

# WELSH HEALTH CIRCULAR



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**For Action by:**

General Practitioners  
Community Pharmacists  
Immunisation Leads, Health Boards/Trusts  
Chief Executives, Health Boards/Trusts  
Medical Directors, Health Boards/Trusts  
Nurse Executive Directors, Health Boards/Trusts  
Chief Pharmacists, Health Boards/Trusts  
Directors of Public Health, Health Boards  
Directors of Maternity Services, Health Boards  
Directors of Workforce and Organisational  
Development, Health Boards/Trusts  
Directors of Primary, Community and Mental  
Health, Health Boards  
Chief Executive, Public Health Wales  
Executive Director of Public Health Services,  
Public Health Wales  
Nurse Director, Public Health Wales  
Head Vaccine Preventable Disease Programme,  
Public Health Wales

**For information to:**

Welsh NHS Partnership Forum  
GPC(Wales)  
Royal College of GPs  
Royal College of Nursing  
Royal College of Midwives  
British Dental Association  
Royal Pharmaceutical Society  
Community Pharmacy Wales  
NHS Wales Informatics Service  
Chief Executive, Welsh Local Government  
Association for onward issue to:  
Directors of Social Services, local authorities  
Directors of Education, local authorities

**Sender:**

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

**DHSS Welsh Government Contact(s) :**

Health Protection Services, Department for Public Health, Welsh Government,  
Cathays Park, Cardiff. Email: [health.protection@gov.wales](mailto:health.protection@gov.wales)

**Enclosure(s):**

Childhood Influenza Vaccination Programme 2020-21 – National Enhanced Service Specification - updated

## The National Influenza Immunisation Programme 2020-2021

Dear Colleague

1. On 21 May, I wrote to set out the priorities for the coming influenza (flu) season in [WHC 2020-009](#). I stated then that I would write again to the NHS and key partners with further information given the changing nature of circumstances due the COVID-19 pandemic.
2. The key messages I set out in WHC 2020-009 remain unchanged. I would like to see uptake of flu vaccine maximised in the priority groups indicated in the WHC. These groups are most at risk from severe influenza and of catching flu and infecting other members of the community. In summary the priority groups are:
  - children aged two and three years on 31 August 2020
  - children in primary school from reception class to year 6 (inclusive)
  - people aged six months to less than 65 years in clinical risk groups
  - people aged 65 years and older (55 years if in prison)
  - pregnant women
  - carers
  - people with a learning disability (this group are now all eligible and no longer need to be clinically assessed as vulnerable)
  - healthcare workers (including healthcare students) with direct patient contact
  - staff in nursing homes and care homes with regular client contact
  - staff providing domiciliary care.
3. Many people in these groups are also more vulnerable to COVID-19. Not only do we want to help protect those most at risk of flu, but also protect the health of those who are vulnerable to hospitalisation and death from COVID-19 by ensuring they do not get flu. This year, I would like a concerted effort to significantly increase flu vaccination coverage and achieve a minimum 75% uptake across all eligible groups.

### Plans to offer an extended flu programme

4. On 24 July, the Minister for Health and Social Services announced plans for an extended flu vaccination programme for 2020-21. To support this, additional injectable flu vaccine is being procured for the UK. The additional vaccine is anticipated to become available in November/December. Further information about this will be provided in due course when the supply for Wales has been confirmed. At the start of the season, priority should be given to maximising uptake in existing eligible groups and staff cohorts.

5. Subject to availability of this additional vaccine, eligibility will be extended to the following groups:
- i) Household contacts of those on the NHS Shielded Patient List. (This group may be offered flu vaccine opportunistically throughout the season preferably at the same time as the shielded patient).
  - ii) Adults resident in Welsh prisons who do not fall in other eligible categories. (The timing of delivery to this cohort will be for local determination depending on vaccine availability within the health board).
  - iii) Additional age cohorts, starting with those aged 60 to 64 years, moving to people aged 55 to 59 years and then 50 to 54 years. These cohorts should be called on a phased basis as advised **when additional stock becomes available in November/December, not before**. Further guidance will be issued nearer the time.

Annex A provides an updated list of eligible groups.

I recognise that this will be a very challenging season. Primary care, health boards, social care providers and other partners will need to work flexibly to meet the increased demands within the prevailing restrictions. Thank you for all your hard work in these unprecedented circumstances.

