



Dear Colleague

29 October 2009

**THE PRIMARY MEDICAL SERVICES (DIRECTED  
ENHANCED SERVICES - PANDEMIC INFLUENZA  
(H1N1) VACCINATION SCHEME) (SCOTLAND)  
DIRECTIONS 2009**

**Addresses**

**For Action**

Chief Executives NHS Boards

**For Information**

Directors of Finance, NHS  
Boards

Director of Practitioner  
Services Division, NHS  
National Services Scotland

Directors of Nursing

Primary Care Leads

GP Practices

**Summary**

1. This Circular provides details of the H1N1 Vaccination Scheme for NHS Boards and GP practices in Scotland, as set out in my letter of 15 September 2009. See copy at:  
[www.sehd.scot.nhs.uk/publications/DC20090915influenza.pdf](http://www.sehd.scot.nhs.uk/publications/DC20090915influenza.pdf).

**Information**

2. The Directions are attached at **Annex A**. NHS Boards should offer each existing contractor in its area the opportunity to enter into arrangements to participate in the Pandemic Influenza (H1N1) Vaccination Scheme in Scotland. Details about patient priority groups, clinical risk groups etc are also contained in the Directions.

**Points of clarification**

3. To aid understanding of the Directions, please note the following:

- GPs will be paid a fee of £5.25 for each dose administered to patients in the priority groups
- Community Nurses will be responsible for vaccinating housebound patients in the priority groups. GPs will be expected to inform NHS Boards of those patients on their lists who are in these groups but to whom they will not be offering vaccinations and to liaise closely with NHS Boards to ease delivery. Health Boards should ensure that such patients are referred to the appropriate community nursing service for vaccination, especially when they are not currently on an existing caseload.

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- Where GPs are willing to continue with effective local arrangements under the seasonal flu programme to assist with, for example, the housebound in care homes, they should inform their NHS Board and enter into local arrangements
- More generally, it is recognised that the wider vaccination programme represents additional work. The per dose payment is designed to cover the costs of this new activity in terms of contacting patients, administering the vaccine and taking on extra staff. In particular, the £5.25 paid to GP practices will go in part towards additional work required of staff, whether practice employees or NHS Board employees. It will be for individual practices to agree with local NHS Boards how reimbursement should be made to NHS Boards for this use of NHS staff. This reimbursement will not apply to the vaccination of housebound patients as detailed above
- Local Occupational Health providers will supply GP practices with the details of health and social care staff who have been vaccinated and practices will update their patient records accordingly
- Where individuals are in both an at risk group and the relevant occupational group, the expectation is that, subject to patient preference, they will be vaccinated by their GP practice
- Whilst GPs are normally responsible for the occupational health arrangements of their own staff, NHS Boards have agreed that Occupational Health services will be responsible for vaccinating eligible practice staff who are not in clinical at risk groups
- However, practices may agree to vaccinate their own staff provided details are sent to the GP practice where such staff are registered. This work will not qualify for the £5.25 fee
- The Scottish Government and the Scottish General Practitioners Committee underline the exceptional nature of this vaccination programme, which does not set a precedent for future arrangements.

### **Childhood immunisations**

4. The collection date for the data on childhood immunisations for the third quarter only, (i.e. the December 2009 date) has been extended by six weeks to mid-February 2010. This has been agreed to give practices time to undertake the swine flu vaccination programme for the priority groups, whilst the childhood vaccination and immunisations programme is continued.

However, any delay in vaccination should only occur in exceptional circumstances and should not apply to immunisations at 2, 3 and 4 months.

The amended arrangements for the third quarter will be as follows:

- The cohort of children is established on 1 October 2009
- The final date for immunisations counting towards payment will be 11 February 2010
- The cut off date for submitting returns is a date set by Boards in March 2010
- The date the payment falls due is 31 March 2010

Arrangements for the fourth quarter will revert back to normal.

## **Patient Experience Indicators**

5. Practices which achieve at least 50.7% patient uptake for the H1N1 vaccination programme in the priority groups will be granted a 10% drop in the upper and a 20% drop in the lower thresholds of PE7 and PE8 of the Quality and Outcomes Framework (QOF).

## **Funding**

6. The Scottish General Practitioners Committee has agreed that funding will be that as approved by the General Medical Council, the UK Government and in accordance with these Directions.

