

# WELSH HEALTH CIRCULAR



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**Enclosure(s):**

Childhood Influenza Vaccination Programme 2019-2020 – National Enhanced Service Specification

## **The National Influenza Immunisation Programme 2019-2020**

I would like to take this opportunity to thank all those working in NHS Wales, social care agencies, the private sector, the third sector and other areas for their continued hard work on the influenza (flu) immunisation programme.

I recognise the challenges of delivering a flu vaccination programme to a greater number of people year on year. To help with planning, this letter gives information on the programme for 2019-20.

My key messages for the coming flu season are:

- **The importance of vaccinating children early in the season.**  
Children are 'super spreaders' of infection and the vaccine in this age group is very effective. (For the 2018-19 flu season vaccine effectiveness is estimated at 89%). Increasing uptake in all eligible children, particularly those aged 2 and 3 years, would have a significant impact on reducing transmission of flu across all groups in the community.
- **Increasing uptake in clinical risk groups aged under 65 years.**  
Uptake of flu vaccine in those aged 64 years and under continues to be disappointing. Collectively more needs to be done to improve uptake in this group. Secondary care clinicians will wish to consider the contribution they make in ensuring their patients with chronic conditions understand the importance of the annual flu vaccination.
- **Increasing uptake in frontline health and social staff.** Health and social care workers have a responsibility to protect the people they care for from infection. Uptake in NHS staff last season across Wales as a whole is expected to be below previous seasons, interrupting a long-running upward trend. Uptake in care home and nursing home staff in the first year of the programme is estimated to be around 14%. Increasing uptake in these staff groups will help to reduce the transmission of infection to vulnerable patients and service users.

Flu vaccination is the best protection we have against an unpredictable virus that can cause severe illness and deaths each year. I am grateful for your continuing efforts in helping protect vulnerable people against the annual challenges of flu and helping to reduce winter pressures on public services. I am confident that together we can continue to deliver an effective vaccination programme and make it stronger.

Yours sincerely,



**Dr Frank Atherton**  
**Chief Medical Officer / Medical Director NHS Wales**

## **FLU VACCINATION PROGRAMME 2019-2020**

### **Eligible groups**

A detailed list is provided at Annex A. In summary the eligible groups are:

- children aged two and three years on 31 August 2019
- children in primary school from reception class to year 6 (inclusive)
- people aged 65 years and older
- people aged six months to less than 65 years in clinical risk groups
- pregnant women
- people living in care homes or other long-stay care facilities.
- carers (as defined in Annex A – does not include any paid occupational roles such as teachers, nursery or social workers etc.)
- close contacts of immunocompromised individuals

The list at Annex A is not exhaustive and medical practitioners, including nurse and pharmacy prescribers, should apply clinical judgment to take into account an individual's risk from flu when deciding whether to offer flu vaccination.

Staff working in adult residential care homes, nursing care homes and children's hospices will continue to be eligible for free flu vaccination through the community pharmacies. It is not planned to extend this programme in 2019-20. Further detail on the existing programme is provided in WHC(2018)036. See:

<https://gov.wales/docs/dhss/publications/whc2018-036en.pdf>

Flu vaccination is also recommended for all health and social care workers with direct patient/ client contact. This should be provided as part of the employing organisation's policy for the prevention of transmission of flu to help protect both staff and those that they care for. See Annex D for further detail.

### **Protecting people in hospitals**

Flu immunisation of front line health care staff can reduce the transmission of infection to vulnerable patients. In hospitals, it is important to ensure greatest protection for those patients with specific immune suppressed conditions where the outcome of contracting flu may be most harmful. The departments where the risk to patients is likely to be highest include haematology, oncology, bone marrow transplant, neonatal intensive care and special care baby units. Additional areas may be identified locally where there is a high proportion of patients who may be vulnerable, and are receiving close, one-to-one to clinical care.

As part of infection prevention measures, I ask that health boards and trusts undertake a risk assessment in all relevant departments to consider the impact of unvaccinated staff providing direct care to vulnerable patients.

## Vaccine uptake targets

Vaccine uptake targets for 2019-20 are unchanged from last season:

- 75% uptake for those aged 65 years and older and pregnant women
- 55% uptake for those aged six months to 64 years in clinical risk groups.
- 60% uptake for health care workers providing direct patient care.

The aim is that a minimum uptake of 75% is achieved in people aged 65 and over as recommended by the World Health Organisation. In the case of clinical risk groups aged six months to 64 years, the longer term target is also 75%. The current target of 55% is an interim one because current uptake is some way below this aspiration.

Despite the challenge last autumn from the phased delivery of the adjuvanted vaccine recommended for those aged 65 years and over, I am pleased that the reported uptake of vaccine in this cohort is similar to the levels seen in the 2017-18 season and is slightly above uptake for the 2016-17 season. I congratulate everyone, particularly general practices, who helped to ensure patients had the recommended vaccine as soon as possible in these difficult circumstances.

Uptake of flu vaccine in those aged 64 years and under continues to be disappointing. Although final uptake for the season is yet to be determined, it is likely that no more than 45% of this cohort will have received a flu vaccine. Collectively more needs to be done to improve uptake in this group. Secondary care clinicians will wish to consider the contribution they make in ensuring their patients with chronic conditions understand the importance of the annual flu vaccination.

All individuals eligible for a flu vaccine due to age or clinical risk should be actively invited for vaccination and also recalled if they do not respond to their first invitation.

## Children's programme

Specific uptake targets for the children's programme have not been set. However, there remains considerable variability in uptake between health boards and trusts. The expectation is that uptake across this programme will improve on last season in every health board area, particularly in pre-school children.

Improving vaccine uptake in children is important for individual protection, and also because of the indirect protection this offers to the rest of the population. I ask that increased effort is given to the vaccination of pre-school children as uptake continues to lag behind that in schools. **Two and three year olds should be actively called and offered vaccination as early as possible in the season** after the vaccine becomes available to help reduce flu transmission in the community to other vulnerable groups.

The Joint Committee on Vaccination and Immunisation (JCVI) has recommended that there is a pause before extending the children's programme into secondary schools until after the roll out to all primary school aged children is completed across the whole of the UK. This was achieved in Wales in 2018-19 and all other parts of the UK will have completed in 2019-20. This pause will enable more data to be collected on the impact of the programme on flu transmission and whether an extension of the programme to older children would be beneficial.

Further information on the children's programme can be found in Annex B.

### **Health and social care staff**

As in previous years, flu immunisation should be offered by NHS organisations to all employees involved in delivering direct healthcare.

Staff working in adult care homes and nursing homes in Wales will again be offered flu vaccination through arrangements with community pharmacies. Employers providing social care in other settings remain responsible for offering flu vaccination to employees. This is because the greatest risk of transmitting flu is within residential establishments.

