

Focus on.....

Vaccinations and Immunisations

Under the Red Book most vaccinations and immunisations were paid on an item-of-service basis (the main childhood immunisations were target-based). Under the new contract vaccinations and immunisations will be paid for through various mechanisms dependent on which services you as a GP wish to provide. Payment may be through the:

- global sum
- directed enhanced services
- quality and outcomes framework
- private income for some travel vaccines

The global sum

The global sum pays for essential and additional services. Regulation 15 of the Contract Regulations defines essential services. Sub-paragraph (5) provides an obligation to provide ongoing treatment and care for all registered patients and temporary residents taking account of their specific needs. This may include immunisation against disease where it is in the patient's interest.

Within the global sum there is payment for two additional services:

Vaccinations and immunisations - all necessary vaccinations and immunisations (except the influenza and pneumococcal immunisation DES, childhood vaccinations and immunisations and certain travel vaccines that can be charged for privately) as were previously set out in the Red Book. The full list of vaccinations and immunisations is attached at Appendix 1 and the Regulations at Appendix 2.

Childhood vaccinations and immunisations – providing all necessary childhood vaccinations and immunisations as were previously set out in the Red Book. The full list is attached at Appendix 1 and the Regulations at Appendix 2.

Should a practice for whatever reason feel unable to provide these additional services a percentage of the global sum will be extracted from the practice's global sum or MPIG payment. For vaccinations and immunisations this will be a 2% reduction and for childhood immunisations and pre-school boosters there will be a 1% reduction.

Directed enhanced services

There are several directed enhanced services that GPs can provide in relation to vaccinations and immunisations. The influenza and pneumococcal immunisation DES is for those patients at risk of infection. For influenza vaccination this includes:

- those aged 65 or over at the end of the financial year,
- those patients suffering from chronic respiratory disease (including asthma), chronic heart disease, chronic renal disease, immuno-suppression due to disease or treatment, or diabetes mellitus,
- and those living in long-stay residential or nursing homes or other long-stay health or social care facilities.

For pneumococcal immunisation those at-risk groups include:

- those aged 75 or over at the end of the financial year or
- from 1st April 2005, those aged 65 or over at the end of the financial year.

Both are annual campaigns, the influenza scheme is time specific whilst pneumococcal can be given throughout the year. Practices do not have preferred provider status for this DES.

Practices providing the childhood vaccination and immunisation additional service have preferred provider status for the childhood immunisation DES which incorporates the 70% and 90% target payments that existed under the Red Book. Should practices have particular difficulty in meeting these targets they need not apply to be commissioned for this DES and consider whether they wish to opt out of giving the vaccinations through the additional service.

Quality and outcomes framework

Whether a practice is commissioned for the flu and pneumococcal DES or not there are points to be gained in the Q&O framework for vaccinating patients within specific disease groups. The following indicators all reward doctors for vaccinating patients against flu – COPD8, DM18, ASTHMA7, STROKE10, CHD12. The flu DES has a 70% target (although an item per vaccination will be provided whether the target is met or not) and the Q&O indicator target can go as high as 85%. Any practice that does the flu DES successfully will also automatically qualify for quality points. If a practice does not take on the flu DES but still vaccinates patients in disease groups they can earn quality points.

Private income for some travel vaccines

The situation with regard to travel vaccines and what can and cannot be charged for has not altered from the old to the new GMS contract. Under the Red Book a limited number of travel vaccines (see Appendix 1 for the list) were provided on the NHS. This was for public health reasons. The public health agenda has not altered with the new contract and therefore **those travel vaccines that were provided by practices on the NHS before the 31st March shall continue to be provided by them from 1st April**. The only exception shall be for those practices that opt-out of the additional vaccinations and immunisations service and they will have their global sum abated by 2%. Practices opting out of the additional service will not be able to charge their registered patients for travel vaccines which are available on the NHS.

Schedule 5 of the new contract replaces paragraph 38 and lists all those services which practices are able to provide privately. This includes all travel vaccines that are not provided through the NHS for public health reasons (please see Appendix 3 for Schedule 5).

