



## SCOTTISH EXECUTIVE

Health Department  
Directorate of Human Resources=

St Andrew's House  
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Dear Colleague

### **SPECIFICATION FOR A DIRECTED ENHANCED SERVICE (DES) FOR IMMUNISATION AGAINST INFLUENZA FOR THOSE AGED 65 AND OVER AND THE RELEVANT AT RISK GROUPS AND IMMUNISATION AGAINST PNEUMOCOCCAL INFECTION FOR THOSE AGED 65 AND OVER**

#### **Summary**

1. This circular introduces a model for a Directed Enhanced Service (DES) for immunisation against influenza for those aged 65 and over; those aged under 65 but in an at risk group; and immunisation against pneumococcal infection for those aged 65 and over. This specification replaces that contained in the publication "New GMS Contract 2003: Supplementary Documents". A joint professional CMO/CNO/CPO letter was issued on 6 August 2004 with advice on the influenza and pneumococcal immunisation programme more generally.
2. This circular requests NHS Boards to introduce a Directed Enhanced Service (DES) for the provision of influenza immunisation and immunisation against pneumococcal infection along the lines of the attached model. The scheme reflects the agreement negotiated between the Department and SGPC.

#### **Background**

3. The aim of the DES is to maximise the uptake of influenza immunisation in all at-risk groups in winter 2004-05 and to maximise the uptake of immunisation against pneumococcal infection. Throughout Scotland and in each NHS Board area the target for immunising those aged 65 and over against influenza is 70%. The target for immunising those in the non-age related at-risk groups against influenza for 2004/05 is 60%. This will rise to 70% over the following 2 years. There is no target for immunising those aged 65 and over against pneumococcal infection.

13 September 2004

#### **Addresses**

##### **For action:**

Chief Executives of NHS Boards;  
General Medical Practitioners;  
Director of Practitioner Services,  
NHS National Services Scotland

##### **For information:**

General Manager,  
NHS National Services Scotland;  
Directors of Public Health;  
Immunisation Co-ordinators, NHS  
Boards;  
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### **Payment Arrangements**

4. All GP practices qualify for the sliding scale of payments for influenza immunisation given to those aged 65 and over and the set rate for immunisation against influenza in the under 65 at risk group and also against pneumococcal infection. The sliding scale relates to influenza immunisations to patients who are, or will be, 65 and over by 31 March 2005. For payment purposes the influenza immunisation programme operates from 1 August 2004 to 31 March 2005. The pneumococcal immunisation programme is ongoing.

### **Section 17c Arrangements**

5. GP practices who are participating in Section 17c schemes are not providing general medical services and therefore are not entitled to receive payments under these arrangements. NHS Boards which contain Section 17c schemes should ensure that Section 17c contracts include provisions to achieve the objectives being pursued through the use of the DES for GMS. Where there is a substantial variation to existing Section 17c contracts, application should be made to Scottish Ministers. Otherwise variations should be agreed locally between the NHS Board and the Section 17c scheme.
6. The model DES is at Annex A.

### **Action**

7. In partnership with their GP practices, NHS Boards are requested to introduce a Directed Enhanced Service for the provision of influenza immunisation and immunisation against pneumococcal infection in line with the attached model. As the scheme relates to immunisation to protect at-risk patients for the forthcoming winter, it should be introduced as soon as possible.
8. Boards are requested to bring the circular to the attention of GP practices in their area and their Area Medical Committee for the attention of the Secretary of the GP Sub-Committee.

Yours sincerely



**MIKE PALMER**  
**Assistant Director (Workforce and Policy)**

## **Annex A**

### **Specification for a directed enhanced service**

#### **Pneumococcal and Influenza immunisation for those aged 65 and over.**

#### **Influenza immunisation for those aged under 65 and in an at risk group.**

#### **Introduction**

1. The purpose of this paper is to set out a model for a directed enhanced service for immunisation against influenza for those aged 65 and over and the relevant at risk groups and immunisation against pneumococcal infection for those aged 65 and over.

