

Directed Enhanced Service (DES) for Influenza Immunisation for those in the 65 & over & other at-risk groups, and immunisation against pneumococcal infection for those aged 65 and over.

Service Level Agreement

PRACTICE

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1. Financial Details

All practices are expected to provide essential and those additional services they are contracted to provide to all their patients. This enhanced service specification outlines the more specialised services to be provided. The specification of this service is designed to cover the enhanced aspects of clinical care of the patient, all of which are beyond the scope of essential services. No part of the specification by commission, omission or implication defines or redefines essential or additional services.

This agreement is to cover the 12 months commencing 1 April 2005.

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 above. 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.

Payment for **influenza** immunisation will continue at the current existing rates in each country, uplifted by 3.225% per annum until such time as a stock order system is in operation across the UK. In Scotland the fee will be partly predicted on creating a register of those under 65s at risk to allow consideration of an early move to a sliding scale, including those patients as well as the over 65s.

For **pneumococcal** immunisations there will be an item-of-service fee of approximately £7.25.

Definitive arrangements will be included in this Service Level Agreement on receipt of the Health Department Letter detailing arrangements for payment for the 2005/06 campaign.

Claims for Payment

All claims for payment should be submitted to the PCO. Payments will be made at the end of the practice's campaign (between January and March 2006). The deadline for payment for inclusion with the monthly payment from Practitioner Services is the 7th of the month.

Claims more than 3 months out of date will only be paid for at the discretion of the PCO.

Payment Verification

Practices entering into this contract must participate fully in the verification process determined by the PCO and LMC. Practices should ensure that they keep proper records to ensure a full and proper audit trail.

It is anticipated that Practice computer systems will be utilised to enable this condition to be met.

Practices must be able and willing to evidence service delivery if required/requested by the PCO.

Annual Review of Contract

This contract will be reviewed annually, and will be in line with the annual review of the GMS Contract set out in the NHS (General Medical Services Contracts)(Scotland) Regulations, or other legislation as appropriate.

Practices will be expected to return to the PCO their end of year evaluation/results, in order to confirm compliance with the contract.

PAYMENT WILL ONLY BE MADE UPON RECEIPT OF THIS SIGNED CONTRACT, INCLUDING DETAILS OF PRACTICE PLANS AS INDICATED

2. Signature Sheet

This document constitutes the agreement between the practice and the PCO in regards to this nationally directed enhanced service.

PRACTICE.....

Signature on behalf of the Practice:

Signature	Name	Date

Signature on behalf of the PCO:

Signature	Name	Date

3. Service Aims

The purpose of the directed enhanced services is to cover the provision of influenza immunisation and pneumococcal immunisation. This is to reduce the serious morbidity and mortality, by immunising those most likely to have a serious or complicated illness should they develop either condition. This can avert the need for the patient to be hospitalised.

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, although we would encourage GPs to focus on the at-risk groups.

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 at-risk groups to receive immunisation.

Existing arrangements in each of the four countries will continue to apply in terms of obtaining supplies of vaccine.

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**.

4. Criteria

The National Directed Enhanced Service Specification details the following criteria. The following pages contain some further guidance from the PCO 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) standardised read codes

Criteria One : Register

Details

- Individual GP practices will have accurate registers for the majority of the at-risk patient population as part of the quality and outcomes framework if they are participating. Non-participating practices would have to be able to produce satisfactory registers to be eligible for the directed enhanced services.
- It is expected that, as is normal practice, 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.

Practice Plans for Year 05/06 (please detail below your practice's plans for this criteria)

Practice Evaluation at end of Year / results (at the end of the year please detail below the practice's results for this criteria)

Criteria Two: call and recall

Details

- Practices will be responsible for organising a robust call and reminder system for all at-risk patients.

Practice Plans for Year 05/06
(please detail below your practice's plans for this criteria)

Practice Evaluation at end of Year / results
(at the end of the year please detail below the practice's results for this criteria)

Criteria Three: Standardised read codes

Details

- 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 influenza immunisation has been given or offered. The current read codes are:
 - **9021.** letter invite to screening
 - **65E..** influenza vaccine given
 - **68NE.** no consent to influenza vaccination
 - **68NI.** medical contraindication to immunisation
 - **65720** pneumococcal vaccination given
 - **8I2E.** not pneumococcal vaccination contraindicated
 - **68NX.** No consent to pneumococcus

Note that the dots after the codes are important

Practice Plans for Year 05/06
(please detail below your practice's plans for this criteria)

Practice Evaluation at end of Year / results
(at the end of the year please detail below the practice's results for this criteria)

5. Ongoing Measurement & Evaluation

The ongoing measurement is outlined in the various criteria in the previous section.

In addition the practice is required to agree with the PCO this service specification/plan at the start of the year and to submit the completed document at the end of the year for evaluation purposes.

6. Dispute Resolution

Every attempt will be made to resolve any dispute informally between the Practice and the PCO. Failing that, the Dispute Procedure contained within the sections 464 to 474 of the Scottish General Medical Services Contract 2004 will apply.

7. Variation and Termination of Contract

Any variation to the terms and conditions contained herein requires to be agreed between the Practice and the PCO.

Any termination of services, or any part of the services covered by this contract, requires to be agreed between the Practice and the PCO before any termination takes place.