

**UNSCHEDULED VACCINATION  
OF  
CHILDREN AND YOUNG PEOPLE  
WHO HAVE OUTSTANDING  
ROUTINE IMMUNISATIONS**

**Service Specification**

**(Issued June 2019)**

# National Enhanced Service Specification For The Unscheduled Vaccination Of Children And Young People Who Have Outstanding Routine Immunisations

## Introduction

1. This specification is directed at GP practices delivering vaccination and immunisation services in Wales.
2. This specification has been agreed between the Welsh Government and General Practitioners Committee (Wales) (GPC(W)) of the British Medical Association (BMA). The service requirements are included at Annex A.

## Background

3. The Joint Committee on Vaccination and Immunisation (JCVI) recommends a number of vaccinations for children and young people. In Wales, these are delivered through primary care and school based immunisation programmes.
4. This specification details the process for the vaccination of those children and young people who are not routinely reached by these programmes. These include those who:
  - a. Have not been immunised routinely at the time when first called or recalled for vaccinations because of previous declined consent, exclusion or due to illness and/or absence.
  - b. Do not have access to school based programmes or live in a health board area where school based programmes do not operate.<sup>1</sup>
  - c. Have moved into the practice after the age when they would have been routinely offered vaccination as part of a school based programme.

---

<sup>1</sup> For example, children who live in and are registered with a practice in one area but attend school in another area which does not provide vaccination in school.

## Patient cohort

5. Only the vaccinations detailed at Annex B are covered by this specification.
6. Where the vaccinations are offered in practices, and not in schools, practices are expected to maximise uptake through call and recall at the time of the initial offer as part of their existing GMS contract with the health board. This NES will only apply to those who later remain unimmunised as set out in Annex B.
7. A practice is not required to call patients for immunisation unless commissioned to do so by a health board under separate arrangements. In health boards where a vaccination is offered as part of a school based programme, a practice choosing to call patients should only call those within the age ranges specified at Annex B. A practice may also choose to call patients for those routine vaccinations offered through primary care.
8. Any child or young person within the age ranges specified in Annex B who self presents or attends the practice for another reason, and is outstanding immunisations already offered routinely, should be opportunistically immunised to bring them up to date with the UK schedule.
9. **A practice may also immunise a young person who provides the practice with a letter from the school nursing service requesting immunisation.** This letter may typically be issued when a young person has missed a school vaccination session.
10. **In exceptional circumstances, where there is a clear clinical need, opportunistic vaccination may be provided below the ages specified in Annex B.** An example is a girl attending for family planning advice who is below the age for routine HPV vaccination.

## Vaccines

11. Information on the programmes supported and the documents providing the required clinical information is at Annex B.
12. The vaccines are centrally procured and should be ordered in the same way as practices and health board pharmacies currently order childhood vaccines.

## Recording in the Patient Record

13. A practice is required under its General Medical Services contract to keep adequate records of its attendance on and treatment of its patients. In addition, to include in the patient record any clinical reports sent from any other health care professional who has provided clinical services to a person on its list of patients.

14. If a practice has therefore administered a vaccine listed at Annex B to a child in an eligible cohort then the practice is required to include this information in the patient record using the appropriate READ code. Aggregate data may be automatically provided to Public Health Wales, in the same manner as it is for adult influenza immunisation, to enable surveillance of immunisation uptake. Practices which do not automatically forward this data throughout the season will be required to make a manual return, using an appropriate form provided to them.
15. Vaccinations given to those individuals up to and including 18 years old should be reported to the health board local child health office within 7 days of the vaccine being administered (in line with the Child Health Immunisation Process Standards (CHIPS)) to ensure accurate and prompt notification of all vaccinations.<sup>1</sup> This is to prevent a child being called by the health board for a vaccination which has already been administered in a practice.

## Payment and validation

16. A practice will receive an item of service (IOS) payment at the current applicable rate dose in respect of each child in an eligible cohort who is vaccinated.
17. A practice will only be eligible for payment for this service in circumstances where all of the following requirements have been met:
  - a. The practice is contracted to provide vaccine and immunisations as part of Additional Services.
  - b. All patients in respect of whom payments are being claimed were on the practice's registered list at the time the vaccine was administered.
  - c. The practice administered the vaccine to all patients in respect of whom payment is being claimed.
  - d. All patients in respect of whom payment is being claimed were in an eligible cohort.
  - e. Practices providing this service will be required to forward a completed 'unscheduled vaccination' form to the health board child health system, or provide equivalent data in an alternative agreed format, for each child immunised.

---

<sup>1</sup> In areas where a routine scheduled immunisation is provided in practices, rather than in schools, data returns should be made as agreed with the local Child Health Office, usually on scheduled immunisation lists.

- f. The practice submits the claim within six months of administering the vaccine (HBs may set aside this requirement if it considers it reasonable to do so).
- 18. Health boards are responsible for post payment verification. This may include auditing claims of practices to ensure that they meet the requirements of this service.