2. The model scheme should be read in conjunction with The Primary Medical Services (Directed Enhanced Services) (Scotland) Directions 2004 which were issued on 11 May 2004 and circulated under cover of Circular PCA(M)(2004)15. These Directions list the requirements for contractors providing this service.

3. Based on the advice of the Joint Committee on Vaccination and Immunisation (JCVI), the current at risk groups who should be immunised against influenza are:

- i) Those of all ages with:
  - (a) chronic respiratory disease, including asthma
  - (b) chronic heart disease
  - (c) chronic renal disease
  - (d) immunosuppression due to disease or treatment
  - (e) diabetes mellitus
- (ii) those aged 65 and over
- (iii) those living in long-stay residential and nursing homes or other long stay health care facilities.

Further details of these at risk groups are set out in a CMO letter and are also contained in the “green book”. The target group of patients for Pneumococcal immunisation covered by this DES are those aged 65 and over.

## **Aims**

4. The purpose of the directed enhanced service is to cover the provision of influenza immunisation for those aged 65 and over and those aged under 65 in an at risk group. The DES also covers the provision of pneumococcal immunisation for those aged 65 and over.

5. Throughout the UK, the target for immunising those aged 65 and over against influenza is 70%. For immunising against influenza for those in the non age related at-risk groups a target of 60% has been set for 2004/05, rising to 70% over the following 2 years. No target has been set for immunising those aged 65 and over against pneumococcal infection. For both influenza and pneumococcus, 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.

6. The model 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 eligible at-risk groups to receive immunisation. Contractors may use the data held on SIRS, or any equivalent system, for this purpose.

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

## **Eligibility**

8. Payment arrangements under the scheme will apply as follows:

(i) For influenza immunisations given to all at-risk patients who are immunised by 31 March in the relevant financial year. These include all of those who are or will be aged 65 or over on 31 March in the relevant financial year. For payment purposes, the immunisation programme will operate from 1 August to 31 March in the relevant financial year. The non-age related at-risk groups are described in paragraph 2. It is for each practice to identify the patients concerned from their records and this will be consistent with the registers maintained as part of the Quality and Outcomes Framework.

(ii) For pneumococcal immunisations given to those aged 65 and over who are immunised by 31 March in the relevant financial year. These include all of those who are or will be aged 65 or over on 31 March in the relevant financial year. For payment purposes, the immunisation programme will operate from 1 April to 31 March in the relevant financial year.

## **How will the immunisation programme work?**

9. Individual GP practices will have accurate registers for the majority of the eligible at-risk patient population as part of the Quality and Outcomes Framework if they are participating in it. Non-participating practices would have to be able to produce satisfactory registers to be eligible for certain directed enhanced services.

10. It is expected that, as is normal procedure, influenza immunisation will be concentrated in the period 1 September to 31 January of the relevant financial year.

However, immunisation given at any time between 1 August and 31 March of the relevant financial year will qualify under this scheme. For pneumococcal immunisations, these can be given throughout the period 1 April to 31 March of the relevant financial year.

11. National Read codes are available and examples in use are shown below. These will be standardised as part of the UK approach to having agreed Read code definitions. If practices store information on computers, they should ensure that all staff enter the same Read code to indicate immunisations have been given or offered. The current codes for influenza are:

90X5.	influenza vaccination declined
65E..	influenza vaccine given
68NE.	no consent to influenza vaccination
8I2F.	medical contraindication to immunisation

The current codes for pneumococcus are:

65720 (number zero and no dot)	pneumococcal vaccination given
8I2E. (letter I not number one)	pneumococcal vaccination contraindicated
68NX.	No consent to pneumococcus

12. Note that the dots after the codes are important and GPASS users need to add a dot at the beginning of the code when entering information through the Read code browser.

