

# Specification for a directed enhanced service

## Influenza immunisation for those in the 65 and over and other at-risk groups

### Introduction

1. The purpose of this paper is to set out a model for a directed enhanced service for influenza immunisation in all at-risk groups.
2. Based on the advice of the Joint Committee on Vaccination and Immunisation (JCVI), the current at-risk groups are:
  - (i) those of all ages with:
    - (a) chronic respiratory disease, including asthma
    - (b) chronic heart disease
    - (c) chronic renal disease
    - (d) immunosuppression due to disease or treatment
    - (e) diabetes mellitus
  - (ii) those aged 65 and over
  - (iii) those living in long-stay residential and nursing homes or other long-stay facilities.

### Aims

3. The purpose of the directed enhanced services is to cover the provision of influenza immunisation for those aged 65 and over and other at-risk groups. This is to reduce the serious morbidity and mortality from influenza by immunising those most likely to have a serious or complicated illness should they develop influenza. This can avert the need for the patient to be hospitalised.
4. Throughout the UK, the target for immunising those aged 65 and over is 70 per cent. No uptake target has been set for immunising those in the non-age-related at-risk groups, as reliable statistics on the size of this group are not available. For all at-risk groups, GPs should maximise uptake in the interests of patients. In all cases, the final decision as to who should be offered immunisation is a matter for the clinical judgement of the GP, although we would encourage GPs to focus on the at-risk groups.
5. The model scheme gives incentives to GPs to provide a proactive and preventative approach by adopting robust call and reminder systems for the patients on their list in the at-risk groups to receive immunisation.
6. Existing arrangements in each of the four countries will continue to apply in terms of obtaining supplies of flu vaccine.

## Eligibility

7. Payment arrangements under the scheme will apply to all at-risk patients who are immunised by 31 March [in the relevant financial year]. These include all of those who are or will be aged 65 or over on 31 March [in the relevant financial year]. For payment purposes the immunisation programme will operate from 1 August to 31 March [in the relevant financial year].
8. The non-age related at-risk groups are described in paragraph 2. It is for each practice to identify the patients concerned from their records and this will be consistent with the registers maintained as part of the quality and outcomes framework.

## How will the immunisation programme work?

9. Individual GP practices will have accurate registers for the majority of the at-risk patient population as part of the quality and outcomes framework if they are participating. Non-participating practices would have to be able to produce satisfactory registers to be eligible for the directed enhanced services.
10. It is expected that, as is normal procedure, influenza immunisation will be concentrated in the period 1 September to 31 January [of the relevant financial year]. However, immunisation given at any time between 1 August and 31 March [of the relevant financial year] will qualify under this scheme. Practices will be responsible for organising a robust call and reminder system for all at-risk patients.
11. National Read codes are available and examples in use are shown below. These will be standardised as part of the UK approach to having agreed Read code definitions. If practices store information on computers, they should ensure that all staff enter the same Read code to indicate influenza immunisation has been given or offered. The current codes are:
  - (i) 9021. letter invite to screening.
  - (ii) 65E.. influenza vaccine given.
  - (iii) 68NE. no consent to influenza vaccination.
  - (iv) 68NI. medical contraindication to immunisation.

Note that the dots after the codes are important.

## Pricing

12. Payment will continue at the current existing rates in each country, uplifted by 3.225% per annum until such time as a stock order system is in operation across the UK. In England the same rate will apply for under 65s at-risk as for the over 65s. In Scotland, the rate for under 65s will be an item-of-service fee of £6.80, uplifted by 3.225% per annum. In Scotland the fee will be partly predicated on creating a register of those under 65s at risk to allow consideration of an early move to a sliding scale, including those patients as well as the over 65s