Specification for a Directed Supplementary Service for the Selective Varicella Catch-up Programme in Wales

Directed Supplementary Service specification for selective varicella catch-up programme in Wales

Introduction

1. Local Health Boards (LHBs) are required to offer this catch-up programme in line with this service specification to GMS contractors.

2. This catch-up programme has been agreed between the Welsh Government and General Practitioners Committee (Wales) (GPC(W)) of the British Medical Association. The service requirements are included at Annex 1.

Background

3. The Joint Committee on Vaccination and Immunisation recommended that routine varicella vaccination should be introduced into the childhood vaccination schedule, subject to supply availability they also recommended a selective catch-up for children who had not previously contracted varicella or who had not previously been vaccinated with a varicella containing vaccine (the MMRV vaccine).

4. The catch-up programme has now been agreed by the Welsh Government and GPC(W), effective from 1 November 2026. Running alongside the routine programme, it is available to all registered patients with a date of birth between 1 January 2020 and 31 August 2022 (the DOB range).

5. It is anticipated that the catch-up programme will include up to 80,000 patients over a 17 month period however the actual number of patients expected to be vaccinated will be much lower due to having already contracted varicella.

Duration and patient cohort

6. The catch-up programme will commence on 1 November 2026 and run for 17 months, ending with 31 March 2028.

7. GMS contractors will be required to notify parents and guardians of children who are registered patients within the DOB range that they can access vaccination against Varicella, ensuring they are aware of the criteria which would mean that their child will benefit from vaccination. This should be via text message in the first instance including a weblink to the Public Health Wales landing page here: phw.nhs.wales/MMRV-MMR or by arranging suitable alternative such as using the Public Health Wales template letter, available here: phw.nhs.wales/MMRV-MMR-professionals

8. There is no requirement for GMS contractors to operate active call and recall systems, but GMS contractors should facilitate vaccination to eligible patients when operationally suitable.

9. GMS contractors will be required to record all administered doses on the GMS contractor's practice clinical information system in a timely manner.

Vaccine ordering

10. The vaccines for the catch-up programme will be available to order in the usual way online via the ImmForm UK Health Security Agency website Sign in | ImmForm | UKHSA, noting that the catch-up only requires one dose of MMRV vaccine.

Vaccine Uptake Data Collection

11. GMS contractors are required to provide data to Public Health Wales sufficient to carry out surveillance and monitoring of the MMRV vaccination programme. Data to monitor vaccine uptake will be collected automatically in a similar manner to that of existing immunisation programmes delivered through GMS contractors and will not be patient identifiable.

12. For accurate monitoring of immunisation uptake, it is essential that all vaccinations are recorded in a timely manner in the GMS contractor's clinical information system using appropriate SNOMED codes as in Table 1 below. Relevant information for patients vaccinated by other health care providers must be forwarded to the patients' GMS contractor to allow accurate and timely update of patient general practice records.

Table 1: Varicella SNOMED codes

	SNOMED CT
Measles, Mumps Rubella & Varicella vaccination	432636005
Measles, Mumps Rubella & Varicella notification/invitation sent	2775101000000102
Measles, Mumps Rubella & Varicella vaccination declined	2775081000000108

13. Uptake for this targeted programme will be reported at LHB level by Public Health Wales.

Payment and validation

14. GMS contractors may claim for two separate item of service (IOS) payments (comprising notification payments and vaccination payments) in respect of each registered patient, who is in the DOB range.

Notification Payments

15. The first payment is £0.96 for each patient who is notified of their potential eligibility for the catch-up programme and is claimable regardless of whether the patient is subsequently vaccinated. GMS contractors will only be eligible for payment for this service in circumstances where all of the following requirements have been met:

    a. The GMS contractor is contracted to provide this Supplementary Service.

    b. All patients in respect of whom payments are being claimed were on the GMS contractor's registered list, or if a cluster lead practice the registered patients of a GMS contractor in its cluster, or if a GMS contractor providing the service for another GMS contractor or group of GMS contractors the registered patients of the GMS contractor or group of GMS contractors for whom the service is being provided, at the time the notification was issued.

    c. The GMS contractor or cluster lead practice issued the notification to the parents or guardians of the patients in respect of whom payment is being claimed.

    d. All patients in respect of whom payment is being claimed were within the DOB range.

    e. The GMS contractor submits the claim within one month of issuing the notification (An LHB may set aside this requirement if it considers it reasonable to do so).

Vaccination Payments

16. GMS contractors will also receive an IOS payment of £10.03 in respect of each registered patient, who is in the DOB range and vaccinated between 1 November 2026 and 31 March 2028.

17. GMS contractors will only be eligible for payment for this service in circumstances where all of the following requirements have been met:

    a. The GMS contractor is contracted to provide this Supplementary Service and all service requirements as set out in Annex 1 have been complied with.

    b. All patients in respect of whom payments are being claimed were on the GMS contractor's registered list or if a cluster lead practice the registered patients of a GMS contractor in its cluster, or if a GMS contractor providing the service for another GMS contractor or group of GMS contractors the registered patients of the GMS contractor or group of GMS contractors for whom the service is being provided, at the time the vaccine was administered.

c. The GMS contractor 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 DOB range and were vaccinated between 1 November 2026 and 31 March 2028.

e. The GMS contractor did not receive any payment from any other source in respect of the vaccine (should this be the case, then LHBs may reclaim any payments as set out in the paragraphs 19.1 and 19.2 of the Directions to Local Health Boards as to the Statement of Financial Entitlements Directions 2013[1]).

f. The GMS contractor submits the claim within one month of administering the vaccine (LHBs may set aside this requirement if it considers it reasonable to do so).

