

London Pharmacy Seasonal Influenza Vaccination Service Specification

September 2023



Equalities and health inequalities statement

"Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

- given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it;
- given regard to the need to reduce inequalities between patients in access to, and outcomes from, healthcare services and in ensuring that services are provided in an integrated way where this might reduce health inequalities."

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1.Service description and background

- 1.1 For most healthy people, influenza (flu) is an unpleasant disease, but one that usually resolves without treatment. However, older people, pregnant women and those with underlying diseases are at particular risk of severe illness if they catch it.
- 1.2 Flu is a key factor in NHS resilience. It impacts on those who become ill, the NHS services that provide direct care as a result and on the wider health and social care system. The annual immunisation programme helps to reduce unplanned hospital admissions and pressure on A&E. It is therefore a critical element of the system-wide approach for delivering robust and resilient health care services during the winter period.
- 1.3 The advanced service will come into force on 1 September 2023 and shall continue until 31 March 2024. Focus should be given to vaccinating eligible patients between 1 September and 15 December to maximise the impact¹.

2. Aims and intended service outcomes

- 2.1 The aims of this service are:
 - a. to provide more vaccination opportunities and improve convenience for eligible patients to access flu vaccinations.
 - b. to reduce variation and provide consistent levels of population coverage.
- 2.2 The scope of this service is:
 - a. to identify pharmacists signed up to the community pharmacy advanced service specification that can deliver vaccinations to the cohorts below.
 - b. to deliver flu vaccinations to health inclusion groups including, but not limited to, homeless individuals, asylum seekers and undocumented and documented migrants (See Appendix C).
 - c. to deliver to frontline healthcare workers, working in secondary and primary care settings (which includes dentistry, optometry and pharmacy services) where they have been unable to receive a vaccination via their Occupational Health Service; staff will need to provide their NHS/relevant ID. Pharmacies will be able to select the appropriate category for staff falling within this eligibility from the SONAR system.
 - d. to deliver to those staff who care for people experiencing homelessness; relevant ID to be provided.

¹ <u>https://www.gov.uk/government/publications/national-flu-immunisation-programme-plan/national-flu-immunisation-programme-2022-to-2023-letter</u>

3. Service Specification

- 3.1 The Service will be known as the London Pharmacy Seasonal Influenza Vaccination Service 2023/24 and complements the National NHS England Flu service specification under the advanced services of the contractual framework. This local London service can be provided by any pharmacy in London that is also signed up to delivering the National Advanced Flu service. The cost will be met by NHS England London. The vaccine is to be administered by an appropriately trained pharmacist under the authority of a **private PGD**.
- 3.2 Eligibility criteria
 - Must be already providing the National Advanced Service first.
 - Must have met the Community Pharmacy assurance framework.
 - Must be compliant with Information Governance.
 - Must be a Community Pharmacy on the London Pharmaceutical list.
 - Must meet the Premises requirements in the specification.
- 3.3 Eligible patients should be vaccinated as soon as the vaccine is available. Widespread immunisation may continue until December to achieve maximum impact, but where possible, should be completed before flu starts to circulate in the community. However, flu can circulate considerably later than this and pharmacists should apply clinical judgement to assess the needs of individual patients who are eligible for vaccination under this service to receive immunisation beyond January. This should consider the level of flu-like illness in the community and the fact that the immune response following immunisation takes about two weeks to fully develop.
- 3.4 The seasonal flu vaccination to be administered under this service is one of the flu vaccines listed in the Annual Flu Letter.
- 3.5 Pharmacy contractors must ensure that vaccinations offered under this service are provided in line with immunisation against infectious disease (The Green Book²) which outlines all relevant details on the background, dosage, timings and administration of the vaccine, and disposal of clinical waste. Pharmacy contractors must ensure that vaccination is offered in line with any JCVI guidance on the co-administration of vaccinations or the required interval between any vaccinations, including where they have been administered by another provider.
- 3.6 The pharmacy contractor must have a standard operating procedure (SOP) in place for this service, which includes procedures to ensure cold chain integrity. All vaccines are to be stored in accordance with the manufacturer's instructions and all refrigerators in which vaccines are stored are required to have a maximum/minimum thermometer. Readings are to be taken and recorded from the thermometer on all working days and

² Immunisation against infectious disease - GOV.UK (www.gov.uk)

appropriate action taken when readings are outside the recommended temperature. Where vaccinations are undertaken off the pharmacy premises, the pharmacy contractor must ensure that appropriate measures are taken to ensure the integrity of the cold chain.