Questions and Answers

There was talk of a stock order system in England and Wales replacing the personal administration payments – will this still happen?

The GPC has been in further discussion with the Department of Health and NHS Confederation on this issue. For the present time it is not envisaged that the personal administration system shall cease, but rather it is likely it will be refined to best meet the needs of modern clinical practice.

Why does the new contract still contain the 70% and 90% childhood immunisation targets which GPs find so iniquitous?

The GPC made every effort to negotiate exception reporting into the childhood immunisation targets, as a way of ensuring GPs were not financially penalised because parents made a conscious choice not to vaccinate their children. The Department of Health considers GP involvement in childhood immunisation imperative and would not agree to this amendment. As a result the targets were detached from essential and additional services and put into a directed enhanced service. In this way, doctors who have particular difficulty in achieving the targets need not take on this service.

APPENDIX 1 – Vaccinations and Immunisations

Persons Not Travelling Abroad

Disease	Groups of person affected who should be vaccinated
Diphtheria Tetanus Either separately or combined	a) Children aged 6 and over who have not had the basic course of immunisation First dose, second dose, third dose, reinforcing dose b) Staff in hospital considered to be at risk of infection of diphtheria (See note 1) One dose c) Children aged 6 and over who have had the basic course of immunisation but not a reinforcing dose. One reinforcing dose
Tetanus	a) If not previously immunised – children at 15-19 years of age or on leaving school; persons after leaving school. First dose, second dose, third dose b) If previously immunised – persons on leaving school or entering higher education or starting work; thereafter, persons who have not had a reinforcing dose in (1) the previous 5 years and then (2) the previous 5-15 years. Reinforcing dose
Poliomyelitis	a) Persons aged 6 years and under age 40 and parents/guardians of children being given oral polio vaccine. Groups at special risk. (See note 2) (Basic course) First dose, second dose, third dose b) If previously immunised but without receiving a reinforcing dose – persons aged 6 and over at school or on leaving school or entering higher education or starting work. Groups at special risk. (See note 2) Reinforcing dose
Smallpox (See note 3 and note 4)	Groups at special risk. (See note 3) Primary vaccination/Revaccination(as in note 3)
Measles Mumps Rubella (MMR combined vaccine) Single rubella	Children from age 6 to 15 years who have not been previously immunised with MMR combined vaccine. Women of childbearing age who are not pregnant and are sero-negative; and male staff working in ante-natal clinics who are sero-negative. One dose
Measles Mumps Rubella Second dose	a) Children given the pre-school MMR second dose at the same time as the DT and polio pre-school immunisation (within the normal time frame for pre-school boosters.) One dose b) Children given the pre-school MMR second dose separately from one or

	more of the other pre-school boosters, that is DT and Polio, within the normal time frame for the pre-school boosters. One dose
Measles (single Antigen vaccine)(See note 7)	Children from age 6 to 15 years who have not been immunised against measles and who have not had measles. One dose
Anthrax	Groups at special risk. (See note 5) First dose, second dose, third dose, fourth dose, one reinforcing dose annually
Typhoid	Staff in hospitals considered to be at risk of infection. (See note 1) First dose, second dose, reinforcing doses
Rabies	Groups at special risk. (See note 6) First dose, second dose, reinforcing dose, additional reinforcing dose every 2 years
Infectious hepatitis	Persons in institutions who are exposed to a high risk of infection and for whom vaccination is recommended by the Medical Officer of Environmental Health. One dose
Group C Meningococcal	Children aged 4 months and under will receive 3 doses (conjugate vaccine) First dose, second dose, third dose Children aged 5 months and up to 12 months will receive 2 doses (conjugate vaccine) First dose, second dose Children aged 12 months and under 5 will receive 1 dose (conjugate vaccine) One dose Persons entering higher education will receive 1 dose (polysaccharide vaccine) One dose

