

Directed Enhanced Service (DES) for H1N1 Vaccination Programme – JCVI priority groups

October 2009



Introduction

NHS Employers and the General Practitioners Committee (GPC) of the BMA have agreed arrangements (Annex 1) for the delivery of the H1N1 vaccine to those patients identified by the Joint Committee on Vaccination and Immunisations (JCVI) as being at risk (Annex 2).

This document provides primary care trusts (PCTs) and general practices with updated information to help support the implementation of the Directed Enhanced Service (DES) in England. Similar guidance is being issued separately in Scotland, Wales and Northern Ireland.

The Primary Medical Services (Directed Enhanced Services – Pandemic Influenza (H1N1) Vaccination Scheme) Directions and minor amendments to the Statement of Financial Entitlements to underpin the DES, will be available on the Department of Health website shortly. The detailed requirements for taking part in the DES are set out in the directions. PCTs and practices taking part should ensure they have read and understood the requirements in the directions as well as the guidance in this document.

Quality and Outcomes Framework (QOF)

Patient experience indicators (PE7 and PE8)

In return for vaccinating three percentage points higher of the JCVI priority group one (i.e. six months to 65 years)* at risk patients in any practice, than the uptake rate in the same (i.e. six months to 65 years)* at risk group for seasonal flu for the UK for 2008/09, practices would be granted a 10 per cent drop in the upper and 20 per cent drop in the lower thresholds of PE7 and PE8.

In order to receive the easement of these thresholds, practices will need to achieve a patient uptake of 50.7 per cent or more **within JCVI priority group one**.

Whilst a target of 50.7 per cent has been set, general practitioners will seek to achieve a swine flu vaccination uptake of at least or better than that achieved by the practice for seasonal flu in 2008/09. Further information on obtaining baseline information and monitoring is included in the validation and payment section on page 7.

*Note: The comparison is on a like-for-like basis. This means a comparison of the 2008/09 UK uptake of a completed course of vaccination for the under 65 clinically at risk seasonal flu group (47.7 per cent plus 3 percentage points = 50.7 per cent) with an equivalent completed course (one or two doses depending on requirements) of vaccination for H1N1 priority group one identified by JCVI (refer to Annex 2).

Prevalence arrangements

As per the 2009/10 QOF changes, true prevalence will be used to determine QOF payments as from 1 April 2010 i.e. the current cut off arrangements will be discontinued.

Further details are available on the NHS Employers website at:

www.nhsemployers.org/SiteCollectionDocuments/Prevalence_joint_letter_to_PCTs_mh140409.pdf

Childhood vaccination and immunisations targets

As part of the DES, the collection date for the data on childhood immunisations for the third quarter only, i.e. the December 2009 date, has been extended by six weeks to mid-February 2010. This has been agreed to give practices time to undertake the swine flu vaccination programme for the priority groups, whilst the childhood vaccination and immunisations programme is continued.

The amended arrangements for the third quarter will be as follows:

- the cohort of children is established on 1 October 2009
- the final date for immunisations counting towards payment will be 11 February 2010
- the cut off date for submitting returns is a date set by PCT in March 2010
- the date the payment falls due is 31 March 2010.

Arrangements for the fourth quarter will revert back to normal as follows:

- the cohort of children is established on 1 January 2010
- the final date for immunisations counting towards payment will be 31 March 2010
- the cut off date for submitting returns is a date set by the PCT in June 2010
- the date the payment falls due is 30 June 2010.

Note: Practices may be finishing off immunisations for the quarter three cohort as well as carrying out immunisations for the quarter four cohort at the beginning of 2010.

Vaccination of housebound patients

A housebound patient is defined as "a patient to whom the contractor would normally offer home visits as this is the only practical means of enabling the patient to consult a general practitioner, face-to-face" and for the purposes of this DES also falls into one of the JCVI defined priority groups (definition taken from DES directions). This includes patients living in a care home, who are registered with a GP practice and who meet the definition of a housebound patient.

