

NHS England and NHS Improvement

Skipton House
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To: GPs in England, regional directors of
primary care and public health and CCGs

10 March 2021

Dear colleagues,

Update on vaccination and immunisation changes for 2021/22

We are writing to confirm the changes to the provision of routine vaccination and immunisation in general practice from 1 April 2021. These were first set out in February 2020's *Update to the GP contract agreement 2020/21-2023/24* as part of a two-year transition to the new requirements

From 1 April:

- The provision of vaccination and immunisation services will become an essential service for all routine NHS-funded vaccinations with two exceptions: childhood and adult seasonal influenza, which will continue as enhanced services, and COVID-19 vaccination.
- Five core contractual standards will be introduced to underpin the delivery of immunisation services. These are described in more detail in Annex A and include:
 - a named lead for vaccination service
 - provision of sufficient convenient appointments
 - standards for call/recall programmes and opportunistic vaccination offers
 - participation in national agreed catch-up campaigns
 - standards for record keeping and reporting.
- A single item of service fee will be fully implemented for all doses delivered in vaccination programmes funded through the GMS contract, including where additional doses are required to meet clinical need and where children are vaccinated outside the routine schedule. These programmes are listed in Annex B together with definitions of the eligible patient cohorts and call/recall requirements. All vaccine and immunisation programmes will be supported with an automated data extraction and monthly payment via CQRS from May/June 2021, with the exception of HPV which will remain a manual service for 21/22.

- The Childhood Immunisation Target DES will be retired on 31 March 2021 and a new vaccination and immunisation domain in the Quality and Outcomes Framework (QOF) introduced for 2021/22. The vaccination and immunisation indicators in this domain were referenced in our letter of [21 January 2021](#).

Commissioners should continue to ensure that all practices take up vaccination and immunisation services on CQRS, to ensure accurate and timely payment. NHS Digital will publish a full list of the extraction criteria and eligible codes for payment purposes. All payment details will be included in the Statement of Financial Entitlements from 1 April 2021 and we will no longer issue service specifications with the exception of those for seasonal influenza. Annex B provides detail of the vaccines included in the GMS contract that attract an item of service payment and the eligibility criteria for vaccination. Please refer to [The Green Book](#) for clinical advice and vaccine detail.

Completion of the reforms outlined above will support practices to maintain their immunisation standards and reduce the administrative burden associated with vaccination and immunisation payment claims.

Thank you for your continued hard work to maintain these key services during the pandemic.

Yours sincerely,



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Annex A: Guidance on the new core standards

From 1 April 2021 we are introducing five core standards to support the delivery and organisation of vaccination and immunisation services. We recognise that most practices are already working to these and do not need to take further action. This guidance helps practices that are not already meeting these standards understand what they now need to do. The requirements of the five new core standards are detailed below.

A named lead for vaccination services

Each practice is required to identify a named lead for vaccination and immunisation services. The lead does not necessarily need to be a clinician although for many practices this is likely to be preferred. If the named lead is not a clinician, then they must work alongside and be supported by a clinician to ensure that the core standards are met.

The role of the named lead will be to:

- take responsibility for the oversight of these services, including that the core standards are being met and that opportunities for vaccination are maximised within the practice
- work closely with others within and without the practice, including the primary care network (PCN), NHS England public health commissioning, Child Health Information Services (CHIS), school-aged vaccination services and local authority public health colleagues (who work with health visitor and school nursing teams), to understand current performance and where this can be improved, if required.

Provision of appointments

Practices should ensure the availability of sufficiently trained staff and convenient, timely appointments to cover 100% of their eligible population. Practices can collaborate across their PCN to achieve vaccination coverage. However, practices must ensure that appointments are acceptable and convenient to their practice population.

Appointments should be available at a range of times across the week, including during extended hours and extended access appointments in evenings and weekends, to provide maximum flexibility for working adults and parents. Any appointment time lost to non-attendance should be repurposed to proactive follow-up.

Practices should ensure that patients can book appointments for vaccination and immunisations online as these services develop. Practices should work towards integrating online bookings with other digital developments such as the eRed Book and the NHSApp.