Persons Travelling Abroad

Disease	Groups of person affected who should be vaccinated
Smallpox (see note 4)	<p>a) All persons travelling to Africa Asia and America (including Canada and USA only when vaccination is a requirement of entry to those countries).</p> <p>b) All persons travelling to an infected area.</p> <p>c) All persons travelling to a country which requires visitors to have an International Certificate of Vaccination against Smallpox.</p> <p>For all the above vaccination is: i) if not previously vaccinated: ii) if previously vaccinated: one revaccination in every period of three years.</p>

Typhoid	<p>a) All persons travelling outside the UK except to Canada, USA, Australia, New Zealand and northern Europe. (“northern Europe” includes Belgium, Denmark, Iceland, the Netherlands, Norway and Sweden).</p> <p>b) All persons travelling to an infected area.</p> <p>c) All persons travelling to countries where it is a condition of entry that visitors should have been immunised.</p> <p>For all the above, first dose, second dose, reinforcing dose</p>
Poliomyelitis	<p>a) All persons travelling to countries outside Europe except Canada, USA, Australia, and New Zealand (Europe includes Cyprus and Turkey).</p> <p>b) All persons travelling to an infected area.</p> <p>c) All persons travelling to countries where it is a condition of entry that visitors should have been immunised.</p> <p>If not previously immunised: first dose, second dose, third dose. If previously immunised: 1 reinforcing dose</p>
Infectious hepatitis	<p>Persons (particularly those) going to reside for 3 months or longer or who, if infected, might be less resistant because of pre-existing disease) travelling outside Northern Europe, Australia or New Zealand to areas e.g. of poor sanitation, where the degree of exposure to infections is likely to be high.</p> <p>One dose</p>

Notes

Note 1

Groups at special risk are hospital doctors and nurses and other staff likely to come into contact with cases of diphtheria, typhoid, as the case may be, and laboratory staff likely to handle material contaminated with the organisms of these diseases.

Note 2

Groups at special risk and eligible for vaccination against poliomyelitis regardless of age are:

General practitioners.

General practitioners' practice staff in contact with patients.

Ambulance staff.

Medical students.

Practising dental surgeons and others in contact with dental patients.

Practising nurses in hospitals and elsewhere.

Other hospital staff in contact with patients.

Public health staff who may come into contact with poliomyelitis cases.

The families of the above groups.

Laboratory staff likely to handle material contaminated with poliomyelitis virus.

Note 3

Groups at special risk and eligible for vaccination and regular re-vaccination against smallpox regardless of age are:

i. Regular re-vaccination at not less than yearly intervals:

Doctors, nurses and others liable to serve on the staff of smallpox hospitals, any persons likely to have to deal at short notice with smallpox cases and laboratory staff likely to handle material contaminated with the smallpox virus.

ii. Regular re-vaccination at not less than 3-yearly intervals.

Other health services staff who come into contact with patients.

Note 4

A vaccination or re-vaccination against smallpox is considered to be successful if a "major reaction" (as defined in paragraph 27 of the Memorandum on Vaccination against Smallpox, 1974) has occurred. Where a practitioner makes a first attempt at smallpox vaccination but the patient does not return to him or her for subsequent inspection, fee A is payable.

Where because the patient has changed his practitioner or has moved from the district in which a first (or where appropriate, a second) attempt has been made, a second practitioner is required to determine whether the attempt has been successful, fee A is payable to the second practitioner. Where the second practitioner makes a second (or, where appropriate, a third) attempt after determining that the earlier attempt was unsuccessful, a further fee A is payable to him or her for each attempt.

Note 5

The workers exposed to special risks of contracting anthrax are mainly those working in establishments such as tanneries, glue, gelatine, soap and bonemeal factories and woollen mills and regularly handling any of the raw materials shown below:

Goat hair, including mohair and cashmere (unless previously disinfected by an approved factory in Great Britain).

East Indian wool, ie wool exported from India, Pakistan and Bangladesh.

Persian wool, ie wool exported from Persian Gulf ports, including wool from Iran, Iraq, Saudi-Arabia, Kuwait etc.

Egyptian wool.

Chinese and Mongolian wool, ie wool exported from the People's Republic of China and the Mongolian People's Republic.

Alpaca.

Camel hair.

Tail or mane horsehair (raw or dressed) from the People's Republic of China, Taiwan, the Mongolian People's Republic or the Union of Soviet Socialist Republics.

