

2018/19 Vaccination and immunisation programmes agreement

Existing programmes – removed

Programme	Specification or SFE	Timeframe	Cohort	Vaccine/dosage	Vaccine supply	Payment details	Payment £
Meningococcal ACWY 18 years on 31 August	Specification	In line with SFE - 1 April to 31 March	18 years on 31 August 2017 – call and recall and 19 years (at the time of vaccination) non-freshers self-presenting to the practice. Once eligible, patients remain eligible until their 25 th birthday	1 dose, conjugate vaccine	Central supply	CQRS and GPES	£9.80 per dose

Existing programmes – changes

Programme	Specification or SFE	Timeframe	Change	Cohort	Vaccine/dosage	Vaccine supply	Payment details	Payment £
Hepatitis B at-risk (newborn babies) ¹	SFE	In line with SFE ²	Following a change in the vaccine, the 3 rd dose at 2 months has been removed. As such, payment for the 2 nd dose will now be paid on delivery of that dose.	Newborn babies Babies whose mother has hepB have an increased risk of contracting hepB. This programme ensures they receive vaccinations within the first month after birth and at 12 months. Patients will present for other vaccinations for at least 1 of the doses and there are no contra-indications to this.	3 doses: 1 st dose @ newborn (hospital) 2 nd dose @ 1 month 3 rd dose after 12 months AND deliver or refer for a heel prick blood test Practices must update patient record with the blood test results, notify parent/guardian and make referral to paediatrics as necessary.	Central supply ³ of Infanrix hexa® all other vaccines direct from manufacturer	Manual reporting via CQRS Payment for 3 rd dose after blood test results recorded and parent/guardian updated.	£10.06 per dose
HPV completing dose	SFE	In line with SFE	14-18 years (girls) (14 years on 1/4/16 but not yet 18 years on 31/3/17)	1 dose	Practices are not required to proactively offer or encourage patients to be vaccinated. Vaccination only where the patient has missed schools provision.	Central supply	Manual reporting via CQRS	£10.06 per dose
Meningococcal ACWY (MenACWY) completing dose	SFE	In line with SFE	The date of eligibility has changed from 1/4/15 to 1/4/12 therefore all patients within the age range are now eligible.	14-24 years Practices are not required to proactively offer or encourage patients to be vaccinated. Vaccination of 14-16 years is only where the patient has missed schools provision.	1 dose, conjugate vaccine	Central supply	Manual reporting via CQRS	£10.06 per dose
Meningococcal ACWY (MenACWY) freshers	Specification	In line with SFE	19-24 years attending university for the first time, who have not been previously vaccinated (19 years on 31/8/2017 but not yet 25 on 31/3/18).	1 dose, conjugate vaccine	Practices are not required to proactively offer or encourage patients to be vaccinated.	Central supply	CQRS and GPES	£10.06 per dose
Meningococcal B	SFE	In line with SFE	There are no changes to the vaccinations programme, however the requirements are now defined in the SFE rather than in a service specification.	Routine - 3 doses of vaccine at 2, 4 and 12 months (in line with routine childhood immunisations). Catch-up - Usually 3, 4 and 12/13 months, or 4 and 12/13 months but children can be	Bexsero supplied in a pre-filled 0.5 ml syringe JCVI recommend first 2 doses provide a “primary course” and both are required to deliver protection for peak incidence at 5	Central supply	CQRS and GPES	£10.06 per dose

¹ This change was effective from 30 October 2017 and is included in this summary for completeness of vaccination programme history.

² The timings for the SFE are 1 April to 31 March unless otherwise stated

³ PA fees are not claimable for vaccines supplied centrally.

				vaccinated up to 2 years.	months.			
MMR	SFE	In line with SFE	16 years and over - immunise patients that have no record or incomplete vaccination.	1 or 2 doses as required	Practices are not required to proactively offer or encourage patients to be vaccinated.	Central supply	Manual reporting via CQRS	£10.06 per dose
Pneumococcal PCV	SFE	In line with SFE	The requirement to vaccinate at 2, 4 and 12 months has changed to 3 and 12 months - <i>effective date to be confirmed.</i>	3 and 12 months	Pneumococcal conjugate vaccine	Central supply	Manual reporting via CQRS	£15.02 (no change to fee when doses change)
Rotavirus	SFE	In line with SFE	6 weeks and 6 months (but not over 24 weeks)	2 doses	Oral suspension	Central supply	Payment on completion of dose 2 CQRS and GPES	£10.06 per completed course
Shingles routine	SFE	In line with SFE - 1 April to 31 March*	Patients aged 70 years. Patients aged 70 on or after 1 September 2013 remain eligible until their 80 th birthday.	1 dose provides lifetime coverage. This programme can be delivered alongside the seasonal influenza and pneumococcal programmes.	Practices are not required to proactively offer or encourage patients to be vaccinated.	Central supply	CQRS and GPES	£10.06 per dose
Shingles catch-up	Specification	In line with SFE - 1 April to 31 March*	Patients aged 78 years on 1 September 2016. Patients previously eligible remain eligible for vaccination until their 80 th birthday.	1 dose provides lifetime coverage This programme can be delivered alongside the seasonal influenza and pneumococcal programmes.	Practices are not required to proactively offer or encourage patients to be vaccinated.	Central supply	CQRS and GPES	£10.06 per dose

* Although the shingles vaccination can be offered opportunistically all year round, in 2017/18 due to concerns with the availability of the vaccine supply, practices were asked to vaccinate patients in line with the influenza programme to avoid a shortage. In January 2018, PHE advised this is no longer an issue and that shingles vaccinations can now be offered all year round.

