



Reforming arrangements for vaccinations and immunisations



Global sum payment

From 1 April 2021 vaccinations and immunisation becomes an essential service which should be available to the whole practice population, rather than an additional service. As was a requirement under the previous additional service, all practices will be expected to offer all routine, pre- and post-exposure vaccinations and specific NHS travel vaccinations to their registered eligible population, as the overwhelming majority already do. (Further guidance on [travel vaccines](#) is available on the BMA website.)

The global sum that practices receive will be protected, in line with the five-year agreement. This is worth £164.5m in 2020/21. It will continue to cover call/recall and pre/post prophylaxis vaccinations. As now, significant outbreak management is not included in the global sum. We continue to expect commissioners to take the lead on response, working with practices and providing funding where necessary (for example if the vaccine does not already accrue payment).

Core standards

Five core standards underpin delivery of vaccination and immunisation services

1

A named lead for vaccination services

Practices are required to identify a named lead for vaccination and immunisation services. The lead does not necessarily need to be a clinician although for many practices this is likely to be preferred. If the named lead is not a clinician, then they must work alongside and be supported by a clinician to ensure that the core standards are met.

The role of the named lead will be to:

- take responsibility for the oversight of these services, including that the core standards are being met and that opportunities for vaccination are maximised within the practice
- work closely with others both within and without the practice, including the primary care network (PCN), NHS England public health commissioning, Child Health Information Services (CHIS), school-aged vaccination services and local authority public health colleagues (who work with health visitor and school nursing teams), to understand current performance and where this can be improved, if required.

2

Provision of appointments

Practices should ensure the availability of sufficiently trained staff and convenient, timely appointments to cover 100% of their eligible population. Practices can collaborate across their PCN to achieve vaccination coverage. However, practices must ensure that appointments are acceptable and convenient to their practice population. Appointments should be available at a range of times across the week. Vaccination appointments can be offered during extended hours and extended access sessions in evenings and weekends, to provide maximum flexibility for working adults and parents. Any appointment time lost to non-attendance should be repurposed to proactive follow-up. Practices should ensure that patients can book appointments for vaccination and immunisations online as these services develop. Practices should work towards integrating online bookings with other digital developments such as the eRed Book and the NHSApp.

3 Call/recall and opportunistic offer standards

All patients should be proactively offered all routine vaccinations as they become eligible, unless otherwise specified. Practices should ensure that their call/recall and opportunistic offers of vaccination are made in line with the agreed national standards detailed below:

Initial call requirements

The patient should be sent the initial call or invitation just before or as they become eligible for the programme. This invitation could be made using various channels, including a personalised letter, telephone call or text, but ideally using the patient's preferred method of communication where this is known. Practices should move towards text-based reminders as the infrastructure becomes available.

For children, this initial contact should normally provide a pre-booked appointment slot. As a minimum for both adults and children this invitation should include information on how to book an appointment. Where the invitation includes a pre-booked appointment slot, it should include information on how to change this if it is unsuitable.

Recall requirements

A call/recall programme is one that supplements the initial invitation with follow-up activity in the case of non-response. Patients who do not respond to the initial invitation should be recalled on a minimum of two separate additional occasions as needed to ensure vaccination. In most cases, recall activity should continue beyond three contacts until vaccination had been completed – especially for routine childhood immunisations – to ensure maximum individual and population protection.

Where the patient does not attend an offered appointment or does not respond to the invitation to book an appointment, a further invitation should be issued. Practices should have protocols in place to ensure timely follow-up of these patients. Patients should be contacted to confirm receipt of this second invitation.

Where the patient does not respond to the second invitation, a healthcare professional should make a third contact: either a face-to-face or a telephone conversation. Public Health England (PHE) has designed [resources](#) to aid these discussions and to support informed patient choice and improved uptake.

Patients who remain unvaccinated following this third contact should be flagged on the GP record as unimmunised, to maximise opportunities for opportunistic vaccination. In the case of children, practices should ensure that the local CHIS and school-age immunisation teams are notified of those who remain unvaccinated, to enable follow-up where this is practicable within current systems.

