

NHS England

Service Level Agreement for Seasonal Flu Immunisation Programme under a Patient Group Direction (PGD)

Contents:

1. Financial Details
2. Signature Sheet
3. Service Description
4. Aims and Intended Service Outcomes
5. Service Outline
6. Pharmacy and Pharmacist Eligibility / Criteria and Accreditation
7. Quality Indicators

1. Financial Details

- 1.1 This agreement is to cover 7 months commencing 10th September 2015 and will terminate on 31st March 2016.

On agreeing the service plan with NHS England for the 7 months commencing 10th September 2015, pharmacies will receive remuneration retrospectively to each pharmacy according to the following tariff:- £12.64 per vaccination administered

- 1.2 The contractor must supply NHS England Cumbria and the north east with influenza uptake information as it may reasonably request for the purposes of monitoring the contractor's performance of the influenza immunisation service and to support processing the payment. A claim form and monitoring form should be forwarded on a monthly basis by 5th December 2015 for the first claim period of 1st September 2015 – 30th November 2015, by 5th February 2016 for the second claim period of 1st December 2015 – 31st January 2016 and by 5th April 2016 for the third claim period of 1st February 2016 – 31st March 2016 via PharmOutcomes.

The principal purpose of flu immunisation, which is carried out by a trained pharmacist, is to protect or maintain the health of the individual receiving the immunisation. The vaccine is personally administered and integral to the provision of that service. As such this is an exempt activity under schedule 9 of the VAT act 1994, and there is no requirement to account for any VAT element in the professional fee.

**PAYMENT FOR EACH IMMUNISATION WILL ONLY BE MADE UPON RECEIPT
OF THE COMPLETED SIGNATURE SHEET**

2. Signature Sheet

- 2.1 This document constitutes the agreement between the pharmacy and the NHS England with regard to the **Service Level Agreement for the Community Pharmacy Seasonal Flu Immunisation Service (Programme under a Patient Group Direction)**.
- 2.2 By signing up to this Service Level Agreement, you are agreeing that you fully comply with the Terms of Service as outlined in the NHS Pharmaceutical Services Regulations 2013 and agree to comply with the full terms and conditions as outlined in this Service Level Agreement.
- 2.3 Failure to comply with the full terms and conditions as outlined in this Service Level Agreement may result in suspension of the scheme. Before any suspension the provider and commissioner will discuss the reason for the suspension to identify a possible resolution.

NAME AND ADDRESS OF PHARMACY:

.....
.....

Names of Pharmacists undertaking the service

.....
.....
.....

Signature on behalf of the Pharmacy:

Signature	Name	Date

Signature on behalf of NHS England Cumbria and north east:

Signature	Name	Date
	Dr Claire Bradford	10 th September 2015

ALL CUMBRIA & NORTH EAST AREAS: Please return completed the completed SLA (signature sheet only) to Greg Burke, Secretary, Durham & Darlington LPC by email to greg.burke@durhamlpc.org.uk

3. Service Description

- 3.1 The overarching national service specification is Service Specification No. 13, Seasonal Flu Immunisation Programme published by NHS England (SS13). This document adds operational detail for the Community Pharmacy Seasonal Flu Immunisation Service.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/383187/1516_No13_Seasonal_Influenza_Immunisation_Programmeflu_FINAL.pdf

- 3.2 This service will require the pharmacist to administer flu immunisation to eligible patients aged 18 years and above as detailed in the NHS England approved Client Group Direction.

4. Aims and Intended Service Outcomes

- 4.1 The purpose of the service level agreement (SLA) is to cover the provision of seasonal flu immunisation for people identified as being in the 65+ age group, or in the clinical at-risk adult groups as defined by the Department of Health for the 2015/16 flu season.
- 4.2 The intended service outcome is to reduce the serious morbidity and mortality from flu infections by immunising those most likely to have a serious or complicated illness should they develop flu infection. This can avert the need for hospitalisation.
- 4.3 The purpose of the SLA for the Seasonal Flu Immunisation Programme 2015/16 is to commission local community pharmacy to provide a flu immunisation service in addition to that provided by GP practices.

5. Service Outline

- 5.1 It is the responsibility of each pharmacy to identify patients who are in the clinical at-risk groups specified in the Patient Group Direction (PGD) inclusion criteria. Patients aged 65 or over are required to provide proof of age. Patients who are under 65 are required to provide proof of eligibility for example evidence of invitation to attend for vaccination issued by the patient's GP practice, for example letter or text or their Patient Medication Record. Pregnant women may not have had a letter; in which case self-identification is acceptable (most will have pregnancy notes, or a doctor's letter or a MATB1). Carers must provide written proof they are in receipt of carers allowance
- 5.2 If there is doubt about eligibility, the pharmacist should confirm eligibility the patients GP practice.
- 5.3 Children up to and including the age of 17 are EXCLUDED from this service, regardless of any risk group that they fall into. If a child or their parent/s /guardians presents requesting a flu immunisation, the pharmacist must refer them to their GP practice.

