

Dear Colleague

INFLUENZA AND PNEUMOCOCCAL IMMUNISATION DIRECTED ENHANCED SERVICE

Summary

1. This Circular provides guidance to NHS Boards and GP Practices on the Influenza and Pneumococcal Directed Enhanced Service. This guidance replaces [NHS circular PCA\(M\)\(2014\) 12](#).
2. This circular also gives Directions to Health Boards on behalf of Scottish Ministers detailing the payment arrangements, **Annex A**, which must be made under the DES.
3. The DES has been agreed with the Scottish General Practitioners Committee (SGPC).
4. CMO letter SGHD/CMO (2015) 12
[http://www.sehd.scot.nhs.uk/cmo/CMO\(2015\)12.pdf](http://www.sehd.scot.nhs.uk/cmo/CMO(2015)12.pdf)
was issued on 10 July 2015 and contains clinical arrangements for the Childhood Influenza Programme.

Background

5. The current Directions requiring Boards to set up an Influenza and Pneumococcal Immunisation Scheme were issued on 23 October 2014
6. In year one of the childhood flu programme all 2 and 3 year old children, were offered vaccination in GP practices. This was in addition to children aged 6 months to under 2 years of age with "at risk" conditions.

24 July 2015

Addresses

For Action

Chief Executives NHS Boards

GP Practices

NHS National Services Scotland

For information

Scottish General Practitioners
Committee

Primary Care Leads NHS Boards

Policy Enquiries to:

Frank McGregor
Primary Medical Services
1 East Rear
St Andrew's House
Edinburgh
EH1 3DG

Tel: 0131-244 2684

Fax: 0131-244 2621

Frank.McGregor@scotland.gsi.gov.uk

7. In year two all pre-school children aged 2 to 5 years, including “at-risk” children in this age group, born between 2 September 2008 and 1 September 2012 were offered vaccination in GP practices. This was in addition to children aged 6 months to under 2 years of age with “at risk” conditions.
8. **This circular provides details of the 2015-16 childhood flu programme (Year three)**, that will formally commence on 1 October 2015. Contractual arrangements apply from 1 August 2015

National Mop Up Arrangements

It has been agreed that GP practices will offer vaccination to any primary school child (in primary 1 to primary 7) who missed their school immunisation session. *In 2014-15 this amounted to around 5500 children*

9. This circular provides specific details of the Influenza and Pneumococcal Enhanced Service (DES), including funding and payment arrangements, as agreed with the Scottish General Practitioners Committee (SGPC).

Changes from 1 October 2015

10. Children to be offered vaccination by GP practices in year three of the childhood flu programme include
 - all pre-school children aged 2 to 5 years, including “at-risk” children in this age group, born between 2 September 2009 and 1 September 2013.
 - any primary school child who misses their school vaccination (regardless of whether they are classified as ‘at-risk’ or not)
11. GP practices continue to be responsible for providing vaccination for children with “at-risk” conditions aged from 6 months to less than 2 years.
12. GP practices also continue to be responsible for vaccinating all “at-risk” children of secondary school age (12 to 17). Children born between 1 March 2003 and 28 February 2004 will normally enter secondary one in 2015/16.

A central letter will be sent via SIRS to call/ recall all children aged 2-5 for vaccination.

There is no change to the pneumococcal vaccination arrangements.

Target groups (see Green Book Chapter - [Influenza: chapter 19](#))

13. Contractors will be expected to offer immunisation against pneumococcal infection to patients if they are aged 65 years or over.

14. For influenza, contractors will be expected to offer immunisation to the following groups, as set out in the DES Directions 2015:

- Aged over 6 months to less than 2 years in a clinical “at-risk” group listed in the Schedule;
- Aged 2 years: all children born on or after 2 September 2012 and on or before 1 September 2013;
- Aged 3 years: all children born on or after 2 September 2011 and on or before 1 September 2012;
- Aged 4 years: children born on or after 2 September 2010 and on or before 1 September 2011 **who are not yet attending primary school**;
- Aged 5 years: children born on or after 2 September 2009 and on or before 1 September 2010 **who are not yet attending primary school**;
- Aged 12 to 17 years and in a clinical “at-risk” group listed in the Schedule. Children born between 1 March 2003 and 28 February 2004 will normally enter secondary one in 2015/16 ;
- Aged 5-11 years who did not receive the vaccine at school, whether in an “at-risk” group or not.
- Aged 18 years to 65 years in a clinical “at-risk” group listed in the Schedule;
- Aged 65 years or over;
- Living in long-stay residential care homes or other long-stay care facilities where rapid spread is likely to follow introduction of infection and cause high morbidity and mortality; and
- Unpaid carers