Yours sincerely,



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

## FLU VACCINATION PROGRAMME 2020-2021

### Further information:

#### Children's programme

1. 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. Vaccination of pre-school children is a priority as uptake continues to lag behind that in schools. **Two and three year olds (age on 31 August 2020) should be actively called and offered vaccination as early as possible in the season** when the vaccine becomes available to help reduce flu transmission in the community to other vulnerable groups.
2. To provide additional resilience against flu this season, an inactivated vaccine may be offered to those children whose parents/guardians refuse the live attenuated influenza vaccine (LAIV) due to the porcine gelatine content. Parents/guardians of primary school aged children who decline LAIV due to the gelatine content should be asked to contact their GP surgery to arrange their child's flu vaccine injection. An updated National Enhanced Service (NES) has been agreed with GPC (Wales) and is attached. (See 9.e).
3. At risk children who are eligible for flu vaccination via the school-based programme because of their age will be offered immunisation at school. However, these children are also eligible to receive vaccination in general practice if the school session is late in the season, parents prefer it, or they missed the session at school.

#### Health and social care staff

4. WHC 2020-009 stressed the importance that all health and social care workers (including healthcare students) with direct patient/client contact have timely flu vaccination to protect themselves and to reduce the risks of transmission of the flu virus to their patients/clients.
5. Flu vaccination should be offered by NHS organisations and independent primary care providers to all employees involved in delivering direct health care as part of their occupational health responsibilities.
6. Community pharmacies may offer NHS flu vaccinations to social care staff with regular client contact working in adult residential care homes, nursing homes and children's hospices or those providing domiciliary care. There may be particular areas however, where a more flexible approach and mixed delivery model is more appropriate. In these instances, health boards should agree alternative delivery models for specific care homes.
7. Further information is available at: [Beat Flu - staff campaign planning guide](#)

## Inequalities

8. Robust plans should be in place for tackling health inequalities for all groups to ensure equality of access. It is essential to maximise flu vaccination uptake in those who are living in the most deprived areas and in those from BAME communities. We need to ensure equitable uptake compared to the population as a whole and help protect those who are more at risk if they were to catch COVID-19 or flu.

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

9. There are a number of obligations under the DES Directions important to local planning and delivery of the flu vaccination programme. In particular GPs should develop a proactive approach to offering flu vaccinations by adopting robust call and reminder systems to contact eligible patients. This should be, for example, through direct contact by phone call, email, text or otherwise (although such strategies are for GP practices to determine). Practices must follow-up eligible patients and remind/recall those who do not receive their flu vaccination.

## Delivering the programme during the pandemic

10. Providers will be expected to deliver the programme according to guidelines on social distancing, infection, prevention and control (including appropriate PPE) current at the time. Patients will need reassurance that appropriate measures are in place to keep them safe from COVID-19, as it is likely to be co-circulating with flu. This reassurance will be especially important for those on the NHS Shielded Patient List.

## Plans to expand the workforce to administer vaccines

11. At the UK level, options are being explored to expand the workforce that can administer vaccinations as part of the COVID-19 response. Further information will be provided when available.

## Communications

12. Public Health Wales will be leading an enhanced communications and marketing campaign this flu season. Information will be available at: <https://phw.nhs.wales/topics/flu/>

## Wales Programme Board for Vaccine Delivery – COVID and Flu

13. A programme board including key stakeholders has been established to consider all issues relating to the challenges of delivering a potential COVID vaccine and an extended flu vaccination programme this season.

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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

## **Eligible groups included in the flu immunisation programme - updated**

The following provides an updated summary of the groups eligible for flu vaccination in 2020-21.

Further details can be found in 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 2020 i.e. date of birth on or after 1 September 2016 and on or before 31 August 2018. Vaccination will generally be offered through general practice. Children of this age must be individually invited by their general practice. (In some areas of Wales, local agreements are in place for children aged three years to receive their vaccine in nursery via the school nursing service.)

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

For practical reasons, all children attending school in the eligible school years (reception class 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 for general practices to invite these children.

Children not in the age groups mentioned above should be offered vaccination in line with the clinical risk eligibility guidance outlined below, and if eligible require a proactive call and recall system.

### **People aged six months to less than 65 years with a long term health 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

Learning disability (no longer need to be clinically assessed as 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, aged 18 or over.

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

Includes those becoming age 65 years by 31 March 2021 (i.e. born before 1<sup>st</sup> April 1956). This age eligibility criteria is lowered to 55 years of age for those in prison. (See also arrangements for 2020-21 below).