Independent primary care providers such as general practices, dental and optometry practices and community pharmacists should offer vaccination to their frontline staff as part of their occupational health responsibilities.

See Annex C for further information.

### **Flu vaccine recommendations**

Advice and guidance on ordering flu vaccines for the 2019-20 season has already been issued separately.

Welsh Health Circulars WHC(2018)045 and WHC(2019)002 apply. The circulars are published at:

<http://gov.wales/topics/health/nhswales/circulars/public-health/?lang=en>

It has been agreed with GPC(Wales) that health boards will provide reimbursement only where flu vaccines are given as recommended in the above circulars. The GP contract is being amended accordingly.

Further information is in Annex D.

## **Community Pharmacies**

Health boards must make arrangements with all community pharmacies in their area expressing an interest in providing the community pharmacy NHS seasonal influenza vaccination service and who meet the service requirements.

At risk individuals:

General practice will continue to be the main provider of flu vaccinations to the public, with community pharmacies primarily supporting those individuals who are under 65 years of age in at risk groups and those who do not routinely get a flu vaccination. Health boards should identify and build on examples of good practice, where GP practices and their community pharmacy partners have worked collaboratively, to develop a co-ordinated approach that strengthens local arrangements and improves vaccine uptake.

Community pharmacies have discretion to immunise individuals aged 65 years or over if they consider they are unlikely to visit their GP for vaccination.

Care home and nursing home staff:

Community pharmacies may again offer flu vaccinations to eligible staff working in adult residential care homes, nursing homes and children's hospices. Pharmacists should actively promote uptake with the care home managers they work with. Community pharmacies that supply medicines to care homes may wish to make arrangements with those homes to offer flu vaccination to staff on the premises. Alternatively, staff may be directed to visit any pharmacy providing the community pharmacy NHS flu vaccination service. In some rural areas, there may be no local community pharmacy offering the flu vaccination service which may act as a barrier to staff uptake. In these circumstances, health boards should agree an alternative method of delivery for the specific care homes or areas where this applies.

Pharmacies should ensure that GP practices are notified promptly of all patients who have been immunised. General practices should ensure information received about flu vaccinations administered to their patients outside the general practice is promptly recorded on individual patients notes.

Health boards should ensure that Patient Group Directions are issued promptly to enable community pharmacists to offer NHS flu vaccinations as early as possible in the season. PGDs should include all the eligible groups to whom community pharmacies may provide this service.

## **Publicity and Information Materials**

Leaflets, posters and other publicity materials will be made available on the NHS Direct (Wales) website via the link below.

<http://www.nhsdirect.wales.nhs.uk/encyclopaedia/f/article/flu,seasonal/>

Hard copies of leaflets and posters are available to order at:

[www.publichealthwales.org/HealthInformationResources](http://www.publichealthwales.org/HealthInformationResources)

or telephoning 029 2010 4650.

Further information for healthcare workers, including examples of good practice and ways to positively influence vaccine uptake are available from the Vaccine Preventable Disease Programme, Public Health Wales, NHS Wales intranet site at:

<http://howis.wales.nhs.uk/immunisation>

The 'Beat Flu' internet pages also contain useful information for professionals and the public at:

[www.beatflu.org](http://www.beatflu.org) or [www.curwchfiliw.org](http://www.curwchfiliw.org)

### **Surveillance and Reporting**

Public Health Wales provides year round weekly updates of influenza activity in Wales along with a UK and world summary. From October 2019 to April 2020, the weekly report will also contain an update of progress in the flu immunisation campaigns for the public and NHS staff. The report is available at: <http://www.publichealthwales.org/flu-activity/>

From October 2019 to April 2020, Public Health Wales will again be providing weekly immunisation uptake reports to health boards, primary care clusters and general practices in Wales. These reports can help inform activity to increase uptake at practice and primary care cluster level. The reports are available to those with NHS intranet access through the Public Health Wales Influenza Vaccination Online Reporting (IVOR) scheme at:

<http://howis.wales.nhs.uk/ivor>

A full annual epidemiological summary of influenza activity and influenza immunisation uptake will be published by Public Health Wales in June 2020 at:

<http://www.wales.nhs.uk/sites3/page.cfm?orgid=457&pid=55714>

### **The Green Book**

The Green Book, "*Immunisation against infectious disease*" provides guidance to healthcare practitioners on flu immunisation. This is regularly updated and can be found at:

<https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19>

Further detailed information is set out in the attached annexes as follows:

Annex A	Groups recommended to receive flu vaccine.
Annex B	Children's flu programme.
Annex C	Health and social care workers.
Annex D	Flu vaccine recommendations.
Annex E	Pregnant women.
Annex F	Vaccine strains.
Annex G	Directed Enhanced Services.
Annex H	Data collection.

### **Eligible groups included in the national flu immunisation programme**

Groups eligible for flu vaccination are based on the advice of the Joint Committee on Vaccination and Immunisation (JCVI).

The following provides a summary of the groups recommended to be offered flu vaccinations in 2019-20. For full details, healthcare practitioners should refer to the influenza chapter of the Green Book “Immunisation against infectious disease” at:

<https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19>

#### **Children**

Children aged two and three years on 31 August 2019 i.e. date of birth on or after 1 September 2015 and on or before 31 August 2017. Vaccination will be offered through general practice (or the school nursing service where local agreements are in place for children aged three years).

All children in primary school reception class and school years 1 to 6 (inclusive) to be offered vaccination through the school nursing service.

For practical reasons, all children attending school in the eligible school years (1 to 6) should be offered vaccination irrespective of their actual date of birth.

Children in the age ranges above who do not attend school, are to be offered vaccination through general practice. There is no requirement to invite.

Children not in the age groups mentioned above should be offered vaccination in line with the clinical risk eligibility guidance outlined below.

#### **People aged 65 years and over**

Includes those becoming age 65 years by 31 March 2020 (i.e. born before 1<sup>st</sup> April 1955).

This age eligibility criteria is lowered to 55 years of age for those in prison. This is based on evidence that many adults in prison are physiologically 10 to 15 years older than their counterparts in the community.

#### **People aged six months to less than 65 years with a serious medical condition including:**

Chronic respiratory disease such as asthma requiring regular inhaled steroids, or chronic obstructive pulmonary disease (COPD)

Chronic heart disease

Chronic kidney disease at stage 3, 4 or 5

Chronic liver disease

Chronic neurological disease such as Parkinson's disease, motor neurone disease or learning disability (where clinically vulnerable)

Diabetes

Immunosuppression due to disease such as HIV/AIDS or treatment such as cancer treatment (and household contacts of at risk individuals).

Asplenia or dysfunction of the spleen

Morbidly obese adults (class III obesity) defined as those with a Body Mass Index (BMI) of 40 or above.

### **Pregnant women**

All pregnant women at any stage of pregnancy (first, second or third trimesters).

