Childhood Influenza Vaccination Programme

Service Specification

National Supplementary Service Specification for Childhood Influenza Vaccination Programme

Introduction

1. This programme applies to 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 a Supplementary Service GP practices commissioned by Local Health Boards 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. The childhood programme will offer vaccination to the following age groups during the National Influenza Immunisation Programme each year:

   a. Children aged two and three years on 31 August each year will continue to be offered vaccination through GP practice by invitation. In some areas of Wales, local agreements are in place to take the vaccine to children aged three years, such as to nursery settings, via the school nursing and health visiting service.

   b. Children in school reception class and in all primary school years 1 to 6 (ages 4 to 11 years) and secondary school years 7 to 11 (ages 11 to 16 years) are to be offered the vaccine in school via the Heath Board school nursing service.

c. Children aged four years on 31 August each year and older who do not attend school and, therefore, may be unable to access the Health Board school vaccination programme, will be offered the vaccine on request or opportunistically by primary care providers. As explained further below, it is expected that this will apply to very few children as the majority will attend school from four years of age.

6. 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 relevant Welsh Health Circular for the National Influenza Immunisation Programme. Further details are included in the 'duration and patient cohort' section of this specification.

Duration and patient cohort

7. The main period of activity for delivery in this cohort is the four months from whenever Live Attenuated Influenza Vaccine (LAIV) is available in September to the 31 December. This is designed to achieve maximum impact of the programme before influenza starts to circulate.

8. Starting as soon as LAIV becomes available in September, 2- and 3-year-olds, school-aged children and young people (including those in clinical risk groups eligible for flu vaccination) should be vaccinated as quickly as possible. Our ambition is to achieve 75% uptake amongst these groups during the flu season. There should be a concerted drive towards increased LAIV administration particularly during the main vaccination window for these cohorts from September to 30 November. Health Boards are expected to monitor progress closely from the start of the programme and, in areas where uptake is not progressing at pace, to intervene and assist with delivery alongside continued primary care activity. Practices should ensure that an adequate supply of appropriate vaccine is available to deliver arranged clinics. Practices may continue to vaccinate eligible patients throughout the programme duration, as set out in the relevant influenza immunisation programme Welsh Health Circular, for whom they will receive payment.

9. Practices will be required to vaccinate all registered patients who are:

   a. **Aged two and three years on 31 August** in the year that the annual vaccination programme starts**.**

      A limited number of children aged three years will be vaccinated via the school nursing and health visiting service in areas where local agreements are in place to take the vaccine to children, such as to nursery settings.

   a. **Aged four years on 31 August** in the year that the annual vaccination programme starts and who do not attend a school covered by a Health Board school vaccination programme.

It is expected that most 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.

b. **Primary and secondary school children. These will be in school reception class and school years 1 to 11 inclusive (or of that age group).**

Opportunistic or vaccination on request may be offered to the following groups:

- 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;
- Where the child does not attend a school covered by a Health Board school vaccination programme.

Health Boards should arrange additional follow-up school-based influenza vaccination sessions where closures or large absentee rates deem this to be an appropriate approach. The parents of children who miss the vaccination opportunities offered as part of the Health Board school vaccination programme will be advised to contact their GP surgery or Local Health Board immunisation facility to request an influenza vaccination. This would be a specific influenza vaccination appointment and not a general appointment.

c. **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 only).**

Children in clinical risk groups under the age of nine, 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), are due a second vaccine at least four weeks after the first dose.

Children in clinical risk groups and under nine years of age, who do not attend a school covered by a Health Board seasonal influenza vaccination programme, receiving their first dose in a GP practice, will also require a second dose four weeks later if they are receiving influenza vaccine for the first time.

d. **Although LAIV is the recommended vaccine, eligible children, as defined above, whose parents/guardians refuse the LAIV due to the porcine gelatine content, or whose children are otherwise contraindicated for LAIV, should be offered a suitable alternative injectable vaccine.**

Children should be vaccinated on request from the parent/guardian who should be made aware that LAIV is the recommended product. An alternative influenza vaccine for those contraindicated for, or otherwise declining, LAIV should be used from the central supply. The appropriate centrally supplied vaccine that will be available is trivalent cell culture influenza vaccine (TIVc).

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.