## **Payment claim forms**

7. Practitioner Services Division (PSD) will, in due course, provide practices with details on how to submit payment claim forms which should be completed and returned to the appropriate regional PSD office each month. Thereafter, payment will be made to individual GP practices based on the number of patients vaccinated each month.

## **Action**

8. NHS Boards are requested to bring this Circular to the attention of all GP practices in their area and their Local Medical Committee.

Yours sincerely



Frank Strang  
Deputy Director, Primary Care Division

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DIRECTIONS

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**THE NATIONAL HEALTH SERVICE (SCOTLAND) ACT 1978**
**The Primary Medical Services (Directed Enhanced Services -  
Pandemic Influenza (H1N1) Vaccination Scheme)(Scotland)  
Directions 2009**

The Scottish Ministers give the following Directions, in exercise of the powers conferred by sections 2(5) and 105(7) of the National Health Service (Scotland) Act 1978<sup>(1)</sup>, and all other powers enabling them to do so—

**Citation, commencement and application**

1.—(1) These Directions may be cited as the Primary Medical Services (Directed Enhanced Services - Pandemic Influenza (H1N1) Vaccination Scheme)(Scotland) Directions 2009 and come into force on 29 October 2009.

(2) These Directions are given to Health Boards in Scotland and apply in relation to Scotland only.

**Interpretation**

2. In these Directions—

“the Act” means the National Health Service (Scotland) Act 1978;

“appropriate dosage” means the recommended doses of the H1N1 vaccine as specified in the Vaccine Schedule at paragraph 13 of the letter signed by the Chief Medical Officer, the Chief Nursing Officer and the Chief Pharmaceutical Officer dated 21 October 2009 and published as SGHD/CMO (2009) 12.

“contractor”, unless the context otherwise requires, means an existing contractor or a new contractor”;

“existing contractor” means a person who on or before 29 October 2009—

(a) has entered into a GMS contract with a Health Board; or

(b) has entered into—

(i) a PMS Contract with a Health Board; and

(ii) has a registered patient list;

“general medical services contract” and “GMS contract” mean a contract entered into by a Health Board under section 17J of the Act <sup>(2)</sup>;

“GMS contractor” means a person with whom a Health Board is entering or has entered into a general medical services contract;

“H1N1 vaccine” means the Pandemic Influenza Vaccine (H1N1) 2009;

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<sup>(1)</sup> 1978 c.29. Section 2(5) was amended by the National Health Service and Community Care Act 1990, c.19, section 66(1), Schedule 9, paragraph(1); Section 105(7) was amended by the Health Services Act 1980 (c.53), Schedule 6, paragraph 5(1) and Schedule 7, the Health and Social Services and Social Security Adjudications Act 1983 (c.41), Schedule 9, Part I, paragraph 24 and the Health Act 1999 (c.8), Schedule 4, paragraph 60. The functions of the Secretary of State were transferred to the Scottish Ministers by virtue of section 53 of the Scotland Act 1998 (c.46).

<sup>(2)</sup> Section 17J was inserted by the Primary Medical Services (Scotland) Act 2004, asp 1, (“ the 2004 Act”), section 4

“new contractor” means any person, other than an existing contractor, with whom a Health Board is contemplating entering into or has entered into contractual arrangements to provide vaccination services as part of its Pandemic Influenza (H1N1) Vaccination Scheme;

“PMS contractor” means a person with whom a Health Board is entering into or has entered into section 17C arrangements for the provision of primary medical services;

“primary medical services contract” means—

- (a) a general medical services contract;
- (b) section 17C arrangements which require the provision of primary medical services; or
- (c) contractual arrangements for the provision of primary medical services under section 2C of the Act (other than a general medical services contract or section 17C arrangements for the provision of primary medical services);

“primary medical services contractor” means—

- (a) a GMS or PMS contractor; or
- (b) a person with whom a Health Board is making or has made contractual arrangements for the provisions of primary medical services under section 2C of the Act (other than a general medical services contract or section 17C arrangements for the provision of primary medical services);

“priority group” is to be construed in accordance with direction 4;

“registered patient list” is to be construed in accordance with regulation 2(2) of the Primary Medical Services (Sale of Goodwill and Restrictions on Sub contracting)(Scotland) Regulations 2004<sup>(3)</sup>;

“section 17C arrangements” means arrangements entered into under section 17C of the Act<sup>(4)</sup>;

and

“working day” has the same meaning as in the National Health Service (General Medical Services Contracts)(Scotland) Regulations 2004<sup>(5)</sup>.

