

## **NATIONAL ENHANCED SERVICE SPECIFICATION FOR Continuation of Temporary Programme of Pertussis Vaccination of Pregnant Women**

Service Specification between GP Practices (the Provider)  
and NHS England (the Commissioner)

### **1. Introduction**

- 1.1** All GMS practices are expected to provide essential and those additional services they are contracted to provide to all their patients. This National Enhanced Services (NES) specification outlines more specialised services to be provided. The specification of this service is designed to cover the enhanced aspects of clinical care, 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.
- 1.2** This NES is directed at GP practices delivering vaccination and immunisation services in England although the pricing is agreed as applying in all four countries.
- 1.3** This NES is agreed between NHS Employers (on behalf of the Department of Health) and the General Practitioners Committee of the British Medical Association.

### **Background**

- 1.4** In September 2012 the Chief Medical Officer, on the advice of the Joint Committee on Vaccination and Immunisation (JCVI), asked that a temporary programme of pertussis (whooping cough) vaccination be put in place to respond to the outbreak of infection that had increased in severity and led to a number of infant deaths across the country. A further letter was issued in May 2013 (Gateway ref; 00077) extending the programme to 31 March 2014.
- 1.5** Vaccination of pregnant women in the third trimester (recommended between 28 and 38 weeks of pregnancy) will offer protection to newborns during the early weeks after birth when the risk of pertussis is greatest. JCVI have advised the use of dTaP/IPV (Repevax®) which is currently used in the routine childhood programme as appropriate for use in this interim programme.

### **2. Aim**

- 2.1** The aim of this NES is to extend the temporary pertussis vaccination services with GP practices in order to prevent cases of the disease and deaths in infants, in the period before they can be offered protection through the routine childhood vaccination programme.
- 2.2** It is envisaged uptake levels achieved will be similar to that of flu immunisation in pregnant women and there should be no detriment to routine childhood vaccination uptake as a consequence of this temporary additional programme.
- 2.3.** The NES will continue until 31<sup>st</sup> March 2014. The programmes impact will then be reviewed.

### 3. Eligibility

#### **This NES will pay practices to:**

**3.1** Offer and (where accepted) provide pertussis vaccination to all pregnant women on the contractors patient list for whom immunisation is recommended. That is all pregnant women who reach or were already at the 28th week of their pregnancy from the start of the national programme unless immunisation is contraindicated. Immunisation is contraindicated where the patient has previously had a confirmed anaphylactic reaction to a previous dose of the vaccine, or, to any component of the vaccine.

The contractor is expected to offer vaccination before week 38 of pregnancy. Contractors may also offer vaccination beyond week 38, including new mothers who missed the opportunity to be vaccinated during pregnancy and who have not previously been vaccinated to provide protection from pertussis, up to when their child receives their first vaccination.

**3.2** Producing and maintaining a satisfactory register of all eligible pregnant women on the contractors registered list during each financial year of the programme. Simple registers of pregnant women are all that is required although these will need to be updated regularly to capture the target population and record EDD so it is known when they are eligible for vaccination.

**3.3** GP practices will need to decide on the best mechanisms to contact all eligible pregnant women on the contractors register to maximise uptake. They will particularly need to consider how to contact women who are solely in the care of a midwife or hospital consultant.

**3.4** Liaising with and informing all eligible pregnant women of the benefits of being immunised and making full use of all publicity and information materials available for national/local campaigns. Health professionals should ensure that appropriate information and advice about the pertussis vaccine is given to each pregnant women who attends an immunisation session and be given reasonable opportunity to discuss any concerns before being immunised.

**3.5** Take all reasonable steps to ensure that the medical records of patients receiving the pertussis immunisation are kept up to date with regard to the immunisation status and, in particular, include:

- a. any refusal of an offer of immunisation
- b. where an offer of immunisation was accepted:
  - i. details of the consent to the immunisation (including persons that have consented on the patient's behalf and that person's relationship to the patient must also be recorded)
  - ii. the batch number, expiry date and title of the vaccine
  - iii. the date of administration
  - iv. where two vaccines are administered in close succession (for example, pertussis and influenza) , the route of administration and the injection site of each vaccine
  - v. any contra-indication to the vaccination or immunisation
  - vi. any adverse reactions to the vaccination or immunisation.

### 3.6 Services will be accessible, appropriate and sensitive to the needs of all patients.

No eligible patient shall be excluded or experience particular difficulty in accessing and effectively using this service due to their race, gender, disability, sexual orientation, religion and/or age.

## 4. Delivering the Programme

4.1 Ensure that all healthcare professionals who are involved in administering the vaccine have:

- i. referred to any JCVI recommendations and the clinical guidance in the Green Book, the safest way to protect individuals and communities from infectious diseases.
- ii. the necessary experience, skills and training, including training with regard to the recognition and initial treatment of anaphylaxis.

4.2 Ensure that all vaccines ordering is conducted in line with national guidance, including adherence to any limits on stocks to be held at any one time. This vaccine will be supplied centrally, ordered from ImmForm as per other centrally supplied vaccines.

4.3 Ensure that all vaccines are stored in accordance with the manufacturer's instructions and that all refrigerators comply with the recommendations in the Green Book (Immunisation against infectious diseases) in which vaccines are stored have a maximum/minimum thermometer and that the readings are taken and recorded from that thermometer on all working days.