11. Children aged two years and over who are in a clinical risk group should be immunised whenever they present during the season. In line with current recommendations, LAIV should be used or a suitable alternative injectable influenza vaccine if LAIV is not available, is contraindicated or otherwise unsuitable.

12. GPs are expected to adopt a proactive approach to offering influenza vaccinations to eligible individuals by using robust call, recall and reminder systems to contact all eligible patients, for example, through direct contact by phone call, email, text or otherwise (determined at a practice level). Practices are expected to follow-up eligible patients and remind/recall those who do not receive their influenza vaccination. Practices should follow-up with a minimum of three reminders/recalls for all those patients who do not receive their flu vaccination. This expectation does not apply to those not in a risk group who are covered under the school nursing service programme. If the engaged provider operates an appointment-based service, scheduling of appointments will be via an established booking system, including GP clinical systems.

Vaccine

13. LAIV is the recommended vaccine for children aged two years and over whether in a clinical risk group or not (unless LAIV is contraindicated or otherwise unsuitable) and is administered as a nasal spray.

14. The relatively short shelf life of the LAIV may mean that it is not available for the entire influenza season but this is dependent on the production and delivery schedule.

15. LAIV should be ordered via ImmForm in the same way as other childhood vaccines and in quantities that match flu clinic planning demands to avoid overordering and vaccine wastage. Wastage of LAIV should be minimised through collaboration with the relevant Health Board immunisation or pharmacy team. Any supply unable to be reallocated or administered before expiry should be recorded on ImmForm with the appropriate reason. This is in addition to the recording of unusable LAIV supply.

16. One dose of influenza vaccine is required for children in the cohort not in a clinical risk group and also for 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 nine 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.

17. Any prescribing practitioner may arrange to administer an influenza vaccine:

    a. Using a Patient Group Direction (PGD); it must be administered by a registered health care practitioner; or
    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; or
    c. Using a Vaccine Group Direction (VGD) which is intended to be available before the start of the season to support mixed workforce and flexible delivery models.

18. Children in an eligible group who are contraindicated for LAIV, or where there is parental objection to gelatine in LAIV, should be offered a suitable licensed injectable inactivated influenza vaccine. Practices will be reimbursed for this as for children in a clinical risk group. Children aged six months to under two years of age in a clinical risk group should be offered a suitable licensed injectable inactivated influenza vaccine. Practices will be reimbursed for this as for adults in a clinical risk group. Resources and professional information to support the influenza campaign can be found on the Public Health Wales website at www.phw.nhs.wales/vaccines

Data Collection

19. General Medical Services (GMS) contractors (currently GPs), community pharmacies and NHS Wales staff operating under the national programme, including those in school settings, will be required to use the Welsh Immunisation System (WIS) to digitally record flu vaccinations given to children and young people. In practice this should be during or immediately after vaccination, wherever possible, and by no later than the end of the day, on the day on which a vaccination is administered. Details of how WIS should be used are set out in Annex A. As with the adult influenza programme, child influenza vaccinations will be automatically written-back, typically overnight, so GP systems will be updated on the next working day after the vaccination is recorded on WIS.

20. Data will automatically be provided to Public Health Wales, in the same manner as for adult influenza immunisation, to enable surveillance of immunisation uptake. Public Health Wales will work closely with Digital Health and Care Wales to access data from WIS, and other appropriate national data systems, scoping potential for centrally reconciling uptake data where appropriate.

21. Health Boards and NHS Trusts should provide any additional data required to Public Health Wales Vaccine Preventable Disease Programme to allow for timely monitoring of coverage in school-aged children.

22. Public Health Wales will monitor and report influenza immunisation uptake to practices, primary care clusters, Health Boards and trusts, the Welsh Government and the public. Data to monitor vaccine uptake will be collected automatically in the same way that it is for the adult influenza immunisation programme (using WIS as the primary data source). The weekly surveillance reporting will begin in October and continue for the duration of the programme. Information on the PRIMIS recommended Read codes and SNOMED clinical terms, which will be used for influenza immunisation uptake monitoring purposes, can be found on the Public Health Wales Sharepoint site:

    https://nhswales365.sharepoint.com/sites/PHW_VPDPComms/SitePages/Flu-immunisation-data-collection-specifications.aspx

23. Public Health Wales will provide individual weekly reports for all GP practices and clusters 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:

    Surveillance (sharepoint.com)

24. Public-facing surveillance summaries at national and Heath Board level are published on a weekly basis by Public Health Wales for the duration of the influenza immunisation programme at:

    https://phw.nhs.wales/reports/weekly-influenza-and-acute-respiratory-infection-report/

Payment and validation

25. 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.