## PART 1

### Establishment etc. of Pandemic Influenza (H1N1) Vaccination Schemes

#### **Establishment etc. of Pandemic Influenza (H1N1)Vaccination Schemes**

**3.** Each Health Board must exercise its functions under section 2C of the Act of providing primary medical services within its area, or securing their provision within its area, by (as part of its discharge of those functions) establishing, operating and, as appropriate, revising for its area a Pandemic Influenza (H1N1)Vaccination Scheme, the underlying purposes of which are—

- (a) to ensure that patients in its area who are in a priority group are offered the H1N1 vaccine;
- (b) to ensure that the priority groups are prioritised for vaccination in the order set out in direction 4; and
- (c) to maximize the level of uptake amongst priority groups in its area of the H1N1 vaccine.

#### **Priority groups**

**4.** The following groups are priority groups for the purposes of these Directions—

- (a) people who—
  - (i) have reached the age of 6 months but have not reached the age of 65 years; and
  - (ii) are in a clinical risk group listed in the Schedule to these Directions;

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<sup>(3)</sup> SSI 2004/162

<sup>(4)</sup> Section 17C was inserted by the National Health Service (Primary Care) Act 1997, c46. section 21(2), amended by the National Health Service Reform and Healthcare Professions Act 2002, c.17, Schedule 3, paragraph 12, the 2004 Act, section 2(2) and by the Smoking, Health and Social Care (Scotland) Act 2005, asp 13, schedule 2, paragraph 2, and schedule 3.

<sup>(5)</sup> SSI 2004/115, to which there are amendments which are not relevant to this definition;

- (b) women who—
  - (i) are pregnant; and
  - (ii) are at a stage in their pregnancy for which the H1N1 vaccine is licensed for use;
- (c) people who are household contacts of immunocompromised individuals; and
- (d) people who—
  - (i) are aged 65 or over; and
  - (ii) are in a clinical risk group listed in the Schedule to these Directions.

### **Offers of arrangements to participate in the Pandemic Influenza (H1N1) Vaccination Scheme**

**5.**—(1) As part of its Pandemic Influenza (H1N1) Vaccination Scheme, each Health Board must, subject to paragraph (2), offer to make arrangements with existing contractors or, where necessary in order fully to meet its obligations under direction 3, new contractors, for the vaccination of patients in priority groups against pandemic influenza of the virus sub-type H1N1.

(2) Each Health Board must—

- (a) before offering to enter into arrangements with new contractors—
  - (i) before 12 November 2009, offer each existing contractor in its area the opportunity to enter into arrangements to participate in the Pandemic Influenza (H1N1) Vaccination Scheme; and
  - (ii) afford each of those existing contractors a reasonable opportunity to participate in the Pandemic Influenza (H1N1) Vaccination Scheme,

but for these purposes, if an existing contractor fails to respond to an offer within 14 days of the date on which the offer is made by the Health Board, that existing contractor is to be treated as having been afforded a reasonable opportunity to participate in the Pandemic Influenza (H1N1) Vaccination Scheme and the offer may be withdrawn;

- (b) before entering into arrangements with contractors, satisfy itself that the contractor—
  - (i) is capable of meeting its obligations under those arrangements; and
  - (ii) in particular, has the necessary facilities, equipment and suitably trained and qualified general practitioners, health care professionals and other staff to meet those obligations,
 and nothing in these Directions shall be taken as requiring a Health Board to enter into arrangements with a contractor if it is not so satisfied.

(3) A Health Board may withdraw an offer to enter into arrangements with a contractor as part of its Pandemic Influenza (H1N1) Vaccination Scheme if the contractor fails to provide any information—

- (a) requested by the Health Board which that Health Board reasonably requires in order to satisfy itself as mentioned in paragraph (2)(b); and
- (b) within a timescale reasonably requested by the Health Board.

