

<p>Gateway reference: 13151</p> <p>TO: All Chief Executives in Primary Care Trusts in England,</p> <p>CC: All Flu Lead Directors in Strategic Health Authorities in England All Chief Executives in Strategic Health Authorities in England All Chairs in Primary Care Trusts in England, All Chairs in Strategic Health Authorities in England Care Quality Commission Health Protection Agency</p>	<p>Richmond House 79 Whitehall London SW1A 2NS 020 7210 4340 ian.dalton@dh.gsi.gov.uk</p>
---	--

8 December 2009

Dear Colleague,

**A (H1N1) swine flu influenza: phase two of the vaccination programme;
children over 6 months and under 5 years**

First of all, can I thank you all once again for getting the swine flu vaccination programme off the ground so promptly. I know it has taken a huge effort, but the considerable number of people in the high-risk groups now protected against the virus is testament to the hard work and dedication of GP practices, PCTs, community staff and others.

Over the next week or so, the supply of vaccine should increase to meet fully current demand, although we are of course still dependent upon delivery schedules from the manufacturers. This should however mean that some of the supply constraints that have inevitably affected progress in the early days in certain areas should begin rapidly to diminish.

Clearly, it is important that you ensure GP practices continue to work towards completing the vaccination of as many high-risk patients as possible over the next few weeks and that you also ensure that frontline NHS staff locally are also vaccinated to provide patients with the best possible protection against the virus. PCTs are also reminded of their responsibility to ensure all children in the priority groups are vaccinated, particularly those with chronic neurological conditions in residential settings, in line with my letter of 3 November 2009.

Phase two of the vaccination programme

Children aged over 6 months and under 5 years are to form the second phase of the swine flu vaccination programme because they are at higher risk of hospitalisation than other healthy age groups if they contract the infection. This was announced through my letter of 19th November 2009, and it is important that the NHS is able to move seamlessly onto this next group.

Negotiators from the BMA's General Practitioners' Committee (GPC) have been in discussion with NHS Employers negotiators to seek a national agreement on vaccination of this group of children through GP practices.

This has unfortunately not proved possible. Ministers have therefore decided to ask PCTs to secure the delivery of vaccine to children in this age group through local enhanced services (LESSs) or other locally commissioned arrangements.

Local arrangements should have regard to the fact that there are likely to be a significant proportion of GP practices that wish to offer vaccination to children in this age group, although the absence of a national agreement means that PCTs are not obliged to offer participation in the second phase to GP practices.

Where GP practices do not wish to vaccinate these patients, PCTs will need to determine whether they will administer vaccinations through other local GP practices who are willing and able to provide this service, their directly managed staff (e.g. health visitors, district nurses etc) or by arranging with alternative providers (e.g. community or hospital paediatric services, pharmacies etc).

PCTs may choose to operate a mixed economy model, using a range of different providers. In this case, they will need to establish for each GP practice whether children in the relevant age group who are on the practice's registered list (and who are not in the high-risk groups for phase 1) will be vaccinated by the practice, by other local GP practices, by staff directly employed by the PCT or by alternative providers.

Where GP practices agree to vaccinate children in this age group, we advise that the GP practice should only be paid for vaccinations administered by GPs or staff directly employed by the practice, not for vaccinations administered by community staff or other providers.

Before entering into arrangements with alternative providers, PCTs will wish, as they would if they were commissioning exclusively from GP practices, to satisfy themselves that the alternative provider is capable of meeting the quality requirements necessary for delivery of those arrangements. In particular, do they have the necessary facilities, equipment and suitably trained and qualified health care professionals and other staff to provide a high quality service to patients?

Details of local contractual agreements

In order to progress swiftly with this next phase, PCTs need to put in place local enhanced services or other local contractual arrangements with GP practices and/or other willing providers to support the vaccination of children over six months and under 5 years.

This will confirm the legal basis for the PCT to pay the GP practice or other provider for the work and will ensure that indemnity cover applies for GP practice staff undertaking the vaccination of this group of children.

We recommend a price of £5.25 per vaccination is made available to GP practices or other providers contracted with to deliver this service, in line with the fees paid for the high-risk groups.

PCTs should ensure that all practices who are ready to transition to vaccinating children over six months and under five years are able to do so, without incurring delays while the administrative arrangements are confirmed. This might include a reassurance of payment for any vaccination undertaken during this time.

PCTs will be reimbursed for each vaccination given to children in this age group not in the high-risk groups at a level of £5.25.

Further guidance on local contractual arrangements is set out in Annex B.

Dosage change for children over six months

The JCVI has reviewed data on the immune responses to Pandemrix in children aged over six months, as well as reactogenicity data and HPA studies. They have advised that healthy children aged over six months should have just **one dose** of Pandemrix (half an adult dose) unless the child is immunosuppressed or has an immune deficiency (as specified in the Green Book). We expect the licence for Pandemrix to change shortly to permit one or two doses according to national advice.

Children over six months who are being vaccinated because they are in the priority groups for phase one, should also have one dose unless they have a similar immune condition.

