

Directorate of Primary Care
General Practice Division



Chief Executives NHS Boards
GP Practices

27 July 2021

Dear Colleagues,

INFLUENZA & PNEUMOCOCCAL TEMPORARY ENHANCED SERVICE

Introduction

1. This Circular provides guidance to NHS Boards and GP Practices on the upcoming Influenza & Pneumococcal Vaccination (Scotland) Directions 2021 which will be issued in due course. This Circular also replaces [PCA\(M\)\(2020\)14](#). The directions will amend the [Primary Medical Services \(Directed Enhanced Services\) \(Scotland\) 2018](#) in respect of influenza and pneumococcal vaccinations.
2. This circular gives directions to Health Boards on behalf of Scottish Ministers detailing arrangements for GP contractors who undertake the **Influenza & Pneumococcal Temporary Enhanced Service**. It also explains how these arrangements interact with the VTP.
3. Scottish Government has agreed the terms of these arrangements with SGPC. Health Boards should consider at the outset whether they are now able to fully transfer delivery of either influenza or pneumococcal disease vaccinations away from general practice and are encouraged to do so if they can. While GPs will participate on an optional basis where Health Boards have not fully transferred influenza and pneumococcal diseases vaccinations, this should only be where Health Boards cannot directly deliver vaccinations through Health Board employed or engaged staff. **GP practices are not the preferred delivery model for vaccinations**. This will enable GPs to focus their time on expert medical generalism, whilst ensuring that patients' needs are met through services which will make the best use of the mix of skills in primary care. Practices have the right to decline to participate in the temporary enhanced

service where it is offered to them: however this right cannot be exercised without foregoing related historic income.

4. The amendment of the [Primary Medical Services \(Directed Enhanced Services\) \(Scotland\) 2018](#) will have the effect of removing Influenza and Pneumococcal Immunisation from the list of Directed Enhanced Services Health Boards are required to procure from GP practices.

Background

5. In previous years general practice has delivered the Influenza and Pneumococcal Immunisation Scheme as a Directed Enhanced Service (DES)¹. Health Boards were directed by Scottish Ministers to offer practices first refusal of nationally agreed terms for delivering the flu programme to their patients. These terms paid GPs a fee rate dependent on meeting targets for patients aged over 65 years and a flat fee for vaccinating at risk patients and pre-school children, “mop up” fees for children missed by the schools programme, and a flat fee for vaccinating patients aged over 65 years against pneumococcal disease.
6. This changed in 2020 where, due to the circumstances of COVID-19, GP practices were asked to support the programme in return for a payment based upon their average previous activity.

VTP Position

7. The GMS Contract Update for 2021/22 and Beyond (“the Joint Letter”) stated vaccinations provided under the core GP contract would be removed from the relevant regulations by 1st October 2021. The parliamentary timetable means that, subject to the approval of the Scottish Parliament, the coming into force date of new regulations is likely to be the 18th October 2021 which means the 17th of October should be regarded as the deadline for completion of the Vaccination Transformation Programme.
8. The Joint Letter also stated that historic income from vaccinations, including that from Influenza and Pneumococcal Immunisations, will transfer to the Global Sum in 2022-23. Where vaccinations have not transferred by 17th October, practices should continue to participate in the programmes, including the **Influenza & Pneumococcal Temporary Enhanced Service** where appropriate until 1st April 2022 in order to protect their historic income.
9. The Scottish Government and SGPC are negotiating transitional arrangements and payments for any practices which may still be involved in residual delivery of vaccinations from April 2022 onwards. SGPC and the Scottish Government will review the current COVID immunisations DES and decide shortly whether it requires to be revised to meet current requirements.

¹ Circular [PCA\(M\)\(2019\)09](#) set out the historical development of the Influenza and Pneumococcal Immunisation Scheme.

Influenza & Pneumococcal Temporary Enhanced Service

10. Health Boards are directed to seek to develop and agree with Local Medical Committees a level of practice participation in the vaccination programme which will trigger payment based upon average previous activity. GP practice participation should not exceed the amount of sessional commitment provided by GP practices under [PCA\(M\)\(2020\)14](#) in 2020/21 or arrangements made locally last year. There is an expectation of progress along the trajectory towards full Health Board delivery of vaccinations from the level achieved in 2020/21. Where no local agreement is sought or reached, the arrangements for calculating practice participation set out in [PCA\(M\)\(2020\)14](#) should be offered.
11. GP practices should be paid for whatever sessional or other commitment is made based upon their historic incomes as calculated under [PCA\(M\)\(2020\)14](#) in 2020/21 or arrangements made locally last year.
12. GP practices which, for whatever reason, provide above those commitments should be paid locally agreed fees per vaccination delivered.