### **People living in care homes or other long-stay care facilities**

Vaccination is recommended for people living in care homes or other long-stay care facilities where rapid spread is likely to follow introduction of infection and cause high morbidity and mortality.

This does not include prisons, young offender institutions or university halls of residence.

### **Carers**

Those who are the unpaid carer, including young carers, of a person whose health or welfare may be at risk if the carer falls ill, including those who receive a carer's allowance. The carer need not reside with, or be related to, the person being cared for.

People in paid occupational roles are not eligible as carers by consequence of their employment e.g. teachers, nursery and social workers.

### **Third sector carers**

Individuals who work on a voluntary basis (are not paid for their time and effort) providing care on a frequent basis to one or more elderly, disabled or otherwise vulnerable person whose welfare would be at risk if the individual became ill.

Individuals should be identified by a letter from their parent organisation naming the person, and confirming their membership of, and role in, the organisation.

### **Members of voluntary organisations providing planned emergency first aid**

Individuals who work on a voluntary basis (are not paid for their time and effort) in organisations which provide planned emergency first aid at organised public events.

These should be identified by a letter from their parent organisation naming the person, and confirming their membership of, and role in, the organisation.

This category does not include individuals who are qualified to provide first aid in other circumstances.

### **Community First Responders**

Active members of a Welsh Ambulance Service Trust (WAST) Community First Responder scheme providing first aid directly to the public.

These should be identified by a letter from their parent organisation naming the person, and confirming their membership of, and role in, the organisation.

### **Healthcare workers**

Healthcare workers who are in direct contact with patients should be vaccinated by their employer as part of their occupational health care.

### **Staff working in residential care homes**

All staff employed in adult residential care homes, nursing care homes and children's hospices who are in regular contact with residents, are eligible through the community pharmacy NHS seasonal influenza vaccination service or their GP if in an eligible clinical risk group. For further detail see:

<https://gov.wales/docs/dhss/publications/whc2018-036en.pdf>

### **Social care staff**

Social care staff, including domiciliary care workers, should be offered/facilitated vaccination by their employer.

### **Locum GPs**

Locum GPs may be vaccinated at the practice where they are registered.

The list above is not exhaustive, and practitioners should apply clinical judgement to take into account the risk of flu exacerbating any underlying disease that a patient may have, as well as the risk of serious illness from flu itself. Flu vaccine should be offered in such cases even if the individual is not in one of the groups specified above.

Individuals recommended to receive flu vaccine who are long term in-patients during the flu season should be vaccinated in hospital. Health boards/trusts are expected to make suitable arrangements to identify and vaccinate these individuals, and notify their general practice in a timely way.

Clinicians are encouraged to consider the needs of individuals waiting for a transplant. The current recommendations for flu vaccine cover a wide range of chronic diseases and therefore most transplant-list patients are likely to be in a recognised clinical risk group and eligible for immunisation. Practitioners should apply clinical judgement to take into account the risk of flu exacerbating any underlying condition a patient may have.

## **The Children's Flu Immunisation Programme**

The aim of the routine annual flu immunisation programme for children is to provide individual protection to the vaccinated children themselves and to reduce transmission of flu across all ages. The Joint Committee on Vaccination and Immunisation (JCVI) recommends that all eligible children are offered a live attenuated influenza vaccine (LAIV) administered as a nasal spray. This is a quadrivalent vaccine.

Data from the full primary school roll out of the programme in Scotland and Northern Ireland and pilot areas in England show that a positive impact has been found on flu transmission across a range of surveillance indicators from vaccinating children at primary school age. These include reductions in: GP consultations for influenza-like illness, swab positivity in primary care, laboratory confirmed hospitalisations and percentage of respiratory emergency department attendances.

Since the introduction of LAIV for children in the UK, the vaccine effectiveness for laboratory confirmed infection has been good. In 2016-17, the vaccine was estimated to be 65.8% effective at preventing laboratory confirmed influenza in UK children aged two to 17 years. Although the overall vaccine effectiveness was lower in 2017-18 at 26.9%, a predominately influenza A(H3N2) season in Wales, with co-circulation of influenza B, protection varied considerably by strain and remained high against influenza A(H1N1)pdm09 at 90% and influenza B at 60.8%, both of which can have an impact on children. Vaccine effectiveness for the 2018-19 season against A(H1N1)pdm09 is expected to be around 89%.

The JCVI has advised that greater priority should be given to improving vaccine uptake in children because of the indirect protection this offers to the rest of the population. **Prioritising the vaccination of children as early as possible in the season is likely to have an increased impact on protecting others in at risk groups from the effects of flu. Practices and school nursing services should aim to vaccinate all eligible children before the Christmas break.**

### **Uptake targets**

There are no specific uptake targets in the children's programme. Flu vaccine providers must actively invite 100% of children (e.g. by letter, email, phone or text) and ensure uptake is as high as possible.

In the 2018-19 season, there has again been significant variation in reported uptake between health board areas, particularly in children aged two and three years. For the reasons outlined above, it is important that practices and health boards maximise uptake in children.

## **Eligible Groups of Children for 2019-20**

Flu vaccination should be offered to:

**All children aged two and three years (including those in clinical risk groups).**

General practices should offer immunisation to all registered patients aged two and three years on 31 August 2019 (i.e. dates of birth from 1 September 2015 to 31 August 2017 inclusive) except where local agreements are in place for the school nursing service to offer vaccination to children aged three years in school nurseries.

The vaccine should be offered on a pro-active call basis; children considered at risk due to a health condition should be offered on a pro-active call *and recall* basis. This could be, for example, through direct invitation by letter, e-mail, phone call, text or otherwise (although such strategies are for GP practices to determine) inviting them to a flu vaccination clinic or to make an appointment. Where recall is required, the GP practice will follow-up patients who do not respond or fail to attend for vaccination.

**All children in primary school - reception class and school years 1 to 6 (inclusive).**

School nursing teams should offer vaccination to all primary school children in reception classes and school years 1 to 6.

Where consent for the vaccination has been given, but the child is unable to attend the arranged school vaccination session, a letter will be provided by the school nursing service advising that a flu vaccination appointment may be made with their GP surgery. Where no consent has been received, the option to have the vaccine at the GP surgery will not be offered.

It is expected that the majority of children aged four years on 31 August 2019 will be attending school in reception classes. For the small number that do not, GP surgeries should offer the vaccine on request, or opportunistically to children who attend for other purposes. GP practices should also offer vaccination opportunistically or at request to eligible children who do not attend a school covered by a health board flu immunisation programme.

Health boards should make appropriate arrangements to offer the vaccine to eligible children who are not in mainstream schools.

