

# WELSH HEALTH CIRCULAR



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**For Action by:**

General Practitioners  
Community Pharmacists  
Immunisation Leads, Health Boards/Trusts  
Chief Executives, Health Boards/Trusts  
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Welsh NHS Partnership Forum  
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Royal College of GPs  
Royal College of Nursing  
Royal College of Midwives  
British Dental Association  
Royal Pharmaceutical Society  
Community Pharmacy Wales  
NHS Wales Informatics Service  
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**Enclosure(s):**

Childhood Influenza Vaccination Programme 2020-2021 – National Enhanced Service Specification

## **The National Influenza Immunisation Programme 2020-2021**

Dear Colleague

Given the current situation with COVID-19 it is very important that plans are in place to deliver the national influenza (flu) immunisation programme in 2020-21. Protecting those who are at risk of co-infection with flu and COVID-19 is a key priority in Wales.

Delivering the flu programme next winter will be more challenging due to a number of factors, including the impact of COVID-19 on how general practices and community pharmacies work, possible restrictions on the movements of some vulnerable groups and individual perceptions of risk.

We will continue to work with partners in the coming weeks to consider the various possible scenarios and develop options to ensure that all who need the flu vaccine will have the opportunity to receive it in a timely manner while maintaining good Infection Prevention & Control (IP&C) practices and personal distancing. The provision of appropriate Personal Protective Equipment (PPE) to those involved in the delivery of the flu vaccination programme will form an important part of the programme planning.

Further updates will be issued in due course but in the meantime, the key messages for the 2020-21 flu season are:

- The flu programme is a strategic priority. In addition to protecting those at risk from flu in the coming season, we must ensure that the opportunity for co-circulation of flu and COVID-19 is kept to a minimum.
- Plan to deliver the programme as usual as far as possible but recognise that arrangements may need to change as the COVID-19 situation develops.
- Aim to increase flu vaccine uptake across all risk groups with particular focus on those who are aged 65 and over or with cardiovascular, respiratory, kidney or liver disease, diabetes and adults who are morbidly obese.
- Aim to significantly increase flu vaccine uptake in children aged 2 and 3 years, and older children aged 11 to 17 years in clinical risk groups.
- Maximise uptake in primary school children.
- Maximise uptake in health care staff with direct patient contact.
- Aim to significantly increase uptake in care home staff and those providing domiciliary care.
- Review vaccine orders now to ensure sufficient supplies of appropriate flu vaccines will be available, including any potential increase in demand.

More information is attached overleaf and further guidance will be issued in the coming weeks to reflect circumstances nearer the start of the programme.

I would like to take this opportunity to thank you all for your hard work in planning and delivering the flu immunisation programme. Your continued efforts mean that we have some of the best flu vaccine uptake rates in

Europe. This winter, more than ever, it is going to be a key intervention to reduce pressure on health and social care systems, and protect lives.

Thank you for all your hard work in the most challenging of circumstances.

Yours sincerely,

A handwritten signature in black ink, appearing to be 'Frank Atherton', with a horizontal line extending to the right.

**Dr Frank Atherton**  
**Chief Medical Officer / Medical Director NHS Wales**

## **FLU VACCINATION PROGRAMME 2020-2021**

### **Prioritising flu vaccine uptake**

1. Flu vaccination is one of the most effective interventions available to reduce pressure on the health and social care system. This coming winter we may be faced with co-circulation of COVID-19 and flu. We are currently seeing the impact of COVID-19 on the NHS and social care, co-circulation would add to the pressures on these services. To reduce flu transmission, it is very important that every effort is made to provide timely flu vaccination to those most at risk of complications of flu, as well as to eligible children and health and social care staff.
2. Those most at risk from flu are also those most at risk from COVID-19. In recent years, there has been relatively low uptake of flu vaccine, at less than 50%, in those at clinical risk aged under 65 years. A number of these groups have been particularly affected by COVID-19 including those with cardiovascular, respiratory, kidney or liver disease, diabetes and adults who are morbidly obese. We must do all we can to help protect people in these groups this winter by increasing their uptake of flu vaccination.
3. NHS staff with direct patient contact, workers in adult care homes in regular contact with clients and those delivering health and social care in individuals' homes are another priority. This is to protect these key workers and those in their care.
4. Planning for the primary school programme should continue in the context of the current constraints of school closures and staff redeployment. Further guidance on the school programme will be issued in coming weeks.
5. General practices are reminded that the service specifications in place for the flu programme require a proactive call and recall system to contact all at risk patients. Various methods for this should be considered such as letter, email, phone call, text and during face to face interactions if the opportunity arises, to encourage people to attend, or to make arrangements, to have their vaccination as early as possible.