### **Form and content of the arrangements**

**6.**—(1) The arrangements that each Health Board, as part of its Pandemic Influenza (H1N1) Vaccination Scheme, enters into with contractors who are primary medical services contractors with a registered patient list must be contractual arrangements, in writing, which include the following—

- (a) a list (the “housebound patients list”) of those of the contractor’s registered patients who are in a priority group but who are housebound (that is, they are a patient to whom the contractor would normally offer home visits as the only practical means of enabling the patient to consult a general practitioner, face to face), and a provision to the effect that-
  - (i) the contractor is not under an obligation to offer a patient on the housebound patients list the H1N1 vaccine; and
  - (ii) the Health Board shall not recover the cost of administering the H1N1 vaccine to those patients on the housebound patients list from the contractor;
- (b) the arrangements under which the Health Board will supply H1N1 vaccine to the contractor;
- (c) a requirement to provide the Health Board with such information relating to the contractor’s arrangements for administering the H1N1 vaccine that the Health Board requires for the purposes of co-ordinating the supply of the H1N1 vaccine and associated consumables to contractors;

- (d) requirements that the contractor undertakes to—
  - (i) adopt a proactive approach to offering the H1N1 vaccine, with a view to maximising uptake of the vaccine, which includes adopting—
    - (aa) robust call and reminder systems to contact patients in priority groups; and
    - (bb) a programme of opportunistic vaccination of the patients in priority groups;
  - (ii) offer the H1N1 vaccine only to patients in a priority group;
  - (iii) vaccinate patients, in so far as is practicable, in the following order of priority—
    - (aa) patients in the priority group specified in direction 4(a);
    - (bb) patients in the priority group specified in direction 4(b);
    - (cc) patients in the priority group specified in direction 4(c); and
    - (dd) patients in the priority group specified in direction 4(d);
- (e) a requirement that the contractor takes all reasonable steps to ensure that the lifelong medical records held by the contractor are kept up-to-date with regard to the patient's immunisation status, and in particular include—
  - (i) any refusal of an offer of vaccination;
  - (ii) where an offer of vaccination was accepted—
    - (aa) the batch number, expiry date and title of the vaccine;
    - (bb) the date of administration of the vaccine;
    - (cc) where two vaccines are administered in close succession, the route of administration and any injection site of each vaccine;
    - (dd) any contraindications to the vaccination; and
    - (ee) any adverse reactions to the vaccination;
- (f) a requirement that the contractor ensures that any health care professional who is involved in administering a vaccine has—
  - (i) the necessary experience, skills and training with regard to the administration of the vaccine, and
  - (ii) training with regard to the recognition and initial treatment of anaphylaxis;
- (g) a requirement that the contractor ensures that—
  - (i) all vaccines are stored in accordance with the manufacturer's instructions; and
  - (ii) all refrigerators in which vaccines are stored have a maximum/minimum thermometer and that readings are taken from that thermometer on all working days;
- (h) a requirement that the contractor supplies the Health Board with such information as it may reasonably request for the purposes of monitoring the uptake of the Pandemic Flu Vaccine (H1N1) 2009.

(2) The arrangements that each Health Board, as part of its Pandemic Influenza (H1N1) Vaccination Scheme, enters into with contractors who are not primary medical services contractors with a registered patient list must be contractual arrangements, in writing, and in determining the terms upon which any such arrangements are to be made, the Health Board must have regard to the matters set out in paragraph (1) in so far as they are relevant to such arrangements.

(3) The arrangements that each Health Board makes as part of its Pandemic Influenza (H1N1) Vaccination Scheme must include arrangements for ensuring that it is notified when patients on any household patients lists are vaccinated in order to enable it to make appropriate payments, in accordance with direction 7, to the contractor on whose registered patient list those patients are registered, and those arrangements must include—

- (a) a requirement that where the contractor is vaccinating a patient who is not on a registered patient list held by that contractor, the contractor must ask the patient for the name and address of the primary medical services contractor on whose registered list of patients they appear, if any; and
- (b) a requirement that if the patient provides any information requested in accordance with subparagraph (a), the contractor must provide the Health Board with such information which it reasonably requests in support of any claim by the contractor in respect of that patient,

and may include any other provisions the Health Board considers necessary in order to enable it to make appropriate payments, in accordance with direction 7, to the contractor on whose registered patient list those patients are registered.

(4) Each Health Board must ensure that arrangements it enters into as part of its Pandemic Influenza (H1N1) Vaccination Scheme with any contractor who is a primary medical services contractor (irrespective of whether such contractor has a registered patient list) take effect as variations to that contractor's primary medical services contract.

(5) The termination provisions in relation to the contractual arrangements in relation to the Pandemic Influenza (H1N1) Vaccination Scheme must—

- (a) in all cases provide that either party may withdraw from the arrangements entered into as part of the Health Board's Pandemic Influenza (H1N1) Vaccination Scheme by giving 21 days notice in writing, and
- (b) if the contractual arrangements relating to the Health Board's Pandemic Influenza (H1N1) Vaccination Scheme comprise only part of the arrangements that the contractor has made with the Health Board to provide primary medical services, the provisions providing for termination of the Pandemic Influenza (H1N1) Vaccination Scheme arrangements by giving 21 days notice must be in addition to any other termination provisions under those other arrangements.

