

**DIRECTED ENHANCED SERVICE  
for  
CHILDHOOD IMMUNISATION SCHEME**

**Service Level Agreement**

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## INTRODUCTION

All practices are expected to provide essential services and those additional services they are contracted to provide to all their patients. They are also encouraged to provide the Directed, National and Local Enhanced services to the populations they serve. The specification for this service is designed to cover the enhanced aspects of clinical care of the patient, which is beyond the scope of essential services.

## SERVICE AIMS

This agreement is to cover the period commencing 1<sup>st</sup> April 2009 to 31<sup>st</sup> March 2010.

The purpose of this Directed Enhanced Service is to continue to ensure that a high percentage of children aged five years and under receive the appropriate immunisations.

The scheme will provide a cost-effective means of ensuring that children are protected from these serious diseases and from the complications of those diseases. The scheme remains one of the most effective public health tools in that it not only protects children individually but collectively in the wider community also (especially those for whom immunisation is contra-indicated).

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

### **Staff involved**

All members of the Primary Health Care Team.

## CRITERIA

This Directed Enhanced Service Specification details the following criteria.

The following pages contain some further guidance from the PCT on expected processes, outcomes and deliverables based on this process. On aspiring to this service practices are required to submit plans under each of these items to the PCT.

- (i) The Development and Maintenance of a Register
- (ii) Liaison with Parents or Guardians
- (iii) Relevant Immunisation
- (iv) Staff
- (v) Storage of Vaccinations
- (vi) Resuscitation
- (vii) Health Record
- (viii) Review/Audit

### **Criteria One: The Development and Maintenance of a Register**

That the contractor –

- i. Develops and maintains a Childhood Immunisation Scheme Register of all the children for whom the contractor has a contractual duty to provide childhood immunisation and pre-school booster services.
- ii. Undertakes to record the information that it has in the Register using national Read codes.

### **Criteria Two: Liaison with Parents or Guardians**

That the contractor –

- i. Develops a strategy for liaising with and informing parents and guardians of children on its Register about its immunisation programme with the aim of improving uptake.
- ii. Provides information on request to those parents or guardians about immunisations.

### **Criteria Three: Relevant Immunisations**

That the contractor undertakes to offer the recommended immunisations to the children on its Register, with the aim of maximising uptake.

This specification is based on the existing lower (70%) and higher (90%) target payments. These are described in the “New GMS Contract 2003 Supplementary Documents”

### **Criteria Four: Staff**

That the contractor ensures that any health care professional who is involved in administering a vaccine has –

- i. Any necessary experience, skill and training with regard to the administration of the vaccine.
- ii. Training with regard to the recognition and initial treatment of anaphylaxis.

### **Criteria Five: Storage of Vaccinations**

That the contractor ensures that –

- i. All vaccines are stored in accordance with the manufacturer's instructions.
- ii. All refrigerators in which the vaccinations are stored have a maximum/minimum thermometer and that readings are taken from that thermometer on all working days.

### **Criteria Six: Resuscitation**

That the contractor has appropriate resuscitation equipment on site in case of anaphylactic reactions

### **Criteria Seven: Health Record**

That the contractor takes all reasonable steps to ensure that the lifelong medical records held by a child's general practitioner are kept up-to-date with regard to the child's immunisation status, and in particular include –

- i. Any refusal of an offer of vaccination
- ii. Where an offer of vaccination was accepted –
  - a. Details of the consent to the vaccination or immunisation including the persons relationship to the child where consent is given on the child's behalf
  - b. The batch number, expiry date and title of the vaccine
  - c. The date of administration of the vaccine
  - d. Where two vaccines are administered in close succession, the route of the administration and the injection site of each vaccine
  - e. Any contraindications to the vaccination or immunisation
  - f. Any adverse reactions to the vaccination or immunisation

### **Criteria Eight: Review/Audit**

The contractor must supply the PCT with such information as it may reasonably request for the purposes of monitoring the contractor's performance of its obligations under the plan.

The contractor must participate in an annual review of the plan which shall include –

- i. An audit of the rates of immunisation, which must also cover any changes to the rates of immunisation.
- ii. An analysis of the possible reasons for any changes to the rates of immunisation.

## **ONGOING MEASUREMENT & EVALUATION**

The ongoing measurement is outlined in the various criteria in the previous section. **The services provided and scope of this DES will be reviewed with the practice as part of the annual contract monitoring process.**

In addition the practice is required to agree with the PCT this service specification/plan at the start of the year.

## **FINANCE**

This agreement is to cover the 12 months commencing 1<sup>st</sup> April 2009.

On agreeing a service plan with the PCT, practices will receive:

- For childhood immunisation the price in 2009/10 will be £2,829 for practices meeting the lower 70% target and £8,489 for those meeting the higher 90% target.
- For pre-school boosters the price in 2009/10 will be £875 for practices meeting the lower target and £2,626 for those meeting the higher rate.

The prices are based on a practice with a list of 5,000, which has 59.25 patients aged two and 61.45 patients aged five. To calculate the actual payment a practice will receive, the prices above are multiplied by the ratio of actual patients in these age bands to the number of patients provided above. The "New GMS Contract 2003 Supplementary Documents" provides a worked example.

Practices will be responsible for reporting to the PCT all immunisations given as soon as possible in accordance with the local arrangements.

**PAYMENT WILL ONLY BE MADE UPON RECEIPT OF THE PRACTICE  
SIGNATURE SHEET**

## **SIGNATURE**

The practice will need to sign a combined single signature sheet for all Enhanced Services provided. This will constitute the agreement between the practice and the PCT in respect of all Enhanced Service, as specified within each individual Service Level Agreement.