### **Eligible groups**

6. In 2020-21, groups eligible for the NHS flu vaccination programme are the same as last year and in summary include:
  - children aged two and three years on 31 August 2020
  - children in primary school from reception class to year 6 (inclusive)
  - people aged 65 years and older
  - people aged six months to less than 65 years in clinical risk groups
  - pregnant women
  - people living in care homes or other long-stay care facilities

- carers
- close contacts of immunocompromised individuals

Further information is contained in Annex A. Further guidance will be issued if eligibility advice changes.

### **Children's programme**

7. Priority should be given to improving flu vaccine uptake in children because of the individual benefits and indirect protection this offers to the rest of the population. Children are 'super spreaders' of flu and the nasal spray vaccine in this age group has been highly effective. Increasing uptake in all eligible children would have a significant impact on reducing transmission of flu across all groups in the community. Additional supplies of LAIV (the nasal spray flu vaccine for children) have been secured for this purpose and will be available to order in the usual way via Immform.

### **Health and social care staff**

8. It is important that all health and social care workers (including health care students) with direct patient/client contact have timely flu vaccination to protect themselves and to reduce the risks of transmission of the flu virus to their patients/clients. High rates of staff vaccination will help to protect the individual member of staff and the people in their care and help maintain the workforce and services during the winter.
9. As in previous years, flu immunisation should be offered by NHS organisations to all employees involved in delivering direct health care.
10. Independent primary care providers such as general practices, dental and optometry practices and community pharmacists should offer flu vaccination to their frontline staff as part of their occupational health responsibilities.
11. Staff with regular client contact working in adult residential care homes, nursing care homes and children's hospices and staff providing domiciliary care, will continue to be eligible for free flu vaccination through the NHS community pharmacy service. Employers providing social care in other settings remain responsible for encouraging and facilitating/offering flu vaccination to employees with regular client contact.

### **Flu vaccine ordering and recommendations**

12. Vaccine orders should be reviewed now to ensure that sufficient supplies of appropriate vaccines have been ordered, including a potential for increased demand due to the COVID-19 situation. Models for vaccine provision across primary care clusters should be considered in planning.

13. Advice and guidance on ordering flu vaccines for the 2020-21 season has already been issued separately in Welsh Health Circular WHC(2019)037 at:

<https://gov.wales/ordering-influenza-vaccines-2020-2021-whc2019037>

14. In summary, the recommended vaccines for 2020-21 are:

- For those aged 65 and over – the adjuvanted trivalent influenza vaccine (aTIV) (with the cell-based quadrivalent influenza vaccine (QIVc) offered if aTIV is unavailable)
- For those aged 18 to under 65 years at risk including pregnant women, offer QIVc or, as an alternative, the egg-grown quadrivalent influenza vaccine (QIVe).
- For those aged 6 months to under two years offer a suitable egg-grown quadrivalent influenza vaccine (QIVe).
- For eligible children from 2 years of age live attenuated influenza vaccine (LAIV).
- Children aged 9 years and over contraindicated for LAIV should ideally be offered QIVc.

15. The live attenuated influenza vaccine (LAIV) for children should be ordered through ImmForm from centrally purchased supplies.

### **Community Pharmacies**

16. Health boards must make arrangements with all community pharmacies in their area expressing an interest in providing the community pharmacy NHS seasonal influenza vaccination service and who meet the service requirements.

17. For at risk individuals:

General practice will continue to be the main provider of flu vaccinations to the public, with community pharmacies primarily supporting those individuals who are under 65 years of age in clinical risk groups and those who are eligible but do not routinely get a flu vaccination. Community pharmacies have discretion to immunise individuals aged 65 years or over if they consider they are unlikely to visit their GP surgery for vaccination.

Collaborative working between general practices and community pharmacies is encouraged, and will be particularly important in the coming season to maximise uptake and help protect more individuals.

18. For eligible social care staff:

Community pharmacies may again offer free NHS flu vaccinations to staff with regular client contact working in adult residential care homes, nursing homes and children's hospices or those providing domiciliary care.