4.4 Providers will monitor and report activity information on a monthly basis to be submitted by the deadline notified by NHS England. The activity information shall include:

- a. A denominator "Number Pregnant Patients (28 weeks and over)" which is the count of all pregnant women on the contractors register who reach or were already at the 28th week of their pregnancy from the start of the programme, updated periodically. Women who reached or were already at the 28th week of their pregnancy but were no longer pregnant by the time a vaccination was arranged should still be included in the denominator, as they were eligible at some point in time.
- b. A numerator "Number Vaccinated with Repevax®" which is the count of all those within the denominator that were vaccinated with Repevax®

4.5 If the Provider is unable to provide the service according to the criteria set out in this specification, patients at the practice should be given the opportunity to receive this service from an alternative provider locally.

Providers wishing to sub-contract should make a separate application to do so. Please contact the relevant person in the NHS England Commissioning Directorate for advice. (Please note where a sub-contract agreement is approved the alternative provider will be entitled to any payment associated with this enhanced service.)

## 5. Service Quality

5.1 NHS England requires that services are properly led and supervised both clinically and managerially. The Provider must satisfy NHS England Arden, Herefordshire and Worcestershire Area Team that all health care professionals are appropriately accredited and trained to provide the services detailed in this NES Specification.

## 5.2 Providers must ensure that:

- i. Health care professionals providing the service hold membership of an approved professional body and are approved and included on a Performers list within England, where relevant.
- ii. Health care professionals have a regular appraisal and maintain professional development generally.
- iii. The Provider will procure appropriate training for staff to ensure safe and competent delivery of this service specification
- iv. Up-to-date certifications of competency must be maintained and may be requested by NHS England Arden, Herefordshire and Worcestershire Area Team.

**5.3** The Provider will ensure all health care professionals are compliant with the Practice protocols for the clinical management of all patients in receipt of services commissioned. These protocols must be in line with best practice clinical guidelines and be reviewed on a regular basis. The Provider must ensure that all protocols reflect up-to-date national and local guidance and are amended in the light of any changes.

## 6. Pricing for Service

This NES will pay practices for identifying, offering and providing pertussis vaccination to the identified target groups:

This service is priced as follows:

- a. Pertussis vaccinations for pregnant women is £7.67 per patient
- b. Pertussis vaccinations for new mothers is £7.67 per patient

As the vaccine is centrally supplied, no claim for reimbursement of vaccines costs (personal administration fee) apply.

Providers will be required to submit details/numbers of immunisations given under this agreement.

Providers are advised that activity may be validated through audit and NHS England retains the right to reclaim any over-payments made in regard to service provision under this agreement.

## 7. Monitoring Arrangements

Providers are required to monitor and report activity information to NHS England Arden, Herefordshire and Worcestershire Area Team and/or where required on ImmForm. Further information on the data collection tool will be published shortly.

Practices must ensure that details of the patient's monitoring are included in their lifelong record as part of this NES.

## 8. Protecting Patient Confidentiality

Caldicott Guardianship is based upon being thoughtful about the way in which patient information is handled, protecting data, using it appropriately and minimising or eliminating the risk of inappropriate disclosure.

## 9. Termination of Agreement

Both the provider and the commissioner may terminate this agreement by giving not less than one month's notice in writing to the other party.

## 10. Variation of Agreement

NHS England may vary this agreement by giving not less than one month's notice in writing to the provider, unless required to do so under national policy.

## 11. Further Information

Immunisation against infectious disease – The Green Book

<https://www.gov.uk/government/organisations/public-health-england/series/immunisation-against-infectious-disease-the-green-book>

Continuation of temporary programme of pertussis (whooping cough) vaccination of pregnant women; Publication Gateway Reference Number: 00077 10.05.13

<https://www.gov.uk/government/publications/whooping-cough-vaccination-programme-for-pregnant-women-extension-to-2014>

Summary of Product Characteristics

<http://www.medicines.org.uk/emc/medicine/15256/SPC/REPEVAX/>

## 12. Participation Agreement

### NHS England (Arden, Herefordshire and Worcestershire Area Team)

#### Continuation of Temporary Programme of Pertussis Vaccination of Pregnant Women

This document constitutes an agreement between the NHS England (**the commissioner**) and a GMS/PMS or APMS contractor (**the contractor**) in respect of delivering enhanced services for the temporary programme of Pertussis Vaccination of Pregnant Women.

By entering into this agreement the contractor enters into an arrangement to deliver enhanced primary medical services:

- (i) in line with the requirements of the service specification published by the commissioner which is deemed to be a part of this agreement and,
- (ii) for the duration specified below.

**Duration of agreement: from 1<sup>st</sup> April 2013 to 31<sup>st</sup> March 2014**

*The contractor reserves the right to withdraw from the enhanced service by giving 1 month's notice to the commissioner. The commissioner reserves the right to terminate this agreement should the contractors GMS/PMS/APMS contract be terminated or be subject to such conditions that in the reasonable opinion of the commissioner warrant early termination.*

Signed on behalf of **the commissioner**

Date

Signed on behalf of **the contractor**

Date

Please note for GMS practices, one partner may sign, for PMS and APMS contractors, all signatories to the PMS or APMS agreement must sign.

Practice stamp:

**Please return by 10 June 2013 to:**

(Coventry and Warwickshire)

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