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Enhanced Service Specification

Seasonal influenza vaccination programme 2021/22

Version 1, August 2021

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Background

The national influenza immunisation programme aims to provide direct protection to those who are at higher risk of influenza associated morbidity and mortality. Groups eligible for influenza vaccination are based on the advice of the Joint Committee on Vaccination and Immunisation (JCVI) who review the latest evidence on influenza vaccines and recommend the type of vaccine to be offered to Patients. The details of the vaccines to be used for the 2021/22 influenza season are outlined within the Flu Letter.

The 2020/21 season saw the most successful influenza vaccination programme ever. Despite the challenges due to the COVID-19 pandemic, at the end of February 2021 NHS services vaccinated a record 80.9% of those aged 65 years and over in England. This is the highest uptake ever achieved for this group and exceeds the World Health Organization uptake ambition of 75%. For all other eligible groups, influenza vaccine uptake rates were higher than the season before, apart from pregnant women who were comparable to the previous season.

JCVI interim advice on a potential coronavirus (COVID-19) vaccine booster programme for winter 2021 to 2022¹ advised that where possible, a synergistic approach to the delivery of COVID-19 and influenza vaccination could support delivery and maximise uptake of both vaccines. In agreement with the Secretary of State for Health and Social Care and to enable greater responsiveness to any subsequent JCVI advice or Government policy decisions including on the co-administration of influenza and COVID-19 vaccines, the seasonal influenza vaccine programme will be commissioned for the 2021/22 season in line with agreed national terms and conditions as an enhanced service by NHS England (ES). The ES will be offered to all GP practices and will not be capable of amendment by CCGs.

At present, the Green Book chapter on the COVID-19 vaccine states that administration of the COVID-19 vaccine should ideally be scheduled with an interval of at least 7 days to another vaccination (including influenza) in order to avoid incorrect attribution of potential adverse events². Booster vaccines for COVID-19 are currently under consideration, with trials underway to ascertain whether co-administration of COVID-19 and influenza vaccines will be permissible, subject to the advice of JCVI. Early evidence on the concomitant administration of COVID-19 and influenza vaccines used in the UK, supports the delivery of both vaccines at the same time where appropriate³.

¹ <https://www.gov.uk/government/publications/jcvi-interim-advice-on-a-potential-coronavirus-covid-19-booster-vaccine-programme-for-winter-2021-to-2022>

² [COVID-19: the Green Book, chapter 14a](#)

³ National Immunisation Schedule Evaluation Consortium (NISEC) data [unpublished], referenced in the JCVI Interim Statement regarding a potential COVID-19 Booster vaccine programme for winter 2021/22 (30/06/2021) <https://www.gov.uk/government/publications/jcvi-interim-advice-on-a-potential-coronavirus-covid-19-booster-vaccine-programme-for-winter-2021-to-2022>

Planning for influenza vaccination should continue as usual for this autumn. Should co-administration of the COVID-19 vaccine and the seasonal influenza vaccine be recommended by the JCVI, where possible in order to maximise efficiency for the GP practice and minimise the number of attendances required for Patients to receive these vaccinations, vaccines should be given at the same time. It is possible we will need to update this ES with further details once these are known, including the governance arrangements that will need to apply where vaccines are being co-administered. We will notify GP practices in advance of any changes.

This ES relates to seasonal influenza vaccinations only. It provides GP practices with sufficient information to commence planning whilst also noting that some requirements and timescales may be subject to change.

1 Introduction

- 1.1 This ES may be subject to amendments from time to time as the seasonal influenza vaccination programme develops.
- 1.2 This ES has been developed from the Directed Enhanced Service specification seasonal influenza and pneumococcal polysaccharide vaccination programme 2020/21⁴ which was agreed between NHS England and the British Medical Association (BMA) General Practitioners Committee (GPC) in England. It is a national specification that cannot be varied locally. Where it is necessary to amend it in line with recommendations or decisions of the JCVI, MHRA, vaccine manufacturers or Ministers, NHS England will discuss the required changes with the GPC.
- 1.3 This ES is offered by the Commissioner (NHSE) to all General Medical Services, Personal Medical Services and Alternative Provider Medical Services contract holders.
- 1.4 An ES is designed to cover enhanced aspects of clinical care, all of which are beyond the scope of essential and additional services. No part of this ES specification by commission, omission or implication defines or redefines essential or additional services.
- 1.5 All GP practices are offered the opportunity to sign up to this ES provided they meet the requirements of this specification. Where a GP practice agrees to participate in this ES, they will be expected to offer seasonal influenza vaccinations to all eligible Patients. The arrangements to deliver this ES supersede any previous agreement. A GP practice agrees to a variation of its

⁴ <https://www.england.nhs.uk/publication/directed-enhanced-service-specification-seasonal-influenza-and-pneumococcal-polysaccharide-vaccination-programme-2020-21/>

primary medical services contract to incorporate the provisions of this ES. The provisions of this ES are therefore deemed a part of the GP practice's primary medical services contract.