15. The clinical at-risk groups [Influenza](#) - are:

- People with chronic respiratory disease including asthma;
- People with chronic heart disease;
- People with chronic kidney disease;
- People with chronic liver disease;
- People with chronic neurological disease;
- People with diabetes mellitus;
- People who are immunosuppressed;
- Pregnant women at any stage of pregnancy
- People with morbid obesity – ie, BMI >40

Mop Up Arrangements

It has been agreed nationally that GP practices will offer vaccination to any primary school-aged child resident in Scotland at the time of the immunisation programme (primary 1 to primary 7) who missed or could not attend their local school immunisation session *In 2014-15 this amounted to around 5500 children*

Timing.

16. Contractors are required to deliver the influenza immunisation programme between 1 August 2015 and 31 March 2016 but are asked to concentrate the programme before the end of November to maximise the timely immunoprotection of eligible individuals.
17. The pneumococcal immunisation programme can be given at any time in the year, while concentrating mainly around the time of the influenza vaccination, for operational reasons as well as maximising the timely immune protection of eligible individuals over the winter period.

Reporting arrangements

18. Apart from monitoring uptake for payment purposes, it is important to provide timely data in the interest of patient safety, particularly in situations where the vaccination could be offered in more than one setting. GP practices will be required to provide Health Boards with such and other relevant immunisation data.
19. GP Practices are requested to send to Practitioner Services Division (PSD) a single figure for the total number of children (i.e. a denominator figure) who are in eligible groups within their practice area as part of their immunisation payment claim. This information should be submitted by 31 March 2016. These groups will be (a) 2 to 5 year old children (inclusive) not in any "at-risk" group, (b) 2 to 5 year old children (inclusive) in "at-risk" groups, (c) 6 months to less than 2 years in "at-risk" group, (d) 12 years to 17 years in "at-risk" group (e) 18 years to 65 years in "at-risk" group and (f) over 65 years (These will be the verified denominator figures for percentage uptake calculations and payment claims).

Claims for Payments

20. Practitioner Services Division will provide separate guidance regarding claims including claim forms
21. Any necessary variation for local circumstances, outwith the arrangements under the national programme, should be agreed between NHS Boards and Local Medical Committees (LMCs).

Action

22. NHS Boards are requested to action this guidance and ensure that their primary medical services contractors are aware of it.

23. GP practices must ensure that they use the “new” vaccine stocks of vaccine and ensure that unused stock from the previous year is disposed of.

Enquiries

24. In the instance of any enquiries on this circular please contact Frank McGregor

Yours sincerely

A handwritten signature in black ink, appearing to be 'D Thomson', written over a horizontal dashed line.

DAVID THOMSON
Deputy Director, Primary Care Division

Payment Arrangements – Directions to Health Boards

The Scottish Ministers give the following Directions to Health Boards.

1. Contractors who have entered into an arrangement with a Health Board as part of that Health Board's Influenza and Pneumococcal Immunisation Scheme will be reimbursed in accordance with the paragraphs below.
2. Payments applicable to GMS contracts are set out below.
3. Influenza for those aged 65 and over:
 - If up to or equal to 40% of the over age 65 group who are on a contractor's Influenza, and Pneumococcal Scheme Register as referred to in paragraph 5(2)(a) of the DES Directions 2015 has been immunised, a contractor will qualify for a payment of £7.17 per immunisation;
 - If more than 40% and up to or equal to 75% of the age group has been immunised, a contractor will qualify for a payment of £8.85 per immunisation;
 - If more than 75% of the age group has been immunised, the contractor will qualify for £9.39 per immunisation.

These different payment rates will apply to all immunisations given, not just those above the threshold.

4. Influenza for those in other target groups:
 - a flat fee of £7.67 will be paid per immunisation
5. Pneumococcal immunisation for those aged 65 and over:
 - a flat fee of £7.67 will be paid per immunisation
6. Childhood Influenza
 - a flat rate of £7.67 will be paid per dose and totalling £15.34 per course, where two doses are needed (at risk children under 9 years of age who have never received influenza vaccination, and healthy children under 9 years of age who have never received influenza vaccination and require the injected, inactivated vaccine)
 - an additional fee of £2.12 will be paid per immunisation for the national mop up arrangements.

Payment Verification

Prior to issuing payments in accordance with the above, Health Boards must require contractors and providers who have entered into an arrangement with a Health Board's Influenza and Pneumococcal Scheme in terms of the DES Directions 2015 to sign a declaration to confirm that they are meeting the requirements of the DES Directions 2015.