Pharmacists should actively promote uptake with the care home managers they work with. Community pharmacies that supply medicines to care homes may wish to make arrangements with those homes to offer flu vaccination to staff on the premises. Alternatively, staff may be directed

to visit any pharmacy providing the community pharmacy NHS flu vaccination service. In some rural areas, there may be no local community pharmacy offering the flu vaccination service. In these circumstances, or where there may be other barriers to uptake, health boards may agree an alternative method of delivery for the specific care homes or areas where this applies.

### **Service specifications**

19. The Primary Medical Services (Directed Enhanced Services) (Wales) Directions 2007 (the DES Directions)<sup>1</sup> as amended remain the same as in previous years.
20. A separate National Enhanced Service (NES) specification for the childhood seasonal influenza vaccination programme, covering the vaccination of children aged two and three years on 31 August 2020 is attached.

### **Patient Group Directions (PGDs)**

21. Template PGDs will be available at <http://nww.immunisation.wales.nhs.uk/pgds> (NHS Wales intranet) prior to the commencement of the season, and should be reviewed, ratified and authorised locally by the health board/trust for local use.

### **Publicity and Information Materials**

22. Leaflets, posters and other awareness raising materials will be available to view on [www.beatflu.org](http://www.beatflu.org) / [www.curwchffliw.org](http://www.curwchffliw.org) and order via the link below.

<https://phw.nhs.wales/services-and-teams/health-information-resources/>

23. Further information for healthcare workers will be available from the Vaccine Preventable Disease Programme, Public Health Wales, NHS Wales intranet site at: <http://nww.immunisation.wales.nhs.uk/flu-influenza>
24. The 'Beat Flu' internet pages also contain useful information for professionals and the public at:  
  
[www.beatflu.org](http://www.beatflu.org) or [www.curwchffliw.org](http://www.curwchffliw.org)

### **Surveillance and Reporting**

25. Public Health Wales will continue to provide weekly updates of influenza activity in Wales along with a UK and world summary and in season weekly immunisation uptake reports at:

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<sup>1</sup> As amended by the Primary Medical Services (Directed Enhanced Services) (Wales) (Amendment) Directions 2012 for Influenza and Pneumococcal Immunisation Scheme Plans



<http://www.publichealthwales.org/flu-activity/>

<http://howis.wales.nhs.uk/ivor>

26. A full annual epidemiological summary of influenza activity and influenza immunisation uptake will be published by Public Health Wales in the coming weeks at:

<http://www.wales.nhs.uk/sites3/page.cfm?orgid=457&pid=55714>

### **The Green Book**

27. The Green Book, "*Immunisation against infectious disease*" provides guidance to healthcare practitioners on flu immunisation. This is regularly updated and can be found at:

<https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19>

## **Eligible groups included in the national flu immunisation programme**

Eligibility for flu vaccination is based on the current advice of the Joint Committee on Vaccination and Immunisation (JCVI).

The following provides a summary of the groups recommended in 2020-21. For full details, see the influenza chapter of the Green Book “Immunisation against infectious disease” at:

<https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19>

Further guidance on eligibility will be issued if there are any changes or it is updated.

### **Children**

Children aged two and three years on 31 August 2020 i.e. date of birth on or after 1 September 2016 and on or before 31 August 2018. Vaccination will generally be offered through general practice. Children of this age should be individually invited by their general practice. (In some areas of Wales, local agreements are in place for children aged three years to receive their vaccine in nursery via the school nursing service.)

All children in primary school reception class and school years 1 to 6 (inclusive) are to be offered vaccination through the school nursing service.

For practical reasons, all children attending school in the eligible school years (reception class to 6) should be offered vaccination irrespective of their actual date of birth.

Children in the age ranges above who do not attend school, are to be offered vaccination through general practice. There is no requirement for general practices to invite these children.

Children not in the age groups mentioned above should be offered vaccination in line with the clinical risk eligibility guidance outlined below, and if eligible require a proactive call and recall system.

### **People aged six months to less than 65 years with a serious medical condition including:**

Chronic respiratory disease such as asthma requiring regular inhaled steroids, or chronic obstructive pulmonary disease (COPD)

Chronic heart disease

Chronic kidney disease at stage 3, 4 or 5

Chronic liver disease

Chronic neurological disease such as Parkinson’s disease, motor neurone disease or learning disability (where clinically vulnerable)

Diabetes

Immunosuppression due to disease such as HIV/AIDS or treatment such as cancer treatment (and household contacts of at risk individuals).