Role of the Childhood Health Information Services (CHIS)

In most areas, parents will be informed of their child's eligibility for the routine childhood immunisations by their local CHIS.

Some local CHIS arrangements include management of both call and recall and offering appointments. Where the local CHIS does not operate the call/recall requirements described above, it will be the practice's responsibility to have safe and effective systems in place to ensure that all children are offered a minimum of three invitations for vaccination.

Opportunistic delivery

Opportunistic vaccine delivery will remain an important delivery mechanism irrespective of whether a programme is designated as call/recall, especially for those programmes where primary responsibility for delivery sits outside the practice, such as HPV vaccination.

Opportunistic vaccine delivery will be triggered by:

- a patient requesting vaccination for which they are eligible and have not received; or
- the practice's identification of gaps in the patient's vaccination record when they present for an unrelated issue, or at other key points such as new patient registration. In these circumstances, the practice should offer to vaccinate the patient during this appointment unless there are clinical reasons not to do so. If vaccination is not possible during this appointment, then a specific appointment for vaccination should be offered before the patient leaves the practice.

4

Participation in national agreed catch-up campaigns

Catch-up campaigns are time-limited programmes aimed at an unvaccinated cohort of eligible patients. Participation in any agreed catch-up campaigns will become a core requirement for practices, with funding provided through global sum.

Where a catch-up campaign focuses on a vaccine that accrues an item of service payment, then this will be payable against each vaccine delivered as part of the catch-up campaign. The agreed 2020/21 MMR catch-up campaign is a continuation of that in 2019/20 for children aged 10 and 11 years. Each vaccination delivered as a result of this catch-up activity will accrue an item of service fee of £10.06.

The requirements for this catch-up campaign remain unchanged from 2019: to demonstrate that they are implementing this catch-up campaign practices will be required to:

- Check patient paper/electronic records (Electronic Patient Record) and if necessary correct computerised record.
- Confirm that the patient is still in the area – if they are not, remove them from the list and inform the local CHIS.
- Actively invite all those missing one or both doses of MMR to have the MMR vaccine at a vaccination clinic held in the practice or to book an appointment – priority should be given to patients missing both doses as this is where most clinical value/value for money is gained.
- NHS England expects as a minimum three invitations per patient, which aligns with the standard described above, and a record of practice activity to be sent to local teams.
 - First invitation can simply offer an appointment.
 - Second invitation – offer an appointment, confirm receipt and/or check if the parent/guardian already has a record of vaccination, e.g. in the Personal Child Health Record.
 - Third contact should be a practice healthcare professional discussion with the parent or guardian, either face-to-face or via telephone – with the expectation that all participating staff are adequately trained. Practices to make use of the PHE [resources](#) in call/recall discussions to support informed choice and improved uptake and coverage. At this point also check for any other missing childhood immunisations and offer these.
- Ensure that parents/guardians of patients who need a second dose are invited and attend for the second dose (three invitations).
- Continue to follow-up, recall and update computerised records for patients who do not respond or fail to attend scheduled clinics or appointments, and offer opportunistically as and when.
- If there is no response after following the process outlined above, practices to notify school nursing service to follow-up/offer at school.
- Inform local team of outcome.

5 Standards for record keeping and reporting

Practices must keep records of:

- any refusal of immunisation
- where an offer of immunisation is accepted:
 - details of the informed consent to the immunisation
 - the batch number, expiry date and name of the vaccine
 - the date of administration
 - when two or more vaccines are administered in close succession, the route of administration and injection site of each vaccine
- any contraindication to the vaccine or immunisation
- any adverse reaction to vaccination or immunisation.

Practices are required to use the nationally specified SNOMED codes to record this activity and to return performance data to PHE and any successor organisation.