- 1.6 The aim of this ES is to protect those who are most at risk of serious illness or death should they develop influenza, by offering protection against the most prevalent strains of the influenza virus. In purpose and timing it shares many characteristics with the COVID-19 vaccination programme enhanced service 2021/22, the aim of which is to protect those who are at highest risk from serious illness or death from COVID-19, by offering protection against the most prevalent strains of coronavirus.

2 Commonly Used Terms

- 2.1 This specification is referred to as this "ES".

- 2.2 In this ES:

- 2.2.1 the "**Commissioner (NHSE)**" refers to the organisation with responsibility for contract managing these ES arrangements and this is NHS England;
- 2.2.2 "**Flu Letter**" means the annual flu letter available at the following website as updated from time to time
<https://www.gov.uk/government/publications/national-flu-immunisation-programme-plan>
- 2.2.3 "**Green Book**" means the green book available at the following website as updated from time to time
<https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>
- 2.2.4 a "**GP practice**" refers to a provider of essential primary medical services to a registered list of patients under a General Medical Services contract, Personal Medical Services agreement or Alternative Provider Medical Services contract who has agreed with the Commissioner (NHSE) to deliver this ES;
- 2.2.5 "**JCVI**" means the Joint Committee on Vaccination and Immunisation;
- 2.2.6 "**MHRA**" means the Medicines and Healthcare products Regulatory Agency;

- 2.2.7 "**Ministerial Decision**" means a decision issued by the Secretary of State for Health and Social Care;
- 2.2.8 "**Patient**" means those patients eligible to receive the vaccination in general practice as set out at paragraph 9.1; and
- 2.2.9 "**PCN Grouping**" refers to a group of GP practices which have elected to collaborate to deliver the services under an enhanced service arrangement for COVID-19 Vaccinations and which is commissioned by the Commissioner.

2.3 In this ES words importing the singular include the plural and vice versa.

3 Background and Duration

3.1 This ES is for the Commissioner (NHSE) to commission the provision of influenza vaccinations to Patients. This ES shall be effective from 1 September 2021 to 31 March 2022 unless it is terminated in accordance with paragraph 3.2.

3.2 This ES may be terminated on any of the following events:

- 3.2.1 automatically when the seasonal influenza vaccination programme comes to an end;
- 3.2.2 the Commissioner (NHSE) is entitled to require that the GP practice withdraws from this ES as set out in this ES;
- 3.2.3 the Commissioner (NHSE) is entitled to terminate this ES where the GP practice has failed to comply with any reasonable request for information from the Commissioner (NHSE) relating to the provision of the services pursuant to this ES; or
- 3.2.4 the GP practice may terminate this ES where the Commissioner (NHSE) has amended this ES and the GP practice can no longer deliver the arrangements. The GP practice must notify the Commissioner (NHSE) of its intention to terminate this ES and set out a date from which the termination shall have effect, such date to be no sooner than 28 days following the notice to the Commissioner (NHSE).
- 3.2.5 GP practices can withdraw from this specification in accordance with Annex C.

3.3 This ES may be updated from time to time as the vaccination programme develops and is subject to Ministerial Decision. This may include

amendments to eligible cohorts and prioritisation of cohorts of Patients, and on-going adaptation of the requirements within this ES.

4 Process

- 4.1 All GP practices which participate in this ES must sign up and respond to the commissioner (NHSE) in writing by 23:59 on Monday 16 August 2021. Payment and activity recording will be managed using the Calculating Quality Reporting Service (CQRS)⁵ and all GP practices must sign-up to CQRS no later than 16 August 2021.
- 4.2 A GP practice's participation in this ES shall only continue for so long as it is in compliance with its terms.

5 Variations To and Subsequent Withdrawal From this ES

- 5.1 In order to simplify the participation process, where there are any in-year variations to this ES specification, a GP practice participating in this ES will automatically be enrolled. GP practices retain the right to withdraw from this ES enhanced service in accordance with paragraph 3.2.4.

6 Collaboration Recommendations

- 6.1 GP practices may be a member of a PCN Grouping to deliver COVID vaccinations in accordance with the COVID-19 Vaccination Programme. Where a GP practice is a member of a PCN Grouping it may choose to work together with the GP practices in that PCN Grouping to deliver vaccinations in accordance with this ES.
- 6.2 Where GP practices choose to work together with the other GP practices in the PCN Grouping they shall ensure that:
 - 6.2.1 they have in place appropriate collaboration and governance arrangements and shall at all times comply with this ES; and
 - 6.2.2 together with the other GP practices in the PCN Grouping they shall be considered a temporary single medical practice.