Asplenia or dysfunction of the spleen  
Morbidly obese adults (class III obesity) defined as those with a Body Mass Index (BMI) of 40 or above.

### **People aged 65 years and over**

Includes those becoming age 65 years by 31 March 2021 (i.e. born before 1<sup>st</sup> April 1956).

This age eligibility criteria is lowered to 55 years of age for those in prison. This is based on evidence that many adults in prison are physiologically 10 to 15 years older than their counterparts in the community.

### **Pregnant women**

All pregnant women at any stage of pregnancy (first, second or third trimesters).

### **People living in care homes or other long-stay care facilities**

Vaccination is recommended for people living in care homes or other long-stay care facilities where rapid spread is likely to follow introduction of infection and cause high morbidity and mortality.

This does not include prisons (except those aged 55 and over), young offender institutions or university halls of residence.

### **Carers**

Those who are the unpaid carer, including young carers, of a person whose health or welfare may be at risk if the carer falls ill, including those who receive a carer's allowance. The carer need not reside with, or be related to, the person being cared for.

### **Third sector carers**

Individuals who work on a voluntary basis (are not paid for their time and effort) providing care on a frequent basis to one or more elderly, disabled or otherwise vulnerable person whose welfare would be at risk if the individual became ill.

Individuals should be identified by a letter from their parent organisation naming the person, and confirming their membership of, and role in, the organisation.

### **Members of voluntary organisations providing planned emergency first aid**

Individuals who work on a voluntary basis (are not paid for their time and effort) in organisations which provide planned emergency first aid at organised public events.

These should be identified by a letter from their parent organisation naming the person, and confirming their membership of, and role in, the organisation.

This category does not include individuals who are qualified to provide first aid in other circumstances.

## **Community First Responders**

Active members of a Welsh Ambulance Service Trust (WAST) Community First Responder scheme providing first aid directly to the public.

These should be identified by a letter from their parent organisation naming the person, and confirming their membership of, and role in, the organisation.

## **Healthcare workers**

Healthcare workers who are in direct contact with patients should have their flu vaccine via their employer. This should be encouraged, and provided or facilitated as part of their occupational health care.

## **Social care staff**

All staff employed in adult residential care homes, nursing care homes and children's hospices or providing domiciliary care who are in regular contact with residents, are eligible through the community pharmacy NHS seasonal influenza vaccination service or their GP if in an eligible clinical risk group. This should be encouraged by their employer.

Social care staff, apart from those referred to above, should be encouraged and offered/facilitated vaccination by their employer.

## **Locum GPs**

Locum GPs may be vaccinated at the practice where they are registered as a patient.

The list above is not exhaustive, and practitioners should apply clinical judgement to take into account the risk of flu exacerbating any underlying disease that a patient may have, as well as the risk of serious illness from flu itself. Flu vaccine should be offered in such cases even if the individual is not in one of the groups specified above.

Individuals recommended to receive flu vaccine who are long term hospital in-patients during the flu season should be vaccinated in hospital. Health boards and trusts are expected to make suitable arrangements to identify and vaccinate these individuals, and to notify their general practice in a timely way.

Clinicians are encouraged to consider the needs of individuals waiting for a transplant. The current recommendations for flu vaccine cover a wide range of chronic diseases and therefore most transplant-list patients are likely to be in a recognised clinical risk group and eligible for immunisation. Practitioners should apply clinical judgement to take into account the risk of flu exacerbating any underlying condition a patient may have.

# **Childhood Influenza Vaccination Programme 2020-2021**

## **Service Specification**

## National Enhanced Service Specification For Childhood Influenza Vaccination Programme 2020-2021

### Introduction

1. This programme is directed at GP practices delivering vaccination and immunisation services in Wales.
2. This programme has been agreed between the Welsh Government and General Practitioners Committee (Wales) (GPC(W)) of the British Medical Association (BMA). The service requirements are included at Annex A.
3. As an Enhanced Service, GP practices may choose whether to participate in this programme.

