



Llywodraeth Cynulliad Cymru
Welsh Assembly Government

Directed Enhanced Service (DES) for H1N1 Vaccination Programme – JCVI Priority Groups

November 2009

Introduction

1. NHS Employers (NHSE) 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 Immunisation (JCVI) as being at risk (Annex 2).
2. This document provides Health Boards (HBs) and general practices with updated information to help support the implementation of the Directed Enhanced Service (DES) in Wales. Similar guidance has been issued separately in England, Scotland, and Northern Ireland.
3. The Primary Medical Services (Directed Enhanced Services - Pandemic Influenza (H1N1) Vaccination Scheme) and Directions to LHBs as to the Statement of Financial Entitlement (Amendment) (No 4) Directions 2009 are available on the General Medical Services Contract website (link <https://www.wales.nhs.uk/sites3/page.cfm?orgid=480&pid=41503>). The detailed requirements for taking part in the DES are set out in the directions. HBs 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)

4. In return for vaccinating three percentage points higher, of the JCVI priority group one (i.e. 6 months to 65 years)* at risk patients in any practice, than the uptake rate in the same (i.e. 6 months to 65 years)* at risk group for seasonal flu for the UK for 2008/09, practices would be granted a 10% drop in the upper and 20% drop in the lower thresholds of PE7 and PE8.
5. In order to receive the easement of these thresholds, practices will need to achieve a patient uptake of 50.7% or more within JCVI priority group one.
6. Further information on obtaining baseline information and monitoring is included in the validation and payment section on page 6.

*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%) with an equivalent completed course (1 or 2 doses depending on requirements) of vaccination for H1N1 priority group one identified by the JCVI (refer to Annex 2).

Prevalence Arrangements

7. 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:

http://www.nhsemployers.org/SiteCollectionDocuments/Prevalence_joint_letter_to_PCTs_mh140409.pdf

Childhood Vaccination and Immunisations Targets

8. 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. These new arrangements are in respect of the data collection system for payments and do not impact on data collection for statistical purposes. It is important that the COVER vaccination reports continue to reflect the accurate quarterly position of vaccinations given for statistical comparative purposes.

9. 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 the HB in March 2010
- The date the payment falls due is 31 March 2010

10. 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 HB 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

11. A housebound patient is defined as 'a patient who the practice normally offers home visits as this is the only practical means of enabling the patient a

face to face consultation with a general practitioner' 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.

12. Subject to other arrangements that HBs might wish to introduce, district nurses will normally vaccinate all housebound, as identified above, in line with seasonal flu arrangements. Practices will need to provide their HB with a list of who these patients are when taking up the DES.

13. 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.

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

Vaccination of Frontline Health and Social Care Staff

15. 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.

16. 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

17. If a person working in health and social care is both classified as frontline 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.

18. 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.

19. 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 towards the PE7 and PE8 target uptake.

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

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 say £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 HB 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 HB

General

Practices not taking up the DES

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

Definition of frontline staff

22. 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. The local risk assessment should take into account the appropriateness of vaccinating other clinical and non-clinical staff.

23. Examples of those groups who will be offered the vaccine include doctors, dentists, midwives and nurses, pharmacists, 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.

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

Coding

24. 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/>

25. The Primary 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

26. The Welsh Assembly Government will reimburse HBs for fees paid out in line with the H1N1 vaccination DES. Details of the claims procedures and the forms to be used have been provided by the Business Services Centre.

27. HBs 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 8 weeks of the administration of the H1N1 vaccine.

28. Should agreement not be reached, then claims need to be submitted on or before the end of the 14th 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).

29. Practices taking part in the vaccination programme will be required to provide the HB 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.

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

31. HBs should make arrangements to ensure that the receipt and payment of claims has a clear audit trail. HBs 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)

32. Practices taking part in the H1N1 vaccination programme will be required before or on the 31 March 2010 to submit information to their HB regarding the uptake of the vaccine in the JCVI priority group one (ie six months to 65 years). HBs 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 complete course of the H1N1 vaccine (ie one or two doses depending on requirements – counting towards the uptake for PE7 and PE8 threshold easements).

HB Funding

33. It is understood that the vaccination programme for the priority groups should be completed by 31st January 2010. Therefore on that basis and in order to allocate the funding to HBs in this financial year, the actual uptake data from the GP systems as at 28th February 2010 will be used to make the calculation. HBs will need to work with the Business Services Centre to check total payments to be made to GPs in this financial year by 5th March 2010. Allocation uplifts will be calculated against this information and will be issued to HBs by the middle of March 2010.

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 Joint Committee for Vaccinations and Immunisations (JCVI) for vaccination. That being:

- £5.25 per dose of vaccine given
- QOF - GPC will agree to release for recycling the 28 points which NICE have 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 payment data on childhood immunisations for the third quarter, i.e. the December date, will be delayed by six weeks to mid-February. There are no changes to the arrangements for data collection for statistical purposes. It is important that the COVER vaccination reports continue to reflect the accurate quarterly position of vaccinations given for statistical comparative purposes.
- In return for vaccinating a 3% 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% drop in the upper and 20% 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 (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 supporting 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 directed enhanced service is constructed.

Annex 2: JCVI Priority Groups for H1N1 vaccine

Accepting advice from independent expert committees, including the Joint Committee for Vaccination and Immunisation (JCVI) and the Scientific Advisory Group for Emergencies (SAGE), the Welsh Assembly Government has agreed that the priority groups for vaccination against swine flu will be:

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

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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)