Subject to other arrangements that PCTs might wish to introduce, district nurses or other qualified PCT staff will vaccinate all housebound, as identified above, in line with seasonal flu arrangements. Practices (including those not taking up the DES) will need to provide their PCT with a list of who these patients are when taking up the DES.

Practices can claim the £5.25 for those housebound patients vaccinated, who are both on their registered list and fall into one of the JCVI defined priority groups.

Practices will not be charged for the time of district nurses engaged in this programme.

Vaccination of health and social care staff

It is the responsibility of employers to organise vaccination of appropriate frontline staff, either through existing occupational health arrangements or by putting in place other local arrangements. GPs as employers should therefore make the necessary arrangements to secure their own vaccination and, as appropriate, their practice staff. Where a practice decides to vaccinate their staff, this work will not qualify for the £5.25 payment, unless the member of staff is registered with their employing practice and falls into one of the JCVI at-risk groups.

Local occupational health providers will supply GP practices with details of health and social care staff who have been vaccinated and practices will update patient records accordingly.

Vaccination of frontline staff that fall into one of the JCVI defined priority groups

If a person working in health and social care is both classified as front-line staff and also falls within one of the JCVI defined priority groups, the expectation, subject to patient preference, is that such individuals will be vaccinated by their registered practice. The practice with whom they are registered will only receive the £5.25 payment if it is they who administer the vaccination. The practice will not receive the £5.25 payment simply because the patient is on their list.

Arrangements will need to be put in place by occupational health services to enable the sharing of information if a person is vaccinated outside of their registered practice but falls into the JCVI category.

Where a person chooses to be vaccinated elsewhere and not at their registered practice, the person's registered practice will be able to count this patient towards the PE7 and PE8 target uptake.

General practice should only receive one payment for delivering the swine flu vaccination i.e. the £5.25 per dose paid by the PCT.

Example:

Person A is a frontline worker who is also in the JCVI at risk group and is registered with practice 1.

If person A's employing organisation contracted the vaccination of their frontline staff out to practice 2, at a cost of £10 per person, then practice 2 would receive one payment i.e. the £10.

However, if person A's employing organisation contracted the vaccinations of their frontline staff out to practice 1, then practice 1 could potentially receive a double payment i.e. claim the £10 as per their agreement with the employing organisation/occupational service, and the £5.25 per dose payment from the PCT as person A falls into one of the JCVI priority at risk groups. In these circumstances, practice 1 should only receive the £5.25 per dose payment from their PCT.

General

Practices not taking up the DES

If a practice does not wish to take up the DES, it is then a matter for PCTs to put in place other arrangements that will likely involve the use of an alternative provider.

Definition of front-line staff

Those staff eligible for seasonal flu vaccine, as set out in the Green Book (see link below) will be eligible for swine flu vaccination. This includes staff who have regular clinical contact with patients and who are directly involved in patient care.

Examples of those groups who will be offered the vaccine include doctors, dentists, midwives and nurses, paramedics and ambulance drivers, occupational therapists, physiotherapists and radiographers. Students and trainees in these disciplines, and volunteers who are working with patients, will also be included.

www.dh.gov.uk/en/Publichealth/Healthprotection/Immunisation/Greenbook/DH_4097254

Coding

Codes for the H1N1 vaccination programme have been created and are available for download on the Terminology Reference Data Update Distribution Service (TRUD) website at the following link (see also annex 3):

<https://www.uktcregistration.nss.cfh.nhs.uk/trud/>

The Primare Care Information Service (PRMIS+) have developed guidance that identifies the clinical READ codes used to identify patients by the clinical at-risk groups, as well as detailed pregnancy READ and CTV3 codes. Further information on this is available at the following link:

www.dh.gov.uk/swinefluvaccinetools

Validation and payment

Vaccination payment

Practices will receive a payment of £5.25 per dose of vaccine administered to patients in the priority groups.

PCTs are required to make arrangements regarding the submission of claims that relate to the vaccination of patients at a frequency to be agreed with the practice, but within eight weeks of the administration of the H1N1 vaccine.

