

Question and answers – the swine flu (H1N1) vaccination agreement

October 2009



Introduction

In September 2009, the General Practitioners Committee (GPC) of the British Medical Association (BMA) and NHS Employers (NHSE) reached an agreement to develop a directed enhanced service (DES) which would give practices who sign up for it, responsibility for organising and providing vaccinations to those patients considered to be clinically at-risk from the swine flu (H1N1) virus. This document has been produced to provide general practitioners (GPs), local medical committees (LMCs) and primary care organisations (PCOs¹) with answers to the most frequently asked questions that have been received. Updates will be made to the document as and when further queries are received.

The details of the H1N1 vaccination agreement are as follows:

- Participating GP practices will receive £5.25 per dose to cover management and delivery of the vaccination programme.
- It is up to practices to manage call and re-call arrangements and to schedule vaccination clinics as they deem appropriate. The H1N1 vaccinations may be given at the same time as seasonal flu vaccinations, however they should be given in different arms.
- To ease the pressure on practices, the Government will not introduce any changes to QOF in 2010/11. In return the GPC will agree to release the 28 points identified by NICE for recycling in 2011/12. The new areas recommended by NICE for QOF (Quality and Outcomes Framework) may be piloted to inform decisions on how these points are used from 2011. The GPC has also agreed to discuss further changes to QOF for 2011/12.
- The collection date for the data on childhood immunisations for the third quarter, ie the December date, will be delayed by six weeks to mid-February. This will give practice staff who are busy with the flu vaccinations some additional flexibility.
- If a practice's uptake rate for this vaccination campaign is 50.7 per cent ie. 3 per cent greater than the 2008/09 UK seasonal flu uptake rate in at-risk groups, the practice will be granted a 10 per cent drop in the upper and 20 per cent drop in the lower thresholds of PE7 and PE8 (measured through national patient surveys). This recognises the effort that practices will have put into the vaccination campaign and potentially lost routine appointments.

¹ When referring to PCOs, this applies to primary care organisations in England, Northern Ireland, Scotland and Wales. Where reference is made to a primary care trust (PCT), this relates to England only.

- District nurses, or any other suitable person employed or engaged by the PCO, will vaccinate all housebound patients in line with seasonal flu arrangements and the practice will receive the fee of £5.25 for each housebound patient vaccinated. There will be no charge to the practice from the vaccination of housebound patients.
- The departments of health will ensure that local enhanced services funding is not withdrawn to pay for the programme.

There is an agreement from all parties that this arrangement, made in unique circumstances, sets no precedent for the future.

Questions and answers – the swine flu (H1N1) vaccination agreement

1. At-risk groups

1.1 Is there a list of at-risk groups for H1N1?

The at-risk patients are defined below. Unlike seasonal flu, these include the pregnant and family contacts of the immunocompromised, as per the determination of the JCVI.

The current at-risk group includes, in order of priority:

- Individuals aged between 6 months and up to 65 years in the current seasonal flu vaccine clinical at-risk groups
- All pregnant women (confirmation is still being sought as to status of post-natal women)
- Household contacts of immuno-compromised individuals
- People aged 65 years and over in the current seasonal flu vaccine clinical at-risk groups

1.2 If a GP considers a patient to be at-risk, but the patient does not fall into one of the defined groups, would there be any payment for the vaccination of such individuals?

There will be no payment for vaccinating anyone outside the at-risk groups, unless governments decide to extend the coverage. It is worth noting that both of the vaccines have a short lifespan after they have been opened and it may therefore be worth considering administering the vaccine for free to non-at-risk patients who are immediately available and to whom it is clinically appropriate to be vaccinated. This should only be done where otherwise the remaining vaccine in the vial would have to be discarded.

1.3 Will there be enough vaccine for those not deemed to be in an at-risk group but who want to be vaccinated?

The prioritisation of at-risk groups is in recognition of the potential for an initial slow supply and the need to ensure that those in the priority groups receive the vaccination first. The GPC and NHSE have not negotiated an agreement for the provision of the vaccine to the population in general. The departments of health will only seek vaccinations based on the recommendations of the Joint Committee on Vaccinations and Immunisations (JCVI), who are yet to state if or when the vaccine should be given to the entire population.