### Background

4. The Joint Committee on Vaccination and Immunisation (JCVI) recommends that influenza vaccination is offered to children to lower the impact of influenza on the children themselves and to reduce influenza transmission to other children, adults and those in clinical risk groups at any age.
5. For 2020-21, the childhood programme will offer vaccination to the following age groups:
  - Children aged two and three years on 31 August 2020 will continue to be vaccinated through primary care by invitation.
  - Children in school reception class (ages 4 -5 years) and in all primary school years 1 to 6 (ages 5 to 11 years) are to be offered the vaccine in school via the health board school nursing service.
  - Children aged four years on 31 August 2020 who do not attend school will be offered the vaccine on request or opportunistically by primary care. It is expected that this will apply to very few children as the majority will attend school from four years of age.
6. It is anticipated that the programme for primary care will involve practices actively inviting approximately 70,000 eligible two and three year olds in Wales in 2020-21 for influenza vaccination.
7. Practices will remain responsible, in line with longstanding agreements and practice, to identify, call, recall and vaccinate all other children in clinical risk groups as defined in the Welsh Health Circular - National Influenza Immunisation Programme 2020-21.

## Duration and patient cohort

8. The target time frame for this programme is for five months from 1 August 2020 to 31 December 2020 in order to achieve maximum impact of the programme before influenza starts to circulate. However, two and three year olds should be offered vaccination as early as possible in the season, subject to vaccine availability, to help reduce flu transmission in the community to other vulnerable groups. Practices should ensure that an adequate supply of appropriate vaccine is available before arranging clinics. Practices may continue to vaccinate eligible patients until 31 March 2021, for whom they will receive payment.
9. Practices will be required to vaccinate all registered patients who are:
  - a. **aged 2 or 3 years on 31 August 2020** on either:
    - A proactive call basis, if not considered in a clinical risk group, or
    - A proactive call and recall basis, if considered to be in a clinical risk group<sup>2</sup>.

Proactive call requires a written or verbal invitation to be made for all eligible individuals; recall requires at least one communication with those who fail to attend following initial invitation.

- b. **Aged 4 years on 31 August 2020** who do not attend a school covered by a health board school vaccination programme.

It is expected that the majority of children aged four years will be in a mainstream school so practices are not required to issue proactive invitations for children aged four years. Children should be vaccinated on request from the parent/guardian or opportunistically where the child presents for another purpose.

- c. **Primary school children. These will be in school reception class and school years 1, 2, 3, 4, 5 and 6 (or of that age group):**

- Where the parent/guardian has consented to the vaccine but the child missed the opportunity to be vaccinated in school,
- When a parent has consented to LAIV in school but LAIV is contraindicated for the child,
- Who do not attend a school covered by a health board school vaccination programme.

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<sup>2</sup> The at-risk groups are defined in the Welsh Health Circular - National Influenza Immunisation Programme 2020-21.

Children who miss the vaccination opportunity offered in school will be given a letter from the school nursing service advising them to contact their GP surgery specifically to request an influenza vaccination. This letter will stress the need to mention the purpose of the visit as a routine appointment is not appropriate.

- d. In clinical risk groups in school reception class or school years 1, 2, 3 and 4, (or of that age group) who require a second dose of vaccine (applicable to children under nine years of age).**

Children in clinical risk groups who have not previously been vaccinated against influenza and who have received their first dose of vaccine via the school's programme (where this is identified) will be given a letter from the school nursing service advising them to contact their GP surgery to request the second dose, due at least four weeks after the first dose. The letter will stress the need to mention the purpose of the visit as a routine appointment is not appropriate. See paragraph 15 below for further information.

Children in clinical risk groups and under 9 years of age who do not attend a school covered by a health board seasonal influenza vaccination programme (as described in paragraph 9 c) will also require a second dose four weeks later if they are receiving influenza vaccine for the first time.

- 10. Children who are not in a clinical risk group who present after the expiry date of any available LAIV should not routinely be offered injectable vaccine as an alternative. Children who are in a clinical risk group should be immunised whenever they present during the season in line with existing recommendations with LAIV as the vaccine of choice, or alternatively injectable influenza vaccine if LAIV is not available or contraindicated.

## Vaccine

- 11. Live attenuated influenza vaccine (LAIV) is the recommended vaccine for this programme and is administered as a nasal spray. It is the recommended vaccine for children aged two years and over if in a clinical risk group or not.
- 12. The short shelf life of the LAIV may mean that it is not available for the entire season, but this depends on the production and delivery schedule.
- 13. The LAIV vaccine has been centrally procured and should be ordered in the same way as other childhood vaccines.
- 14. One dose is required for children in the cohort who are not in a clinical risk group and those in a clinical risk group who have previously received an influenza vaccine. Two doses are required for children in the cohort who are in a clinical risk group and under 9 years of age who have not previously received



an influenza vaccine. Where two doses of vaccine are to be administered, this must be done at least four weeks apart.