Dry and dry-salted hides and skins imported from Africa, Asia and Central and South America.

Trimblings from dry and dry-salted raw hides, imported from Africa, Asia and Central and South America.

Bones and bonemeal*, hoof and horn meal imported from India, Pakistan and Bangladesh.

** Some bonemeal reaching the fertiliser industry from the glues and gelatine industry has been sterilised in the chemical processes to which it has been subjected or comes from bones originated in places other than India, Pakistan or Bangladesh. Some, however, coming from these sources, is untreated and carries an anthrax risk. Where there is doubt as to potential risk, the suppliers should be consulted.*

Note 6

Groups at special risk and eligible for vaccination against rabies regardless of age are:

persons employed:

i. at kennels and catteries approved by the Ministry of Agriculture, Fisheries and Food for the quarantine of imported dogs, cats, etc;

ii. at quarantine premises in zoological establishments;

iii. by carrying agents authorised to carry imported dogs, cats, etc.

iv. at approved research and acclimatisation centres where primates and other imported mammals are housed;

v. in laboratories handling rabies virus;

vi. at seaports and airports where they are likely to come into contact with imported animals or

animals on ships or aircraft, eg Customs and Excise and police officers;

vii. as veterinary and technical staff of MAFF;

viii. as inspectors appointed by local authorities under the Diseases of Animal Act or employed otherwise who, by reason of their employment, encounter enhanced risk;

and, where an area is declared to be rabies-infected by the Ministry of Agriculture, Fisheries and Food:

i. persons directly involved in control measures carried out under the direction of the Medical Officer for Environmental Health, together with veterinary surgeons engaged in private practice within the infected area and their ancillary staff.

Vaccine is issued, free of charge, by certain laboratories of the Public Health Service at the request of the doctor undertaking the vaccination. The Community Physician can advise the practitioner on the recommended schedule of vaccination and the detailed arrangements for the supply of the vaccine.

Note 7

MMR combined vaccine should be given in preference to single-antigen measles vaccine and regardless of a history of mumps, measles or rubella infection.

APPENDIX 2

From The National Health Service (General Medical Services Contracts) Regulations 2004 Regulation 16 SCHEDULE 2 – ADDITIONAL SERVICES

Vaccinations and immunisations

4. - (1) A contractor whose contract includes the provision of vaccinations and immunisations shall comply with the requirements in sub-paragraphs (2) and (3).

(2) The contractor shall -

(a) offer to provide to patients all vaccinations and immunisations (excluding childhood vaccinations and immunisations) of a type and in the circumstances for which a fee was provided for under the 2003-04 Statement of Fees and Allowances made under regulation 34 of the National Health Service (General Medical Services) Regulations 1992^[57] other than influenza vaccination;

(b) provide appropriate information and advice to patients about such vaccinations and immunisations;

(c) record in the patient's record kept in accordance with paragraph 73 of Schedule 6 any refusal of the offer referred to in paragraph (a);

(d) where the offer is accepted, administer the vaccinations and immunisations and include in the patient's record kept in accordance with paragraph 73 of Schedule 6 -

(i) the patient's consent to the vaccination or immunisation or the name of the person who gave consent to the vaccination or immunisation and his relationship to the patient,

(ii) the batch numbers, expiry date and title of the vaccine,

(iii) the date of administration,

(iv) in a case where two vaccines are administered in close succession, the route of administration and the injection site of each vaccine,

(v) any contraindications to the vaccination or immunisation, and

(vi) any adverse reactions to the vaccination or immunisation.

(3) The contractor shall ensure that all staff involved in administering vaccines are trained in the recognition and initial treatment of anaphylaxis.

Childhood vaccinations and immunisations

5. - (1) A contractor whose contract includes the provision of childhood vaccinations and immunisations shall comply with the requirements in sub-paragraphs (2) and (3).

