

DIRECTED ENHANCED SERVICE
for
INFLUENZA & PNEUMOCOCCAL IMMUNISATION SCHEME
Service Level Agreement

Contents:

1. Introduction
2. Service Outline and Aims
3. Criteria
 - i. The Development and Maintenance of a Register
 - ii. Call and Recall
 - iii. Staff
 - iv. Storage of Vaccinations
 - v. Resuscitation
 - vi. Facilities
 - vii. Health Record
4. Ongoing Measurement & Evaluation
5. Finance Details
6. Signature

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 OUTLINE AND AIMS

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

The purpose of this Directed Enhanced Service is to ensure the provision of influenza immunisation for those patients aged 65 and over and other at-risk groups. This is to reduce the serious morbidity and mortality from influenza by immunising those most likely to have a serious or complicated illness should they develop influenza. This can avert the need for the patient to be hospitalised.

Throughout the UK, the target for immunising those aged 65 and over is 70%. No uptake target has been set for immunising those in the non-age-related at-risk groups, as reliable statistics on the size of this group are not available. For all at-risk groups, GPs should maximise uptake in the interests of patients. In all cases, the final decision as to who should be offered immunisation is a matter for the clinical judgement of the GP, although the PCT would encourage GPs to focus on the at-risk groups.

The scheme gives incentives to GPs to provide a proactive and preventative approach by adopting robust call and reminder systems for the patients on their list in the at-risk groups to receive immunisation.

Existing arrangements will continue to apply in terms of obtaining supplies of flu vaccine.

Based on the advice of the Joint Committee on Vaccination and Immunisation (JCVI), the current at-risk groups are:

- (i) All those aged 65 years and over;
- (ii) All those aged over 6 months in the following clinical risk groups
 - (a) chronic respiratory disease, including asthma
 - (b) chronic heart disease
 - (c) chronic renal disease
 - (d) immunosuppression due to disease or treatment
 - (e) diabetes mellitus
- (iii) Those living in long-stay residential and nursing homes or other long-stay facilities where rapid spread is likely to follow introduction of infection and

cause high morbidity and mortality (this does not include prisons, young offender institutions, university halls of residence etc.)

- (vi) Those who are the main carer for an elderly or disabled person whose welfare may be at risk in the carer falls ill. Vaccination should be given at the GPs discretion

Additionally, this Directed Enhanced Service is to ensure the provision of pneumococcal immunisation for all patients

- (a) over the age of 65
- (b) over 2 months in the following clinical risk groups

Children aged 2 months to under 5 years of age should receive 7-valent pneumococcal conjugate vaccine followed by a single dose of 23-valent pneumococcal polysaccharide vaccine after the age of 2 years. Children over 5 years of age and adults should receive a single dose of polysaccharide vaccine.

Clinical risk dysfunction of the spleen	Examples (decision based on clinical judgement)
Asplenia or dysfunction of the spleen	This also includes conditions such as homozygous sickle cell disease and coeliac syndrome that may lead to splenic dysfunction.
Chronic respiratory disease*	This includes chronic obstructive pulmonary disease (COPD), including chronic bronchitis and emphysema, bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis and bronchopulmonary dysplasia. Asthma is NOT an indication, unless so severe as to require continuous or frequently repeated use of systemic steroids (see immunosuppression below). Children with respiratory conditions caused by aspiration or a neuromuscular disease (eg cerebral palsy) with a risk of aspiration.
Chronic heart disease	This includes those requiring regular medication and/or follow-up for ischaemic heart disease, congenital heart disease, hypertensive heart disease (excluding uncomplicated controlled hypertension) and chronic heart failure.
Chronic renal disease	Including nephrotic syndrome, chronic renal failure, renal transplantation.
Chronic liver disease	Including cirrhosis
Diabetes	Diabetes mellitus requiring insulin or oral hypoglycaemic drugs.

Immunosuppression	Immunosuppression due to disease or treatment, including asplenia or splenic dysfunction, HIV infection at all stages. Patients undergoing chemotherapy leading to immunosuppression. Individuals on or likely to be on systemic steroids for more than a month at a dose equivalent to prednisolone at 20mgs or more per day (any age) or for children under 20 kgs a dose of 1mg or more per kg per day.
	<i>However, some immunocompromised patients may have a suboptimal immunological response to the vaccine.</i>

Individuals with cochlear implants#

Individuals with the potential for cerebrospinal fluid leaks	Including cerebrospinal fluid shunts and other conditions where leak of CSF may occur
--	---

Children under 5 years of age who have previously had invasive pneumococcal disease*	e.g. children who have previously had pneumococcal meningitis or pneumococcal bacteraemia.
--	--

*** Amended risk group category**

It is important that immunisation does not delay the cochlear implantation

Partners 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) Call and Recall
- (iii) Staff
- (iv) Storage of Vaccinations
- (v) Resuscitation
- (vi) Facilities
- (vii) Health Records

Criteria One: The Development and Maintenance of a Register

That the contractor develops and maintains an Influenza and Pneumococcal Scheme Register, of all the at-risk patients to whom the contractor is to offer immunisation against influenza or pneumococcal infection

The contractor is expected to offer immunisations against influenza to at-risk patients during the period from 1st August to 31st March during the relevant financial year, but should concentrate the immunisation programme during the period from 1st September to 31st January in that financial year.

Pneumococcal immunisations may be administered throughout the year to at-risk patients.

The contractor should record the information that it has in its Register using any applicable national Read codes.

Criteria Two: Call and Recall

The contractor develops a proactive and preventative approach to offering these immunisations by adopting a robust call and reminder system to contact at-risk patients, with the aims of –

- (i) Maximising uptake in the interests of at-risk patients.
- (ii) Meeting any public health targets in respect of such immunisation.

Criteria Three: 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 Four: 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 Five: Resuscitation

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

Criteria Six: Facilities

That the contractor provides this service from approved practice premises or appropriate community settings, including the patients own home and care homes.

Criteria Seven: Health Record

That the contractor takes all reasonable steps to ensure that the lifelong medical records held by an at-risk patient's general practitioner are kept up-to-date with regard to their 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 where consent is given on the at-risk patient'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

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 1st April 2009.

Practices will receive £7.51 per vaccine administered.

**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.