NHS
Somerset
Clinical Commissioning Group

Guidance notes for enhanced services commissioned through the Primary Care Improvement Scheme

Hepatitis B vaccinations for 'at risk Groups' (11X-29-5)

This Service confirms the commitment of Somerset Clinical Commissioning Group (the Commissioner) to continue to fund General Practice Providers for the provision of Hepatitis B vaccinations for 'at risk' groups.

Responsibility for the commissioning of hepatitis B vaccination services is as follows:

Service	Commissioner
New-born babies of Hepatitis B mothers	NHS England
Hepatitis B vaccinations for at risk groups (excluding newborn babies of Hepatitis B mothers).	Somerset Clinical Commissioning Group

The service should only be offered to those patients in the 'at risk' groups (see paragraph 3.11), ensuring that:

- service users meet the appropriate criteria
- reasonable adjustments are made to meet the needs of patients who have a disability.

This service should be provided in line with the Department of Health guidance on Hepatitis B vaccination in Chapter 18 of the Green Book, which can be found at https://www.gov.uk/government/publications/hepatitis-b-the-green-book-chapter-18.

The Provider will take all reasonable steps to ensure that the lifelong medical records held by an at-risk patient's GP are kept up-to-date with regard to his or her immunisation status, and in particular include:

- any refusal of an offer of vaccination
- where an offer of vaccination was accepted:
    - details of the consent to the vaccination or immunisation (where a person has consented on an at-risk patient's behalf, that person's relationship to the at risk patient must also be recorded[1])
    - the batch number, expiry date and title of the vaccine
    - the date of administration of the vaccine
    - where two vaccines are administered in close succession, the route of administration and the injection site of each vaccine

[1] Refer to the *Mental Capacity Act* if necessary to ensure consent is appropriately obtained

- any contraindications to the vaccination or immunisation
- any adverse reactions to the vaccination or immunisation

Where patients fail to attend for vaccination it is recommended that they are followed up to ensure that their needs are reviewed to ensure the call/recall system is working effectively.

Acceptance and Exclusion Criteria

'AT RISK' GROUPS FOR HEPATITIS B VACCINATION

Family group:

- Foster parents
- Adopting parents of positive child or child from high risk country

High risk sexual behaviour group:

Genito Urinary Medical Services offer a vaccination programme to this group. GP Providers should provide advice and signpost to Genito Urinary Medicine Services, or provide opportunistic vaccination where GP staff are competent.

- Men who have sex with men
- Sex workers
- Frequent sexual partners
- Sexual partners of any of the above

High risk drug use group:

The Drug & Alcohol Action Team have specialist Blood Borne Virus workers who offer a vaccination programme to this group. GP Providers should provide advice and signpost to the Drug & Alcohol Action Team, or to a GP providing the Substance Misuse LES:

- Injecting drug users
- Close household members of infected injecting drug users
- If a Practice is requested to give the vaccination by any of the above services then they may claim under this LES

People living in residential care or nursing home settings:

- People with Learning Difficulties living in a residential care or nursing home setting

People receiving Renal Dialysis or with Liver disease

The following at risk groups are NOT covered:

- People travelling to high risk areas
- People at occupational health risk
- People suffering a needle stick injury
- People living in institutions:
- Patients in a custodial/prison setting

- People with the following medical conditions (secondary care are responsible for vaccination):
    - Frequent blood transfusion

Neo-natal checks (11X-07)

Participating providers will undertake neonatal checks in the Service User's home in cases of home confinement or where the check was not completed prior to the discharge of the baby from hospital.

In accordance with the NHS England Neonatal and Infant Hepatitis B Immunisation Protocol, where a baby is identified as at risk of Hepatitis B Providers shall ensure that mothers are informed of the protocol and immunisation schedule and are signposted to access this service appropriately. https://www.england.nhs.uk/south/info-professional/public-health/immunisations/hepatitis-b/

* Please note that the administering of the vaccination does not form part of this service specification.