Should agreement not be reached, then claims need to be submitted on or before the end of the fourteenth day of the month, after the month in which the vaccine was administered. The arrangements should also include the date on which payments will fall due (consistent with other due dates for payments under the primary medical care services contract).

Practices taking part in the **H1N1** vaccination programme will be required to provide the PCT with the following information in order to claim payment of the £5.25:

- i. the patient's name
- ii. the patient's date of birth
- iii. the patient's NHS number (where known)
- iv. confirmation that the patient is in one of the priority groups
- v. the date on which the vaccine was administered and whether it is the first or second dose.

Should a patient, parent or carer refuse to provide information in (i) and/or (ii) above, then the practice must supply the NHS number.

PCTs should make arrangements to ensure that the receipt and payment of claims has a clear audit trail. PCTs may also want to monitor the claims made in respect of each dose per patient, to ensure claims are validated.

Patient experience thresholds (PE7 and PE8)

Practices taking part in the H1N1 vaccination programme will be required before or on the 31 March 2010 to submit information to their PCT regarding the uptake of the vaccine in the JCVI priority group one (i.e. six months to 65 years). PCTs will be required to calculate, as soon as practicable after the 31 March 2010, the percentage of patients in the JCVI priority group one who had received a completed course of the H1N1 vaccine (i.e. one or two doses depending on requirements – counting towards the uptake for PE7 and PE8 threshold easements).

For details of dosing, see Chief Medical Officer, Chief Nursing Officer and Chief Pharmaceutical Officer guidance issued on 15 October 2009:

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_107190.pdf

NHSE and GPC are working with the Department of Health on a tool to help support practices and PCTs monitor the uptake of the swine flu vaccination in particular in relation to qualifying for the PE7 and PE8 threshold easements. Further details will be available shortly.

Annex 1: Summary of H1N1 vaccination agreement

NHS Employers and the GPC of the BMA have reached agreement on delivering a swine flu vaccination programme as it applies to those patients recently identified by the JCVI for vaccination. That being:

- £5.25 per dose of vaccination given.
- QOF – GPC will agree to release for recycling the 28 points which NICE has suggested are redundant but not until 2011/12. The new areas NICE have recommended will be piloted in the normal way and, if appropriate will be included in QOF from April 2011. The release of the points is a commitment and should the areas suggested prove not to be the best use of resource once piloted, then the resource will be available for other use. They will also commit to discussions about changes to QOF in 2011/12 including, where appropriate and evidence based, the adjustment of thresholds. There will be no changes to QOF in 2010/11.
- The collection date for the data on childhood immunisations for the third quarter, i.e. the December date, will be delayed by six weeks to mid-February. No other changes to childhood vaccinations and immunisations.
- In return for vaccinating a 3 per cent higher percentage of the at risk patients in any practice than the uptake rate in the at risk group for seasonal flu for the UK for 2008/09, practices would be granted a 10 per cent drop in the upper and 20 per cent drop in the lower thresholds of PE7 and PE8 (refer page 2).
- District nurses to vaccinate all the housebound in line with seasonal flu arrangements.
- Local Enhanced Service's (LES) funding will not be withdrawn to pay for the programme.
- A supportive statement from Government thanking GPs saying that this represents value for money for delivering the programme.
- GPC will commit to support the vaccination campaign, including advising that all GPs and their staff should be vaccinated themselves as a public health measure.
- Agreement from all parties that this agreement, made in unique circumstances, sets no precedent for the future.

All parties will commit that once outline agreement is reached, preparations for delivery of the programme will commence while this DES is constructed.

Annex 2: JCVI priority groups for H1N1 vaccine

Accepting advice from independent expert committees, including the JCVI and the Scientific Advisory Group for Emergencies (SAGE), Health Secretary Andy Burnham announced on 13 August 2009 the priority groups for vaccination against swine flu:

1. individuals aged six months and up to 65 years in the current seasonal flu vaccine clinical at-risk groups
2. all pregnant women, subject to licensing considerations on trimesters
3. household contacts of immunocompromised individuals
4. people aged 65 and over in the current seasonal flu vaccine clinical at-risk groups.