15. Any prescribing practitioner may arrange to administer the vaccine:
  - a. Using a Patient Group Direction (PGD); it must be administered by a registered health care practitioner.
  - b. Under a Patient Specific Direction (PSD); a non-registered individual may administer under the direction of the prescriber although the prescriber is still liable
16. Children in an eligible group and contraindicated LAIV should be offered a suitable licensed injectable quadrivalent influenza vaccine. Children aged 6 months to under two years of age in a clinical risk group should also be offered a suitable licensed injectable quadrivalent influenza vaccine.
17. Practices will be reimbursed for this as for children in clinical risk groups.

#### Data Collection

18. Practices should record all administered doses of flu vaccine using appropriate Read codes or SNOMED clinical terms, in the practice clinical information system. Aggregate data will automatically be provided to Public Health Wales, in the same manner as for adult influenza immunisation, to enable surveillance of immunisation uptake. Practices that have opted out from automatically providing this data throughout the season, or are otherwise unable to do so, will be required to make a manual return using an appropriate form provided by Public Health Wales.
19. Public Health Wales will monitor and report influenza immunisation uptake to practices, health boards and trusts, the Welsh Government and the general public. Data to monitor vaccine uptake will be collected automatically in the same way that it is for the adult influenza immunisation programme. The data extraction will begin in October and continue on a weekly basis for the duration of the campaign. Information on the Read codes and SNOMED clinical terms which will be used for influenza immunisation uptake monitoring purposes can be found on the Public Health Wales site:  
<http://nww.immunisation.wales.nhs.uk/flu-data-specs-1> (NHS Wales intranet)
20. Public Health Wales will once again be providing individual weekly reports for all general practices in Wales during the influenza season. These reports are intended to assist in local monitoring of uptake each week, for those involved in planning and delivering the influenza immunisation programme in primary care. The reports are available through the Public Health Wales Influenza Vaccination Online Reporting (IVOR) scheme:

<http://howis.wales.nhs.uk/ivor>

## Payment and validation

21. Practices will receive an item of service (IOS) payment at the current applicable rate per dose in respect of each registered patient who is eligible and who is vaccinated during the specified period.
22. GP practices will only be eligible for payment for this service in circumstances where all of the following requirements have been met:
  - a. The 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 practice's registered list at the time the vaccine was administered.
  - c. The practice administered the vaccine to all patients in respect of whom payment is being claimed.
  - d. All patients in respect of whom payment is being claimed were within the cohorts (as specified in paragraph (9) at the time the vaccine was administered.
  - e. The practice did not receive any payment from any other source in respect of the vaccine (should this be the case, then health boards may reclaim any payments as set out in the paragraphs 19.1 and 19.2 of the Statement of Financial Entitlements<sup>3</sup>).
  - f. The practice submits the claim within six months of administering the vaccine (Health boards may set aside this requirement if it considers it reasonable to do so).
  - g. Payment will be made on a monthly basis i.e. the monthly count multiplied by the current applicable Item of Service fee:

$$\begin{array}{rclcl} \text{monthly} & & & & \\ \text{payment} & = & \text{number of patients, in} & \times & \text{Applicable} \\ & & \text{the monthly count,} & & \text{IoS fee} \\ & & \text{who have been} & & \\ & & \text{recorded as having} & & \\ & & \text{received the influenza} & & \\ & & \text{vaccination within the} & & \\ & & \text{qualifying criteria} & & \end{array}$$

23. Health boards are responsible for post payment verification. This may include auditing claims of practices to ensure that they meet the requirements of this service.
24. Administrative provisions relating to payments under this service are set out in Annex B.

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<sup>3</sup> Directions to Health Boards as to the Statement of Financial Entitlements ( )Directions 2013  
<https://www.gov.uk/government/publications/nhs-primary-medical-services-directions-2013>