⁵ Further guidance relating to CQRS and GPES will be provided by NHS Digital when services are updated.

- 6.2.3 GP practices will be expected to receive, store, prepare and transport (where appropriate) vaccines following relevant guidance issued by the MHRA or the Commissioner”.

7 Sub-contracting Arrangements

- 7.1 The Commissioner (NHSE) acknowledges that to deliver the services pursuant to this ES in collaboration with the other GP practices in the PCN Grouping, a GP practice may require the ability to sub-contract the delivery of the required clinical services to another GP practice in the PCN Grouping or another party. Where a GP practice is considering sub-contracting arrangements related to the provision of services under the ES, the GP practice must comply with the requirements set out in the statutory regulations or directions that underpin its primary medical services contracts in relation to sub-contracting, which will also apply to any arrangements to sub-contract services under this ES.
- 7.2 GP practices must make available, on request from the Commissioner (NHSE), any reasonable information relating to the sub-contracting arrangements and reporting information relating to the delivery of ES.
- 7.3 Insofar as the sub-contracting of the clinical services pursuant to this ES is necessary to deliver these services through a PCN Grouping and is compliant with the primary medical services legal and contractual requirements, the Commissioner (NHSE) will not object to the sub-contracting.

8 Vaccination Timing

- 8.1 Vaccination should be given in sufficient time to ensure that Patients are protected before the virus starts circulating. GP practices should aim to schedule their vaccination services to:
- 8.1.1 match vaccine supply;
 - 8.1.2 align with any JCVI guidance on the required interval between, or the co-administration of vaccinations; and
 - 8.1.3 ensure that vaccination is given in sufficient time to ensure Patients are protected before influenza starts circulating. If an eligible Patient presents late for vaccination it is generally appropriate to still offer it. This is particularly important if it is a late influenza season or when newly at risk Patients present, such as pregnant women who may not have been pregnant at the beginning of the

vaccination period. Clinicians should apply clinical judgement to assess the needs of Patients for immunisation. The decision to vaccinate should take into account the level of flu-like illness in the community and the fact that the immune response to vaccination takes about two weeks to fully develop.

9 Eligible Patients

9.1 Patients eligible for vaccination under this ES are those patients who are included within the cohorts below:

9.1.1 those aged 6 months to under 50 years in clinical risk groups;

9.1.2 pregnant women;

9.1.3 those aged 50 years and over;

9.1.4 those in long-stay residential care homes;

9.1.5 carers;

9.1.6 locum GPs;

9.1.7 close contacts of immunocompromised individuals;

9.1.8 frontline health and social care staff employed by:

9.1.8.1 registered residential care or nursing home;

9.1.8.2 registered domiciliary care provider;

9.1.8.3 a voluntary managed hospice provider;

9.1.8.4 Direct Payment (personal budgets) and/or Personal Health Budgets, such as Personal Assistants;

and who are registered with the GP practice; or

9.1.9 frontline health and social care staff employed by:

9.1.9.1 a registered residential care or nursing home; or

9.1.9.2 a voluntary managed hospice provider;

that are not registered with the GP practice but who elect to receive their vaccination from the GP practice.

- 9.1.10 those living in:
 - 9.1.10.1 long-stay facilities;
 - 9.1.10.2 nursing homes;
 - 9.1.10.3 other long-stay health or social care facilities; or
 - 9.1.10.4 a housebound Patient as described in paragraph 11.16.

that are not registered with the GP practice.

- 9.2 All frontline health and social care workers are expected to have influenza vaccination to protect those they care for.
- 9.3 The influenza chapter 'Immunisation against infectious disease' of the Green Book provides detailed descriptions of the groups outlined above and guidance for healthcare workers on administering the influenza vaccine.

10 Flu Letter and Green Book

- 10.1 GP practices should use the recommended licenced vaccine as set out in the Flu Letter and the Green Book for vaccination of Patients.
- 10.2 Details of this programme and the wider seasonal influenza programme can be found in the Annual Flu Letter
<https://www.gov.uk/government/publications/national-flu-immunisation-programme-plan>
- 10.3 Details on the background, dosage, timings and administration of the vaccination can be found in the Green Book.