Call/recall and opportunistic offer standards

Practices should ensure that their call/recall and opportunistic offers of vaccination are made in line with the agreed national standards detailed below. As a minimum all patients should be proactively offered all routine vaccinations as they become eligible, unless otherwise specified. Each programme's offer requirements are detailed in Annex B.

Initial call requirements

The patient should be sent the initial call or invitation just before or as they become eligible for the programme. This invitation could be made using various channels, including a personalised letter, telephone call or text, but ideally using the patient's preferred method of communication where this is known. We expect all practices to move towards text-based reminders as the required infrastructure becomes available.

For children, this initial contact should normally provide a pre-booked appointment slot.

As a minimum for both adults and children this invitation should include information on how to book an appointment. Where the invitation includes a pre-booked appointment slot, it should include information on how to change this if it is unsuitable.

Recall requirements

A call/recall programme is one that supplements the initial invitation with follow-up activity in the case of non-response. Patients who do not respond to the initial invitation should be recalled on a minimum of two separate additional occasions as needed to ensure vaccination. In most cases, recall activity should continue beyond three contacts until vaccination had been completed – especially for routine childhood immunisations – to ensure maximum individual and population protection.

Where the patient does not attend an offered appointment or does not respond to the invitation to book an appointment, a further invitation should be issued. Practices should have protocols in place to ensure timely follow-up of these patients. Patients should be contacted to confirm receipt of this second invitation.

Where the patient does not respond to the second invitation, a healthcare professional should make a third contact: either a face-to-face or a telephone conversation. Public Health England (PHE) has designed [resources](#) to aid these discussions and to support informed patient choice and improved uptake.

Patients who remain unvaccinated following this third contact should be flagged on the GP record as unimmunised, to maximise opportunities for opportunistic vaccination. In the case of children, practices should ensure that the local CHIS and

school-age immunisation teams are notified of those who remain unvaccinated, to enable follow-up where this is practicable within current systems.

Role of the Childhood Health Information Services (CHIS)

In most areas, parents will be informed of their child's eligibility for the routine childhood immunisations by their local CHIS.

Some local CHIS arrangements include management of both call and recall and offering appointments. Where the local CHIS does not operate the call/recall requirements described above, it will be the practice's responsibility to have safe and effective systems in place to ensure that all children are offered a minimum of three invitations for vaccination.

Opportunistic delivery

Opportunistic vaccine delivery will remain an important delivery mechanism irrespective of whether a programme is designated as call/recall, especially for those programmes where primary responsibility for delivery sits outside the practice, such as HPV vaccination.

Opportunistic vaccine delivery will be triggered by:

- a patient requesting vaccination for which they are eligible and have not received; or
- the practice's identification of gaps in the patient's vaccination record when they present for an unrelated issue, or at other key points such as new patient registration.

In these circumstances, the practice should offer to vaccinate the patient during this appointment unless there are clinical reasons not to do so. If vaccination is not possible during this appointment, then a specific appointment for vaccination should be offered before the patient leaves the practice.

Participation in national agreed catch-up campaigns

Catch-up campaigns are time-limited programmes aimed at an unvaccinated cohort of eligible patients. Participation in any agreed catch-up campaigns will become a core requirement for practices, with funding provided through global sum.

Where a catch-up campaign focuses on a vaccine that accrues an item of service payment, then this will be payable against each vaccine delivered as part of the catch-up campaign.

The agreed 2020/21 MMR catch-up campaign is a continuation of that in 2019/20 for children aged 10 and 11 years. Each vaccination delivered as a result of this catch-up activity will accrue an item of service fee of £10.06.