13. While data collection will be minimised to avoid undue bureaucracy, some data will be required to underpin effective monitoring of uptake. With this in mind, the Scottish Centre for Infection and Environmental Health (SCIEH) will request details of numbers of patients immunised against influenza in each group together with numbers of eligible patients. As was the case in previous years, SCIEH will request this information at the end of October, November and December. Practices who participate in supplying this data will be eligible to claim an advance payment at end December 2004. PSD will communicate separately with GMS practices setting out the details for claiming advance payments.

### **Pricing**

14. Payment arrangements will continue at the current existing rate uplifted by 3.225% per annum. The rates for 2004/05 will be as follows:

<u>Pneumococcal (65 and over)</u>	£7.28
<u>Influenza (65 and over)</u>	
if more than 50% of the age group have been immunised	£8.43
if up to and including 10% of the age group have been immunised	£6.83
if between 10% and 50% of the age group have been immunised a sliding scale is used	£6.83 to £8.43

Influenza (under 65 and in an at risk group)

£7.28

### Claims for Payment

**Because of the different patient categories and payment calculations, it is necessary to submit separate claims for the 65 and over and the under 65 at risk groups. With this in mind PSD will accept the following:**

#### **65+ Flu and 65+ Pneumococcal ONLY**

15. PSD will accept the CHI list as a claim form where this is available. To secure payment, GP practices should either:

(a) complete the date of service column as confirmation that the patient has been immunised; or

(b) state the calendar month in which the patient(s) received the immunisation. If (b) is adopted, practices must nevertheless record the date of service in their own records as checks on a random sample of claims made by GPs may be undertaken.

16. Where possible, practices are asked to ensure that claim forms for flu immunisation are submitted in sufficient time to enable re-imburement in the relevant financial year. To achieve this forms should be submitted for payment by 14<sup>th</sup> February. For flu immunisation given between 14 February and 31 March a further claim can be made for payment at the June quarter, although practices are asked to try to keep such claims to an absolute minimum. Pneumococcal immunisations are given on an ongoing basis throughout the year and claims should be submitted within the normal timetable for quarterly claims.

17. As an alternative, to secure payment GPs may submit a computer printout clearly marked for the category of patient being claimed for (e.g 'pneumococcal immunisation - patients aged 65 and over') showing for each patient immunised their CHI number, surname and forename. Such claims should contain the following declaration:

“I declare that the patients on the attached list who will be 65 or over on 31 March [relevant year] have been immunised against influenza and/or pneumococcal as indicated. I accept that there may be subsequent post payment verification. I claim payment of fees due to me for the provision of influenza/pneumococcal immunisations under the National Health Service (General Medical Services Contracts) (Scotland) Regulations 2004”.

18. As to date of service, practices should either:

(a) complete the date of service column as confirmation that the patient has been immunised; or

(b) state the calendar month in which the patient(s) received the immunisation. If (b) is adopted, practices must nevertheless record the date of service in their own records as checks on a random sample of claims made by GPs may be undertaken.

**Influenza immunisation for those aged under 65 and in an at risk group.**

19. PSD will accept a computer printout clearly marked with the category of patient for which the claim is made i.e. 'Influenza immunisation for those aged under 65 and in an at risk group', showing for each patient immunised their CHI number, surname and forename. A similar declaration as the CHI influenza list should be appended. As to date of service, practices should either:

(a) complete the date of service column as confirmation that the patient has been immunised; or

(b) state the calendar month in which the patient(s) received the immunisation. If (b) is adopted, practices must nevertheless record the date of service in their own records as checks on a random sample of claims made by GPs may be undertaken.

20. PSD will in the near future produce and circulate a pro forma document for influenza at risk categories. As an option practices can choose to complete and submit this form as a claim.

21. Regardless of the method of claiming, practices are asked to ensure that claim forms are submitted in sufficient time to enable re-imburement in the relevant financial year. To achieve this forms should be submitted for payment by 14<sup>th</sup> February. For immunisation given between 14 February and 31 March a further claim can be made for payment at the June quarter, although practices are asked to try to keep such claims to an absolute minimum.