11 Service Specification

- 11.1 The GP practice shall offer seasonal influenza vaccination to all eligible Patients unless contra-indicated. Vaccinations must only be administered to eligible Patients.
- 11.2 Immunisation is contra-indicated where the Patient has previously had a confirmed anaphylactic reaction to a previous dose of the vaccine, or to any component of the vaccine.
- 11.3 Where the eligible Patient is a registered patient of the GP practice the GP practice shall undertake:

- 11.3.1 a proactive call/recall if the Patient is considered at-risk;
 - 11.3.2 a proactive call basis if the Patient is not considered at-risk with the aim of maximising uptake;
 - 11.3.3 reasonable co-operation with any national call/recall service; and
 - 11.3.4 shall maintain clear records detailing how they have called/recalled eligible Patients.
- 11.4 In calling Patients in accordance with paragraph 11.3, GP practices must use at least one written communication (to include letters/SMS text messages) offering vaccination to eligible Patients. GP practices must request details of the Patient's ethnicity status if they have not previously provided this information to the GP practice and where provided by the Patient or their carer, the GP practice must record the ethnicity information in the Patient record.
- 11.5 Vaccinations must only be delivered during the term of this ES.
- 11.6 The vaccines reimbursed as part of the NHS Seasonal Influenza Immunisation Programme 2021/22 are outlined in the letter⁶ published on 1 April 2021. During the influenza season there may be additional advice from the Commissioner or Public Health England if there are issues with vaccine supply⁷,
- 11.7 GP practices should ensure that the correct number of doses of vaccine are administered. Where two doses of vaccine are required (see 11.8 below), a failure to give both doses may leave a child incompletely protected. . Conversely, where only one dose of vaccine is indicated, payment will not be made for any second doses that are inadvertently given.
- 11.8 Patients aged six months to under nine years at the time of vaccination, who are in clinical risk groups and who have not received influenza vaccination previously, will require a second dose of the appropriate vaccine at least four weeks after the first dose
- 11.9 GP practices must adhere to defined standards of record keeping ensuring that the vaccination event is recorded in the medical record of the Patient on the same day that it is administered where possible and shall include:

⁶ <https://www.england.nhs.uk/publication/achievements-and-developments-during-2020-21-flu-season/>

⁷ Further details on the background, dosage, timings and administration of the vaccination can be found in the Flu Letter.

- 11.9.1 any refusal of an offer of a vaccination;
- 11.9.2 where an offer of vaccination was accepted:
 - 11.9.2.1 details of the informed consent to the vaccination;
 - 11.9.2.2 the batch number, expiry date and title of the vaccine;
 - 11.9.2.3 the date of administration of the vaccination;
 - 11.9.2.4 when two or more vaccines are administered in close succession the route of administration and the injection site of each vaccine;
 - 11.9.2.5 any contra-indication to the vaccination or immunisation;
 - 11.9.2.6 any adverse reactions to the vaccination; and
 - 11.9.2.7 record within the Patient record any vaccinations that have been administered using centrally supplied stock if this stock has been supplied.
- 11.10 Where a vaccination is administered to a registered patient of the GP practice by a provider other than the GP practice and the Patient's record is not automatically updated electronically, the GP practice must update the Patient records on the same day that the vaccine is administered or on the day that notification is received from the other provider.
- 11.11 Practices should record vaccination events relating to Patients specified in paragraphs 9.2 and 9.3 and who are not registered with the GP practice in line with national guidance.
- 11.12 GP practices must ensure that all healthcare professionals who are involved in administering the vaccine have:
 - 11.12.1 referred to the clinical guidance available including the Influenza Chapter of the Green Book⁸ and Inactivated influenza vaccine information for healthcare practitioners⁹; and
 - 11.12.2 the necessary experience, skills and training, including training with regard to the recognition and initial treatment of anaphylaxis.

⁸ <https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>

⁹ <https://www.gov.uk/government/publications/inactivated-influenza-vaccine-information-for-healthcare-practitioners>

- 11.13 GP practices must ensure that all vaccines are received, stored, prepared and subsequently transported (where appropriate) in accordance with the manufacturer's instructions and the guidance set out in the '**Storage, distribution and disposal of vaccines**' chapter of the **Green Book**'. All refrigerators in which vaccines are stored should have a maximum/minimum thermometer, temperature readings should be taken and recorded from that thermometer on all working days and appropriate action must be taken if any readings are outside the recommended temperature range of +2°C to +8°C.
- 11.14 GP practices must have the ability and capacity to deliver this ES. Appointments should provide maximum flexibility for Patients and should be available at a range of times across the week including during extended hours, such as evenings and weekends to maximise vaccinations to eligible cohorts.
- 11.15 GP practices must ensure that services delivered under this ES are 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 ES due to a protected characteristic, as outlined in the Equality Act (2010) – this includes Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion or Belief, Sex or Sexual Orientation.
- 11.16 GP practices will monitor and report all activity information via ImmForm on a monthly basis. As in previous years the activity information shall include a monthly count of all eligible Patients who received a seasonal influenza vaccination in the relevant month. This information will be used by NHS England and NHS Improvement and PHE for monitoring uptake achievement and national reporting. These figures are used for official statistics.
- 11.17 Where the Patient or parent/guardian has indicated they wish to receive the vaccination but they are unable to attend at the practice (for example because the medical condition of the Patient is such that, in the reasonable opinion of the GP practice attendance on the Patient is required and it would be inappropriate for the Patient to attend at the practice) the GP practice must make all reasonable efforts to ensure the Patient is vaccinated.
- 11.18 GP practices will be responsible for recording adverse events and providing the Patient with information on the process to follow if they experience an adverse event in the future after leaving the vaccination site, including signposting the Yellow Card service. GP practices will be expected to follow MHRA incident management processes in the case of a severe reaction.