A standard Item of Service (IoS) fee

From April 2021, all routine vaccine and immunisations for children and adults will attract a fee of £10.06. GP practices will be required to provide vaccinations and immunisations to all eligible patients or target groups of the type and in the circumstances as set out in the tables below. The tables outlined within the vaccination and immunisation guidance include

- Childhood immunisation schedules – All children starting the immunisation programme at 8 weeks will follow the childhood immunisation schedule and be offered immunisations routinely as outlined in table 1. GP practices should strive to vaccinate any children with interrupted, incomplete or 'unknown' immunisation status where possible.
- Adult Routine Immunisation Schedule – All adults routine immunisations programmes should be offered routinely to those cohorts of patients as outlined in Table 2.
- Other vaccination programmes – the immunisations programmes outlined in Table 3 should be offered routinely to those cohorts of patients. NHS England will continue to issue Enhanced Service Specifications for childhood and adults Seasonal Influenza programmes so these are excluded from the tables below.

Table 1. Childhood Immunisations

| Vaccination and Immunisation Programmes | Age Eligibility | Type of offer |
|---|--|-------------------------------|
| GP practices are required to provide the following diphtheria containing vaccine and immunisation programmes in line with the routine childhood immunisation schedules: | | |
| <ul style="list-style-type: none"> – 6 in 1 vaccine Diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type b (Hib) and hepatitis B (DtaP/IPV/Hib/HepB) | 8 weeks 12 weeks; and 16 weeks | Call / recall |
| <ul style="list-style-type: none"> – Diphtheria, tetanus, pertussis and polio | 3 years 4 months old or soon after | Call / recall |
| <ul style="list-style-type: none"> – Tetanus, diphtheria and polio – This is predominantly given via the school's programme. An item of service fee will only be applicable if this has not been given in school and is administered by the GP practice. | Boys and girls aged twelve to thirteen years (only attracts an IoS payment if not given in school) | Opportunistic or if requested |

| Vaccination and Immunisation Programmes | Age Eligibility | Type of offer |
|---|--|---------------------------------------|
| <p>Meningococcal group b (MenB)</p> <p>GP practices are required to provide to each child registered with the practice a Men B vaccination in line with the childhood immunisation schedule as outlined opposite on a proactive call / recall basis.</p> | <p>8 weeks; 16 weeks; and</p> <p>1 year old (on or after the child's first birthday)</p> | <p>Call/recall</p> |
| <p>Rotavirus gastroenteritis</p> <p>GP practices are required to provide to each child registered with the practice the rotavirus vaccine in line with the childhood immunisation schedule.</p> <p>Where the vaccine status of the child is unknown and unable to receive the first dose before the age of 15 weeks no vaccine should be given.</p> | <p>8 weeks; 12 weeks</p> | <p>Call/recall</p> |
| <p>Pneumococcal (13 serotypes)</p> <p>GP practices are required as part of the childhood immunisation schedule and in non-routine cases to provide PCV vaccinations to eligible registered patients. This is a two-dose schedule.</p> <p>Children who are severely immunocompromised or have complement deficiency, asplenia or splenic dysfunction must receive the PVS and Hib/MenC as follows:</p> | <p>12 weeks 1 year old (on or after child's first birthday)</p> <p>Infants under 1 year old PCV first set of doses (2 injections 8 weeks apart)</p> <p>1 year old PCV second set of doses (2 injections 8 weeks apart)</p> | <p>Call/recall</p> |
| <p>Haemophilus B and Meningitis C booster</p> | <p>1 year old (on or after the child's first birthday)</p> | <p>Call/recall</p> |
| <p>Measles, Mumps and Rubella (MMR)</p> <p>GP practices are required to vaccinate all registered patient who are eligible regardless of their age and who have not previously received a completed course of the vaccination.</p> | <p>1 year old (on or after the child's first birthday;</p> <p>3 years 4 months old or soon after (check that the first dose has been given)</p> | <p>Call/recall</p> <p>Call/recall</p> |