Vaccine ordering and data uptake

Where possible, PCTs should continue to place orders for vaccine through the ImmForm website, but an alternative email ordering process is available. The process for submitting vaccine uptake data for healthcare workers will be coordinated through SHAs.

Summary and actions

All PCTs are asked to proceed quickly to agree local contractual arrangements to enable children over 6 months and under five years to receive the vaccine and to offer protection to these children. I would ask PCTs to move as rapidly as possible, so that we can get this programme underway across England before the Christmas break, and so that the transition from phase one to phase two of the vaccination programme is smooth and unhindered.

Alongside this, we will be running a national awareness campaign, providing central communications support to NHS communications teams to assist them in promoting uptake locally. PCTs should ensure that local communications activities ensure parents are informed about how to access vaccination for their children.

Yours sincerely



Ian Dalton
National Director
NHS Flu Resilience

Annex A
SHA Flu Lead Directors

SHA	Name	Title	Contact Details
South Central	Dr James Mapstone	Operational Flu Director	James.mapstone@southcentral.nhs.uk
	John Newton	Executive flu Lead Director	John.newton@southcentral.nhs.uk fluresponse@southcentral.nhs.uk 01635 275 709
East Midlands	Philip DaSilva	Director of Commissioning and Service Improvement	Philip.dasilva@eastmidlands.nhs.uk 0115 968 4473
South East Coast	Dave Morgan	Interim Director of Commissioning and System Development	emergency.planning@southeastcoast.nhs.uk Please also copy emails to: Dave.morgan@southeastcoast.nhs.uk Nicola.Ranger@southeastcoast.nhs.uk 01293 778 802
North West	Marie Burnham	Regional Director for Flu and NHS Resilience	Marie.burnham@northwest.nhs.uk 0161 625 7361
North East	Martin Wilson	NHS Flu Resilience Director	Martin.wilson@northeast.nhs.uk 0191 210 6498
Yorks and Humber	Simon Morritt	Chief Executive, NHS Bradford and Airedale	Simon.morritt@bradford.nhs.uk 01274 237 700 sha.incidentroom@yorksandhumber.nhs.uk 0113 195 2183
South West	Andrew Millward	Director of Communications and Corporate Affairs	Andrew.millward@southwest.nhs.uk 01823 361 360
London	Daniel Elkeles	NHS Flu Resilience Director	daniel.elkeles@london.nhs.uk 07879814610 020 7932 3799 – Flu Resilience Office
East of England	Paul Cosford	Regional Director of Public Health	Paul.cosford@eoe.nhs.uk 01223 597 533
East of England	Linda Sheridan	Director of Flu Resilience	Linda.sheridan@eoe.nhs.uk 01223 597 523
West Midlands	Steve Allen	Director of Performance and Information	Steve.allen@westmidlands.nhs.uk 0121 695 2230 Please copy emails to: Rashmi.shukla@dh.gsi.gov.uk

Annex B

Guidance on local arrangements to ensure children aged over six months and under five years have access to vaccination against H1N1 (swine flu) influenza

Introduction

1. On 19th November Ian Dalton wrote out to the NHS to inform them about the second phase of the swine flu vaccination programme, for children aged over six months and under five years of age (Gateway reference 13046). NHS Employers have been unable to reach agreement with the GPC on a national agreement for this second phase of the vaccination programme. We therefore need to make alternative arrangements to ensure the vaccine is available for any child in this age group whose parent or guardian want them to receive it.
2. The evidence suggests that the first phase of the programme to vaccinate the high-risk groups should be virtually complete by mid December. To give very young children protection against the swine flu virus, it is now important that the second phase of the vaccination programme gets underway before the Christmas/New Year break. Sufficient supplies of the vaccine will very shortly be available to enable the vaccination programme to progress into this second phase.

Local arrangements that need to be put in place

3. Extending the vaccination programme to young children is supported by the Joint Committee on Vaccination and Immunisation (JCVI). We are therefore asking PCTs in England to make local arrangements for the provision of Pandemic Influenza (H1N1) vaccinations to children who have reached the age of six months but who have not yet reached their fifth birthday, to ensure that:
 - a) all children in this age group who have not already received a vaccination by virtue of being in a high-risk group are offered the H1N1 vaccine; and
 - b) steps are in place to maximize the level of uptake of the H1N1 vaccine amongst children in this age group.
4. Although the absence of a national agreement means that PCTs are not obliged to offer participation in the second phase of vaccination to GP practices, local arrangements should have regard to the fact that there are likely to be a number of GP practices that wish to offer vaccination to children in this age group.
5. Where local GP practices do not wish to vaccinate these patients, PCTs will need to determine whether they will administer vaccinations through their directly managed staff (e.g. health visitors, district nurses etc) or by arranging with alternative providers (e.g. community or hospital paediatric services, pharmacies etc).
6. PCTs may choose to operate a mixed economy model, in which case they will need to establish for each GP practice whether children in the relevant age group who are on the practice's registered list (and who are not in the high-risk groups for phase 1) will be vaccinated by the practice, whether they will be vaccinated by staff directly employed by the PCT, or whether they will be vaccinated by alternative providers.
7. Before entering into arrangements with alternative providers, PCTs will wish, as they would if they were commissioning exclusively from GP practices, to satisfy

themselves that the alternative provider is capable of meeting the requirements necessary for delivery of those arrangements. In particular, do they have the necessary facilities, equipment and suitably trained and qualified health care professionals and other staff to meet those requirements?