26. GP practices will only be eligible for payment for this service in circumstances where all the following requirements have been met:

    a. All patients in respect of whom payments are being claimed were on the practice's registered list at the time the vaccine was administered.

    b. The practice administered the vaccine to all patients in respect of whom payment is being claimed.

c. All patients in respect of whom payment is being claimed were within the eligible cohorts (as specified in paragraph 10) at the time the vaccine was administered.

d. 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[1]).

e. The engaged provider creates the clinical record on WIS by the end of the day, on the day on which a vaccine is administered, as set out in Annex A.

Where needed, engaged providers must supply NHS Wales Shared Services Partnership with information on persons who have received a vaccine under the Scheme, for payment and, if required, post payment verification purposes.

27. Administrative provisions relating to payments under this service are set out in Annex B.

[1] Directions to Local Health Boards as to the Statement of Financial Entitlements Directions 2013 Financial Entitlement Directions: Local Health Boards | GOV.WALES

Annex A: Service requirements for the childhood influenza immunisation programme

GP practices providing this service will:

1. 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. Maintain up-to-date records on the Welsh Immunisation System (WIS) of all persons receiving the services under the Scheme. The WIS should be used:

    i. for recording consent for vaccination,
    ii. for noting any contraindications,
    iii. for recording when a vaccination has been given, including the batch number, vaccine name and manufacturer's expiry date,
    iv. where more than one vaccine is administered, for recording the route of administration and the injection site of each dose of the vaccine,
    v. for recording the name of the person administering the vaccine,
    vi. for recording immediate adverse events,
    vii. for recording the refrigerator temperature(s) where vaccines are stored, twice daily (at the start and end of the day) on all working days, as per national guidance,
    viii. for recording receipt of delivery of the vaccine on the day of receipt,
    ix. for recording daily vaccine stock check balance on all working days at the end of the last clinic session, and
    x. for providing evidence and generating payments, including Post Payment Verification.

3. Take all reasonable steps to ensure that WIS is updated as soon as reasonably practicable after a person has received a vaccination, and by no later than the end of the day, on the day which a vaccination is administered.

4. By using WIS, the record of the vaccination of a person by the engaged provider will be automatically entered onto the individual's GMS record which typically occurs overnight.

5. The engaged provider must, via the agreed process:

    i. supply Public Health Wales with information on persons who have received a flu vaccine for the purpose of monitoring local and national uptake,
    ii. supply NHS Wales Shared Services Partnership with information on persons who have received a flu vaccine for the purposes of payment and/or post payment verification,

iii. provide data to the collaborative or cluster lead practice (where relevant), Local Health Boards and Welsh Government when required, and
iv. ensure consistent coding for capture of data and compliance with relevant information governance legislation.

6. Ensure that all persons who are involved in administering the vaccine have:

   i. referred to the clinical guidance in the Green Book, and

   ii. the necessary training, skills, competency and experience, including training on the recognition and initial treatment of anaphylaxis.

7. 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 LAIV is centrally supplied for this programme and should be ordered in the same way as GP practices and Health Board pharmacies currently order childhood vaccines. An alternative influenza vaccine for those contraindicated or declining LAIV should be used from the central supply. The appropriate centrally supplied vaccine that will be available is TIVc.

8. Ensure all vaccines are stored in accordance with the manufacturer's instructions and guidance contained in the Green Book chapter on 'Immunisation against infectious disease'.

9. Ensure that services are accessible, appropriate and sensitive to the needs of individuals. No eligible individual shall be excluded or experience difficulty in accessing and effectively using this service due to their age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex, or sexual orientation as set out in section 4 of the Equality Act 2010.

Annex B: Administrative provisions relating to payments under the childhood influenza immunisation 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 through reporting and recording vaccinations in the Welsh Immunisation System (WIS).

    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 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 the end of the annual programme (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 the end of the annual programme, the practice is entitled to a payment in respect of its participation if such a payment has not already been made. This will be 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. 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 supplementary services agreement.

7. The payment due to practices that terminate or withdraw from the service agreement prior to the end of the annual programme 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 Health Board 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.