The requirements for this catch-up campaign remain unchanged from 2019: to demonstrate that they are implementing this catch-up campaign practices will be required to:

- Check patient paper/electronic records (Electronic Patient Record) and if necessary correct computerised record.
- Confirm that the patient is still in the area – if they are not, remove them from the list and inform the local CHIS.
- Actively invite all those missing one or both doses of MMR to have the MMR vaccine at a vaccination clinic held in the practice or to book an appointment – priority should be given to patients missing both doses as this is where most clinical value/value for money is gained.
- NHS England expects as a minimum three invitations per patient, which aligns with the standard described above, and a record of practice activity to be sent to local teams.
 - First invitation can simply offer an appointment.
 - Second invitation – offer an appointment, confirm receipt and/or check if the parent/guardian already has a record of vaccination, e.g. in the Personal Child Health Record.
 - Third contact should be a practice healthcare professional discussion with the parent or guardian, either face-to-face or via telephone – with the expectation that all participating staff are adequately trained. Practices to make use of the PHE [resources](#) in call/recall discussions to support informed choice and improved uptake and coverage. At this point also check for any other missing childhood immunisations and offer these.
- Ensure that parents/guardians of patients who need a second dose are invited and attend for the second dose (three invitations).
- Continue to follow-up, recall and update computerised records for patients who do not respond or fail to attend scheduled clinics or appointments, and offer opportunistically as and when.
- If there is no response is achieved by following the process outlined above, practices to notify school nursing service to follow-up/offer at school.
- Inform local team of outcome.

Standards for record keeping and reporting

Practices must adhere to the standards for recording vaccine delivery for contract monitoring and payment purposes.

Practices must ensure that the following records are kept:

- any refusal of immunisation
- where an offer of immunisation is accepted:
 - details of the informed consent to the immunisation
 - the batch number, expiry date and name of the vaccine
 - the date of administration
 - when two or more vaccines are administered in close succession, the route of administration and injection site of each vaccine
- any contraindication to the vaccine or immunisation
- any adverse reaction to vaccination or immunisation.

Practices are required to use the nationally specified SNOMED codes to record this activity and to return performance data to PHE and any successor organisation. SNOMED codes can be found on the [NHS Digital website](#).

Annex B: Vaccination programmes which attract an item of service fee and details of eligibility criteria

From April 2021, all routine vaccine and immunisations for children and adults will be classed as Essential Services. GP practices will be required to provide vaccinations and immunisations to all eligible patients or target groups of the type and in the circumstances, as set out in the tables below. These vaccinations are eligible for an appropriate item of service payment under the GMS Contract. The tables outlined within the vaccination and immunisation guidance include:

- Childhood immunisation schedules - All children starting the immunisation programme at 8 weeks will follow the childhood immunisation schedule and be offered immunisations routinely as outlined in table 1. GP practices should strive to vaccinate any children with interrupted, incomplete or 'unknown' immunisation status where possible.
- Adult Routine Immunisation Schedule - All adults routine immunisations programmes should be offered routinely to those cohorts of patients as outlined in Table 2.
- Other vaccination programmes – the immunisations programmes outlined in Table 3 should be offered routinely to those cohorts of patients.

NHS England will continue to issue Enhanced Service Specifications for childhood and adults Seasonal Influenza programmes so these are excluded from the tables below.

Table 1. Childhood Immunisations

Vaccination and Immunisation Programmes	Age Eligibility	Type of offer
<p>GP practices are required to provide the following diphtheria containing vaccine and immunisation programmes in line with the routine childhood immunisation schedules:</p> <ul style="list-style-type: none"> • 6 in 1 vaccine Diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type b (Hib) and hepatitis B (DtaP/IPV/Hib/HepB) 	<p>8 weeks 12 weeks; and 16 weeks</p>	<p>Call / recall</p>