12 Monitoring

- 12.1 The Commissioner (NHSE) will monitor the provision of the services under this ES and will calculate payments under this ES using CQRS, wherever possible. GPES will provide information, using the defined clinical codes, on the number of Patients on the GP practices' registered list and who are recorded as being vaccinated against influenza during the period 1 September 2021 to 31 March 2022.
- 12.2 GP practices who agree to participate in this ES must indicate acceptance on CQRS to enable CQRS to calculate the monthly payment achievement.
- 12.3 If automated collection via GPES is not available for any reason, GP Practices must manually input data into CQRS, until such time as GPES¹⁰ becomes available again. For information on how to manually enter data into CQRS, GP practices should refer to the NHS Digital website¹¹. Alternatively, GP practices may choose to wait until the automated collection is available again however this will result in the requirement to claim payment later than would be available through the manual input of data.
- 12.4 When GPES is available, each GPES data collection will capture data for all payment and management information counts and report on activities from the start of the reporting period, e.g. 1 September to the end of the relevant reporting month. The reporting month will be the month prior to the month in which the collection is run, e.g. if the collection month is October, the reporting month will be September.
- 12.5 When collections begin, GPES will provide to CQRS the monthly counts.
- 12.6 GP practices should ensure that they only use the relevant clinical codes included in the supporting Business Rules (<http://content.digital.nhs.uk/qofesextractspecs>) and should also re-code Patients where necessary. This will allow CQRS to calculate achievement and payment and for the Commissioner (NHSE) to audit payment and service delivery. GP practices should refer to the supporting Business Rules¹² to ensure that they have the most up-to-date information on management counts and clinical codes.

¹⁰ When GPES becomes available it will be communicated via NHS Digital.

¹¹ NHS Digital. <https://digital.nhs.uk/article/279/General-Practice-GP-collections>

¹² <https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/quality-and-outcomes-framework-qof/quality-and-outcome-framework-qof-business-rules/enhanced-services-es-vaccination-and-immunisation-vi-and-core-contract-components-2021-2022>

- 12.7 Practices should claim payment in respect of Patients specified in paragraphs 9.2 and 9.3 and who are not registered with the GP Practice in line with national guidance.

Vaccine Ordering and Reimbursement

- 12.8 GP practices must ensure that all orders of vaccine are in line with national guidance.
- 12.9 Vaccines for all Patients aged 6 months to 17 years of age, should be ordered online from ImmForm as per other centrally supplied children's vaccines. GP practices are required to order the recommended QIV vaccines for all other Patients eligible for vaccination under this ES direct from the manufacturers. which will be reimbursed. GP practices will not be reimbursed for vaccines supplied free of charge via ImmForm.
- 12.10 For the 2021/22 season, GP practices may also be able to vaccinate eligible Patients aged 18 years and over using vaccines ordered and supplied centrally. Vaccination must be with the recommended vaccines as appropriate for Patient cohorts as outlined in the Flu Letter and Green Book. GP practices will not be reimbursed for centrally supplied vaccines and must comply with any published guidance relating to the ordering, use and claims processes.

13 Payment and Validation

- 13.1 A payment of £10.06 shall be payable to the GP practice for the administration of each vaccination.
- 13.2 GP practices may also claim a dispensing fee as set out in paragraph 16(2) and 16(3) of the NHS General Medical Services Statement of Financial Entitlements Direction 2021.
- 13.3 Claims for payment in accordance with this ES should be made monthly, following the administration of the final completing dose of a treatment. Where claims are entered manually [in CQRS], this should be within 12 days of the end of the month following the date on which a completing dose of a vaccination was administered. Where there is an automated data collection, there is a five day period following the month end to allow practices to record the previous month's activity before the collection occurs. Activity recorded after the collection period is closed (five days), will not be collected and recorded on CQRS. GP practices must ensure all activity is recorded by the cut-off date to ensure payment.