### **Vaccination sessions**

Vaccination sessions should not be planned before the second week in October, to reduce the risk of having to re-schedule, due to vaccine availability. School vaccination programmes should aim to complete before the Christmas break. The dates when Immform ordering of LAIV will be opened and first deliveries of vaccine are scheduled will be notified as soon as possible later in the year.

## Use of live attenuated influenza vaccine for children

The JCVI has advised that a live attenuated influenza vaccine (LAIV) is the vaccine of choice for children aged two to 17 years.

The JCVI recommended LAIV as it:

- Has good efficacy in children, particularly after a single dose.
- Is more acceptable to children, their parents and carers due to intranasal administration.
- Has the potential to provide protection against circulating strains that have drifted from those contained in the vaccine.
- May offer important longer term immunological advantages to children by replicating natural exposure/infection to induce potentially better immune memory to influenza that may not arise from the annual use of inactivated flu vaccines.

LAIV is authorised for children aged from two to 17 years.

The Patient Information Leaflet (PIL) provided with LAIV suggests children should be given two doses of this vaccine if they have not had flu vaccine before. However, the JCVI considers that a second dose of the vaccine provides only modest additional protection.

On this basis, the JCVI has advised that most children should be offered a **single dose** of LAIV. However, children in clinical risk groups aged two to less than nine years and who have not received flu vaccine before, are recommended to have two doses of LAIV given at least four weeks apart.

## Contraindications and Precautions

The advice on contraindications and precautions sections in the Green Book influenza chapter should be referred to:

<https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19>

LAIV should not be given to children less than two years of age.

LAIV is unsuitable for children with contraindications such as severe immunodeficiency, severe asthma or active wheeze. Those with clinical risk factors that contraindicate LAIV should be offered a suitable quadrivalent inactivated influenza vaccine some of which are now authorised for use from 6 months of age.

## Egg Allergy

In 2015, the JCVI advised that, except for those with severe anaphylaxis to egg which has previously required intensive care, children with an egg allergy can be safely vaccinated with LAIV in any setting (including primary care and schools). Those with clinical risk factors that contraindicate LAIV should be

offered an inactivated flu vaccine with a very low ovalbumin content (less than 0.12 µg/ml).

Children with a history of severe anaphylaxis to egg which has previously required intensive care, should be referred to specialists for immunisation in hospital. LAIV is not otherwise contraindicated in children with egg allergy. Egg-allergic children with asthma can receive LAIV if their asthma is well-controlled.

Children aged six months to less than nine years who have not received flu vaccine before should be offered a second dose, given at least four weeks after the first dose.

### **Porcine Gelatine**

LAIV (Fluenz Tetra<sup>®</sup>) contains a wide range of ingredients, including a highly processed form of porcine gelatine (as do many other pharmaceutical products). There is currently no alternative recommended vaccine that does not contain porcine gelatine.

Only those children who are in clinical risk groups or have clinical contraindications should be offered a quadrivalent inactivated injectable vaccine as an alternative to LAIV.

### **Use of Nasal Flu Vaccine**

LAIV has a shorter shelf life (maximum of 18 weeks) than other influenza vaccines and some of this will have passed by the time the vaccine has been supplied to practices or health boards. The expiry date should be checked before use. Vaccine has been ordered in batches with varying expiry dates to cover the period over which, historically, the flu vaccine has been used. It is expected that all the LAIV will expire in early 2020, though this will depend on actual vaccine production dates.

### **Vaccine Ordering**

LAIV has been procured centrally to cover anticipated demand and coverage of the specified cohorts. It will be available to order via ImmForm in the same way as other vaccines for the current national childhood vaccine programmes.

The dates LAIV will become available, and the quantities, will not be known with certainty until near the date. Limits will be applied to vaccine orders to avoid an interruption of the central supply. This must be taken into account in planning vaccination sessions. Arrangements for clinics should not be confirmed until LAIV availability is assured.

Further information on LAIV availability and ordering arrangements will be provided later in the summer.

## **Funding and service arrangements**

Agreement has been reached with the General Practitioners Committee (Wales) to provide this programme in general practice for 2 and 3 year old children, and 4 year old children not in school; also for those children in the school years included in the programme who miss a vaccination appointment or do not attend a school covered by a health board flu vaccination programme.

The programme will be delivered via a National Enhanced Service Specification (see attached). GPs will receive an 'Item of Service' fee at the current applicable rate for each vaccination administered.

All funding for the children's programme, whether delivered through general practices or the school nursing service, has been transferred to health boards core allocation budgets. No further in-year funding will be allocated.

## **Health and Social Care Workers**

### **Background**

Health and social care workers have a responsibility to protect their patients and service users from infection. This includes vaccination against infectious diseases.

As in previous years, flu immunisation should be offered by NHS organisations to all employees involved in delivering direct healthcare. This is not an NHS service, but an occupational health responsibility being provided to NHS staff by NHS employers.

This year flu vaccination is again being offered to staff working in adult care homes and nursing homes in Wales through arrangements with community pharmacies. Employers providing social care in other settings remain responsible for offering flu vaccination to employees. This is because the greatest risk of transmitting flu is within residential establishments.

Independent primary care providers such as general practices, dental and optometry practices and community pharmacists should offer vaccination to their frontline staff as part of their occupational health responsibilities.

A 10 minute online e-learning module on influenza and flu vaccination containing useful information for all health and social care staff is currently being updated and will be available at:

[www.wales.nhs.uk/immslearning](http://www.wales.nhs.uk/immslearning)

Doctors are reminded of the General Medical Council's (GMC) guidance on Good Medical Practice (2013), which advises immunisation 'against common serious communicable diseases (unless otherwise contraindicated)' in order to protect both patients and colleague; see paragraph 29 at:

[http://www.gmc-uk.org/guidance/good\\_medical\\_practice/your\\_health.asp](http://www.gmc-uk.org/guidance/good_medical_practice/your_health.asp)

Nurses are reminded that the Royal College of Nursing states that:

“Vaccination of health and social care workers with direct patient / client contact is essential to help protect patients and it is an important way to help reduce the risk of patient infections”

and advises that those involved in frontline health care should have the seasonal flu vaccination annually. For more information, see:

<https://www.rcn.org.uk/beat-the-flu>

Chapter 12 of the Green Book provides information on which groups of staff can be considered to have direct patient contact, but examples might include:

- Clinicians, midwives, nurses, and ambulance crew.
- Occupational therapists, physiotherapists and radiographers.
- Primary care providers such as GPs, practice nurses, district nurses, school nurses, health visitors and receptionists.
- Social care staff working in care settings.
- Pharmacists, both those working in the community and in clinical settings, and staff working in direct support of clinical staff, often with direct patient care.
- Students and trainees in these disciplines and volunteers who are working with patients/clients should also be included.

This is not an exhaustive list and decisions to provide immunisation should be based on local assessment of likely risk and exposure.

