

**Schedule 1 of The Primary Medical Services (Antivirals for
Prophylaxis of Seasonal Influenza in Care Home Outbreaks)
(Directed Enhanced Service) (Wales) Directions 2018**

Antivirals for prophylaxis of seasonal influenza in care home outbreaks

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Directed Enhanced Service (DES) for antivirals for prophylaxis of seasonal influenza in care home outbreaks

Introduction

1. This DES is directed at GP practices delivering care to individuals in care homes in Wales. Health boards (HBs) are required to offer this service specification to GP practices.
2. This DES has been agreed between the Welsh Government and General Practitioners Committee (Wales) (GPC(W)) of the British Medical Association. The service requirements are included at Annex A.

Background

3. NICE has provided guidance stating that oseltamivir and zanamivir may be used for prophylaxis of persons in at risk groups (see definitions on page 6 of this guidance) following exposure to a person in the same household or residential setting with influenza-like illness when influenza is circulating in the community.

As per NICE guidance, prophylaxis should be issued if the contact is not adequately protected by vaccination, that is:

- the vaccination is not well matched to the circulating strain, or
- there has been less than 14 days between vaccination and date of first contact with influenza.

In addition, the guidance also states that – if the individual has been exposed as part of a localised outbreak (such as in a care home), antiviral prophylaxis may be given regardless of vaccination status.

4. The DES was agreed by the Welsh Government and the GPC(W) and is effective from January 2018.

Duration and patient cohort

5. For the influenza season GPs will implement NICE guidance providing antiviral prophylaxis to residents of care homes where influenza is known or believed to be circulating following the notification from the Chief Medical Officer to commence prescribing. GPs should stop providing antiviral prophylaxis to residents on receipt of the notification from the Chief Medical Officer to cease prescribing antivirals for prophylaxis.

Antivirals for prophylaxis

Schedule 1 of The Primary Medical Services (Antivirals for Prophylaxis of Seasonal Influenza in Care Home Outbreaks) (Directed Enhanced Service) (Wales) Directions 2018

6. Both oseltamivir and zanamivir can be used for prophylaxis, and the use of one or another will depend on the health status of the resident, and the characteristics of the dominant circulating strains.

Table 1: Selection of antivirals for post-exposure prophylaxis

	If identified strain in index case or dominant circulating strain is lower risk for oseltamivir resistance e.g. influenza A (H3N2), influenza B	If identified strain in index case or dominant circulating strain is known to higher risk for oseltamivir resistance e.g. influenza A (H1N1)	Exposed to suspected or confirmed oseltamivir resistant influenza
At risk of complicated influenza (excluding severely immunosuppressed patients)	Oseltamivir PO once daily for 10 days , if therapy can be started within 48 hrs of exposure; or after 48 hrs on specialist advice only	Oseltamivir PO once daily for 10 days , if therapy can be started within 48 hrs of exposure; or after 48 hrs on specialist advice only	Zanamivir INH once daily for 10 days , if therapy can be started within 36 hrs of exposure; or after 36 hrs on specialist advice only
Severely immunosuppressed patients	Oseltamivir PO once daily for 10 days , if therapy can be started within 48 hrs of exposure; or after 48 hours on specialist advice only	Zanamivir INH once daily for 10 days , if therapy can be started within 36 hrs of exposure; or after 36 hrs on specialist advice only. If unable to administer zanamivir INH, oseltamivir PO once daily for 10 days , if therapy can be started within 48 hrs of exposure; or after	Zanamivir INH once daily for 10 days , only if therapy can be started within 36 hrs of exposure; or after 36 hrs on specialist advice only. If unable to administer zanamivir INH, discuss with specialist and consider nebulised aqueous zanamivir

Schedule 1 of The Primary Medical Services (Antivirals for Prophylaxis of Seasonal Influenza in Care Home Outbreaks) (Directed Enhanced Service) (Wales) Directions 2018

		48 hours on specialist advice only	(unlicensed) after individual risk assessment
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Commencing prophylaxis with oseltamivir later than 48 hours after exposure, or with zanamivir, later than 36 hours after exposure is an off-label use. Specialist advice referred to in this table may be obtained from a local infection specialist such as a virologist.

Payment and validation

7. GP practices will receive an item of service (IOS) payment in respect of each registered patient resident in a care home who meets the eligibility criteria detailed above and who is given antiviral prophylaxis during the influenza season. The payment arrangements are as follows:

	£
IOS per patient	35
Up to a maximum per GP practice, per care home of	1000

8. GP practices will only be eligible for payment for this service in circumstances where all of the following requirements have been met.
- a. All patients in respect of whom payments are being claimed were on the GP practices registered list in the practice cluster at the time the antiviral prophylaxis was prescribed.
 - b. The GP practice from the cluster prescribed the antivirals to all patients in respect of whom payment is being claimed.
 - c. The GP practice did not receive any payment from any other source in respect of the antivirals (should this be the case, then HBs may reclaim any payments as set out in the paragraphs 19.1 and 19.2 of the Statement of Financial Entitlements¹).
9. The GMS contractor will submit one claim only for payment, after the notification from the Chief Medical Officer to cease prescribing antivirals for prophylaxis, which will be payable in arrears and will be paid on the first date after the payment is authorised on which one of the GMS contractor's Global Sum monthly payment falls due in accordance with the Statement of Financial Entitlements.

¹ Directions to Local Health Boards as to the Statement of Financial Entitlements Directions 2013. <http://www.wales.nhs.uk/sites3/docopen.cfm?orgid=480&id=215584>

Schedule 1 of The Primary Medical Services (Antivirals for Prophylaxis of Seasonal Influenza in Care Home Outbreaks) (Directed Enhanced Service) (Wales) Directions 2018

The payment will be determined by the number of patients based on the above table, up to the maximum per GP practice, per care home.

10. HBs are responsible for post payment verification. This may include auditing claims of practices to ensure that they meet the requirements of this service.
11. Administrative provisions relating to payments under this service are set out in Annex A.

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Annex A: Service requirements for antiviral prophylaxis

GP contractors providing this service will:

1. Take all reasonable steps to ensure that the medical records of patients for whom antivirals for prophylaxis are prescribed are kept up to date with regard to medication and include as a minimum:
 - a. The indication for use
 - b. The date prescription issued
 - c. Any contra-indication to the medication
 - d. Any adverse reactions to the medication

Schedule 1 of The Primary Medical Services (Antivirals for Prophylaxis of Seasonal Influenza in Care Home Outbreaks) (Directed Enhanced Service) (Wales) Directions 2018

Annex B: Administrative provisions relating to payments under the DES

1. Payments under this service are to be treated for accounting and superannuation purposes as gross income of the GP practice in the financial year.
2. The GMS contractor will submit one claim only for payment, after the notification from the Chief Medical Officer to cease prescribing antivirals for prophylaxis, which will be payable in arrears and will be paid on the first date after the payment is authorised on which one of the GMS contractor's Global Sum monthly payment falls due in accordance with the Statement of Financial Entitlements.
3. Payment under this service, or any part thereof, will be made only if the GP practice satisfies the following conditions:
 - a. The GP practice must make available to HBs any information under this service, which HBs need and the GP practice either has or could be reasonably expected to obtain,
 - b. The GP practice must make any returns required of it (whether computerised or otherwise) to the Exeter Registration System and do so promptly and fully; and,
 - c. All information supplied pursuant to or in accordance with this paragraph must be accurate.
4. If the GP practice does not satisfy any of the above conditions, HBs may, in appropriate circumstances, withhold all of the payment, or any part of it, due under this service that is otherwise payable.