- 13.4 The GP practice must submit a claim to the Commissioner (NHSE) within six months of the date of administration of the vaccine (such time period may be extended by the Commissioner (NHSE) where it considers that it is exceptional circumstances apply).
- 13.5 Payment will be made [in respect of claims submitted in the previous period] by the last day of the month following the month in which the GP practice validates and the Commissioner (NHSE) approve the payment.
- 13.6 Payments will begin provided that the GP practice has manually entered and declared achievement, or GPES¹³ has collected the data and the practice has declared such data¹⁴. The first payment processed will include payment for the period covered by the first declaration.
- 13.7 GP practices will only be eligible for payment in accordance with this ES where all of the following requirements have been met and payment is conditional on:
- 13.7.1 the GP practice has entered into this ES, any variations and updates;
 - 13.7.2 the GP practice complies (and maintains compliance) with the requirements of this ES;
 - 13.7.3 the patient which received the vaccination(s) was a Patient at the time the vaccine was administered, and all of the following apply:
 - 13.7.3.1 the GP practice has only used the specified vaccines¹⁵ recommended in this ES specification and/or NHS England guidance¹⁶;
 - 13.7.3.2 the GP practice administered the vaccine to the Patients;
 - 13.7.3.3 the GP practice has not received and does not expect to receive any payment from any other source in respect of the vaccine or related to the delivery of the vaccination;

¹³ See 'Process' section for information relating to sign-up and automated collection.

¹⁴ Practices are reminded that they are responsible for checking their 'achievement' is accurate before they 'declare' it on CQRS.

¹⁵ NHS England letter. 'Implementing the Joint Committee on Vaccination and Immunisation advice on vaccines in the NHS annual seasonal flu vaccination programme and reimbursement guidance for 2020/21'. (20 December 2019). www.england.nhs.uk/wp-content/uploads/2019/12/NHS-England-JCVI-advice-and-NHS-reimbursement-flu-vaccine-2020-21.pdf

¹⁶ NHS England Guidance 2020/21 <https://www.england.nhs.uk/gp/gpfv/investment/gp-contract/>

- 13.7.3.4 the GP practices makes available to the Commissioner (NHSE) any information under this ES, which the Commissioner (NHSE) needs and the GP practice either has or could be reasonably expected to obtain;
- 13.7.3.5 the GP practice make any returns reasonably required of it (whether computerised or otherwise) to the payment system or CQRS or as otherwise may reasonably be required by the Commissioner (NHSE) (or on the Commissioner's (NHSE) behalf) and do so promptly and fully;
- 13.7.3.6 in respect of any claims for payment relating to centrally supplied vaccines, the GP practice has complied with any published guidance relating to the ordering, use, claims and post-payment verification processes; and
- 13.7.3.7 all information supplied pursuant to or in accordance with this paragraph is accurate.

13.8 If the GP practice does not satisfy any of the above conditions, the Commissioner (NHSE) may withhold payment of any, or any part of, an amount due under this ES that is otherwise payable.

13.9 If the Commissioner (NHSE) makes a payment to a GP practice under this ES and:

13.9.1 the GP practice was not entitled to receive all or part thereof, whether because it did not meet the entitlement conditions for the payment or because the payment was calculated incorrectly (including where a payment on account overestimates the amount that is to fall due);

13.9.2 the Commissioner (NHSE) was entitled to withhold all or part of the payment because of a breach of a condition attached to the payment, but is unable to do so because the money has already been paid; or

13.9.3 the Commissioner (NHSE) is entitled to repayment of all or part of the money paid,

the Commissioner (NHSE) may recover the money paid by deducting an equivalent amount from any payment payable to the GP practice, and where

no such deduction can be made, it is a condition of the payments made under this ES that the contractor must pay to the Commissioner (NHSE) that equivalent amount.

- 13.10 Where the Commissioner (NHSE) is entitled under this ES to withhold all or part of a payment because of a breach of a payment condition, and the Commissioner (NHSE) does so or recovers the money by deducting an equivalent amount from another payment in accordance with this ES, it may, where it sees fit to do so, reimburse the GP practice the amount withheld or recovered, if the breach is cured.
- 13.11 Where the vaccine is centrally supplied, no claim for reimbursement of vaccine costs or personal administration fee apply to those vaccinations delivered to Patients.
- 13.12 The Commissioner (NHSE) is responsible for post payment verification. This may include auditing claims (including supporting documentation/records) of GP practices to ensure that they meet the requirements of this ES.