## **Rationale for Vaccination**

Flu outbreaks can happen on a weekly basis during the winter in health and social care settings with staff and patients/clients being affected. It is important that staff protect themselves by having the flu vaccine in a timely way, and in doing so, reduce the risk of spreading flu to their patients, colleagues and family members.

Vaccination of healthcare workers against flu can significantly lower rates of flu-like illness, hospitalisation and mortality in the elderly in healthcare settings. Vaccination of staff in social care settings may provide similar benefits. Flu immunisation of front line health and social care staff may reduce the transmission of infection to vulnerable patients, many of whom will have impaired immune systems that mount a suboptimum response to immunisation.

Healthcare workers are at increased risk of flu infection, and vaccination reduces that risk. Vaccine effectiveness is usually in the range of 40-60%.

Vaccination of frontline health and social care workers also helps reduce the level of sickness absences and contribute to keeping the NHS and care services running. This is particularly important when responding to winter pressures.

NHS and social care bodies are responsible for ensuring, so far as is reasonably practicable, that health and social care workers are free of, and are protected from exposure to, infections that can be caught at work and that all staff are suitably educated in the prevention and control of infections. This includes ensuring that occupational health policies and procedures in relation to the prevention and management of communicable diseases in healthcare workers, including immunisation, are in place.

## **Communications**

Health care employers, including primary care contractors, must actively promote the positive benefits of flu vaccination to front line workers by giving staff balanced and factually correct information in a timely manner. Health

boards/trusts need to demonstrate strong leadership in helping staff understand that if they refuse to be vaccinated they put themselves, their families and the people they care for at unnecessary risk.

Social care employers should take similar action for their staff demonstrating strong leadership and sharing balanced information.

Misconceptions about flu and the benefits of flu vaccine are common, including amongst health and social care workers. The following messages should be promoted to frontline staff in acute, primary, community and social care services:

- As healthcare professionals, we have a duty of care to patients/client/residents to do everything in our power to protect them against infection, including being immunised against flu.
- Getting vaccinated against flu can help protect us and those we care for.
- We are all susceptible to flu, even if we are in good health and eat well. Frontline health and social care staff are, however, more likely to be exposed to flu viruses and are in frequent contact with people who are particularly vulnerable to complications of flu, which can be severe.
- You can be infected with the virus and have no symptoms of flu but can still pass the virus to others including patients or residents.
- Good infection control measures are also essential. They can help to reduce the spread of flu and other acute respiratory infections in healthcare settings, but are not sufficient alone to prevent them.
- The impact of flu on frail and vulnerable patients can be fatal and outbreaks of the virus can cause severe disruption in communities, care homes and hospitals.
- The flu vaccine has a good safety record.
- The flu vaccine cannot give you flu but will help protect you.
- Clinical leaders and managers can lead by example by having the vaccination themselves and encouraging others.
- Over the last ten years there has generally been a good to moderate match between the strains of flu virus in the vaccine and those that subsequently circulated.
- Staff have an opportunity to act as positive role models for colleagues and eligible groups to take up the offer too.

**Flu vaccine recommendations**

To provide maximum protection, it is important that the most effective flu vaccines for the population are offered. Only effective vaccines as recommended below will be eligible for reimbursement as part of the programme funding arrangements.

Welsh Health Circular 2018(045) issued on 6 November 2018 and Circular 2019(002) issued on 30 January 2019 provide advice and guidance on ordering flu vaccines for 2019-20. The circulars are published at:

<http://gov.wales/topics/health/nhswales/circulars/public-health/?lang=en>

The following table provides a summary of the recommended vaccines based on advice from the JCVI:

Product	Suitable for use in clinical at-risk / eligible adults under 65 years	Suitable for use in adults 65 years and over	Licensure status	Recommended for use in 2019-20	NHS list Cost per dose (See link below for further detail on vaccines, cost and supplier)
Standard trivalent vaccines (TIVe)	<b>NO</b>	<b>NO</b>	Licensed	<b>NO</b>	NA
Standard egg-grown quadrivalent vaccines (QIVe)	<b>YES</b>	<b>NO</b>	Licensed	<b>YES</b>	Products available at £8.00 and £9.94
Adjuvanted trivalent vaccine (aTIV)	<b>NO</b>	<b>YES</b>	Licensed (for those aged 65 and over)	<b>YES</b>	£9.79
Cell-grown quadrivalent vaccine (QIVc)	<b>YES</b>	<b>YES</b>	Licensed (aged 9 years and over)	<b>YES</b>	£9.94
High-dose trivalent vaccine (TIV-HD)*	<b>NO</b>	<b>YES*</b>	Licensed (for those aged 65 and over)	<b>NO*</b>	£20.00

\*due to the high list price, this vaccine is not recommended for routine use.

Flu vaccines generally start to be distributed from September each year. However, vaccine manufacture involves complex biological processes, and there is always the possibility that initial batches of vaccine may be subject to delay, or that fewer doses than planned may be available initially. Immunisers should therefore be flexible when scheduling early season vaccination sessions, and be prepared to reschedule if necessary.

## **Pregnant Women**

All pregnant women are recommended to receive a flu vaccine irrespective of their stage of pregnancy. Health boards should take steps to actively encourage this.

There is good evidence that pregnant women are at increased risk from complications if they contract flu. In addition, there is evidence that flu during pregnancy may be associated with premature birth, smaller birth size and weight and that flu vaccination may reduce the likelihood of prematurity and smaller infant size at birth associated with influenza infection during pregnancy. Furthermore, a number of studies show that flu vaccination during pregnancy provides passive immunity against flu infection to infants in the first few months of life.

A review of studies on the safety of flu vaccine in pregnancy concluded that inactivated flu vaccine can be safely and effectively administered during any trimester of pregnancy.

## **When to Offer the Vaccine to Pregnant Women**

The ideal time for flu vaccination is before flu starts circulating, however, vaccination may be offered throughout the flu season. Clinicians should apply clinical judgement to assess the needs of an individual patient, taking into account the level of flu in their community and the fact that following flu vaccination immune response takes about two weeks to develop fully. Up to date information on the levels of flu circulating are provided by Public Health Wales on a weekly basis. See:

[www.publichealthwales.org/flu-activity](http://www.publichealthwales.org/flu-activity)

## **Data Review and Data Recording**

Every woman who is identified as pregnant should be offered influenza vaccination promptly. General practices will need to work in their locality groups to agree procedures with their local midwives for identifying women who are not pregnant at the start of the immunisation programme but become pregnant during the winter.

Health boards should encourage midwives to raise awareness of the benefits of flu vaccine among pregnant women. The linking of midwifery services with GP practices will further support uptake. If arrangements are put in place where midwives administer the flu vaccine it is important that the patient's GP practice is informed in a timely way so their records can be updated accordingly.

Uptake of flu immunisation in pregnant women will be estimated by Public Health Wales, working with health board midwifery services, using a survey carried out at point of delivery in January 2020.