Key Principles for GP practice participation

- Overall responsibility for the programme rests with Health Boards, with GP practices making an agreed limited contribution in exchange for their historic payment, with any further practice activity above this resulting in locally agreed fees per vaccination;
- Where boards are delivering the programme and general practice is not involved practices will receive their historic payment through the [Transferred Services Residual payments process](#);
- As Health Boards are progressing to full transition of service provision, we expect Health Boards to deliver a greater proportion of the programme than in 2020/21;
- Any local variation should not require practices to deliver more vaccination activity than was required last year to secure their historic payments.

Commencement

13. The 2021-22 Influenza & Pneumococcal Immunisation Scheme will formally commence on 1 September 2021. Contractual arrangements apply from [date of issue]. Where vaccines are available to practices before September, they can begin vaccinating without reference to the formal commencement date.
14. GP practices will be responsible for making patient appointments for those vaccinations practices will deliver, except by agreement with their Health Boards.

Mop Up Arrangements

15. To the greatest extent possible, Health Boards should seek to put in place mop up arrangements that do not involve GP practices to offer vaccination to any

primary school-aged child resident in Scotland at the time of the immunisation programme (aged 4 to 11 inclusive) who was not vaccinated during their local school immunisation session. Where it is not possible for mop up arrangements for this group to be delivered without practice involvement, then only those GP practices who are participating in the vaccination programme may be asked to participate in local mop up arrangements.

Timing

16. Health Boards are required to deliver the influenza immunisation programme between 1 September 2021 and 31 March 2022 but are asked to concentrate the programme before the end of November to maximise the timely immunoprotection of eligible individuals. They should also ensure that participating contractors follow this approach.
17. Any future nationally directed practice involvement in COVID vaccination arrangements will be by agreement with SGPC. While there may be operational considerations as to how delivery of the influenza and COVID vaccines interact most efficiently in line with JCVI guidelines, such as co-administration, the contractual basis for any further COVID vaccination activity will be separate to this DES.
18. The pneumococcal immunisation programme can be given at any time in the year, while concentrating mainly around the time of the influenza vaccination, for operational reasons as well as maximising the timely immune protection of eligible individuals over the winter period.
19. The Shingles programme will also commence on 1 September 2021, as in previous years, and eligible individuals can be immunised from this time. However, shingles vaccinations do not have to be delivered at this time and participating practices can deliver this vaccinations at a later time if they need to protect their capacity.

Reporting arrangements

20. Apart from monitoring uptake for payment purposes, it is important to provide timely data in the interest of patient safety, particularly in situations where vaccinations could be offered in more than one setting. Health Boards will require all necessary data from practices to support the delivery of the programme. In addition practices need to enter the vaccination data timeously in to the patient electronic record and assist in monitoring uptake. The **Vaccination Management Tool** is the preferred means of doing so but GP practices can, by agreement with their health boards, use other means of entering this data as long as it is then visible to the National Clinical Data Store as the agreed **single source of truth** for flu and COVID vaccinations. This includes all vaccination data whether delivered in the practices or through alternative NHS Board organised clinics.
21. This will be a contractual requirement for all practices regardless of whether individual practices will provide support in return for payments, and should be

provided timeously to ensure data on uptake rates is up to date and has been agreed with SGPC. Health Boards should, however, ensure that manual data entry is wherever possible carried at the point of vaccination.

22. Participating practices will be expected to provide information regarding stock levels of vaccine and a summary of forward planning of vaccinations. This will be in agreement with their Health Boards regarding format and frequency.
23. Health Boards and contractors are reminded of their need to comply with data protection requirements at all times

Claims for Payments

24. Practitioner Services Division will provide separate guidance regarding claims including claim forms
25. Any necessary variation for local circumstances, outwith the arrangements under the national programme, should be agreed between Health Boards and Local Medical Committees (LMCs). Health Boards should have particular regard to the circumstances of remote and rural GP practices where there may be few or no alternative options to delivery.

Action

26. NHS Boards are requested to action this guidance and ensure that their primary medical services contractors, are aware of it.

Enquiries

27. In the instance of any enquiries on this circular please contact Michael Taylor (Michael.taylor@gov.scot).

Yours sincerely,



Tim McDonnell, Director of Primary Care, Scottish Government

Payment Arrangements – Directions to Health Boards

The Scottish Ministers give the following Directions to Health Boards.

1. All contractors whether or not they have entered into an agreement with a Health Board as part of that Health Board's Influenza & Pneumococcal Scheme will be paid £40 for every hundred patient records updated by the practice for vaccinations not carried out by the practice. This should be rounded to the nearest hundred patient records.

Payment Verification

2. Prior to issuing payments in accordance with the above, Health Boards must require contractors and providers who have entered into an arrangement with a Health Board's Influenza & Pneumococcal Scheme in terms of the DES Directions 2018 to sign a declaration to confirm that they are meeting the requirements of the DES Directions 2018 as amended.