Annex A: Groups included in this ES and included in the national influenza immunisation programme as defined in the Flu Letter and Green Book

Eligible groups	Further details
All patients aged 50 years and over	"Fifty years and over" is defined as those aged 50 years and over on 31 March 2022 (i.e. born on or before 31 March 1972).
Chronic respiratory disease aged 6 months and over	<p>Asthma that requires continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospital admission.</p> <p>Chronic obstructive pulmonary disease (COPD) including chronic bronchitis and emphysema; bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis and bronchopulmonary dysplasia (BPD).</p> <p>Children who have previously been admitted to hospital for lower respiratory tract disease.</p>
Chronic heart disease aged six months and over	Congenital heart disease, hypertension with cardiac complications, chronic heart failure, individuals requiring regular medication and/or follow-up for ischaemic heart disease.
Chronic kidney disease aged six months and over	Chronic kidney disease at stage 3, 4 or 5, chronic kidney failure, nephrotic syndrome, kidney transplantation.
Chronic liver disease aged 6 months and over	Cirrhosis, biliary atresia, chronic hepatitis.
Chronic neurological disease aged six months and over	<p>Stroke, transient ischaemic attack (TIA). Conditions in which respiratory function may be compromised due to neurological disease (e.g. polio syndrome sufferers).</p> <p>Clinicians should offer immunisation to all patients with a learning disability given their increased morbidity and</p>

Eligible groups	Further details
	<p>mortality due to preventable pneumonia¹⁷.</p> <p>Clinicians should offer immunisation, based on individual assessment, to vulnerable individuals including those with cerebral palsy, multiple sclerosis and related or similar conditions; or hereditary and degenerative disease of the nervous system or muscles; or severe neurological disability.</p>
Diabetes aged 6 months and over	Type 1 diabetes, Type 2 diabetes requiring insulin or oral hypoglycaemic drugs, diet controlled diabetes.
Immunosuppression aged 6 months and over	<p>Immunosuppression due to disease or treatment, including patients undergoing chemotherapy leading to immunosuppression, bone marrow transplant, HIV infection at all stages, multiple myeloma or genetic disorders affecting the immune system (eg IRAK-4, NEMO, complement deficiency).</p> <p>Individuals treated with or likely to be treated with systemic steroids for more than a month at a dose equivalent to prednisolone at 20 mg or more per day (any age), or for children under 20 kg, a dose of 1 mg or more per kg per day.</p> <p>It is difficult to define at what level of immunosuppression a patient could be considered to be at a greater risk of the serious consequences of influenza and should be offered seasonal influenza vaccination. This decision is best made on an individual basis and left to the patient's clinician.</p> <p>Some immune-compromised patients may have a suboptimal immunological response to the vaccine.</p>

¹⁷ Practices are advised of the importance to ensure Patients with a learning disability are vaccinated. Patients with a learning disability are included in the eligibility for payment under this ES. PHE understand the difficulty with vaccinating this group with injectable vaccines. PHE advises that LAIV is not licensed for adults because there is some evidence of poorer efficacy in this age group when compared with the inactivated influenza vaccines so practices should offer inactivated vaccine if possible. However, as it has been found that LAIV may be easier to use and less distressing for some patients with a learning disability, in exceptional circumstances, GP's can use their clinical discretion to offer LAIV 'off-label' (from their centrally supplied vaccine stock) to vaccinate patients with a needle phobia. This is not limited to those with a learning disability and may include those in a clinical risk group with a serious needle phobia who may otherwise go unimmunised if they refuse to have an injected inactivated vaccine.

Eligible groups	Further details
Asplenia or dysfunction of the spleen aged six months and over	This also includes conditions such as homozygous sickle cell disease and coeliac syndrome that may lead to splenic dysfunction.
Pregnant women	Pregnant women at any stage of pregnancy (first, second or third trimesters).
Morbidly obese (class III obesity) ¹⁸	Adults with a BMI \geq 40 kg/m ² (adults aged 16+).
People in long-stay residential or homes	Vaccination is recommended for people living in long-stay residential care homes or other long-stay care facilities where rapid spread is likely to follow introduction of infection and cause high morbidity and mortality. This does not include, for instance, prisons, young offender institutions, or university halls of residence.
Household contacts of immunocompromised individuals aged 6 months and over	Vaccines should be offered to household contacts of immunocompromised individuals, who share or expect to share living accommodation with on most days over the winter and therefore for whom continuing close contact is unavoidable.
Carers	Those who are in receipt of a carer's allowance, or those who are the main carer of an elderly or disabled person whose welfare may be at risk if the carer falls ill.
Locum GPs	Where locum GPs wish to be vaccinated, they should be vaccinated by their own GP (<i>all other GP's and primary care staff are the responsibility of their employer as part of occupational health arrangements</i>).
Frontline health and social care workers	In order to protect patients in a vulnerable care setting the following groups should be vaccinated by the GP practice where they are registered as a patient: Health and social care staff employed by a registered

¹⁸ Many of this patient group will already be eligible for vaccination due to complications of obesity that place them in another risk category.

Eligible groups	Further details
	<p>residential care/nursing home or registered domiciliary care provider who are directly involved in the care of vulnerable patients or clients who are at increased risk from exposure to influenza and;</p> <p>Health care staff employed by a voluntary managed hospice provider who are directly involved in the care of vulnerable patients or clients who are at increased risk from exposure to influenza.</p>
Frontline health and social care workers	Health and social care workers employed through Direct Payments and/or Personal Health Budgets (such as personal assistants) to delivery domiciliary care to patients and service users.

