitor the programmes to ensure the scheduled vaccinations are given and NHS England will ensure GP practices are reimbursed accordingly.

NHS England and NHS Improvement – (NE – Yorkshire) Public Health team is 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 programmes were followed

i.e. the patient's records were updated appropriately, etc.

Information collected for the management information purposes will not be used to trigger payments but may be used for payment verification purposes. It will be available through the relevant systems i.e. CQRS, Open Exeter, to support NHS England and practices to validate requirements of the programmes, as necessary, to demonstrate that the full protocols were followed.

The SFE sets out the administrative provisions relating to the conditions for payment under these immunisation programmes (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.).

11) CONTACT DETAILS

NHS England – North (Yorkshire and the Humber)

Have three main sites:

North Yorkshire and the Humber
Unit 3
Alpha Court
Monks Cross
York
YO32 9WN

- North Yorkshire and the Humber- england.ny-publichealth@nhs.net

South Yorkshire and Bassetlaw
Oak House
Moorhead Way
Bramley
Rotherham
S66 1YY

- South Yorkshire and Bassetlaw - england.syb-phclaims@nhs.net

West Yorkshire
Building 3
Ground Floor
Leeds City Office Park
Meadow Lane
Leeds
LS11 5BD

- West Yorkshire- england.wy-enhancedservices@nhs.net

12) USEFUL LINKS / WEBSITES

<https://www.england.nhs.uk/gp/gpfv/investment/gp-contract/>

<http://www.nhsemployers.org/your-workforce/primary-care-contacts/general-medical-services/gms-contract-changes/gms-contract-changes-201920>

<http://www.nhsemployers.org/your-workforce/primary-care-contacts/general-medical-services/vaccination-and-immunisation/2019-20-vaccinations-and-immunisations>

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

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

<https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule>

The clinical/snomed codes that support the relevant enhanced service and vaccination programmes, are available on the Health and Social Care Information Centre website at: <http://digital.nhs.uk.QOF/qofesextractspecs> or in hard copy form from The Health and Social Care Information Centre, 1 Trevelyan Square, Boar Lane, Leeds, LS1 6AE.

13) FREQUENTLY ASKED QUESTIONS

Travel Vaccinations

Q - I understand that the NHS travel vaccinations e.g. Hep A, typhoid, DTP, Cholera (all of these are NHS vaccines) are provided under the additional services component of the GP contract. If a GP surgery did not want to provide this service, would they have to opt out of this? If they did this would other services also be affected i.e. can they opt out of providing NHS travel vaccinations only without it affecting other parts of the contract?

A – Practices would have to opt out of the whole Vacc & Imms 'Additional' service (not just the travel vaccs bits) and % reduction in global sum funding as stated in the SFE.

If practices continue to deliver the additional service then they should provide the V&I as per the SFE including any for travel as stated.

Q – Can GP practices claim for administering the Hepatitis B vaccination to carers in care homes etc. or foster carers.

A - If a patient presents at the practice requesting the vaccine this would be for the GP to determine whether this was clinically indicated. However, GP practices are not contracted to offer/provide any occupational health vaccines, these are an employer responsibility.

Asplenic Patients

Q - We are unclear on the funding streams for certain immunisations which are recommended in the Green Book under national policy (and are supposed to be available on the NHS) but are not part of the set of Section 7A immunisation programmes, so not under Additional services or an Enhanced Service i.e. Asplenic patients, etc.

A – If a GP or other clinician (e.g. in secondary care) determines it is clinically appropriate to administer a particular vaccine to an Asplenic patient then the practice is fine to do so, however, the practice would not be able to claim payment for administering the vaccine under the terms of the GP contract and Enhanced service specification.

Training Staff

Q – Whose responsibility it is to ensure staff are adequately trained.

A - NATIONAL HEALTH SERVICE, ENGLAND states that

General Medical Services Statement of Financial Entitlements Directions states

'the contractor must ensure that any health care professional who performs any clinical service in connection with the administration of the vaccine has such clinical experience and training as are necessary to enable him to properly perform such services and that such health care professionals are trained in the recognition and initial treatment of anaphylaxis;'

Service Specifications

Q: Can the nationally defined service specifications for enhanced services be amended locally?

A: No. The service specification is a legal document and commissioners cannot make changes to the content. Should they wish to do additional work relating to the enhanced service in their local area, this would be for local discussion, agreement and payment outside of the arrangements for the nationally defined ES.

Closed Lists

Q: Can practices with a 'closed list' still participate in enhanced services?

A: Yes, there is nothing to prevent practices participating in enhanced services if they have a closed list.

Sign Up

Q: Does signing up to participate in a service on CQRS satisfy the requirement for contractual sign up?

A: No. Practices are required to agree to participate in a service with their area team based on the service specification. Sign up on CQRS is confirmation from the practice to the area team that CQRS will be used to calculate the payment.

Read Codes (SNOMED Codes)

Q: Where a practice has been using Read codes not included in the service specification, guidance and audit requirements, Business Rules or technical requirements document, are practices expected to re-code patients?

A: Yes, all services being supported by CQRS, require that practices who intend to participate in these services record their achievement in the clinical systems using the appropriate Read codes. This should be recorded using the relevant Read codes in the service specification, guidance and audit requirements, technical requirements document or Business Rules from the date those services commence. As such, practices would need to re-code using the relevant codes.

Retain evidence

Q: How long are practices required to retain evidence regarding work completed which is related/attributed to ES achievement?

A: Practices are required to retain evidence of work completed which is attributed or related to payment, for up to six years. This evidence could reasonably be requested by any local commissioner or NHS England. Some of this evidence would be available from practices clinical systems but hard copies would need to be filed or digitised and held electronically.