| Vaccination and Immunisation Programmes | Age Eligibility | Type of offer |
|---|--|--------------------------------------|
| <p>GP practices should administer the MMR vaccine in line with the requirements set out below:</p> <ul style="list-style-type: none"> – under the age of 6 as set out in the Routine Immunisation Schedule with additional doses to be given where clinically indicated^(a);¹ – aged 6 and over for those who have not received a completed course of the vaccination where clinically indicated; or – aged 6 and over for those with an unknown or incomplete vaccination history where clinically indicated | <p>10-11 year olds catch-up</p> <p>Aged 6 years and over</p> | <p>Opportunistic or if requested</p> |
| <p>Human papillomavirus (HPV)</p> <p>GP practices are required to provide (HPV) vaccinations to adolescent girls and boys who have attained the age of 14 years but who have not attained the age of 25 years who have missed vaccination under the schools programme.</p> <p>An item of service fee will only be applicable for those vaccinations administered by the GP practice.</p> | <p>Boys and girls aged between 14 and 25 years who have not been vaccinated under the schools' programme</p> | <p>Opportunistic or if requested</p> |
| <p>Meningococcal A.C.W.Y (MenACWY)</p> <p>GP practices are required to provide MenACWY vaccinations to those who have attained the age of 14 years but who have not attained the age of 25 years. This includes those patients who may have missed the school programme (14<25) and those (19<25 years) who are attending University for the first time.</p> | <p>Those aged between 14 and 25 years who have not been vaccinated under the schools' programme</p> | <p>Opportunistic or if requested</p> |

Details of the wider Public Health England's published routine childhood immunisation schedule are available at www.gov.uk/government/publications/the-complete-routine-immunisation-schedule

1 (a) Further guidance can be found in the Green Book: <https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>

Table 2: Adult routine immunisations

All adults routine vaccines and immunisations should be offered routinely to all eligible cohorts of patients outlined below.

| Vaccination and Immunisation Programme | Age Eligibility | Type of offer |
|---|--|--|
| <p>Pneumococcal Polysaccharide Vaccine (PPV)</p> <p>GP practices are required to offer pneumococcal polysaccharide vaccination to all eligible patients registered at the GP practice; unless contra-indicated and is usually a single dose of vaccine.</p> <p>Booster doses may be required at five yearly intervals for individuals with no spleen, splenic dysfunction or chronic renal disease (as per Green Book).</p> | <p>65 years old</p> <p>2-64 years in defined clinical risk groups (see Green Book)</p> | <p>Proactive call and recall if in a defined clinical risk group.</p> <p>Proactive call at 65 years old if not in a defined clinical risk group, opportunistic offer or if requested thereafter.</p> |
| <p>Shingles routine and catch-up programme</p> <p>GP practices are required to provide shingles vaccinations to all eligible registered patients who are 70 years of age but not yet attained the age of 80 years.</p> <p>A new vaccine is expected to be made available during 2021/22 which will enable vaccination of those who are unsuitable for vaccination with Shingrix due to being immunocompromised. Practices will be able to administer this under the GMS contract as it becomes available.</p> | <p>70 years old</p> | <p>Call at 70 years old, opportunistic or if requested until aged 80 years.</p> |

Table 3: Selective immunisations

The following selective immunisations programmes should be offered by GP practices as part of the GMS contract to all eligible patients as outlined below. These are existing immunisation programmes that are eligible for an item of service fee.

| Vaccination and Immunisation Programme | Age Eligibility | Type of offer |
|---|--|-------------------------------|
| <p>Babies born to hepatitis B infected mothers:</p> <p>GP practices are required to vaccinate those babies born to mothers who have Hepatitis B. Vaccination should commence as soon as possible after birth. If the baby has not already been vaccinated immediately after the birth by the hospital GP practices should administer the vaccine. GP practices need to ensure that the results of baby's blood test to ascertain the existence of Hepatitis B infection is recorded in the baby's patient record.</p> | <p>At birth (normally administered by hospital)</p> <p>At four weeks old</p> <p>At 12 months old</p> | Call/recall |
| <p>Pertussis in pregnancy</p> <p>The optimal time for pertussis vaccination is from 16 weeks pregnancy, or soon after, to maximise transplacental transfer of antibodies to the unborn child.</p> <p>GP practices are required to offer vaccination to pregnant women who reach or are already at the 16th week of their pregnancy at the time of vaccination.</p> <p>Offer of vaccination can also be between 16 to 32 weeks of pregnancy, ideally between 20 and 32 weeks. However, women who miss vaccination and are beyond week 32 of pregnancy should still be offered immunisation.</p> <p>It is important for all women to be offered the pertussis vaccine during each pregnancy.</p> | Pregnant women from 16 weeks | Opportunistic or if requested |