PHE states that this list is not exhaustive and the clinicians should apply clinical judgement to take into account the risk of influenza exacerbating any underlying disease that a patient may have, as well as the risk of serious illness from influenza itself. Influenza vaccine should be offered in such cases even if the individual is not in the clinical risk groups specified above¹⁹.

¹⁹ Only those Patients eligible for vaccination as defined in this ES specification will be paid for under this DES.

Annex B: Seasonal influenza vaccination programme (as defined in the Flu Letter and the Green Book)

Eligible groups	Vaccine	Dosage
At risk children aged from 6 months to less than 2 years	Offer standard egg-grown quadrivalent inactivated influenza vaccine (QIVe).	1 dose unless first influenza vaccination in which case a second dose is recommended at least 4 weeks after the first
At risk children aged 2 years to less than 9 years	Offer LAIV unless contra-indicated (or unsuitable), then offer QIVc.	1 dose unless first influenza vaccination in which case a second dose is recommended at least 4 weeks after the first
At risk children aged 9 years to less than 18 years	Offer LAIV unless contra-indicated (or unsuitable), then offer QIVc.	1 dose
At risk adults aged 18-64 years (including pregnant women)	Offer QIVc or QIVr or offer QIVe if QIVc or QIVr are not available.	1 dose
All adults aged 50-64 years	Offer QIVc or QIVr or offer QIVe if QIVc or QIVr are not available.	1 dose
All adults aged 65 years and over	Offer adjuvanted quadrivalent influenza vaccine (aQIV) or QIVc or QIVr if aQIV is not available. It is recommended that aQIV is offered 'off label' to those who become 65 before 31 March 2022.	1 dose

Annex C: Provisions relating to GP practices that terminate or withdraw from this ES prior to 31 March 2022 (subject to the provisions below for termination attributable to a GP practice split or merger)

1. Where a GP practice has entered into this ES but its primary medical care contract subsequently terminates or the GP practice withdraws from the ES prior to the end of this ES, the GP practice is entitled to a payment in respect of its participation if such a payment has not already been made, calculated in accordance with the provisions set out below. Any payment calculated will fall due on the last day of the month following the month during which the GP practice provides the information required.
2. In order to qualify for payment in respect of participation under this ES, the GP practice must comply with and provide the Commissioner (NHSE) with the information in this ES specification or as agreed with the Commissioner (NHSE) before payment will be made. This information should be provided in writing, within 28 days following the termination of the contract or the withdrawal from the ES.
3. The payment due to GP practices [that terminate or withdraw from the ES] whose primary medical services contract terminates prior to the end of this ES will be based on the number of vaccinations given to eligible Patients, prior to the termination or withdrawal.

Provisions relating to GP practices who merge or are formed

4. Where two or more GP practices merge or a new primary medical services contract is awarded and as a result two or more lists of registered patients are combined, transferred (for example from a terminated practice) or a new list of registered patients is developed, the new GP practice(s) may enter into a new or varied arrangement with the Commissioner (NHSE) to provide this ES.
5. In the event of a practice merger, the ES arrangements of the merged GP practices will be treated as having terminated (unless otherwise agreed with

the Commissioner (NHSE)) and the entitlement of those GP practice(s) to any payment will be assessed on the basis of the provisions of paragraph **Error! Reference source not found.** of this ES.

6. The entitlement to any payment(s) of the GP practice(s), formed following a practice merger, entering into the new or varied arrangement for this ES will be assessed and any new or varied arrangements that may be agreed in writing with the Commissioner (NHSE) will begin at the time the GP practice(s) starts to provide this ES under such arrangements.
7. Where that new or varied arrangement is entered into and begins within 28 days of the new GP practice(s) being formed, the new or varied arrangements are deemed to have begun on the date of the new GP practice(s) being formed and payment will be assessed in line with this ES specification as of that date.
8. Where the GP practice participating in the ES is subject to a practice merger and:
 - a. the application of the provisions set out above in respect of practice mergers would, in the reasonable opinion of the Commissioner (NHSE), lead to an inequitable result; or,
 - b. the circumstances of the split or merger are such that the provisions set out above in respect of practice mergers cannot be applied,the Commissioner (NHSE) may, in consultation with the GP practice or GP practices concerned, agree to such payments as in the Commissioner's (NHSE) opinion are reasonable in all of the circumstances.

New contract awards

9. Where a new primary medical services contract is awarded by the Commissioner (NHSE) after the commencement of this ES, the GP practice will be offered the ability to opt-in to the delivery of this ES.