

How to boost uptake of childhood seasonal flu vaccinations

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This enhanced service provides seasonal flu vaccine to pre-school pupils using the nasal vaccine.

The target group comprises about 5% of an average practice and 100% coverage would be worth around £2,500 a year to a 5,000-patient practice.

Key points

- Make sure plenty of appointments are available at times that suit parents, such as shortly after school drop-off for those with older children.
- Ensure all notes are tagged 'needs seasonal flu' and all clinicians are aware.
- For payment, the practice must be signed up as delivering the service or 'accepting a quality service' on CQRS.

This service has two main purposes: to protect vulnerable young children against contracting the flu; and to reduce transmission to people who are at risk. The vaccine is delivered through a nasal spray.

It requires a proactive call system for the large majority of children who are not at particularly high risk from complications of flu, and a call and recall system for any child who has a health condition that makes them 'at risk'. (This includes heart, lung, liver, neurological and immune diseases, diabetes, CSF leaks and cochlear implants.)

Patients must be under the age of four on 31 August but, as the delivery period runs from 1 September to 31 March, some will have their fourth birthdays before receiving the vaccine.

The 2018/19 service specification states specifically:

- Eligible patients are those who: i) are registered patients, ii) aged two and three (but not aged less than two or aged four or over on 31 August 2018 ie born on or after 1 September 2014 and on or before 31 August 2016).
- Patients should be vaccinated on either: i) a proactive call basis, if not considered at risk, or ii) a proactive call and recall basis, if considered at risk.
- 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 as per the Green Book.

The specification advises that you should aim to complete routine immunisations by the end of November. If flu circulates in the community after that, clinicians are expected to use their own judgment about the needs of individual patients.

The specification states:

- Vaccination must be delivered during the period of this enhanced service, namely between 1 September 2018 and 31 March 2019, with vaccinations concentrated between 1 September and 30 November 2018.

The vaccine information recommends two doses, four weeks apart, but there is little evidence of any additional benefit from the second dose. However, it is recommended that children should be given the second dose if they are at risk because of an underlying condition, such as asthma or diabetes.

The specification states:

- Vaccination must be with the appropriate vaccine and dosage: practices should ensure that the correct dosage is administered as clinically appropriate. Where two doses are required a failure to provide both may render vaccination less effective.
- Conversely, where only one vaccination is clinically appropriate, payment will not be made for a second dose within the period 1 September 2018 to 31 March 2019.

The value to practices

The item of service fee is £10.06* per vaccination and the vaccine can be ordered free via ImmForm. Please note, this portal link works only in Google Chrome or Internet Explorer, as ImmForm only supports these two browsers.

*From April 2019 the IoS fee increased to £10.06 to bring them in line with all vaccinations and immunisations.

How to claim and ensure payment

Your practice must be signed up as delivering the service or 'accepting a quality service' on CQRS (Calculating Quality Reporting System) in order for payments to be made. The data are extracted via GPES (General Practice Extraction Service) run by NHS Digital.

You must enter the correct READ codes to trigger payment. These are:

- Administration of first intranasal seasonal flu vaccine 65ED1.
- Administration of second intranasal seasonal flu vaccine 65ED3.

Payments are made monthly, after the final, completing dose. For manual claims, the cut-off point is 12 days after the end of the month in which the final dose was administered. For automated data collection, the deadline is five days after the end of the month.

Check the Open Exeter statement every month to ensure all the claims made correspond with monies and make sure that any errors are chased up swiftly. Any problems should be addressed initially with the commissioner (which is the CCG if operating delegated co-commissioning, or NHS England otherwise). CQRS and GPES errors can also be pursued via NHS Digital.

How to maximise coverage

- Search for all children born between 1 September and 31 August in the corresponding years and send them an invitation (for instance 1 September 2014 – 31 August 2016, for immunisation in 2018). Repeat this search in November and invite non-attenders a second time.
- Make sure plenty of appointments are available at times that suit parents, such as shortly after school drop-off for those who have other children. Promote the service with posters in the waiting room, as well as the practice website and newsletter.
- Ensure all clinicians are aware and that notes are tagged as 'needs seasonal flu' as this group are frequent attenders and many may be picked up opportunistically.

Guide URL:

<http://preview.pulse-intelligence.co.uk/guide/enhanced-service-childhood-seasonal-flu/>