1.4 Is there a difference between the clinically and occupationally at-risk?

Yes. GP practices will only be paid via the DES for vaccinating the clinically at-risk groups as stated by the JCVI.

For occupationally at-risk groups such as hospital trust staff, the employer can be charged if agreement to provide this service is negotiated in advance by practices. Practices must ensure that any notes on this are kept up to date, particularly when the individual is registered elsewhere, in order to ensure that there is no risk of double vaccinations or double payments.

2. Operational issues

2.1 Do district nurses, or any other suitable person employed or engaged by the PCO, have to vaccinate ALL of the housebound patients in the JCVI at-risk groups?

Yes, this is an integral part of the deal and is made clear by the DES directions. PCOs must ensure that this is carried out. In England, the National Director of NHS Flu Resilience, Ian Dalton, has issued this instruction to all PCTs.

Patients that qualify as being housebound are defined as a patient to whom the practice would normally offer home visits because this is the only practical means of enabling the patient to consult a general practitioner 'face to face'.

This also includes patients living in a care home, who are registered with a GP practice and who meet the definition of a housebound patient.

2.2 Who decides which patients are considered to be housebound for the purposes of the vaccinations?

GPs will provide PCOs with a list of the patients that are due to be vaccinated and considered to be housebound, and included within one of the JCVI priority groups. It is important that the housebound list that is produced by the practice only includes those who can reasonably be regarded as housebound. It will then be the PCO's responsibility to ensure that vaccinations for these patients are carried out.

2.3 Can midwives vaccinate pregnant women under local agreement?

Yes. This is not part of the national agreement but there is no reason that this cannot be determined locally.

2.4 Who will vaccinate locums?

Locums should seek vaccination at the practice they are registered with in the first instance. However, if it is more practical for their vaccination to be administered at the practice where they are working, they should ensure that the practice they are registered with is informed that this vaccination has taken place.

2.5 How are the current childhood vaccination and immunisation targets affected by the deal?

In quarter 3, the final date for immunisations to take place has been pushed back by six weeks.

The current arrangements for the third quarter are:

- The cohort of children is established on 1 October
- The final date for immunisations which count towards the payment is 31 December
- The cut off date for submitting returns is a date set by the PCO in March
- The date the payment is due is 31 March

For quarter 3 only, the arrangements will be:

- The cohort of children is established on 1 October
- The final date for immunisations which count towards the payment is 11 February
- The cut-off date for submitting returns is a date set by the PCO in March
- The date the payment is due is 31 March

This would then revert back to normal for quarter 4:

- The cohort of children is established on 1 January
- The final date for immunisations is 31 March
- The cut-off date for submitting returns is a date set by the PCO in June
- The date the payment is due is 30 June

This means that in the fourth quarter, practices would be finishing off immunisations for the third quarter as well as carrying out their fourth quarter immunisations.

3. Payment

3.1 Will there be any payment for the vaccination of practice staff and doctors?

No. Practices can freely use the vaccine for these groups but payment is only in relation to the JCVI at-risk groups. If a member of staff or a doctor falls within one of the at-risk groups, the expectation is, subject to patient preference, that they will be vaccinated by their registered practice.

3.2 What are the vaccination arrangements for frontline care workers?

Vaccinations for frontline health and social care workers are to take place at the same time as the first clinical risk group. The nature of the work carried out by these workers means that they are at an increased risk of infection and of transmitting that infection to vulnerable patients. Those who are eligible for the seasonal flu vaccine will also be eligible for the swine flu jab.

Employers are responsible for organising the vaccination of eligible frontline staff either through existing occupational health arrangements or by putting other local arrangements in place. As employers, GPs should therefore discuss the vaccination of practice staff with PCTs and NHS Occupational Services.

3.3 Can practices offer the vaccine for a fee to patients not in the at-risk groups?

No. The initial supply of the vaccine must be reserved for the at-risk groups. The JCVI has declared that only the at-risk groups currently require a vaccination.

3.4 If a practice identifies its housebound patients (including those in nursing homes) but the district nurse, or any other suitable person employed or engaged by the PCO, administers the vaccination, does the practice qualify for the £5.25 payment?