- 3.7 Each patient being administered a vaccine should be given a copy of the manufacturer's patient information leaflet about the vaccine or be directed to a web-based version of the leaflet.
- 3.8 Prior to vaccination, consent must be sought from each patient to the administration of the vaccine.
- 3.9 Patients who are eligible for other vaccinations should be referred to their GP practice for these vaccinations.
- 3.10 The pharmacy contractor will ensure that a notification of the vaccination is sent to the patient's GP practice on the same day the vaccine is administered or on the following working day. This should be undertaken via secure email (also refer to 3.11) or secure electronic data interchange. If an electronic method to transfer data to the relevant GP is used and a problem occurs with this notification platform the pharmacy contractor should ensure a hard copy of the paperwork is sent to the GP practice. The information sent to the GP practice should include the following details as a minimum:
 - a. the patient's name, address, date of birth and NHS number (where known).
 - b. the date of the administration of the vaccine.
 - c. the applicable SNOMED CT code see Table 1 below.
 - d. any adverse reaction to the vaccination and action taken/recommended to manage the adverse reaction.
 - e. reason for patient being identified as eligible for vaccination.

All paperwork must be managed in line with 'Records Management Code of Practice for Health and Social Care'.

Table 1: Applicable SNOMED CT codes for notification to the GP practice

Code Type	CodeDescription955691000000108Seasonal influenza vaccination given by					
SNOMED CT	955691000000108	Seasonal influenza vaccination given by pharmacist				

3.11 Where a patient presents with an adverse drug reaction following the initial vaccination and the pharmacist believes this is of clinical significance, such that the patient's general practice should be informed, this information should be shared with the general practice as soon as possible and a 'Yellow Card' 5 report submitted.

- 3.12 The pharmacy contractor is required to report any patient safety incidents in line with the Clinical Governance Approved Particulars for pharmacies.
- 3.13 The pharmacy contractor is required to plan for the removal and safe disposal of any clinical waste and personal protective equipment related to the provision of this service (including where the vaccination is undertaken off the pharmacy premises).

4. Training and premises requirements

- 4.1 In order to provide the service, pharmacies must have a consultation room. Vaccinations can be offered in any area of the pharmacy where suitable facilities are available, and patients' confidentiality is able to be respected. However, the vaccination must take place in the consultation room wherever the patient expresses this preference. The consultation room must comply with the minimum requirements set out below:
 - the consultation room must be clearly designated as an area for confidential consultations.
 - it must be distinct from the general public areas of the pharmacy premises.
 - it must be a room where both the person receiving services and the pharmacist providing those services are able to sit down together and talk at normal speaking volumes without being overheard by any other person (including pharmacy staff), other than a person whose presence the patient requests or consents to (such as a carer or chaperone).
 - It must be a room where infection control standards can be maintained.
- 4.2 The consultation room must also meet the General Pharmaceutical Council (GPhC) Standards for Registered Premises³.
- 4.3 Where vaccinations are undertaken off the pharmacy premises, the pharmacy contractor must ensure there is an on-site pharmacist supervising delivery of the service (or delivering the vaccination service themselves) and that vaccinators:
 - are delivering vaccines in accordance with the Community Pharmacy Inactivated influenza vaccine patient group direction or the National protocol for inactivated influenza vaccine, as appropriate.
 - \circ have professional indemnity that covers off-site vaccinations.
 - o continue to adhere to all professional standards relating to vaccinations.
 - o follow appropriate cold-chain storage measures.
 - ensure that the setting used to administer the vaccinations is appropriate (including ensuring patient confidentiality as appropriate).
 - appropriately dispose of any clinical waste or personal protective equipment used during the vaccination process.