### **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 young offender institutions, university halls of residence or boarding schools (except primary school age).

### **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.

### **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 have their flu vaccine via their employer. This should be encouraged, and provided or facilitated as part of their occupational health care.

## **Social care staff**

All staff employed in adult residential care homes, nursing care homes and children's hospices or providing domiciliary care who are in regular contact with residents, are eligible through the community pharmacy NHS seasonal influenza vaccination service, their GP if in an eligible clinical risk group or through an alternative model if agreed locally. Uptake of flu vaccination should be encouraged by their employer.

Social care staff, apart from those referred to above, should be encouraged and offered/facilitated vaccination by their employer.

## **Locum GPs**

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

## **For 2020-21:**

### **Household contacts of people on the NHS Shielded List**

The NHS Shielded List current at the time of vaccination should be used. This group may be offered flu vaccine opportunistically throughout the season, preferably at the same time as the shielded patient.

## **Prisoners**

All adults resident in prisons.

## **Extended age cohorts**

Flu vaccinations might be offered under the NHS flu vaccination programme to individuals aged between 50 and 64 years, following prioritisation of other eligible groups and subject to vaccine supply. Further guidance about these cohorts will be provided in a subsequent letter once the supply of additional vaccine is confirmed. They will then be called on a phased basis as advised at the time **when additional stock becomes available in November/December, not before.**

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 hospital in-patients during the flu season should be vaccinated in hospital. Health boards and trusts are expected to make suitable arrangements to identify and vaccinate these individuals, and to 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.



# **Childhood Influenza Vaccination Programme 2020-2021**

**Service Specification (Aug 2020)**

## National Enhanced Service Specification For Childhood Influenza Vaccination Programme 2020-2021

### 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) recommends that influenza vaccination is offered to children to lower the impact of influenza on the children themselves and to reduce influenza transmission to other children, adults and those in clinical risk groups at any age.
5. For 2020-21, the childhood programme will offer vaccination to the following age groups:
  - Children aged two and three years on 31 August 2020 will continue to be vaccinated through general practice by invitation.
  - Children in school reception class and in all primary school years 1 to 6 (ages 4 to 11 years) are to be offered the vaccine in school via the health board school nursing service.
  - Children aged four years on 31 August 2020 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 practices actively inviting approximately 70,000 eligible two and three year olds in Wales in 2020-21 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 2020-21.

## Duration and patient cohort

8. The target time frame for this programme is for five months from 1 August 2020 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 an adequate supply of appropriate vaccine is available before arranging clinics. Practices may continue to vaccinate eligible patients until 31 March 2021, 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 2020** 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. Call and recall could be by direct contact by phone call, email, text or otherwise (although such strategies are for GP practices to determine).

- b. **Aged 4 years on 31 August 2020** 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 so 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.

- c. **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,
- When a parent has consented to LAIV in school but LAIV is contraindicated for the child,

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<sup>2</sup> The at-risk groups are defined in the Welsh Health Circular - National Influenza Immunisation Programme 2020-21.

- 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 only).**

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.

- e. Eligible children, as defined above, whose parents/guardians object to the porcine gelatine content of LAIV should be offered a suitable alternative injectable vaccine.** Children should be vaccinated on request from the parent/guardian who should be made aware that LAIV is the most effective product.

- 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 the recommended vaccine for children aged two years and over if in a clinical risk group or not.
- 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 LAIV vaccine has been centrally procured and should be ordered in the same way as other childhood vaccines via ImmForm.
14. One dose is required for children in the cohort who are not in a clinical risk group and also for those in a clinical risk group who have previously received an influenza vaccine. Two doses are required for children in the cohort who are 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 a flu vaccine:
  - a. Using a Patient Group Direction (PGD); it must be administered by a registered health care practitioner.
  - b. Under a Patient Specific Direction (PSD); a non-registered individual may administer under the direction of the prescriber although the prescriber is still liable
16. Children in an eligible group and contraindicated LAIV or where there is parental objection to gelatine in 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 of flu vaccine 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 and SNOMED clinical terms which will be used for influenza immunisation uptake monitoring purposes can be found on the Public Health Wales site:  
<http://nww.immunisation.wales.nhs.uk/flu-data-specs-1> (NHS Wales intranet)

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>

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

- 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 or SNOMED 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.
  - b. The necessary training, skills, competency 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/collections/immunisation-against-infectious-disease-the-green-book>

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 2021 (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 2021, 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 2021 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.