Existing programmes – rolling over with no changes

Programme	Specification or SFE	Timeframe	Cohort	Vaccine/dosage	Vaccine Supply	Payment details	Payment £	Additional information
Childhood seasonal influenza	Specification	1/9/18 - 31/3/19	2-3 years on 31 August 2017	The nasal spray is recommended for children. Alternative inactivated vaccine only supplied for children defined as at-risk in the specification and Green Book. 1 dose for most children. Children aged 2–9 defined as at-risk require 2 nd dose where no previous influenza vaccination. Where 2 doses required, they must be at least 4 weeks apart.	Central supply	CQRS and GPES	£9.80 per dose	Practices are required to operate call and recall services for all eligible patients. Vaccinations to be concentrated between 1/9-30/11 in line with the Green Book and CMO advice to ensure optimum coverage.
Pertussis	Specification	In line with SFE	Pregnant women (and new mothers who missed the opportunity to be vaccinated while pregnant).	1 dose	Central supply	CQRS and GPES	£9.80 per dose	Vaccination required for each pregnancy.

Programme	Specification or SFE	Timeframe	Cohort	Vaccine/dosage	Vaccine Supply	Payment details	Payment £	Additional information
Seasonal influenza and pneumococcal polysaccharide	Directions and specification	1/9/18 - 31/3/19	Influenza⁴ At-risk patients as defined in the service specification and Green Book.	Influenza 1 dose except for children aged 5–9 years (inc) defined as at-risk require 2 nd dose where no previous influenza vaccination. Where two doses required, they must be at least 4 weeks apart. Vaccinations should be concentrated between 1/9-30/11 in line with Green Book and CMO advice to ensure optimum coverage - service will run to 31/3. This programme can be delivered alongside the pneumococcal and shingles programmes.	Influenza Central supply for patients under 18 years. Other vaccines direct from manufacturer. Practices are reminded ALL influenza vaccinations should be recorded on ImmForm as per section of specification.	CQRS with GPES anticipated Influenza and pneumococcal are mutually dependant in the specification but separate services on CQRS.	£9.80 per dose	Practices are required to operate 'proactive call' if not at risk, or 'proactive call and recall' for at risk patients.
		Pneumococcal in line with SFE	Pneumococcal At-risk patients as defined in the service specification and Green Book.	Pneumococcal 1 dose	Pneumococcal Direct from manufacturer	Practices are required to operate 'proactive call' if not at risk, or 'proactive call and recall' for at risk patients.		

Other programme notes for information:

- HepB renal patients - NHS England will work with specialised commissioning and secondary care colleagues, to ensure that it is clear the responsibility to deliver HepB vaccination to renal patients lies with the renal service and not with general practice.
- HepB medical students - GPC, NHS England and HEE will work together to ensure all medical schools provide services for the provision of HepB vaccines for medical students, to ensure that this burden does not fall to practices without appropriate funding arrangements being in place.

Technical support for vaccination programmes

The intention is for all programmes to be supported by CQRS in line with the start date of the programme. Some programmes will remain CQRS only, but other programmes will be supported by GPES when it comes on line. Payment for vaccination programmes is monthly where payment is on a per dose basis and not linked for other doses. Where not monthly, it is outlined above.

CQRS – manual reporting only	CQRS with GPES support when available		
<ul style="list-style-type: none"> • HepB (babies) • HPV completing dose • MMR 	<ul style="list-style-type: none"> • Childhood seasonal influenza • Meningococcal completing dose • MenACWY freshers 	<ul style="list-style-type: none"> • MenB • Pertussis • Pneumococcal polysaccharide 	<ul style="list-style-type: none"> • Rotavirus • Shingles – routine • Shingles – catch-up

The speed of CQRS & GPES support will be determined by the extent of change and wider GPES commitments ie programmes that are currently supported and are unchanged should be supported as close to commencement as possible, but ahead of the first payment date ie Rotavirus 1 April whereas previously unsupported programmes may take longer to agree the technical specifications.

Further details will be provided in the technical requirements document which will be published on the 2018/19 vaccinations page and also updated in communications from NHS Digital.

Removal from the SFE the payment for one dose of MenC vaccination at three months

In 2016/17 SFE the requirement to deliver MenC vaccinations as part of the childhood vaccination programme was amended. The dose delivered at three months was removed from 1 July 2016. The funding remained in the SFE for two years to recognise the two year payment lag for the targeted programme. This will now be removed from the SFE. The table below details current annual payments and the effect on an average practice of the change.

⁴ The DES Directions reflect the scope of influenza immunisations NHS England commission as primary medical care services. The specification reflects that NHS England commissions influenza immunisation for wider risk groups identified in the Green Book including pregnant women. These are public health functions carried out on behalf Secretary of State for Health under Section 7a.

	2 years payment	Indicative post deduction immunisation payment	Completed DTaP/IPV/Hib	Completed MMR	Completed MenC (2 doses)
Weight	-		50%	25%	25%
90% Target Payment	£7587	(£7587 - £948) = £6639	£3794	£1897	£1897
70% Target Payment	£2529	(£2,891 - £316) = £2581	£1265	£632	£632

Current payment for two doses is divided to achieve the deduction.

	Completed MenC (1 dose)
90% Target Payment	£1897/2 = £948
70% Target Payment	£632/2 = £316