³ <u>https://www.england.nhs.uk/wp-content/uploads/2018/02/approved-particulars-premises.pdf</u>

- 4.4 The pharmacy contractor must ensure that pharmacists providing the service are aware of the National Minimum Standards in relation to vaccination training and are compliant with the training requirements within those Standards that apply to pharmacists providing the service, as set out in the vaccination services' Declaration of Competence (DoC). The pharmacy contractor must keep on the pharmacy premises copies of each DoC completed by any registered pharmacy professional that they employ/engage to deliver the service.
- 4.5 The pharmacy contractor must ensure that individuals providing the service:
 - have undertaken appropriate training in line with the National Minimum Standards 7 and Core Curriculum for Immunisation Training. Annual updates should be undertaken to ensure knowledge and practice remain current. Periodic face to face refresher training for vaccinators should be considered to ensure consistency of practice, peer support and to discuss any clinical issues that are arising in practice.
 - are competent to deliver the service. Competence can be demonstrated by using, for example, the vaccination services DoC for registered pharmacists or the UKHSA competency assessment tool. The pharmacy contractor must keep evidence of competency relating to any staff that they employ/engage to deliver the service.
 - are appropriately trained and made aware of the risks associated with the handling and disposal of clinical waste and that correct procedures are used to minimise those risks. A needle stick injury procedure must be in place.
 - staff should have a valid DBS certificate if vaccinations are to be undertaken in the patient's own home (including a care home).
 - Face to face training for injection technique and basic life support (including administration of adrenaline for anaphylaxis) should be undertaken every three years.
- 4.6 The pharmacy contractor should ensure that they have reviewed the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013, which govern the provision of the service, as well as the Service Specification (this document).
- 4.7 The pharmacy contractor must ensure that staff involved in the provision of this service are advised that they should consider being vaccinated against Hepatitis B and be advised of the risks should they decide not to be vaccinated.

5. Service availability

- 5.1 The Pharmacy contract should ensure that locums, relief pharmacists, and other staff are adequately trained, to ensure continuity of service provision.
- 5.2 If the pharmacy temporarily or permanently ceases to provide the service, they should

update their NHS website profile to reflect that the service is not available from the pharmacy as soon as possible. The pharmacy should also notify Sonar to temporary cease bookable appointments for the service where applicable.

5.3 The pharmacy contractor must ensure the service is accessible, appropriate and sensitive to the needs of all service users. No eligible patient shall be excluded or have trouble in accessing and effectively using this service due to their race, gender, disability, sexual orientation, religion or belief, gender reassignment, marriage or civil partnership status, pregnancy or maternity, or age.

6. Data collection and reporting requirements

- 6.1 The pharmacy contractor must maintain appropriate records to ensure effective ongoing service delivery.
- 6.2 All London Pharmacies signed up to the London flu SLA must use SONAR to maintain patient records. This information should be sent to the GP that the patient is registered with. If Pharmacies are experiencing issues with their SONAR system throughout the season, the minimum requirements for the information which should be included in a contractor's record of provision of the service to a patient are the mandatory sections indicated within the Flu Vaccination Record Form which is set out in Annex B.
- 6.3 Where record forms are scanned into either a patient's notes or into a third-party data transfer software solution, care must be taken to ensure that the scanned copy is of a good quality and is a true copy of the original.

7. Payment arrangements

Financial Specifications

- Payment arrangements under the scheme will apply to persons immunised between 1 September 2023 and 31 March 2024.
- NHS England shall, in consideration of the pharmacist providing the services, pay the Provider the appropriate fee for the activity carried out.
- Payment to the Provider by NHS England will be made monthly on receipt of fully completed claims (NB: an automated claim system will be operated via SONAR for this).
- NHS England shall notify the Provider as soon as practicable if it considers a claim submitted by the Provider is incorrect or that the stated services have not been

provided in accordance with this Agreement and in such circumstances NHS England and Improvement shall be permitted to withhold any payment, subject to the outcome of any dispute resolution, due where there has been:

- A breach of the agreement
- A cessation of the service
- A shortfall or deficiency in service provision
- NHS England has the right to claim back any overpayments where it is demonstrated that the Provider was not entitled to those payments.
- The Provider will be paid a fee for each vaccination administered See the fee structure below.
- The Provider will be reimbursed the cost of the vaccine at the list price (Drug Tariff). An allowance at the applicable VAT rate will also be paid.

Fee structure

The funding for the National Community Pharmacy Advanced Influenza Service and Local Enhanced London Vaccination (Flu component) service **are different** – see below:

Pharmacy contractors will receive remuneration of £8.08 per administered dose plus an additional fee of £1.50 per vaccination to recognise expenses incurred by the pharmacy in providing this service. This is a total of £9.58 per administered and reporting.