These groups have been identified because they are at highest risk of severe illness should they contract the swine flu virus. They should be prioritised for vaccination in order, once the vaccine has been licensed. Frontline health and social care workers will be offered the vaccine at the same time as the first clinical risk group as they are at increased risk of infection and of transmitting that infection to vulnerable patients. Those staff eligible for seasonal flu vaccine, as set out in the Green Book, will be eligible for swine flu vaccination. This includes staff who have regular clinical contact with patients and who are directly involved in patient care.

Annex 3: H1N1 swine flu - influenza A (H1N1v) 2009 READ and SNOMED-CT Codes

Drug (Product) READ codes

n47A. | PANDEMRIX FLU VAC (H1N1v) 2009 | PANDEMRIX INFLUENZA A VACCINE (H1N1v) 2009 injection

n47B. | CELVAPAN FLU VAC (H1N1v) 2009 | CELVAPAN INFLUENZA A VACCINE (H1N1v) 2009 injection

Procedure READ Codes

Read version 2 codes:

65E5. | CELVAPAN - first influenza A (H1N1v) 2009 vaccination given

65E6. | CELVAPAN - second influenza A (H1N1v) 2009 vaccination given

65E7. | CELVAPAN - first influenza A (H1N1v) 2009 vaccination given by other healthcare provider

65E8. | CELVAPAN - second influenza A (H1N1v) 2009 vaccination given by other healthcare provider

65E9. | PANDEMRIX - first influenza A (H1N1v) 2009 vaccination given

65EA. | PANDEMRIX - second influenza A (H1N1v) 2009 vaccination given

65EB. | PANDEMRIX - first influenza A (H1N1v) 2009 vaccination given by other healthcare provider

65EC. | PANDEMRIX - second influenza A (H1N1v) 2009 vaccination given by other healthcare provider

68Ns. | No consent for influenza A (H1N1v) 2009 vaccination

Read version 3 codes:

XaQhk | CELVAPAN - first influenza A (H1N1v) 2009 vaccination given

XaQhl | CELVAPAN - second influenza A (H1N1v) 2009 vaccination given

XaQho | CELVAPAN - first influenza A (H1N1v) 2009 vaccination given by other healthcare provider

XaQhp | CELVAPAN - second influenza A (H1N1v) 2009 vaccination given by other healthcare provider

XaQhm | PANDEMRIX - first influenza A (H1N1v) 2009 vaccination given

XaQhn | PANDEMRIX - second influenza A (H1N1v) 2009 vaccination given

XaQhq | PANDEMRIX - first influenza A (H1N1v) 2009 vaccination given by other healthcare provider

XaQhr | PANDEMRIX - second influenza A (H1N1v) 2009 vaccination given by other healthcare provider

XaQhs | No consent for influenza A (H1N1v) 2009 vaccination

SNOMED-CT codes

515281000000108 | PANDEMRIX - first influenza A (H1N1v) 2009 vaccination given (procedure)

515301000000109 | PANDEMRIX - second influenza A (H1N1v) 2009 vaccination given (procedure)

515291000000105 | CELVAPAN - first influenza A (H1N1v) 2009 vaccination given (procedure)

515321000000100 | CELVAPAN - second influenza A (H1N1v) 2009 vaccination given (procedure)

515331000000103 | CELVAPAN - first influenza A (H1N1v) 2009 vaccination given by other healthcare provider (finding)

515341000000107 | PANDEMRIX - first influenza A (H1N1v) 2009 vaccination given by other healthcare provider (finding)

515351000000105 | CELVAPAN - second influenza A (H1N1v) 2009 vaccination given by other healthcare provider (finding)

515361000000108 | PANDEMRIX - second influenza A (H1N1v) 2009 vaccination given by other healthcare provider (finding)

515371000000101 | No consent for influenza A (H1N1v) 2009 vaccination (finding)

These have been published via the TRUD website for download:

<https://www.ukcregistration.nss.cfh.nhs.uk/trud/>

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