Form and content of the arrangements

8. PCTs are advised to set out contractual arrangements in writing including the following aspects:
 - a) arrangements under which the PCT will supply H1N1 vaccine to the contractor (this may be a GP practice or an alternative provider);
 - b) arrangements for the contractor to provide the PCT with information relating to the contractor's arrangements for administering the H1N1 vaccine that the PCT requires for the purposes of co-ordinating the supply and delivery of the H1N1 vaccine and associated consumables to contractors;
 - c) arrangements which the contractor will make to offer the H1N1 vaccine to children who have reached the age of six months but who have not yet reached their fifth birthday;
 - d) arrangements to ensure that the lifelong medical records held by the child's GP practice are kept up-to-date with regard to the child's immunisation status, and in particular include:
 - (i) any refusal of an offer of vaccination;
 - (ii) details of the consent to the vaccination given on the child's behalf and the relationship to the child of the person who gave that consent;
 - (iii) the batch number, expiry date and title of the vaccine;
 - (iv) the date of administration of the vaccine;
 - (v) where two vaccines are administered in close succession, the route of administration and any injection site of each vaccine;
 - (vi) any contraindications to the vaccination; and
 - (vii) any adverse reactions to the vaccination.
 - e) how the contractor will ensure that any health care professional who is involved in administering a vaccine has:
 - (i) the necessary experience, skills and training with regard to the administration of the vaccine; and
 - (ii) training with regard to the recognition and initial treatment of anaphylaxis.
 - f) a requirement that the contractor ensures that:
 - (i) all vaccines are stored in accordance with the manufacturer's instructions; and
 - (ii) all refrigerators in which vaccines are stored have a maximum/minimum thermometer and that readings are taken from that thermometer on all working days;
 - g) arrangements for the contractor to supply the PCT with such information as it may reasonably request for the purposes of monitoring the uptake of the pandemic flu vaccine (H1N1).
 - h) PCTs should ensure that arrangements with any contractor who is a primary medical services contractor (irrespective of whether such contractor has a registered patient list) take effect as variations to that contractor's primary medical services contract.

- i) PCTs are advised to ensure that the contractual arrangements include termination provisions to allow either party to withdraw from the arrangements entered into by giving 21 days notice in writing, in addition to any other termination provisions made under other arrangements with the contractor.

Payment arrangements

9. PCTs will need to consult contractors locally to determine payment arrangements for vaccinating children who have reached the age of six months but who have not yet reached their fifth birthday and who are not in a priority group. The Department of Health recommends a payment per vaccination actually administered by the contractor or by staff directly employed by the contractor at £5.25 per dose. Where the contractor is a GP practice, the PCT cannot agree to any easement that would have the effect of overriding any provisions in the SFE (Statement of Financial Entitlements).
10. The arrangements should cover any children who have reached the age of six months but who have not yet reached their fifth birthday, who were not in one or more of the priority groups covered by phase one of the vaccination programme and who were vaccinated before the contractual arrangements for phase two were entered into, provided that:
 - i) the contractor was responsible for administering the vaccine, and
 - ii) the child to whom the vaccine was administered was a child to whom the contractor would have been obliged to offer the vaccine under the arrangements subsequently entered into, had that vaccine not already been administered.
11. The programme will cover all children born between 1 January 2005 and 7 June 2009, who are 6 months old from 7 December 2009 and are less than 5 years (4 years, 364days) as of 31 December 2009. It will also include children born after 7 June 2009 who are aged 6 months after 7 December 2009 until further notice.
12. Vaccinations provided to children who have reached the age of six months but who have not yet reached their fifth birthday who are not in any of the priority groups covered by the first phase of the vaccination programme, will not count towards the 50.7% uptake that practices have to achieve in order to qualify for the easement on the Patient Experience QOF indicators (PE7 and PE8) agreed with the GPC for phase one.
13. Each PCT will need to make arrangements for claims for payments covering:
 - a. the submission of claims that relate to the vaccination of children aged over six months and under five years not in the priority groups at a frequency to be agreed between the parties;
 - b. the date on which the payment is to fall due (consistent with other due dates for payments under the primary medical services contract or other relevant contract);
 - c. provisions for supplying the PCT with information to enable the PCT to monitor the vaccination status of children in the PCT's area and ensure that each claim has a clear audit trail; and
 - d. requiring that all information provided by the contractor must be accurate.
14. When submitting their claims contractors should be asked to provide the following information:

- a. the child's name;
- b. the child's date of birth;
- c. the child's NHS number, where known;
- d. the date on which the vaccine was administered;

but where a parent or guardian objects to details of their child's name or date of birth being supplied to the PCT, the contractor need not supply that information provided it supplies the child's NHS number.

Codes

15. 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 address:

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