NEONATAL CHECK REQUIREMENTS

The following requirements are sourced from the National Institute for Clinical Excellence (NICE):

- the aims of any physical examination should be fully explained and the results shared with the parents and recorded in the postnatal care plan and the personal child health record
- a complete examination of the baby should take place within 72 hours of birth
- the examination should incorporate a review of parental concerns and the baby's medical history should also be reviewed including: family, maternal, antenatal and perinatal history; fetal, neonatal and infant history including any previously plotted birth-weight and head circumference; whether the baby has passed meconium and urine (and urine stream in a boy). Appropriate recommendations made by the NHS National Screening Committee should also be carried out https://www.gov.uk/topic/population-screening-programmes and https://legacyscreening.phe.org.uk/screening-recommendations.php

Specific details for the physical examination are as below, checking the baby's:

- appearance including colour, breathing, behaviour, activity and posture
- head (including fontanelles), face, nose, mouth including palate, ears, neck and general symmetry of head and facial features. Measure and plot head circumference
- eyes; check opacities and red reflex
- neck and clavicles, limbs, hands, feet and digits; assess proportions and symmetry
- heart; check position, heart rate, rhythm and sounds, murmurs and femoral pulse volume
- lungs; check effort, rate and lung sounds
- abdomen; check shape and palpate to identify any organomegaly; also check condition of umbilical cord
- genitalia and anus; check for completeness and patency and undescended testes in males
- spine; inspect and palpate bony structures and check integrity of the skin
- skin; note colour and texture as well as any birthmarks or rashes
- central nervous system; observe tone, behaviour, movements and posture. Elicit newborn reflexes only if concerned
- hips; check symmetry of the limbs and skin folds (perform Barlow and Ortolani's manoeuvres)

- cry; note sound
- weight; measure and plot

The newborn blood spot test should be offered to parents when their baby is five to eight days old.

Guidance on the outcomes can be sought via the Somerset Pink Book or a paediatrician.

HEALTH RECORD

Information should be recorded in the Personal Child Health Record and in the lifelong medical record.

SAFEGUARDING CHILDREN

Anyone undertaking neonatal checks must be aware of their responsibility for safeguarding children and have the knowledge and skills, supported by appropriate training, to identify where there are concerns about the welfare of a child, or indicators of abuse or neglect. If concerns about possible abuse or neglect are identified when the child presents for immunisation the practitioner must follow the relevant provider child protection procedures and ultimately the Somerset Local Safeguarding Children's Board procedures.

Pre and Post-Operative Care (11X-08)

The following list gives guidance on the types of care that would be included within the scope of pre and post-operative care, and is not comprehensive:

- Blood tests
- Electrocardiogram
- Methicillin-resistant Staphylococcus aureus (MRSA) screens, including decolonisation, antibiotic treatment and rescreens in accordance with guidance in respect of positive Methicillin-resistant Staphylococcus aureus (MRSA) results
- suture or clip removal
- wound assessment and wound dressings in accordance with the CCG Wound Care Formulary and Wound Care Policy / Methicillin-resistant Staphylococcus aureus (MRSA) Wound Care Policy
- baseline observation: pulse, blood pressure and temperature, height, weight, nutritional assessment, social assessment

This enhanced service will fund:

- adequate facilities including premises and equipment, as are necessary to enable the proper provision of pre and post-operative care including facilities for cardiopulmonary resuscitation
- appropriately trained health care professionals to undertake the tasks listed above to provide care and support to Service Users undergoing care
- adherence to and maintenance of infection control standards (single use equipment where sterile equipment is needed)
- all drugs, dressings (in accordance with Trust Wound Care Formulary), appliances and necessary equipment to perform the care
- provision of information to Service Users as appropriate to their specific care
- maintenance of records of all care / procedures, consent and transfer of outcomes of pre op care to Service User's Consultant, or as directed

HEALTH RECORD

Providers must ensure that details of the Service User's monitoring is included in his or her lifelong record.