18. Payment will be made on the date the engaged GMS contractor's Global Sum monthly payment next falls due in accordance with the Statement of Financial Entitlements.

19. Payments made under this service are subject to post payment verification. This may include auditing claims of GMS contractors to ensure that they meet the requirements of this service.

20. Administrative provisions relating to payments under this service are set out in Annex 2.

[1] Directions to Local Health Boards as to the Statement of Financial Entitlements Directions 2013 (2013 No.8) | GOV.WALES

Annex 1: Service requirements for selective varicella catch-up programme

GMS contractors providing this service will:

1. Issue notification to all parents and guardians of all their registered patients who have a date of birth between 1 January 2020 and 31 August 2022 with information that they may benefit from vaccination. The notifications must be issued between 1 November 2026 and 31 March 2027.

2. Ensure patients within the DOB range who have accepted the offer of vaccination are vaccinated between 1 November 2026 and 31 March 2028.

3. Take all reasonable steps to ensure that the medical records of patients receiving the MMRCV vaccination are kept up to date with regard to the immunisation status and include as a minimum:

   a. any refusal of an offer of immunisation;

   b. where an offer of immunisation is accepted:

      i. details of consent to the immunisation (including persons that have consented on the patient's behalf and that person's relationship to the patient must also be recorded);

      ii. the batch number, expiry date and name of the vaccine;

      iii. the date of administration;

      iv. the route of administration and the injection site of each vaccine;

      v. any contra-indication to the vaccination or immunisation;

      vi. any adverse reactions to the vaccination or immunisation.

4. Ensure that all healthcare professionals who are involved in administering the vaccine have:

   a. referred to the clinical guidance in the Immunisation against infectious disease (Green Book)[1], the safest way to protect individuals and communities from infectious diseases;

   b. the necessary knowledge, experience, skills, competency and training, including the recognition and initial treatment of anaphylaxis.

5. 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. The vaccine for this programme will be centrally supplied and should be ordered in the same way as GMS contractors and LHB

[1] Immunisation against infectious disease - GOV.UK

pharmacies order other childhood vaccines via the ImmForm website Sign in | ImmForm | UKHSA

6. Ensure all vaccines are stored in accordance with the manufacturer's instructions and the guidance contained in the Green Book.

7. Ensure that services are accessible, appropriate and sensitive to the needs of all patients. Those persons eligible for vaccination by an engaged GMS contractor in accordance with this catch-up programme must not be excluded or experience particular difficulty in accessing and effectively using this service due to a protected characteristic, as outlined in the Equality Act 2010.

Annex 2: Administrative provisions relating to payments under the Selective Varicella Catch-up Programme

1. Payments under this service are to be treated for accounting and superannuation purposes as gross income of the GMS contractor 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 GMS contractor submitted the claim specified at paragraph 15 (Notification payments) and 17 (Vaccination payments) of this service specification.

3. Payment under this service, or any part thereof, will be made only if the GMS contractor satisfies the following conditions:

   a. the GMS contractor must make available to LHBs any information under this service, which LHBs need and the GMS contractor either has or could be reasonably expected to obtain;

   b. all information supplied pursuant to or in accordance with this paragraph must be accurate.

4. If the GMS contractor does not satisfy any of the above conditions, LHBs 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 GMS contractors that terminate or withdraw from this service prior to 31 March 2028 (subject to the provisions below for termination attributable to a GMS contractor split or merger)

5. Where a GMS contractor has entered into the selective varicella catch-up service but its general medical services contract subsequently terminates or the GMS contractor withdraws from the service prior to 31 March 2028, the GMS contractor 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 GMS contractor provides the information required.

6. In order to qualify for payment in respect of participation under this service, the GMS contractor must satisfy the requirements specified at paragraph 17 (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 the GMS contractor that terminates or withdraws from the service agreement prior to 31 March 2028 will be based on the number of vaccinations given to eligible patients, prior to the termination or withdrawal.

Provisions relating to GMS contractors who merge or split

8. Where two or more GMS contractors merge or are formed following a contractual split of a single GMS contractor and as a result the registered population is combined or divided between new GMS contractor(s), the new GMS contractor(s) may enter into a new or varied agreement to provide the selective varicella catch-up service.

9. The service agreements of the GMS contractors that formed following a contractual merger, or the GMS contractor prior to contractual split, will be treated as having terminated and the entitlement of those GMS contractor(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 GMS contractor(s), formed following a contractual merger or split, entering into the agreement for the selective varicella catch-up service, will be assessed and any new arrangements that may be agreed in writing with the LHB will commence at the time the GMS contractor(s) starts to provide such arrangements.

11. Where that agreement is entered into and the arrangements commence within 28 days of the new GMS contractor(s) being formed, the new arrangements are deemed to have commenced on the date of the new GMS contractor(s) being formed. Payment will be assessed in line with paragraph 15 (Notification payments) and 17 (Vaccination payments) (of this service specification) and paragraphs 3 and 4 (of this Annex) as of this commencement date.

Provisions relating to non-standard splits and mergers

12. Where the GMS contractor 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 LHB, 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 LHB may, in consultation with the GMS contractor or GMS contractors concerned, agree to such payments as in the LHB's opinion are reasonable in all circumstances.