Further information is available from

<http://nww.immunisation.wales.nhs.uk/immunisation-in-pregnancy> (NHS Wales intranet only)

### **Vaccine Virus Strains**

Flu viruses change continuously and the World Health Organisation (WHO) monitors the epidemiology of flu viruses throughout the world. Each year it makes recommendations about the strains to be included in vaccines for the forthcoming winter.

It is recommended that quadrivalent vaccines for use in the 2019-20 northern hemisphere influenza season contain the following:

- an A/Brisbane/02/2018 (H1N1)pdm09-like virus;
- an A/Kansas/14/2017 (H3N2)-like virus;
- a B/Colorado/06/2017-like virus (B/Victoria/2/87 lineage); and
- a B/Phuket/3073/2013-like virus (B/Yamagata/16/88 lineage)

It is recommended that the influenza B virus component of trivalent vaccines for use in the 2019-2020 northern hemisphere influenza season be a B/Colorado/06/2017-like virus of the B/Victoria/2/87-lineage.

Further information can be found at

[https://www.who.int/influenza/vaccines/virus/recommendations/2019\\_20\\_north/en/](https://www.who.int/influenza/vaccines/virus/recommendations/2019_20_north/en/)

### **Contractual Arrangements, Service Reviews and Funding (Excluding the Flu Programme for Children)**

The arrangements, reviews and funding for the flu immunisation programme remain the same as in previous years, apart from the change referred to on page 5 above relating to offering recommended vaccines.

### **The Primary Medical Services (Directed Enhanced Services) (Wales) Directions 2007 (the DES Directions)<sup>1</sup>**

There are a number of DES obligations under the DES Directions that are important to local planning and delivery of the vaccination programme, in particular:

- Health boards should have an agreement in place for each financial year with their GPs or other providers contracted to deliver the flu immunisation programme. These agreements should set out a plan for delivering the programme effectively. This plan should include a register of all patients in at risk groups.
- The agreements with GPs and other providers should include a requirement that they develop a proactive approach to offering these flu immunisations by adopting robust call and reminder systems to contact eligible patients with the aim of maximising uptake and meeting any public health targets in respect of flu immunisation. This should be, for example, through direct contact by letter, phone call, email, text or otherwise (although such strategies are for GP practices to determine) inviting them to a flu vaccination clinic or to make an appointment. GP practice will follow-up patients and remind/recall those who do not receive their flu vaccination.
- Health boards should be assured that GPs have a robust call and reminder system in place and that this will be utilised during the influenza season to identify and call **all** eligible patients.
- Health boards, working with their cluster networks, will want to assure themselves that appropriate plans are in place to offer vaccination to all at risk groups including pregnant women, those who require home visits, are in long-term care or are not registered with a GP practice.
- GPs will not be able to identify all pregnant women on a register at this stage. Health boards will want to ensure the involvement of maternity services so that practices and midwives work together to identify existing pregnant women and any newly pregnant women throughout the flu season so that no eligible patients are missed out.

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<sup>1</sup> As amended by the Primary Medical Services (Directed Enhanced Services) (Wales) (Amendment) Directions 2012 for Influenza and Pneumococcal Immunisation Scheme Plans

### **Data Collection - Monitoring and Reporting Vaccination Uptake**

As in previous years, Public Health Wales will monitor and report on uptake of influenza immunisation for general practices and health boards. Data will be collected automatically throughout the season via the Audit+ software (the practice based component of the Data Quality System). Audit+ data collection is used to monitor uptake rates; it is not an indicator of individual practice performance as it does not allow for differences in practices circumstances. Practice level immunisation uptake data is also used to guide ordering of the intranasal live attenuated influenza vaccines (LAIV).

Flu vaccinations given in general practice should be recorded in patient records promptly using appropriate Read codes. Advice on nationally agreed immunisation Read codes can be found here:

<http://nww.immunisation.wales.nhs.uk/flu-data-specs-1>

It is important that vaccinations given to general practice patients through community pharmacies and other service providers are reported to the appropriate general practices in a timely manner. It is also important that these immunisations are entered into patient records using appropriate 'Seasonal influenza vaccination given by pharmacist' Read code, or 'Influenza vaccination by other health care provider' codes or SNOWED clinical terms (when implemented by the GP system suppliers). Failure to record this information will result in immunisation uptake being underestimated and also risks individuals being invited when the vaccine has already been given.

Immunisers should endeavour to ensure that health board Child Health Offices are notified of all immunisations given to children. Health boards should also ensure that sufficient timely information on children immunised in school settings, and adults immunised in community pharmacies, is provided to general practice to allow accurate updating of general practice records, using appropriate Read codes.

Manual data submissions will be required from any general practices that choose not to use the Audit+ software. (In 2018-19, all practices in Wales used Audit+ to provide information on flu vaccination uptake).

Uptake of flu immunisation in pregnant women will be ascertained by Public Health Wales, working with health board midwifery services, using a survey carried out at point of delivery in January 2020.

Public Health Wales will collect data to monitor flu vaccination uptake in NHS staff on a monthly basis from health board occupational health departments. Guidance on data definitions and reporting requirements for the 2019-20 season will be provided by Public Health Wales before the start of the programme. This will include guidelines on denominator ascertainment, categorisation of staff and template data return forms. Uptake in General Practice staff will be ascertained through an online survey of practices at the end of the season.

Influenza vaccination uptake will be reported on a weekly basis through the Influenza Vaccination Online Reporting (IVOR) scheme. Weekly reports are published at practice, cluster, Local Authority and Health Board levels here:  
<http://nww.immunisation.wales.nhs.uk/ivor>

National level influenza immunisation uptake data will also be reported in the publicly available Public Health Wales weekly influenza surveillance report:  
<http://www.publichealthwales.org/flu-activity>

### **Community Pharmacists**

Community pharmacies will be required to provide details of vaccinations administered using the Choose Pharmacy or National Electronic Claim and Audit Form systems and to the appropriate general practice in a timely manner.

### **Social Care Workers**

Data on eligible social care workers will be collected as part of the community pharmacy NHS seasonal influenza vaccination service requirements.

### **Monitoring Safety**

The safety of all vaccines is monitored by the Medicines and Healthcare Products Regulatory Agency (MHRA). If a healthcare worker or member of the public suspects that an adverse reaction to flu vaccine has occurred, it should be reported using the Yellow Card reporting scheme:

<https://yellowcard.mhra.gov.uk/>

# **Childhood Influenza Vaccination Programme 2019-2020**

## **Service Specification**

# **National Enhanced Service Specification For Childhood Influenza Vaccination Programme 2019-2020**

## **Introduction**

1. This programme is directed at GP practices delivering vaccination and immunisation services in Wales.
2. This programme has been agreed between the Welsh Government and General Practitioners Committee (Wales) (GPC(W)) of the British Medical Association (BMA). The service requirements are included at Annex A.
3. As an Enhanced Service, GP practices may choose whether to participate in this programme.