## Annex A: Service requirements for the childhood influenza programme

1. GP practices providing this service will vaccinate, with the appropriate vaccine and dosage, all patients in the cohorts described and called as required in the main body of this document.
2. Take all reasonable steps to ensure that the medical records of those eligible patients, as described in this specification, receiving the childhood influenza vaccination are kept up to date using appropriate Read codes or SNOMED codes with regard to the immunisation status and in particular, includes:
  - a. Any refusal of an offer of immunisation.
  - b. Where an offer of immunisation is accepted:
    - i. The batch number, expiry date and name of the vaccine.
    - ii. The date of administration.
    - iii. Where other vaccines are administered in close succession, the route of administration and the injection site of each vaccine.
    - iv. Any contra-indication to the vaccination or immunisation.
    - v. Any adverse reactions to the vaccination or immunisation.
3. Ensure that all healthcare professionals who are involved in administering the vaccine have:
  - a. Referred to the clinical guidance in the Green Book, the safest way to protect individuals and communities from infectious diseases.
  - b. The necessary training, skills, competency and experience, including training with regard to the recognition and initial treatment of anaphylaxis.
4. Ensure all orders of vaccine are in line with national guidance, including adherence to any limits on stocks to be held at any one time, to ensure equitable distribution between practices. The vaccine for this programme will be centrally supplied and should be ordered in the same way as general practices and health board pharmacies currently order childhood vaccines. Inactivated influenza vaccine for those contraindicated live attenuated vaccine should be ordered direct from suppliers in the same way as influenza vaccine for other groups.
5. Ensure all vaccines are stored in accordance with the manufacturer's instructions and guidance contained in the Green Book.

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

6. Ensure that services are accessible, appropriate and sensitive to the need of all patients. No eligible patient shall be excluded or experience particular difficulty in accessing and effectively using this service due to their race, gender, disability sexual orientation, religion and/or age.

## Annex B: Administrative provisions relating to payments under the childhood influenza programme

1. Payments under this service are to be treated for accounting and superannuation purposes as gross income of the practice in the financial year.
2. The amount calculated as payment for the financial year falls due on the last day of the month following the month during which the practice provides the information specified in the main body of this service specification.
3. Payment under this service, or any part thereof, will be made only if the practice satisfies the following conditions:
  - a. The practice must make available to health boards any information under this service, which health boards need and the practice either has or could be reasonably expected to obtain.
  - b. The practice must make any returns required of it (whether computerised or otherwise) to the Exeter Registration System and do so promptly and fully.
  - c. All information supplied pursuant to or in accordance with this paragraph must be accurate.
4. If the practice does not satisfy any of the above conditions, health boards may, in appropriate circumstances, withhold all of the payment, or any part of it, due under this service that is otherwise payable.

Provisions relating to GP practices that terminate or withdraw from this service prior to 31 March 2021 (subject to the provisions below for termination attributable to a GP practice split or merger)

5. Where a practice has entered into the childhood influenza vaccination service but its general medical services contract subsequently terminates or the practice withdraws from the service prior to 31 March 2021, the 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 practice provides the information required.
6. In order to qualify for payment in respect of participation under this service, the practice must provide the health board with the information specified in the main body of this service specification before payment will be made. This information should be provided in writing, within 28 days following the termination of the contract or the withdrawal from the enhanced services agreement.

7. The payment due to practices that terminate or withdraw from the service agreement prior to 31 March 2021 will be based on the number of vaccinations given, prior to the termination or withdrawal.

#### Provisions relating to GP practices who merge or split

8. Where two or more practices merge or are formed following a contractual split of a single practice and as a result the registered population is combined or divided between new practice(s), the new practice(s) may enter into a new agreement to provide the childhood influenza service.
9. The service agreements of the practices that formed following a contractual merger, or the practice prior to contractual split, will be treated as having terminated and the entitlement of those practice(s) to any payment will be assessed on the basis of the provisions of paragraph 5 of this annex.
10. The entitlement to any payment(s) of the practice(s), formed following a contractual merger or split, entering into the agreement for the childhood influenza service, will be assessed and any new arrangements that may be agreed in writing with the HB will commence at the time the practice(s) starts to provide such arrangements.
11. Where that agreement is entered into and the arrangements commence within 28 days of the new practice(s) being formed, the new arrangements are deemed to have commenced on the date of the new practice(s) being formed. Payment will be assessed in line with the requirements described in the main body of this service specification as of this commencement date.

#### Provisions relating to non-standard splits and mergers

12. Where the practice participating in the service is subject to a split or a merger and:
  - a. The application of the provisions set out above in respect of splits or mergers would, in the reasonable opinion of the health board, lead to an inequitable result; or
  - b. The circumstances of the split or merger are such that the provisions set out in this section cannot be applied.

The health board may, in consultation with the practice or practices concerned, agree to such payments as in the health board's opinion are reasonable in all circumstances.