5.4 2015/16 Eligibility

This year, for patients aged 18 to under 65 in clinical risk groups, we are asking that providers prioritise improvements in vaccine uptake over and above last season in those with chronic liver and neurological disease, including people with learning disabilities, who are at the highest risk of mortality from flu but have the lowest rate of vaccine uptake, and in pregnant women.

Eligible groups	Further detail
All patients aged 65 years and over	"Sixty-five and over" is defined as those aged 65 years and over on 31 st March 2016.
Chronic respiratory disease Patients aged 18 years old and over	Asthma that requires continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospital admission. Chronic obstructive pulmonary disease (COPD) including chronic bronchitis and emphysema; bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis and bronchopulmonary dysplasia (BPD).
Chronic heart disease Patients aged 18 years old 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 Patients aged 18 years old and over	Chronic kidney disease at stage 3, 4 or 5, chronic kidney failure, nephrotic syndrome, kidney transplantation.
Chronic liver disease Patients aged 18 years old and over	Cirrhosis, biliary atresia, chronic hepatitis
Chronic neurological disease Patients aged 18 years old and over	Stroke, transient ischaemic attack (TIA). Conditions in which respiratory function may be compromised due to neurological disease (e.g. polio syndrome sufferers). Clinicians should consider on an individual basis the clinical needs of patients including individuals with cerebral palsy, multiple sclerosis and related or similar conditions; or hereditary and degenerative disease of the nervous system or muscles; or severe neurological or severe learning disability.
Diabetes Patients aged 18 years old and over	Type 1 diabetes, type 2 diabetes requiring insulin or oral hypoglycaemic drugs, diet controlled diabetes.
Immunosuppression Patients aged 18 years old and over	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 (e.g. IRAK-4, NEMO, compliment deficiency). Individuals treated with or likely to be treated with systemic steroids for more than a month at a dose equivalent to prednisolone at 20mg or more per day (any age). 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 influenza vaccination. This decision is best made on an individual basis and left to the patient's clinician. Some immunocompromised patients may have a suboptimal immunological response to the vaccine.

Asplenia or dysfunction of the Spleen Patients aged 18 years old and over	This also includes conditions such as homozygous sickle cell disease and coeliac syndrome that may lead to splenic dysfunction.
Pregnant women Patients aged 18 years old and over	Pregnant women at any stage of pregnancy (first, second or third trimesters).
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.
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.

- 5.5 Please note that frontline health and social care staff are not eligible for free immunisation under this SLA, but nevertheless could be vaccinated either at their own or their employer's expense.
- 5.6 The client may present the invitation letter sent by or on behalf of their GP practice. Patients with a PMR at the pharmacy may be confirmed as eligible without the letter.
- 5.7 Patients meeting the inclusion criteria will be offered the opportunity of receiving a flu immunisation free of charge, administered by an accredited pharmacist under the authority of a PGD.
- 5.8 Inclusion and exclusion criteria, detailed in the PGD, will be applied during the provision of the service. Where clinical contraindications, as stated in the PGD, preclude the administration of the immunisation, the client should be referred to their GP for further advice.
- 5.9 Any revision in the at-risk groups as defined by the Department of Health will be notified to participating pharmacies.
- 5.10 Pharmacies may begin immunisation from 1st September 2015, and will be required to advertise and promote the service for the period up to 31st March 2016.
- 5.11 Vaccine purchase is the responsibility of the pharmacy. The cost of the vaccine is inclusive in the £12.64 remuneration fee as per 1.1 of this SLA.
- 5.12 The pharmacy contractor must have a standard operating procedure in place for this service, which should include procedures for maintaining cold chain integrity (storage of vaccines in line with manufacturer's instructions, recording of max/min temperatures, stock rotation checks etc).

5.13 The pharmacy contractor should ensure that staff are made aware of the risk associated with handling clinical waste. A needle stick injury procedure should be in place. Participating pharmacists are strongly encouraged to maintain current immunisation against Hepatitis B infection.

5.14 Patients must be registered with a General Practice in the Cumbria and north east area. They can be made aware of the service by the pharmacy, other pharmacies, their General Practice, or self refer.

- Pharmacists can immunise the client, offer advice or refer them to their GP Practice.
- The pharmacist will confirm with the client that they are eligible for immunisation, i.e. in one of the 'at-risk' groups defined by the Department of Health. Prior to administration the client should be supplied with a copy of the vaccine client information leaflet. This can be accessed from the seasonal flu immunisation service section in PHARMOUTCOMES, the web-based recording platform for pharmacy enhanced services

5.15 Two methods may be used for recording vaccinations:

- 1) Complete a Flu Consultation Form (FCF) which can be transcribed into Pharmoutcomes later in the day or
- 2) Enter patient information directly into Pharmoutcomes.