Payments

- As of 1 April 2021, practices can claim an item of service (IoS) payment for all doses of all listed vaccines, even when multiple vaccines are administered in a single appointment.
- GP practices are eligible for the IoS payment where all requirements as set out in the Statement of Financial Entitlement (SFE) have been met.
- Practices will receive the full IoS in year which will be reconciled at year-end
- Practices need to be signed up to CQRS to enable calculation of the monthly IoS payments.
- Practices are advised that to ensure they receive payment; particular attention should be paid to the payment and validation terms and that they are using the correct clinical codes.
- Practices are required to submit claims within 6 months of administering the vaccination.
- Where a vaccine is centrally supplied, no claim for reimbursement of the vaccine costs or personal administration fee apply.

Ordering and Administration

- Vaccine orders must be conducted in line with national guidance and adhere to any limits on stock to be held at any one time.
- Vaccinations must be with the appropriate vaccine using the correct dosage as clinically appropriate.
- Healthcare professionals involved in administration of vaccines must have the necessary skills and training, including the treatment of anaphylaxis and have referred to current clinical guidance.
- Where a patient has indicated they wish to receive the vaccination but are physically unable to attend the practice the practice must make all reasonable efforts to ensure the patient is vaccinated.

Adjustment for lower coverage

- Previously, practices achieving a combined coverage of less than 70% earned nothing from the Childhood Immunisation DES. This did not fairly reflect that every additional vaccination for a child has value. In general, the movement to an item of service payment removes this 'cliff-edge', meaning that practices will start to receive income for patients that they immunise once they reach the 50% threshold.
- The payments are grouped in three tiers
 - **Practices achieving less than 50% coverage of a vaccination will not be able to retain the Item of Service fees (IoS).** In previous arrangements there would have been no payment until the practices reach 70% coverage for MMR and the 6-in-1 vaccine, and in other childhood vaccines a lower payment generally applied.
 - **Practices achieving more than 80% coverage of a vaccination will retain all of the IoS fees for all the vaccinations they administered.**
 - Where practices are achieving between 50 to 80% coverage on the routine childhood vaccines (MMR, 6-in-1, rotavirus, PCV, Men B, Hib, Men C) then a repayment of a proportion of earnings will be triggered according to the following formula: *value of the IoS fee x 50% of eligible cohort size.*
- A practice may very occasionally demonstrate extenuating circumstances, and therefore be exempt from the repayment. In this situation the practice would need to demonstrate that the core contractual requirements had all been met and that they had made appropriate efforts to improve the vaccination rate before a commissioner could consider it. This is expected to be applicable only in small number of circumstances

QOF vaccination domains

Four indicators will comprise the new vaccinations and immunisations domain. This transfers almost £60m from the childhood immunisation DES to QOF increasing the total value of QOF.

| Indicator ID | Indicator wording | Points | Payment thresholds | Points at lower threshold |
|-----------------|--|--------|--------------------|---------------------------|
| NM197 (adapted) | The percentage of babies who reached 8 months old in the preceding 12 months, who have received at least 3 doses of a diphtheria, tetanus and pertussis containing vaccine before the age of 8 months. | 18 | 90-95% | 3 |
| NM198 | The percentage of children who reached 18 months old in the preceding 12 months, who have received at least 1 dose of MMR between the ages of 12 and 18 months | 18 | 90-95% | 7 |
| NM199 | The percentage of children who reached 5 years old in the preceding 12 months, who have received a reinforcing dose of DTaP/IPV and at least 2 doses of MMR between the ages of 1 and 5 years. | 18 | 87-95% | 7 |
| NM201 | The percentage of patients who reached 80 years old in the preceding 12 months, who have received a shingles vaccine between the ages of 70 and 79 years. | 10 | 50-60% | 0 |

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