## Annex A

# Service Requirements For The Unscheduled Vaccination Of Children and Young People Who Have Outstanding Routine Immunisations

1. A practice providing this service will vaccinate, with the appropriate dosage, all patients who present to the practice and who are in an eligible cohort. There is no requirement to actively call patients in the age ranges set out in Annex B for vaccination, though practices may do so if they wish.
2. The practice will take all reasonable steps to ensure that the medical records of patients receiving a vaccination administered in the surgery are kept up to date using the appropriate READ code with regard to the immunisation status and in particular includes:
  - a. Any refusal of an offer of immunisation.
  - b. Where an offer of immunisation is accepted:
    - i. The batch number, expiry date and name of the vaccine.
    - ii. The date of administration.
    - iii. Where other vaccines are co-administered, the route of administration and the injection site of each vaccine.
    - iv. Any contra-indication to the immunisation.
    - v. Any adverse reactions to the immunisation.
3. Timeliness of the return of data to the child health department should be in line with the Child Health Immunisation Process Standards (CHIPS).

4. The practice will ensure that all healthcare professionals who are involved in administering the vaccine have:
  - a. Referred to the clinical guidance in the current Green Book.
  - b. The necessary experience, skills and training, including training with regard to the recognition and initial treatment of anaphylaxis.
  - c. Authorisation under an appropriate PGD unless a PSD has been issued.
  
5. The practice will ensure that all orders of vaccine are in line with national guidance, including adherence to any limits on stocks to be held at any one time. The vaccines for these programmes will be centrally supplied and should be ordered in the same way as general practices and health board pharmacies currently order childhood vaccines. All vaccines are to be stored in accordance with the manufacturer's instructions and guidance contained in the Green Book. This may be found at:  
  
[www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book](http://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book)
  
6. The practice will ensure that services are accessible, appropriate and sensitive to the need of all patients. No eligible patient shall be excluded or experience particular difficulty in accessing and effectively using this service due to their ethnicity, gender, disability, sexual orientation, religion and/or age.

## Annex B

### Programme Information

Programme	Age for vaccination of eligible children and young people by GP  Notes (1) (2)	Vaccine	Relevant documentation
DTaP/IPV/Hib/HepB	Lower limit:  6 years old if no previous dose administered.  Upper limit:  age 9 (10 <sup>th</sup> birthday).	Pediacel  Infanrix IPV Hib  Infanrix Hexa  (DTaP/IPV/Hib/HepB) can be given if neither of the above two vaccines are available or if child has already commenced course with this vaccine	Green Book chapters:  15 - Diphtheria.  16 - Haemophilus influenzae type b.  18 - Hepatitis B  24 - Pertussis.  26 - Polio.  30 - Tetanus.
Hib/MenC	Lower limit:  6 years old if no previous dose administered.  Upper limit:  – age 9 (10 <sup>th</sup> birthday).	Menitorix.	Green Book chapter:  22 - Meningococcal.
MenACWY	Lower limit:  10 years if no previous dose of MenC containing vaccine administered.  From 16 years if	Nimenrix <sup>®</sup> or Menveo <sup>®</sup>	Green Book chapter:  22 - Meningococcal.



	<p>teenage MenACWY dose not previously administered.</p> <p>Upper limit – under 25 years.</p>		
<p>Tetanus, Diphtheria and Polio booster (Td/IPV) (Note 3)</p>	<p>Lower limit: from 16 years.</p> <p>Upper limit: under 25 years old.</p>	<p>Revaxis<sup>®</sup></p>	<p>Green Book chapters: 15 - Diphtheria. 26 - Polio. 30 - Tetanus</p>
<p>HPV</p>	<p>Lower limit: from 15 years.</p> <p>Upper limit: under 25 years old (females born after 01/09/1991 and males born after 01/09/2006) unless patient has already commenced course by that age, in which case the course should be completed.</p>	<p>Gardasil<sup>®</sup></p>	<p>Green Book chapter: 18a - Human papillomavirus.</p>
<p>MMR (Note 4)</p>	<p>Lower limit: 6 years old if 2 doses not previously administered.</p> <p>Upper limit: born in 1970 or earlier.</p>	<p>Priorix<sup>®</sup> or MMR VaxPRO<sup>®</sup></p>	<p>Green Book chapters: 21 - Measles. 23 - Mumps. 28 - Rubella.</p>

Notes:

1. This table contains contractual guidance for this service specification. For clinical guidance on age eligibility see the Green Book.

2. See paragraphs 9 and 10 for exceptions to these age ranges.
3. GPs are already funded for Td/IPV vaccination of those 25 years and over as part of Additional Services for Vaccinations and Immunisations within the Global Sum.
4. MMR vaccination of those born before 1970 is not funded as the cohort is considered to have acquired immunity.