

Directorate of Primary Care
General Practice Division



Chief Executives NHS Boards
GP Practices

25 August 2020

Dear Colleagues,

INFLUENZA AND PNEUMOCOCCAL VACCINATION (CORONAVIRUS OUTBREAK) (SCOTLAND) DIRECTIONS 2020

Introduction

1. This Circular provides guidance to NHS Boards and GP Practices on the forthcoming Influenza and Pneumococcal Vaccination (Coronavirus Outbreak) (Scotland) Directions 2020. The directions will replace [PCA\(M\)\(2019\)09](#) and amend the [Primary Medical Services \(Directed Enhanced Services\) \(Scotland\) 2018](#) in respect of influenza and pneumococcal vaccinations.
2. The Influenza and Pneumococcal Vaccination (Coronavirus Outbreak) (Scotland) Directions 2020 will have the effect of directing Health Boards to deliver those parts of the Influenza and Pneumococcal Immunisation Scheme which GP contractors cannot reasonably deliver under the Influenza and Pneumococcal Directed Enhanced Service (DES).
3. The requirements of social distancing and PPE associated with COVID-19 mean that the level of vaccination activity that most practices can reasonably undertake without impacting on other services to patients or substantially increasing practice workload will be severely curtailed. Minimum expectations for practices participating in the DES are set out later in this circular.
4. This circular gives directions to Health Boards on behalf of Scottish Ministers detailing arrangements for GP contractors who undertake the Influenza and Pneumococcal DES.
5. Scottish Government has agreed the terms of these arrangements with SGPC. While GPs will participate on a DES basis, SGPC has agreed that in these

specific circumstances GPs will not have “first refusal” of this work and Health Boards should make arrangements that best suit delivery of the Influenza and Pneumococcal Immunisation Scheme. Practices continue to have the right to decline to participate in the DES where it is offered to them.

6. The amendment of the [Primary Medical Services \(Directed Enhanced Services\) \(Scotland\) 2018](#) will have the effect of expanding the Influenza and Pneumococcal Immunisation Scheme to include the new target groups detailed in [SGHD/CMO\(2020\)19](#).
7. [SGHD/CMO\(2020\)19](#) was issued on 7 August 2020 and contains the clinical arrangements and target groups for the Seasonal Influenza Programme.
8. [SGHD/CMO\(2020\)17](#) was issued on 26 June 2020 and contains clinical arrangements and target groups for Year Eight of the Childhood Influenza Programme.
9. There is no change to the pneumococcal vaccination clinical arrangements or target groups.

Background

10. In previous years general practice has delivered the Influenza and Pneumococcal Immunisation Scheme as a DES¹. 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.
11. Unlike most other DES, this enhanced service was renewed annually.
12. In recent years the Vaccination Transformation Programme has seen the transition of the childhood element of the programme to Health Board delivery in many areas. Health Boards and Integration Authorities (IAs) have generally left the transition of the adult flu elements of the programme (as well as the pneumococcal element) to the later years of their Primary Care Improvement Plans due to its scale, complexity and seasonal nature.

COVID-19

13. Scottish Government is cognizant that the need to maintain good infection prevention & control practices and appropriate physical distancing measures will substantially constrain the capacity of general practice to deliver the over 65 years, at risk and pre-school children flu elements of the programme to the levels of previous years.

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

14. The impact of not delivering previous levels of flu immunisation this year is likely to be even more significant than it would otherwise be: the wider Health and Social Care system is still recovering from the impact of the pandemic, there may also be a resurgence of COVID-19 and widely prevalent flu symptoms would require more testing for the coronavirus.
15. At the beginning of the pandemic Scottish Government and SGPC recognised that income stability is essential for practices and declared they would agree a mechanism to protect practices from any loss of income should one be required. The Scottish Government also stated² that it would consider arrangements to enable Health Boards to suspend certain DES if necessary and would monitor the situation as it develops. The arrangements set out in this circular are the first time such a mechanism has been necessary.
16. John Connaghan's letter of 14th May stated that flu immunisation preparation is a key clinical priority for Health Boards. A whole system response, bringing in other parts of the health system, is required if a successful programme is to be delivered. Health Boards and IAs are already planning to support or deliver the adult elements of the flu programme.
17. The Influenza and Pneumococcal Vaccination (Coronavirus Outbreak) (Scotland) Directions 2020 will have the effect of requiring Health Boards to deliver those parts of the Influenza and Pneumococcal Immunisation Scheme which GP contractors cannot reasonably deliver under the Influenza and Pneumococcal DES. Practices are asked to support the programme in return for a payment based upon their average previous activity. These arrangements are provided below.
18. Scottish Government will not direct Health Boards to offer a target based DES this year. There is instead a DES offering flat fees for all immunisation groups, including the pneumococcal programme (which is not subject to the same seasonal restrictions as the flu programme) and the "mop up" arrangements for children missed in the schools programme.
19. Scottish Government will not reduce the funds allocated to Health Boards for the Scottish Enhanced Services Package: these can be used to pay the average levels of service payments for GP practices.

Commencement

20. The 2020-21 Influenza and Pneumococcal Immunisation Scheme will formally commence on 1 October 2020. Contractual arrangements apply from [date of issue].
21. A central letter will be sent via SIRS to call/recall all children aged 2-5 for vaccination.

² [PCA\(M\)\(2020\)02](#)

Mop Up Arrangements

22. GP practices will again 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, unless alternative arrangements have been agreed locally.

Timing

23. Health Boards are required to deliver the influenza immunisation programme between 1 October 2020 and 31 March 2021 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.
24. 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.

