

# Maximising vaccination income: Meningococcal B for infants

*This service requires GPs to deliver meningococcal B immunisation as part of the routine childhood immunisation schedule. This is covered in the additional services section of the GMS contract.*

*There is no need for a call and recall system. Using the 2017 UK birth rate estimates, a practice of 5,000 patients will have approximately 60 births per annum and complete coverage would provide an income of around £1,800 each year.*

## Key points

- Many parents are aware of meningitis and this encourages take-up
- Practices must be signed up as delivering the service or accepting a quality service on CQRS (Calculating Quality Reporting System)
- Aim to deliver the vaccine alongside routine childhood immunisations
- Search for children aged 18 months who have not had the vaccine and invite them in for the catch-up programme before their second birthday

This [vaccination](#) was introduced into the routine immunisation schedule in 2015. Meningitis B is responsible for 90% of meningococcal infections in the UK and has a mortality of about 10%. The peak incidence is at five months of age.

The primary course should be given at eight and then 16 weeks of age, with a booster at one year. However, the programme allows for catch-up in children with incomplete (or uncertain) vaccinations, who can be vaccinated on an opportunistic basis up to their second birthday.

Details on administration and payment for the Meningococcal B infant vaccination programme are given in the GMS Statement of Financial Entitlement Directions.<sup>1</sup>

## What it is worth to practices

The fee for administration is £10.06 per dose. The vaccine can be ordered through ImmForm at no cost to the practice. This [portal link](#) only works in Internet Explorer.

Assuming 60 births per annum for a typical 5,000-patient practice, maximum coverage with the full course of three doses could potentially earn the practice £1,800 a year.

## How to claim and ensure payment

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

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). CQRS and GPES errors can also be pursued via NHS Digital.

### How to maximise coverage

- Ensure all newborn babies are registered at an early juncture and are booked in for their first immunisations at eight weeks of age
- This is given at the same time as the routine immunisation schedule vaccines at eight and 16 weeks. The booster can also be given with the routine one-year vaccines. Make sure it is not missed.
- Promote the vaccine via posters in the waiting room and on your website. Many parents are aware of and fear meningitis and this tends to encourage take up.
- Search for children aged 18 months who have not had the vaccine and invite them in for the catch-up programme before their second birthday.
- Inform the health visitor of non-attenders.
- Ensure the practice has one member of staff who tracks the children through this service. This could be a nurse or a senior administrator.

### Reference

1. Section 14E. Meningococcal B (infant) vaccination programme. [NHS General Medical Services Statement of Financial Entitlements \(Amendment\) Directions 2018](#).

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Guide URL:

<http://preview.pulse-intelligence.co.uk/guide/maximising-vaccination-income-meningococcal-b-for-infants/>