(2) The contractor shall -

(a) offer to provide to children all vaccinations and immunisations of a type and in the circumstances for which a fee was provided for under the 2003-04 Statement of Fees and Allowances made under regulation 34 of the National Health Service (General Medical Services) Regulations 1992;

(b) provide appropriate information and advice to patients and, where appropriate, their parents,

about such vaccinations and immunisations;

(c) record in the patient's record kept in accordance with paragraph 73 of Schedule 6 any refusal of the offer referred to in paragraph (a);

(d) where the offer is accepted, administer the vaccinations and immunisations and include in the patient's record kept in accordance with paragraph 73 of Schedule 6 -

(i) the name of the person who gave consent to the vaccination or immunisation and his relationship to the patient;

(ii) the batch numbers, expiry date and title of the vaccine;

(iii) the date of administration;

(iv) in a case where two vaccines are administered in close succession, the route of administration and the injection site of each vaccine;

(v) any contraindications to the vaccination or immunisation; and

(vi) any adverse reactions to the vaccination or immunisation.

(3) The contractor shall ensure that all staff involved in administering vaccines are trained in the recognition and initial treatment of anaphylaxis.

APPENDIX 3

From The National Health Service (General Medical Services Contracts) Regulations 2004

SCHEDULE 5

Regulation 24

FEES AND CHARGES

1. The contractor may demand or accept a fee or other remuneration -

- (a) from any statutory body for services rendered for the purposes of that body's statutory functions;
- (b) from any body, employer or school for a routine medical examination of persons for whose welfare the body, employer or school is responsible, or an examination of such persons for the purpose of advising the body, employer or school of any administrative action they might take;
- (c) for treatment which is not primary medical services or otherwise required to be provided under the contract and which is given -
 - (i) pursuant to the provisions of section 65 of the Act (accommodation and services for private patients), or
 - (ii) in a registered nursing home which is not providing services under that Act,if, in either case, the person administering the treatment is serving on the staff of a hospital providing services under the Act as a specialist providing treatment of the kind the patient requires and if, within 7 days of giving the treatment, the contractor or the person providing the treatment supplies the Primary Care Trust, on a form provided by it for the purpose, with such information about the treatment as it may require;
- (d) under section 158 of the Road Traffic Act 1988 (payment for emergency treatment of traffic casualties)[\[76\]](#);
- (e) when it treats a patient under regulation 24(3), in which case it shall be entitled to demand and accept a reasonable fee (recoverable in certain circumstances under regulation 24(4)) for any treatment given, if it gives the patient a receipt;
- (f) for attending and examining (but not otherwise treating) a patient -
 - (i) at his request at a police station in connection with possible criminal proceedings against him,
 - (ii) at the request of a commercial, educational or not-for-profit organisation for the purpose of creating a medical report or certificate,
 - (iii) for the purpose of creating a medical report required in connection with an actual or potential claim for compensation by the patient;
- (g) for treatment consisting of an immunisation for which no remuneration is payable by the Primary Care Trust and which is requested in connection with travel abroad;
- (h) for prescribing or providing drugs, medicines or appliances (including a collection of such drugs, medicines or appliances in the form of a travel kit) which a patient requires to have in

his possession solely in anticipation of the onset of an ailment or occurrence of an injury while he is outside the United Kingdom but for which he is not requiring treatment when the medicine is prescribed;

(i) for a medical examination -

(i) to enable a decision to be made whether or not it is inadvisable on medical grounds for a person to wear a seat belt, or

(ii) for the purpose of creating a report -

(aa) relating to a road traffic accident or criminal assault, or

(bb) that offers an opinion as to whether a patient is fit to travel;

(j) for testing the sight of a person to whom none of paragraphs (a), (b) or (c) of section 38(1) of the Act (arrangements for general ophthalmic services) applies (including by reason of regulations under section 38(6) of that Act);

(k) where it is a contractor which is authorised or required by a Primary Care Trust under regulation 20 of the Pharmaceutical Regulations or paragraphs 47 or 49 of Schedule 6 to provide drugs, medicines or appliances to a patient and provides for that patient, otherwise than by way of pharmaceutical services or dispensing services, any Scheduled drug;

(l) for prescribing or providing drugs or medicines for malaria chemoprophylaxis.

April 2004