Read Code suggestions:

8920	Consent (given)
8921	Consent (refused)
ZV58312	Suture removal
8PO	Clip removal
81H	Post op dressing
321	Pre Op ECG (identify in free text for pre op)
424	Pre Op blood test (FBC, identify in free text for pre op)
4JRA	Pre Op MRSA swab (identify in free text that for pre op)
4JRA	Post op MRSA swab (identify in free text that for post op)

Long Acting Antipsychotic Injections in adults (11X-09)

The purpose of this service is to continue care, closer to home, in primary care for:

- those patients prescribed a long acting antipsychotic injection with a diagnosis of schizophrenia and other psychoses who have shown either a positive response to oral treatment but for whom concordance with oral therapy is poor or as a switch from one on formulary oral/injectable antipsychotic

- patients who are unable to tolerate conventional depot antipsychotics or who have responded to atypical antipsychotics but who have a history of poor adherence with oral treatment

The scheme will provide a cost-effective means of ensuring that patients suitable for shared care with a long acting antipsychotic injection injection have reduced relapse rates through better adherence to treatment (both as a consequence of less side effects and availability as a long acting injection) to improve clinical outcome and reduce psychiatric re-admission rates.

General Practitioner (GP) providers are required to work with the Psychiatric Service and Community Psychiatric Nurse to ensure the approved shared care agreement is followed (see Appendix 1 and 2). This enhanced service also intends to ensure that patients receiving a long acting antipsychotic injection in primary care receive comprehensive care in line with best practice guidance for patients with a mental health condition.

Specifically the enhanced service requires that:

- each patient receiving a long acting antipsychotic injection must be on the Provider register of people with schizophrenia, bipolar affective disorder and other psychoses

- the GP provider must have a system to identify and follow up patients who do not attend their appointment for administering a long acting antipsychotic injection

- each patient receiving a long acting antipsychotic injection must have a comprehensive care plan documented in their records coving the issues and actions as set out in the current Quality and Outcomes Framework (QOF) guidance for patients on the register of schizophrenia, bipolar affective disorder and other psychoses

- each patient receiving a long acting antipsychotic injection must receive a minimum level two medication review at least annually

- each patient receiving a long acting antipsychotic injection injection must receive, prior to commencing therapy in primary care, a baseline health assessment to include as a minimum:

    - assessment of any issue relating to alcohol or drug use the patient may have

    - a review of the patients smoking status and discussion of support available to the patient should they wish to stop smoking

    - a Cardiovascular Disease risk assessment including blood pressure check and cholesterol check if clinically indicated

    - recording of their Body Mass Index (BMI)

    - a diabetes risk assessment including blood glucose check or HbA1C check if clinically indicated

    - discussion on sexual health issues and cervical screening if clinically appropriate

- each patient receiving a long acting antipsychotic injection must receive a health assessment initially at six months and then annually as a minimum thereafter, covering as a minimum:

    - assessment of any issue relating to alcohol or drug use the patient may have
    - a review of the patients smoking status and discussion of support available to the patient should they wish to stop smoking
    - a Cardiovascular Disease risk assessment including blood pressure check and cholesterol check if clinically indicated
    - recording of their Body Mass Index (BMI)
    - a diabetes risk assessment including Blood glucose check or HbA1C check if clinically indicated
    - discussion on sexual health issues and Cervical screening if clinically appropriate
- the Provider should check that the patient has received the appropriate written information via secondary care which should ensure that all newly diagnosed/treated patients (and/or their carers when appropriate) are supported through receiving appropriate education and advice on management of and prevention of secondary complications of their condition
- the GP provider should provide continuing information for patients. This should ensure that all patients (and/or their carers and support staff when appropriate) are informed of how to access appropriate and relevant information
- If a doctor, nurse, pharmacist or patient suspects that an adverse reaction to a long acting antipsychotic injection has occurred, it should be reported to the Commission on Human Medicines (CHM) using the Yellow Card spontaneous reporting scheme: www.yellowcard.gov.uk.

Exception reporting, including for informed dissent, does not apply.