Additionally, in recognition of the added work involved in managing the bookings via <u>www.londonflu.co.uk</u> and targeting the particular groups for focus in London, namely the unregistered, homeless, asylum seekers, documented and undocumented migrants, patients with mental health and learning disabilities, an addition of 48p per vaccination will be payable on ALL vaccinations covered by the London service.

In total pharmacies will receive £10.06 per administered dose of vaccination (seasonal Flu and PPV) as well as reimbursement of vaccine costs (as in the Drug Tariff https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/drug-tariff) with the added element for VAT. Fees for co-administered vaccines will also be at the same rate.

Payments for all vaccinations via the Local Pharmacy Seasonal Influenza Vaccination Service will be paid via NHSBSA under Local Service 6.

Appendix A: NHS Pharmacy Seasonal Influenza Vaccination Service - Notification of administration of flu vaccination to Patient's GP Practice

To (GP practice name)							
Patient name							
Address							
Patient DOB	NHS number (where known)						
	stered seasonal influenza on:						
/ /							
	ds are complete, record this as: In by other healthcare provider. 000108						
Eligible patient group (please only tick one box. To indicate the	□ Homeless						
reason the patient was initially identified as	□ Those with learning disabilities						
being eligible)							
	□ Asylum Seekers, Documented Migrants, Undocumented Migrants						
	□ Gypsy, Roma and Traveller communities						
	□ Sex Workers						
	\Box Those experiencing mental health issues.						
	□ Victims of modern slavery						
	□ Those experiencing drug and alcohol dependencies.						

\Box Any other health inclusion group based on local need.
□ Frontline Health Care Workers.
Trust/Organisation Name:
ny adverse reactions to the vaccination and action taken/recommended to manage the
T

Appendix B: NHS Flu Vaccination Service – Record Form

* indicates sections that must be completed

Patient's details																	
First name*						1											
Surname*						1											
Address*						1											
Postcode								<u> </u>	1		<u> </u>	1	1	 <u> </u>	LL		
Telephone																	
Date of birth*				NHS No.													
GP Practice*																	
Patient's emergency contact																	
Name																	
Telephone																	
Relationship to patient																	
Any allergies																	
Eligible patient group*																	
	 Those with learning disabilities Those within detained estates or in contact with justice 																
	systems									C							
	Asylum Seekers, Documented Migrants,																
	Undocumented Migrants																
	 □ Gypsy, Roma and Traveller communities □ Sex Workers 																
	☐ Those experiencing mental health issues.																
	□ Victims of modern slavery																
	□ Those experiencing drug and alcohol dependencies.																
	□ Any other health inclusion group based on local need.										.						
	Hospital Trust staff / Health Care Workers																
	Trust Name:																

*Please check section 2.2 for further clarification of the eligible patient group described in Appendix B

Appendix C: Eligibility for Health Inclusion Groups

To support and enable access amongst those who are most at risk and experience inequalities, the flu vaccine will be free for all patients within health inclusion groups. This is in line with both PHE guidance, existing protocols for the COVID evergreen offer and our own MECC (Make Every Contact Count) initiative.

Inclusion health groups are those who are socially excluded, typically experience multiple overlapping risk factors for poor health, experience stigma and discrimination and not consistently accounted for in electronic records – including, but not limited to, the below:

- Those experiencing homelessness.
- Gypsy, Roma and Traveller communities.
- Sex Workers.
- Those with learning disabilities.
- Those experiencing mental health issues.
- Those within detained estates or in contact with justice systems.
- Vulnerable migrants.
- Asylum Seekers.
- Victims of modern slavery.
- Those experiencing drug and alcohol dependencies.
- Any other health inclusion group based on local need.

Ref: https://www.gov.uk/government/publications/inclusion-health-applying-all-our-health

It is important to recognise that clinical vulnerability and barriers to access apply to all health inclusion groups. A universal offer for these groups will avoid administrative barriers, challenges with delivery within larger settings and overcome any lack of medical records.

Clinical judgement will need to be employed with individual patients to determine underlying health conditions and risk levels. General principles can be found here: <u>Vaccination of individuals with uncertain or incomplete immunisation status - GOV.UK (www.gov.uk)</u>

Delivery to those at higher risk and / or in congregate settings is of particular importance.