

MENINGOCOCCAL SEROGROUP B IMMUNISATION FOR INFANTS

Service Specification

National Enhanced Service Specification for Meningococcal Serogroup B (MenB) Vaccination Programme.

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 has recommended that a MenB vaccination programme be added to the routine childhood immunisation schedule for infants aged two, four and 12-13 months using the vaccine Bexsero®.
5. A limited catch up programme for infants born on or after 1 May 2015 receiving routine immunisations at three and four months has also been recommended.

Duration and patient cohorts

6. The programme will commence on 1 September 2015.

Routine programme

7. MenB vaccine should be offered routinely to all babies with other scheduled vaccines at two and four months of age from 1 September 2015. A further booster should be offered at 12-13 months at the same time as current routine immunisations. This is set out in the table below.

		Age of infant		
	Date of birth	Priming dose	Priming dose	Booster
Routine cohort	On or after 01/07/2015	8 weeks (2 months)	16 weeks (4 months)	52-56 weeks (12-13 months)

Catch-up programme

8. A limited, one off catch-up programme for infants born on or after 1 May 2015 should also be offered as set out below.
9. All children born from 1 May 2015 will be appointed by the Child Health System.

Dates of birth	Recommended immunisation schedule
*1 May to 30 June 2015.	If third routine primary immunisation appointment at 4 months (16 weeks) is due on or after 1 September then the following schedule should be followed: 4 months and 12-13 months (1+1)
	If second routine primary immunisation appointment at 3 months (12 weeks) is due on or after 1 September then the following schedule should be followed: 3, 4 and 12-13 months (2+1)

*There are a small number of children who may have already received their primary immunisations and these children will be called for their MenB vaccines after 1 September 2015

10. Infants born before 1 May 2015 are not eligible to receive the MenB vaccine unless in a clinical risk group. (See Green Book Chapter 7).

Vaccine

11. The MenB vaccine Bexsero® will be supplied centrally for this programme.
12. Vaccines should be ordered in the same way practices currently order vaccines for other national programmes.
13. Full guidance on the administration is included in the relevant chapter of the Green Book at:

<https://www.gov.uk/government/publications/meningococcal-the-green-book-chapter-22>
14. Practitioners should take particular note of the need to advise on the prophylactic administration of paracetamol when Bexsero® is given with other routine immunisations below 12 months of age.
15. Any prescribing practitioner may arrange to administer the vaccine:
 - a. using a Patient Group Direction (PGD); the vaccine must be administered by a registered health care practitioner.
 - b. under a Patient Specific Direction (PSD); a non-registered individual may administer the vaccine under the direction of the prescriber although the prescriber is still liable.

Recording in the Patient Record

16. GP practices are required under their General Medical Services contract to keep adequate records of its attendance on and treatment of its patients. In addition to include in the patient record any clinical reports sent from any other health care professional who has provided clinical services to a person on its list of patients.
17. If the vaccine is administered in a GP practice to a patient in the eligible cohort then the administering practice is required to include this information in the patient record using the appropriate Read code.

Payment and validation

18. Practices will receive an item of service (IOS) payment of £7.80 per dose in respect of each patient in the eligible cohort who is vaccinated during the periods specified above.
19. An additional fee of £2.12 per dose in respect of each patient in an eligible cohort who is vaccinated will be paid to GPs from the start of the programme

until 31 March 2016 in recognition of the urgency of implementation and delivery of the programmes and the additional workload this short lead in timeframe will mean for practices.

20. GP practices will be eligible for payment for this service in circumstances only 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 in the eligible cohort.
 - 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 Entitlements¹).
 - 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).
21. 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.

¹ Directions to Health Boards as to the Statement of Financial Entitlements Directions 2013
<http://www.wales.nhs.uk/sites3/docopen.cfm?orgid=480&id=215584>ical Services Directions 2013.
<https://www.gov.uk/government/publications/nhs-primary-medical-services-directions-2013>

Service requirements for the Meningococcal serogroup B (MenB) vaccination programme

1. GP practices providing this service should invite all eligible patients on a call and recall basis and vaccinate all patients who present to the practice and are in the eligible cohort. Invitations will be issued in the usual way by the local child health office.
2. Take all reasonable steps to ensure that the medical records of patients receiving the MenB vaccination in the surgery are kept up to date using the appropriate Read code with regard to immunisation status and in particular include:
 - a. where an offer of immunisation is declined.
 - b. where an offer of immunisation is accepted.
 - c. any contra-indication to the immunisation.
 - d. the batch number, expiry date and name of the vaccine.
 - e. the date of administration.
 - f. the route of administration and the injection site of each vaccine.
 - g. any adverse events following the immunisation.
3. Ensure that all healthcare professionals who are involved in administering the vaccine have:
 - a. referred to the clinical guidance in the current Green Book.
 - b. the necessary training, skills, knowledge, and competence with regard to administering vaccines.
 - c. the necessary training, skills, knowledge, and competence 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. The MenB vaccine for this programme will be centrally supplied and should be ordered in the same way as general practices order other vaccines for national programmes.

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 MenB immunisation is 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 or age.
7. Ensure information is returned to the local child health office in a timely way by completing the correct forms for scheduled and unscheduled immunisations as required by existing local practice and protocols.

Administrative provisions relating to payments under the MenB 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 (HBs) any information under this service, which HBs 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, HBs 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 2016 (subject to the provisions below for termination attributable to a GP practice split or merger)

5. Where a practice has entered into the MenB vaccination service but its general medical services contract subsequently terminates or the practice withdraws from the service prior to 31 March 2016, 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 HB 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 2016 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 MenB 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 HB, 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.
- 13. The HB may, in consultation with the practice or practices concerned, agree to such payments as in the HB's opinion are reasonable in all circumstances.