Vaccination and Immunisation Programmes	Age Eligibility	Type of offer
<ul style="list-style-type: none"> • Diphtheria, tetanus, pertussis and polio • Tetanus, diphtheria and polio – This is predominantly given via the school’s programme. An item of service fee will only be applicable if this has not been given in school and is administered by the GP practice. 	<p>3 years 4 months old or soon after</p> <p>Boys and girls aged twelve to thirteen years (only attracts an IoS payment if not given in school)</p>	<p>Call / recall</p> <p>Opportunistic or if requested</p>
<p>Meningococcal group b (MenB)</p> <p>GP practices are required to provide to each child registered with the practice a Men B vaccination in line with the childhood immunisation schedule as outlined opposite on a proactive call / recall basis.</p>	<p>8 weeks;</p> <p>16 weeks; and</p> <p>1 year old</p> <p>(on or after the child’s first birthday)</p>	<p>Call/recall</p>
<p>Rotavirus gastroenteritis</p> <p>GP practices are required to provide to each child registered with the practice the rotavirus vaccine in line with the childhood immunisation schedule.</p> <p>Where the vaccine status of the child is unknown and unable to receive the first dose before the age of 15 weeks no vaccine should be given.</p>	<p>8 weeks;</p> <p>12 weeks</p>	<p>Call/recall</p>

Vaccination and Immunisation Programmes	Age Eligibility	Type of offer
<p>Pneumococcal (13 serotypes)</p> <p>GP practices are required as part of the childhood immunisation schedule and in non-routine cases to provide PCV vaccinations to eligible registered patients. This is a two-dose schedule.</p> <p>Children who are severely immunocompromised or have complement deficiency, asplenia or splenic dysfunction must receive the PVS and Hib/MenC as follows:</p>	<p>12 weeks</p> <p>1 year old (on or after child's first birthday)</p> <p>Infants under 1 year old</p> <p>PCV first set of doses (2 injections 8 weeks apart)</p> <p>1 year old</p> <p>PCV second set of doses (2 injections 8 weeks apart)</p>	<p>Call/recall</p>
<p>Haemophilus B and Meningitis C booster</p>	<p>1 year old</p> <p>(on or after the child's first birthday)</p>	<p>Call/recall</p>
<p>Measles, Mumps and Rubella (MMR)</p> <p>GP practices are required to vaccinate all registered patient who are eligible regardless of their age and who have not previously received a completed course of the vaccination.</p>	<p>1 year old</p> <p>(on or after the child's first birthday;</p> <p>3 years 4 months old or soon after (check that the first dose has been given)</p>	<p>Call/recall</p> <p>Call/recall</p>

Vaccination and Immunisation Programmes	Age Eligibility	Type of offer
<p>GP practices should administer the MMR vaccine in line with the requirements set out below:</p> <ul style="list-style-type: none"> • under the age of 6 as set out in the Routine Immunisation Schedule with additional doses to be given where clinically indicated(a);1 • aged 6 and over for those who have not received a completed course of the vaccination where clinically indicated; or • aged 6 and over for those with an unknown or incomplete vaccination history where clinically indicated 	<p>10-11 year olds catch-up</p> <p>Aged 6 years and over</p>	<p>Opportunistic or if requested</p>
<p>Human papillomavirus (HPV)</p> <p>GP practices are required to provide (HPV) vaccinations to adolescent girls and boys who have attained the age of 14 years but who have not attained the age of 25 years who have missed vaccination under the schools programme.</p> <p>An item of service fee will only be applicable for those vaccinations administered by the GP practice.</p>	<p>Boys and girls aged between 14 and 25 years who have not been vaccinated under the schools' programme</p>	<p>Opportunistic or if requested</p>
<p>Meningococcal A.C.W.Y (MenACWY)</p> <p>GP practices are required to provide MenACWY vaccinations to those who have attained the age of 14 years but who have not attained the age of 25 years. This includes those patients who may have</p>	<p>Those aged between 14 and 25 years who have not been vaccinated under the schools' programme</p>	<p>Opportunistic or if requested</p>

(a) Further guidance can be found in the Green Book: <https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>

Vaccination and Immunisation Programmes	Age Eligibility	Type of offer
missed the school programme (14<25) and those (19<25 years) who are attending University for the first time.		

Details of the wider Public Health England’s published routine childhood immunisation schedule are available at <https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule>

All adults routine vaccines and immunisations should be offered routinely to all eligible cohorts of patients outlined in Table 2 below.

