

Maximise your childhood immunisation payments

Payment for this service is covered in the additional services section of the Statement of Financial Entitlements (SFE) Directions. There is no requirement for GP practices to have a call and recall system in place. Child health systems run by public health create a call and recall system that GPs are not responsible for.

Payment is according to a formula and is based on a 70% or 90% achievement for two and five year olds. A practice of 5,000 patients with 90% achievement can generate around £10,000 of income a year from this service.

Key points

- This is an important part of our national disease prevention programme
- Failing to present for routine vaccinations should raise alarm that a child may be at risk
- This is a complex service and clinics need to be run with care to avoid errors
- The premium for attaining the higher 90% payment is substantial, so the higher achievement is worth striving for.

Value to practices

The large majority of practices undertake childhood immunisations; practices that opt out have 1% of the global sum deducted.

The arrangements are set out in [the GMS SFE Directions](#)¹; payment is triggered at 70% and 90% of target cohort coverage. The average practice of 5,000 patients is assumed to have 63 two year olds and 58 five year olds and this is the denominator used to calculate the payment.

For two year olds, where A is the number of children immunised:

- 70% payment is $A/63 \times 722.61$
- 90% payment is $A/63 \times 2,167.82$

And for five year olds (defined as not yet reached their 6th birthday):

- 70% payment is $A/58 \times 223.82$
- 90% payment is $A/58 \times 671.48$

These payments apply to three vaccination schedules for infants: the multi-dose vaccine containing Diphtheria, tetanus, pertussis, polio, *Haemophilus influenzae* type b (Hib) and hepatitis B; the measles, mumps and rubella vaccine; and the Meningococcal C vaccine².

NB The targets do not cover the Meningococcal B, pneumococcal or rotavirus vaccinations that also form part of the routine infant immunisation schedule. Each one comes under a separate payment mechanism. Payments are made quarterly and are based on the number of children meeting the age criteria on the first day of the quarter, and the service achievement on the last day of the quarter.

How to claim and ensure payment

This is paid quarterly via the Open Exeter system, six months in arrears. It requires practice staff to carefully enter data in the clinic templates provided by IT systems to ensure the codes to trigger payments are entered.

Practice managers should be checking the statement to ensure the figures add up. The formula is difficult to understand and it is easy for mistakes to be made. Non-payment due to admin error should be reported to CCGs who can authorise retrospective payments.

How to maximise coverage

- These infants are possibly one of the easiest groups to find. We are notified of their births and we have health visitors with an interest in child protection and development who will help to target this group.
- Remind pregnant women of the vaccines their children will need. Lots of leaflets are available.
- Remind mothers when they attend for their own post-natal checks or appointments.
- Consider sending congratulations cards to new parents with information about your baby clinic and possibly with an appointment date and time to fit their age.
- Advertise the service on the web site and via waiting room noticeboards.

References

1. NHS General Medical Services Statement of Financial Entitlements Directions 2013. [Section 11 Childhood Immunisations](#).
2. NHS General Medical Services Statement of Financial Entitlements (Amendment) Directions 2018. [Amendment of Annex I](#).

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Guide URL:

<http://preview.pulse-intelligence.co.uk/guide/achieve-your-childhood-immunisation-target-payments/>