**The amount of payments relating to the Pandemic Influenza (H1N1) Vaccination Scheme in the case of primary medical services contractors who vaccinate patients on their registered patient list**

7.—(1) The arrangements that each Health Board, as part of its Pandemic Influenza (H1N1) Vaccination Scheme, enters into with primary medical services contractors with a registered patient list must provide for the payments specified in paragraph (2) to be made.

(2) In respect of each completed vaccination for a member of any priority group on the contractor's registered patient list, the amount is £5.25 (where the appropriate dosage is two doses of the H1N1 vaccine, that is £5.25 per vaccination, but £5.25 is payable for the first completed vaccination in the case where the patient does not receive the second dose).

- (3) The amount specified in paragraph (2) is payable to the contractor under the arrangements even if—
- (a) the patient vaccinated is on the housebound patients list prepared pursuant to direction 6(1)(a) and as a consequence the completed vaccination is not administered by the contractor, provided the vaccination is nevertheless administered under arrangements entered into as part of the Health Board's Pandemic Influenza (H1N1) Vaccination Scheme; or
  - (b) the patient vaccinated was vaccinated before the contractual arrangements were entered into, provided that—
    - (i) the contractor was responsible for administering the vaccine, and
    - (ii) the patient to whom the vaccine was administered was a patient to whom the contractor would have been obliged to offer the vaccine under the arrangements subsequently entered into, had that vaccine not already been administered.

**Procedure for claiming the payments relating to the Pandemic Influenza (H1N1) Vaccination Scheme in the case of primary medical services contractors who vaccinate patients on their registered patient list**

8. The arrangements that each Health Board, as part of its Pandemic Influenza (H1N1) Vaccination Scheme, enters into with primary medical services contractors who have a registered patient list must—

- (a) include arrangements for the submission of claims that relate to the vaccination of patients on that contractor's registered patient list, at a frequency—
  - (i) to be agreed between the parties, but which must provide for claims to be submitted within 8 weeks of administration of the H1N1 vaccine; or
  - (ii) if no agreement can be reached, which provide for claims to be submitted before the end of the 14th day of the month after the month during which the H1N1 vaccine was administered;
- (b) include the date on which the payment is to fall due (consistent with other due dates for payments under the primary medical services contract);
- (c) provide for payments to be made subject to the following conditions—

- (i) that no more than two payments in respect of a completed vaccination are payable in respect of any patient, and
- (ii) that the contractor must supply to the Health Board the patient's CHI number or other identifier;
- (d) include such other arrangements as the Health Board considers necessary for ensuring that the receipt and payment of any claims for payment made in accordance with direction 7 are recorded in a manner that ensures that each claim has a clear audit trail; and
- (e) require that all information provided by the contractor pursuant to these conditions must be accurate.

**Amount of payments and procedure for claiming payment relating to the Pandemic Influenza (H1N1) Vaccination Scheme in the case of vaccinations other than vaccinations by contractors of patients who are on their registered patient lists**

9.—(1) The arrangements that each Health Board, as part of its Pandemic Influenza (H1N1) Vaccination Scheme, enters into with—

- (a) contractors who are not primary medical services contractors with a registered patient list; or
- (b) contractors who are primary medical services contractors with a registered patient list in respect of the vaccination of patients who are not on their registered list

must include provision in respect of the matters set out in paragraph (2).

(2) The matters that must be included in the arrangements referred to in paragraph (1) are—

- (a) provision in respect of the amount agreed as payment under the arrangements; and
- (b) provisions in respect of the manner of claiming payment under the arrangements, and in this respect the Health Board must have regard to the matters set out in direction 6(3) and 8 in so far as they are relevant to the arrangements.



Frank Strang  
A Member of the Staff of the Scottish Ministers

Primary and Community Care Directorate  
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29 October 2009

# SCHEDULE

Direction 4

## **Clinical risk groups**

People with chronic respiratory disease.

People with asthma that requires continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospital admission.

People with chronic heart disease;

People with chronic renal disease;

People with chronic liver disease;

People with chronic neurological disease;

People with diabetes;

People who are immunosuppressed.