Table 2: Adult routine immunisations

Vaccination and Immunisation Programme	Age Eligibility	Type of offer
<p>Pneumococcal Polysaccharide Vaccine (PPV)</p> <p>GP practices are required to offer pneumococcal polysaccharide vaccination to all eligible patients registered at the GP practice; unless contra-indicated and is usually a single dose of vaccine.</p> <p>Booster doses may be required at five yearly intervals for individuals with no spleen, splenic dysfunction or chronic renal disease (as per Green Book).</p>	<p>65 years old</p> <p>2-64 years in defined clinical risk groups (see Green Book)</p>	<p>Proactive call and recall if in a defined clinical risk group.</p> <p>Proactive call at 65 years old if not in a defined clinical risk group, opportunistic offer or if requested thereafter.</p>

<p>Shingles routine and catch-up programme</p> <p>GP practices are required to provide shingles vaccinations to all eligible registered patients who are 70 years of age but not yet attained the age of 80 years.</p> <p>A new vaccine is expected to be made available during 2021/22 which will enable vaccination of those who are unsuitable for vaccination with Shingrix due to being immunocompromised. Practices will be able to administer this under the GMS contract as it becomes available.</p>	<p>70 years old</p>	<p>Call at 70 years old, opportunistic or if requested until aged 80 years.</p>
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The following selective immunisations programmes should be offered by GP practices as part of the GMS contract to all eligible patients as outlined in Table 3 below. These are existing immunisation programmes that are eligible for an item of service fee.

Table 3: Selective immunisations

Vaccination and Immunisation Programme	Age Eligibility	Type of offer
<p>Babies born to hepatitis B infected mothers:</p> <p>GP practices are required to vaccinate those babies born to mothers who have Hepatitis B. Vaccination should commence as soon as possible after birth. If the baby has not already been vaccinated immediately after the birth by the hospital GP practices should administer the vaccine. GP practices need to ensure that the results of baby's blood test to ascertain the existence of Hepatitis B infection is recorded in the baby's patient record.</p>	<p>At birth (normally administered by hospital)</p> <p>At four weeks old</p> <p>At 12 months old</p>	<p>Call/recall</p>
<p>Pertussis in pregnancy</p> <p>The optimal time for pertussis vaccination is from 16 weeks pregnancy, or soon after, to maximise transplacental transfer of antibodies to the unborn child.</p> <p>GP practices are required to offer vaccination to pregnant women who reach or are already at the 16th week of their pregnancy at the time of vaccination.</p> <p>Offer of vaccination can also be between 16 to 32 weeks of pregnancy, ideally between 20 and 32 weeks. However, women who miss vaccination and are beyond week 32 of pregnancy should still be offered immunisation.</p>	<p>Pregnant women from 16 weeks</p>	<p>Opportunistic or if requested</p>

It is important for all women to be offered the pertussis vaccine during each pregnancy.		
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Vaccination and immunisations further requirements

Payments

As of 1 April 2021, practices will be eligible to claim an item of service payment for all doses of all listed vaccines, even when multiple vaccines are administered in a single appointment. GP practices will only be eligible for the item of service payment where all requirements as set out in the Statement of Financial Entitlement (SFE) have been met. Practices need to be signed up to CQRS to enable calculation of the monthly item of service payments. Practices are advised that to ensure they receive payment, particular attention should be paid to the payment and validation terms and that they are using the correct clinical codes.

Practices are required to submit claims within 6 months of administering the vaccination.

Where a vaccine is centrally supplied, no claim for reimbursement of the vaccine costs or personal administration fee apply.

Ordering and administration of vaccine

GP practices should ensure all vaccine ordering is conducted in line with national guidance and adhere to any limits on stock to be held at any one time.

All vaccination provided by GP practices must be with the appropriate vaccine using the correct dosage as clinically appropriate.

All healthcare professionals involved in administration of vaccines must have the necessary skills and training, including the treatment of anaphylaxis and have referred to current clinical guidance.

Where a patient has indicated they wish to receive the vaccination but are physically unable to attend the practice the practice must make all reasonable efforts to ensure the patient is vaccinated.

The latest information and guidance on vaccines and vaccine procedures for all the vaccines including completing the schedule of vaccines can be found in “The Green Book” <https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>