Reporting arrangements

25. Apart from monitoring uptake for payment purposes, it is important to provide timely data in the interest of patient safety, particularly in situations where the vaccination 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. This includes all vaccination data whether delivered in the practices or through alternative NHS Board organised clinics. 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.
26. Health Boards and contractors are reminded of their need to comply with data protection requirements at all times

Historical commitment and payment for GPs

27. The following section applies to GP practices where the Vaccination Transformation Programme has not already transferred vaccination delivery away from GP practices. GP practices in areas where the programme has already transferred vaccination delivery should continue to be paid on the basis of the Transferred Services Residual mechanism³. In some areas some parts of the Influenza and Pneumococcal Immunisation Scheme have been

³ Scottish Government and SGPC have agreed that practice income will be kept stable as Enhanced Services are transferred from the GMS contract during Phase One and while vaccinations Directed Enhanced Services (DES) are on-going on a national basis. This refers to gross income. However when services are transferred we would expect practices to retain the nursing and other staff paid for by these services and to support the development of their roles so that GPs can refocus on Expert Medical Generalism.

transferred and other parts have not. The parts that have been transferred should be excluded from the following arrangements which apply only to parts of the Influenza and Pneumococcal Immunisation Scheme that have not been transferred.

28. To determine the appropriate amount of clinical time that each GP practice should expect to contribute over the course of the 2020 Influenza and Pneumococcal Immunisation Scheme, Scottish Government and SGPC have agreed that a calculation should be made based upon previous levels of performance.
29. The Average Number of Vaccinations (ANV) delivered annually by each GP practice should be determined using the last three years of a GP practice's participation under the DES (if a particular year is exceptional in the sense that it would distort the average GP practices can agree with their Health Board to discount it from the calculation). Alternatively practices and Health Boards may agree to use the "best" of the last three years; this would commit the practice to contribute a higher amount of time in return for a higher historic income.
30. The ANV is then divided by **135**. This number is based on a practice being able to administer 120 doses in a 5 hour session in a normal year, plus an allowance for 15 opportunistic doses. This figure, rounded to the nearest whole number, is the number of sessions, or their equivalent in hours, that a practice would be expected to provide during 2020, the Influenza Sessional Commitment (ISC).
31. A separate calculation should be made to calculate the anticipated number of Influenza Opportunistic Vaccinations (IOV) that GP practices are expected to deliver within general practice without additional payment during 2020. This is calculated by dividing the ANV by **135** and multiplying by **15**.

Example

32. Practice A carried out 2,812 vaccinations in 2017, 2,802 vaccinations in 2018, and 2,135 vaccinations in 2019. Averaged across three years, this gives an ANV of 2,583 vaccinations. Divided by 135, this gives an ISC of 19.13 sessions, rounded to 19 sessions each of up to 5 hours.
33. The practice and board would agree when and how this time commitment would be contributed to the 2020 Influenza and Pneumococcal Immunisation Scheme, avoiding any pattern that causes significant disruption to normal patient care. The practice can determine who will meet each session in its practice commitment from the qualified clinicians available to it.
34. As Practice A is expected to contribute 19 sessions, this equates to an IOV allowance of 285.

Table 1 – examples

	Average of 3 years	Excluding a year	Best of 3 years
# vaccinations in 2017	2,812	2,812	2,812

# vaccinations in 2018	2,802	2,802	2,802
# vaccinations in 2019	2,135	2,135	2,135
ANV	2,583	2,807	2,812
ISC	19 sessions	21 sessions	21 sessions
IOV	285 vaccinations	315 vaccinations	315 vaccinations

35. The third column provides an of an exceptional year being excluded. Where the average of the last three years reflects circumstances that were beyond a practice's control (for example a national shortage of a vaccine or local supply difficulties) or performance that could not be repeated (for example a staff member has left and not been replaced), practices and Health Boards should agree to discount particular years from the calculation.
36. The fourth column provides an example of the best year being chosen.
37. Payment for practices providing the ISC and IOV should be an average of the income earned providing influenza vaccinations for the years included in the ANV, or the best of 3 years where that is the agreed approach. Where practices cannot meet their ISC that income should be reduced on a pro-rata basis.

Participation on an Item of Service basis.

38. The fee for item of service vaccinations is under negotiation and will be announced shortly. Health Boards should continue to plan for the costs of delivery on the basis that additional costs should be submitted to the Scottish Government.
39. GP practices will not be eligible for participation on an Item of Service basis until their commitments under the ISC and IOV have been met. This does not apply to the national mop up arrangements.
40. Contractors can provide these vaccinations on an opportunistic basis but it will assist with Health Board planning if they can agree estimated numbers of vaccinations they expect to deliver with their Health Boards when agreeing to participate.
41. Scottish Government is not directing Health Boards to use a set national rate for sessions agreed with contractors: however Health Boards can agree to pay sessional rates based upon an estimated number of vaccinations during a session.

Claims for Payments

42. Practitioner Services Division will provide separate guidance regarding claims including claim forms
43. Any necessary variation for local circumstances, outwith the arrangements under the national programme, should be agreed between NHS 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.

Payment Verification

44. 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 and 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.

Action

45. NHS Boards are requested to action this guidance and ensure that their primary medical services contractors, are aware of it.
46. GP practices must ensure that they use the "new" vaccine stocks of vaccine and ensure that unused stock from the previous year is disposed of.

Enquiries

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

Yours sincerely,

A handwritten signature in black ink that reads "Naureen" followed by a stylized circular flourish.

Naureen Ahmad
Deputy Director and Head of GP Contract Division