With either method the following information is recorded:

- a) Client identifiers
- b) GP practice
- c) Consent
- d) Risk category
- c) The batch no., expiry date, name of the vaccine & manufacturer
- d) Site of administration – for example, left or right deltoid muscle
- e) The date of administration
- f) That contraindications to immunisation have been excluded

It is strongly advised that a separate note should also be made on the PMR system, noting the date of immunisation, or other outcome if immunisation was not completed, as this will facilitate any patient search for vaccinated patients if needed

- The client's GP should be informed that immunisation has taken place as soon as possible, within 2 working days. Pharmoutcomes generates a secure email notification which is sent automatically as soon as the vaccination is entered into the system *as long as the system holds an appropriate NHS net email address for the practice concerned*. If no address has been supplied, Pharmoutcomes creates an alert to inform the pharmacy that the vaccination must be notified 'manually'. This will involve faxing the surgery –safe haven fax only- with a copy of the FCF. The Pharmoutcomes alert must then be cancelled to indicate that the GP practice has been informed.

- NHS England will be updated with immunisation activity by Pharmoutcomes.

5.16 Pharmacists should report any suspected adverse reaction to the Medicines & Healthcare Regulatory Agency (MHRA) using the Yellow Card reporting scheme at www.yellowcard.gov.uk

6. Pharmacy and Pharmacist Eligibility / Criteria and Accreditation

6.1 Qualifications/Experience

6.1.1 The pharmacy contractor is responsible for ensuring the requirements for staff training are in place and staff involved in the administration of the vaccine must:

- a) Have attended a formal immunisation training programme and have the necessary skills & competencies together with documented evidence of that training. This is to include vaccine administration, anaphylaxis recognition & treatment, basic life support, cold chain integrity, infection control and working under the relevant PGD.
- b) If previously trained as specified in 6.1.1 (a), they must subsequently complete an annual update in the recognition and treatment of anaphylaxis together with basic life support.
- c) Have completed the CPPE e-learning programme 'Safeguarding Children & Vulnerable Adults' or its equivalent <https://www.cppe.ac.uk/programmes//safegrding-e-01/>

Many vulnerable adults will belong to one of the eligible risk categories

6.1.2 Pharmacists responsible for immunisation must be signed up to work under the current seasonal flu PGD. A signed copy must be kept in the pharmacy.

6.1.3 Pharmacists providing this service are advised to ensure they are up to date with Hepatitis B immunisation (see 5.13)

6.1.4 It is the responsibility of participating pharmacists to ensure that their professional indemnity insurance covers them to provide immunisation services.

6.1.5 The pharmacy contractor must nominate a named person(s) within the community pharmacy who will be responsible for the administration of the flu campaign and advise the NHS England Cumbria and the north east of their name(s).

6.2 Equipment/Premises

6.2.1 The pharmacy contractor is responsible for ensuring the requirements for

equipment and premises are in place and must ensure that resuscitation equipment is accessible at all times during an immunisation session.

The resuscitation pack must contain the following:

- Preferred option: 3 ampoules of adrenaline 1 in 1000 (1mg/ml) 500mcg to be administered sub-cutaneously or intra-muscularly every 5 minutes as specified in the immunisation Green Book and Resuscitation Council Guidelines.
- OR an adrenaline 500mcg auto injector for use in adults & children over 30kg, administered as per Green Book instructions.
- A selection of 1ml syringes and green needles – only if adrenaline ampoules are kept.
- A pocket mask with one way valve
- Disposable gloves

6.2.2 All seasonal flu vaccinations must be administered within the pharmacy. The pharmacy contractor is responsible for ensuring a suitable area for consultation with the client is in place. This suitable area within the pharmacy:

- must be a quiet area which is separated from the area accessible by the general public
- must be clear and uncluttered
- must have impermeable flooring
- must have a chair for patients to sit on during vaccine administration; the chair must be covered in impermeable material which will withstand a chlorine releasing agent for disinfection purposes
- must have facilities for patients to be able to lie down in the event of a simple faint or anaphylactic reaction
- must have access to dedicated hand washing facilities with liquid soap, disposable paper towels in a wall mounted dispenser and foot operated pedal bin
- must have disposable vomit bowls available in the immunisation area
- must have a sharps bin and sharps collection and disposal procedure in place

7. Quality Indicators

- 7.1 The pharmacy must review its standard operating procedures and the referral pathways for the service on an annual basis.
- 7.2 The pharmacy must participate in any audit of service required by NHS England.
- 7.3 The pharmacy must co-operate with any assessment of service user experience specified by NHS England.