Yes. District nurses, or any other suitable person employed or engaged by the PCO, are to vaccinate all housebound patients in the JCVI at-risk groups and at no cost to the GP. The practice should still receive the £5.25 per jab as this is for the administration and organisation of the scheme, not an item of service for giving the vaccination. PCOs may not charge practices for this work.

3.5 What will practices have to achieve in order to obtain reduced thresholds for PE7 and PE8 within the patient survey?

If, within JCVI priority group one (i.e. 6 months to 65 years at-risk), a practice's uptake rate for this vaccination campaign is three percentage points higher than the 2008/09 UK seasonal flu uptake rate in the same group, the practice will be granted a 10 per cent drop in the upper and 20 per cent drop in the lower thresholds of PE7 and PE8.

In order to receive the easement of these thresholds, practices will need to achieve a patient uptake of 50.7 per cent or more within JCVI priority group one.

Whilst a target of 50.7 per cent has been set, we hope that GPs will seek to achieve a swine flu vaccination uptake at least equal to or better than that achieved by the practice for seasonal flu in 08/09.

3.6 Are the calculations for the percentage of seasonal flu at-risk vaccinations based on UK figures or by individual nation?

It is based on a weighted UK average.

3.7 How does the payment work this year now that patient surveys are being sent quarterly in England? Will the threshold reductions apply to the whole year?

Although the survey is administered each quarter, the assessment of achievement of each indicator is based on annual results determined by aggregating the results data (numerators and denominators) for each of the four quarters.

The threshold reductions will therefore apply to the whole year.

3.8 Where the vaccinations are administered by midwives (if agreed), district nurses or any other suitable person employed or engaged by the PCO, can these be counted towards the target for comparison with seasonal flu uptake needed to achieve the drop in thresholds for QOF indicators PE7 and PE8 in 2009/10?

Yes, as long as these patients fall under JCVI priority group one (six months to 65 years at-risk).

3.9 Following the national DES agreement, what happens to practices that had already agreed a local enhanced service (LES) to provide the vaccinations?

If a LES is already in place then they will be allowed to continue. However it is worth noting that none of the specific elements of the DES (e.g. the patient survey threshold easements, vaccination of the housebound by district nurses, or any other suitable person employed or engaged by the PCT, and the childhood vaccinations target elements) will apply, unless they have been negotiated as part of the original LES.

If a practice declines the DES then the PCO will need to find another provider to deliver the vaccination. PCOs remain free to agree LESs with practices although they must cover the entirety of the population that is due to be vaccinated, otherwise the PCO must commission a service to fill the gaps.

3.10 Will private providers be able to purchase the vaccine and be able to offer this to the patients for a fee?

No. The vaccine will be delivered directly from Government stores to practices. At no point in the chain will the vaccine go onto the market.

3.11 Will PCOs get extra money to pay GPs and to pay for the extra district nurse workload?

Yes. PCOs will be provided with funding to cover the vaccination programme.

As part of the deal, it has been agreed, that LES funding will not be reduced to fund the vaccination programme.

4. The nature of the agreement

Was it necessary to link QOF changes to the agreement on vaccinations?

The departments of health had intended to make QOF changes in the coming year so this element of the agreement will provide practices with stability. QOF changes were made part of the agreement so that GPs could focus on vaccinating a large proportion of the population in a short period.

NHS Employers

supporting • promoting • representing

NHS Employers represents trusts in England on workforce issues and helps employers to ensure the NHS is a place where people want to work. The NHS workforce is at the heart of quality patient care and we believe that employers must drive the workforce agenda. We work with employers to reflect their views and act on their behalf in four priority areas:

- pay and negotiations
- recruitment and planning the workforce
- healthy and productive workplaces
- employment policy and practice.

NHS Employers is part of the NHS Confederation

Contact us

For more information on how to become involved in our work, email getinvolved@nhsemployers.org

www.nhsemployers.org

Email enquiries@nhsemployers.org

NHS Employers
29 Bressenden Place
London SW1E 5DD

2 Brewery Wharf
Kendell Street
Leeds LS10 1JR

Published October 2009. © NHS Employers 2009

This document may not be reproduced in whole or in part without permission.

The NHS Confederation (Employers) Company Ltd

Registered in England. Company limited by guarantee: number 5252407

General Practitioners Committee

www.bma.org.uk

British Medical Association

BMA House

Tavistock Square

London WC1H 9JP