## **Background**

4. The Joint Committee on Vaccination and Immunisation (JCVI) has recommended that the influenza programme be extended to all children aged from 2 to 17 years inclusive. This is in order to lower the impact of influenza on children and reduce influenza transmission to other children, adults and those in clinical risk groups at any age.
5. For 2019-20, the childhood programme will offer vaccination to the following age groups:
  - Children aged two and three years on 31 August 2019 will continue to be vaccinated through primary care by invitation.
  - Children in school reception class (ages 4 -5 years) and in all primary school years 1 to 6 (ages 5 to 11 years) are to be offered the vaccine in school via the school nursing service.
  - Children aged four years on 31 August 2019 who do not attend school will be offered the vaccine on request or opportunistically by primary care. It is expected that this will apply to very few children as the majority will attend school from four years of age.

6. It is anticipated that the programme for primary care will involve actively inviting approximately 70,000 two and three year olds in Wales in 2019-20 for influenza vaccination.
7. Practices will remain responsible, in line with longstanding agreements and practice, to identify, call/recall and vaccinate all other children in clinical risk groups as defined in the Welsh Health Circular - National Influenza Immunisation Programme 2019 -20.

## Duration and patient cohort

8. The target time frame for this programme is for five months from 1 August 2019 to 31 December 2020 in order to achieve maximum impact of the programme before influenza starts to circulate. However, two and three year olds should be offered vaccination as early as possible in the season, subject to vaccine availability, to help reduce flu transmission in the community to other vulnerable groups. Practices should ensure that vaccine is available before arranging clinics. Practices may continue to vaccinate eligible patients until 31 March 2020, for whom they will receive payment.
9. Practices will be required to vaccinate all registered patients who are:
  - a. **aged 2 or 3 years on 31 August 2019** on either:
    - A proactive call basis, if not considered in a clinical risk group, or
    - A proactive call and recall basis, if considered to be in a clinical risk group<sup>2</sup>.

Proactive call requires a written or verbal invitation to be made for all eligible individuals; recall requires at least one communication with those who fail to attend following initial invitation.

- b. **Aged 4 years on 31 August 2019** who do not attend a school covered by a health board school vaccination programme.

It is expected that the majority of children aged four years will be in a mainstream school. Practices are not required to issue proactive invitations for children aged four years. Children should be vaccinated on request from the parent/guardian or opportunistically where the child presents for another purpose.

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<sup>2</sup> The at-risk groups are defined in the Welsh Health Circular - National Influenza Immunisation Programme 2019-20.

**c. All primary school children. These will be in school reception class and school years 1, 2, 3, 4, 5 and 6 (or of that age group):**

- Where the parent/guardian has consented to the vaccine but the child missed the opportunity to be vaccinated in school,
- Who do not attend a school covered by a health board school vaccination programme.

Children who miss the vaccination opportunity offered in school will be given a letter from the school nursing service advising them to contact their GP surgery specifically to request an influenza vaccination. This letter will stress the need to mention the purpose of the visit as a routine appointment is not appropriate.

**d. In clinical risk groups in school reception class or school years 1, 2, 3 and 4, (or of that age group) who require a second dose of vaccine (applicable to children under nine years of age).**

Children in clinical risk groups who have not previously been vaccinated against influenza and who have received their first dose of vaccine via the school's programme (where this is identified) will be given a letter from the school nursing service advising them to contact their GP surgery to request the second dose, due at least four weeks after the first dose. The letter will stress the need to mention the purpose of the visit as a routine appointment is not appropriate. See paragraph 15 below for further information.

Children in clinical risk groups and under 9 years of age who do not attend a school covered by a health board seasonal influenza vaccination programme (as described in paragraph 9 c) will also require a second dose four weeks later if they are receiving influenza vaccine for the first time.

10. Children who are not in a clinical risk group who present after the expiry date of any available LAIV should not routinely be offered injectable vaccine as an alternative. Children who are in a clinical risk group should be immunised whenever they present during the season in line with existing recommendations with LAIV as the vaccine of choice, or alternatively injectable influenza vaccine if LAIV is not available or contraindicated.

## Vaccine

11. Live attenuated influenza vaccine (LAIV) is the recommended vaccine for this programme and is administered as a nasal spray. It is also the recommended vaccine for children aged two years and over in a clinical risk group.
12. The short shelf life of the LAIV may mean that it is not available for the entire season, but this depends on the production and delivery schedule.

13. The vaccine has been centrally procured and should be ordered in the same way as other childhood vaccines.
14. One dose is required for patients in the cohort who are not in a clinical risk group and those in a clinical risk group who have previously received an influenza vaccine. Two doses are required for patients in the cohort who are included in a clinical risk group and under 9 years of age who have not previously received an influenza vaccine. Where two doses of vaccine are to be administered, this must be done at least four weeks apart.
15. Any prescribing practitioner may arrange to administer the vaccine:
  - a. Using Patient Group Directions (PGDs); it must be administered by a registered health care practitioner.
  - b. Under Patient Specific Directions (PSDs); a non-registered individual may administer under the direction of the prescriber although the prescriber is still liable.
16. Children in eligible groups contraindicated LAIV should be offered a suitable licensed injectable quadrivalent influenza vaccine. Children aged 6 months to under two years of age in a clinical risk group should also be offered a suitable licensed injectable quadrivalent influenza vaccine.
17. Practices will be reimbursed for this as for children in clinical risk groups.

## Data Collection

18. Practices should record all administered doses, using appropriate Read codes or SNOMED clinical terms, in the practice clinical information system. Aggregate data will automatically be provided to Public Health Wales, in the same manner as for adult influenza immunisation, to enable surveillance of immunisation uptake. Practices that have opted out from automatically providing this data throughout the season, or are otherwise unable to do so, will be required to make a manual return using an appropriate form provided by Public Health Wales.
19. Public Health Wales will monitor and report influenza immunisation uptake to practices, health boards and trusts, the Welsh Government and the general public. Data to monitor vaccine uptake will be collected automatically in the same way that it is for the adult influenza immunisation programme. The data extraction will begin in October and continue on a weekly basis for the duration of the campaign. Information on the Read codes which will be used for influenza immunisation uptake monitoring purposes can be found on the PHW intranet site:  
<http://nww.immunisation.wales.nhs.uk/flu-data-specs-1>

20. Public Health Wales will once again be providing individual weekly reports for all general practices in Wales during the influenza season. These reports are intended to assist in local monitoring of uptake each week, for those involved in planning and delivering the influenza immunisation programme in primary care. The reports are available through the Public Health Wales Influenza Vaccination Online Reporting (IVOR) scheme:

<http://howis.wales.nhs.uk/ivor>

## Payment and validation

21. Practices will receive an item of service (IOS) payment at the current applicable rate per dose in respect of each registered patient who is eligible and who is vaccinated during the specified period.
22. GP practices will only be eligible for payment for this service in circumstances where all of the following requirements have been met:
- a. The practice is contracted to provide vaccine and immunisations as part of Additional Services.
  - b. All patients in respect of whom payments are being claimed were on the practice's registered list at the time the vaccine was administered.
  - c. The practice administered the vaccine to all patients in respect of whom payment is being claimed.
  - d. All patients in respect of whom payment is being claimed were within the cohorts (as specified in paragraph (9) at the time the vaccine was administered.
  - e. The practice did not receive any payment from any other source in respect of the vaccine (should this be the case, then health boards may reclaim any payments as set out in the paragraphs 19.1 and 19.2 of the Statement of Financial Entitlements<sup>3</sup>).
  - f. The practice submits the claim within six months of administering the vaccine (Health boards may set aside this requirement if it considers it reasonable to do so).
  - g. Payment will be made on a monthly basis i.e. the monthly count multiplied by the current applicable Item of Service fee:

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<sup>3</sup> Directions to Health Boards as to the Statement of Financial Entitlements ( )Directions 2013  
<https://www.gov.uk/government/publications/nhs-primary-medical-services-directions-2013>

$$\text{monthly payment} = \text{number of patients, in the monthly count, who have been recorded as having received the influenza vaccination within the qualifying criteria} \times \text{Applicable IoS fee}$$

23. Health boards are responsible for post payment verification. This may include auditing claims of practices to ensure that they meet the requirements of this service.
24. Administrative provisions relating to payments under this service are set out in Annex B.

# Annex A: Service requirements for the childhood influenza programme

1. GP practices providing this service will vaccinate, with the appropriate vaccine and dosage, all patients in the cohorts described and called as required in the main body of this document.
2. Take all reasonable steps to ensure that the medical records of those eligible patients, as described in this specification, receiving the childhood influenza vaccination are kept up to date using appropriate Read codes with regard to the immunisation status and in particular, includes:
  - a. Any refusal of an offer of immunisation.
  - b. Where an offer of immunisation is accepted:
    - i. The batch number, expiry date and name of the vaccine.
    - ii. The date of administration.
    - iii. Where other vaccines are administered in close succession, the route of administration and the injection site of each vaccine.
    - iv. Any contra-indication to the vaccination or immunisation.
    - v. Any adverse reactions to the vaccination or immunisation.
3. Ensure that all healthcare professionals who are involved in administering the vaccine have:
  - a. Referred to the clinical guidance in the Green Book, the safest way to protect individuals and communities from infectious diseases.
  - b. The necessary training, skills and experience, including training with regard to the recognition and initial treatment of anaphylaxis.
4. Ensure all orders of vaccine are in line with national guidance, including adherence to any limits on stocks to be held at any one time, to ensure equitable distribution between practices. The vaccine for this programme will be centrally supplied and should be ordered in the same way as general practices and health board pharmacies currently order childhood vaccines. Inactivated influenza vaccine for those contraindicated live attenuated vaccine should be ordered direct from suppliers in the same way as influenza vaccine for other groups.
5. Ensure all vaccines are stored in accordance with the manufacturer's instructions and guidance contained in the Green Book.

<https://www.gov.uk/government/publications/green-book-the-complete-current-edition>

6. Ensure that services are accessible, appropriate and sensitive to the need of all patients. No eligible patient shall be excluded or experience particular difficulty in accessing and effectively using this service due to their race, gender, disability sexual orientation, religion and/or age.

## Annex B: Administrative provisions relating to payments under the childhood influenza programme

1. Payments under this service are to be treated for accounting and superannuation purposes as gross income of the practice in the financial year.
2. The amount calculated as payment for the financial year falls due on the last day of the month following the month during which the practice provides the information specified in the main body of this service specification.
3. Payment under this service, or any part thereof, will be made only if the practice satisfies the following conditions:
  - a. The practice must make available to health boards any information under this service, which health boards need and the practice either has or could be reasonably expected to obtain.
  - b. The practice must make any returns required of it (whether computerised or otherwise) to the Exeter Registration System and do so promptly and fully.
  - c. All information supplied pursuant to or in accordance with this paragraph must be accurate.
4. If the practice does not satisfy any of the above conditions, health boards may, in appropriate circumstances, withhold all of the payment, or any part of it, due under this service that is otherwise payable.

### Provisions relating to GP practices that terminate or withdraw from this service prior to 31 March 2020 (subject to the provisions below for termination attributable to a GP practice split or merger)

5. Where a practice has entered into the childhood influenza vaccination service but its general medical services contract subsequently terminates or the practice withdraws from the service prior to 31 March 2020, the practice is entitled to a payment in respect of its participation if such a payment has not

already been made, calculated in accordance with the provisions set out below. Any payment calculated will fall due on the last day of the month following the month during which the practice provides the information required.

6. In order to qualify for payment in respect of participation under this service, the practice must provide the health board with the information specified in the main body of this service specification before payment will be made. This information should be provided in writing, within 28 days following the termination of the contract or the withdrawal from the enhanced services agreement.
7. The payment due to practices that terminate or withdraw from the service agreement prior to 31 March 2019 will be based on the number of vaccinations given, prior to the termination or withdrawal.

## Provisions relating to GP practices who merge or split

8. Where two or more practices merge or are formed following a contractual split of a single practice and as a result the registered population is combined or divided between new practice(s), the new practice(s) may enter into a new agreement to provide the childhood influenza service.
9. The service agreements of the practices that formed following a contractual merger, or the practice prior to contractual split, will be treated as having terminated and the entitlement of those practice(s) to any payment will be assessed on the basis of the provisions of paragraph 5 of this annex.
10. The entitlement to any payment(s) of the practice(s), formed following a contractual merger or split, entering into the agreement for the childhood influenza service, will be assessed and any new arrangements that may be agreed in writing with the HB will commence at the time the practice(s) starts to provide such arrangements.
11. Where that agreement is entered into and the arrangements commence within 28 days of the new practice(s) being formed, the new arrangements are deemed to have commenced on the date of the new practice(s) being formed. Payment will be assessed in line with the requirements described in the main body of this service specification as of this commencement date.

## Provisions relating to non-standard splits and mergers

12. Where the practice participating in the service is subject to a split or a merger and:
  - a. The application of the provisions set out above in respect of splits or mergers would, in the reasonable opinion of the health board, lead to an inequitable result; or
  - b. The circumstances of the split or merger are such that the provisions set out in this section cannot be applied.

The health board may, in consultation with the practice or practices concerned, agree to such payments as in the health board's opinion are reasonable in all circumstances.