

Maximise Hep B vaccination uptake in at-risk babies

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This is an additional service with the specification detailed in the Statement of Financial Entitlements (SFE). It is a service that supports the work done by our obstetric colleagues in identifying neonates at risk of hepatitis B based on the status of their mothers. It does not require a call and recall system.

The average practice will only have a small number of patients eligible for this service and it may bring less than £100 a year into a 5,000-patient practice.

Key points

- Check discharge summaries to ensure any new neonate needing vaccination is flagged.
- Be proactive in contacting the mother and health visitors.
- Make sure blood tests are completed with final dose – order testing kit in advance if needed.

This programme was introduced in 2014. It has been shown that infection can be prevented in 90% of babies born to hepatitis B-infected mothers.

Mothers are screened during pregnancy to identify those who are at risk of transmitting hepatitis B. Babies born to these mothers will receive the first dose of hepatitis B vaccine within 24 hours of birth, usually in the delivery suite.

General practice is responsible for the following two extra hepatitis B vaccine doses, given at one month and 12 months. (These are on top of three hepatitis B doses now provided in the six-in-1 vaccine to all infants in the routine immunisation schedule, at eight, 12 and 16 weeks.)

The final extra dose for high-risk babies given at one year can be coupled with other vaccinations.

Importantly, serological testing is required at the same time as the 12-month dose. This can be done at a local phlebotomy provider or at the practice, but there is a risk of non-attendance. Alternatively, local screening and vaccination teams (or Colindale public health laboratory) can provide kits for testing in practice. Practices must update the patient record with the blood test results, refer to paediatrics as necessary and notify parents/guardians, to verify payment for the third vaccination.

What it is worth to practices

The item of service fee is £10.06 per vaccination and this is covered in the Statement of Financial Entitlements (SFE). The vaccine can be ordered through ImmForm (the link only works in Internet Explorer) at no cost to the practice. There is no specific sign-up to participate.

How to claim and ensure payment

Practices 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. Data are extracted via the GPES (General Practice Extraction Service) run by NHS Digital. Vaccine costs are reimbursed through the FP34 appendix form, as personally administered items. There have been supply chain problems with hepatitis B vaccine, so planning ahead may be needed.

Entering the Read codes at the time of vaccination will ensure payment is triggered through GPES. Read codes that can be used are as follows – note the first would rarely if ever be used by GP practices:

- 1st dose 65F10 (use irrespective of age at delivery).
- 2nd dose 65F20.
- 3rd dose 65F30.

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

How to maximise coverage

For most practices this will be an occasional yet vital occurrence, and the practice systems must not allow an at-risk neonate to miss a follow-up. To do this:

- Ensure delivery discharge summaries are read on receipt and any neonate requiring vaccination is flagged on the computer with an alert.
- Contact the mother and encourage registration of the baby at an early juncture.
- Book the first vaccination at registration and if the baby 'does not attend' (DNA) you should inform the health visitor responsible straight away and make active attempts to contact the mother.
- Ensure the notes are flagged to make sure in a busy baby clinic the four-week and one-year doses are not missed. Again, actively chase in the event of DNA.
- Ensure the testing kit has been ordered in advance of the one-year appointment.
- Make one member of staff responsible for tracking these at-risk babies through the national vaccination schedule. This could be a nurse or a senior member of the admin team.

Guide URL:

<http://preview.pulse-intelligence.co.uk/guide/enhanced-service-hep-b-vaccination-for-at-risk-babies/>

