

GENERAL MEDICAL SERVICES (STATEMENT OF FINANCIAL ENTITLEMENTS) AMENDMENT DIRECTIONS (NORTHERN IRELAND) 2006

The Department of Health, Social Services and Public Safety(a), in exercise of the powers conferred upon it by Article 57C and 107(6) of the Health and Social Services (Northern Ireland) Order 1972((b)), and of all other powers enabling it in that behalf, after consulting in accordance with Article 57C(4) of the Order with the bodies appearing to it to be representative persons to whose remuneration these directions relate and with the consent of the Department of Finance and Personnel gives the directions set out in this instrument.

Citation and commencement

1.—(1) These Directions may be cited as the General Medical Services (Statement of Financial Entitlements) Amendment Directions (Northern Ireland) 2006.

(2) These directions are dated 20 December 2006 but shall have effect as from 4th September 2006.

Amendments to the Statement of Financial Entitlement

2.The directions given in the Statement of Financial Entitlements which were given on behalf of the Department of Health, Social Services and Public Safety on 28 April 2006 are amended as follows.

Amendments to the Table of Contents

3.In the Table of Contents—

(a) in Part 4 (payments for specific purposes)—

(i) before Section 9 (payments for locums covering maternity, paternity and adoption leave), insert the following—

“8B PNEUMOCOCCAL VACCINATION AND HIB/MENC BOOSTER VACCINATION

Payment for administration of PCV vaccinations and Hib/MenC vaccinations as part of the routine childhood immunisation schedule

Payment for administration of PCV vaccinations other than as part of the routine childhood immunisation schedule

Children at increased risk of pneumococcal infection

Children over the age of 13 months but under 5 years who have previously had invasive pneumococcal disease

Children with an unknown or incomplete vaccination status

Eligibility for payment

Claims for payment

Conditions attached to payment

8C ADMINISTRATION OF PNEUMOCOCCAL VACCINATION AS PART OF THE PNEUMOCOCCAL CATCH-UP CAMPAIGN

Payment for administration of PCV vaccinations as part of the Pneumococcal Catch-up campaign

(a) See S.I. 1999/283 (N.I. 1) – Article 3(6)

(b) 1972 No.1265 (N.I. 14). Article 57C was inserted by Article 4 of the Primary Medical Services (Northern Ireland) Order 2004

**Eligibility for payment
Claims for payment
Conditions attached to payment”, and**

- (b) at the end of the list of Annexes, add “**H. Pneumococcal and Hib/MenC Booster vaccinations and Pneumococcal Catch-up Campaign**”.

Amendment to Section 8

4.—(1) Section 8 (Childhood Immunisations Schemes) shall be amended as follows.

(2) At the start of sub-paragraph 8.3(b), insert “subject to paragraph 8.3A.”.

(3) After paragraph 8.3 insert the following—

“8.3A In establishing whether the required percentage of the cohort of children referred to in paragraph 8.3 have completed the recommended immunisations courses referred to in that paragraph, the Board is not required to determine whether any of that cohort have received the recommended Hib/MenC Booster recommended, in the letter set out at Annex I, for administration around the age of 12 months. The administration of that Hib/MenC booster vaccination is not a requirement for payment under this Section.”.

Amendment to Section 8A

5.—(1) In paragraph 8A.6, before “no Long-Term Condition” insert, “except in the circumstances outlined below,”

(2) After paragraph 8A.6 insert the following—

“In circumstances where a contractor fails to meet the minimum level of achievement in respect of the Asthma clinical domain **only**, and the conditions contained within paragraphs 4, 5 and 6 of the Long-Term Condition Management Scheme Directed Enhanced Service Specification have been fulfilled, the Lower Rate Payment amount may be paid.”

(3) In paragraph 8A.8, for “Contractor’s CPI” substitute “Adjusted Practice Disease Factor for each disease area,”

(4) After paragraph 8A.8, insert the following—

“In circumstances where a contractor fails to meet the minimum level of achievement in respect of the Asthma clinical domain **only**, and the conditions contained within paragraphs 4, 5 and 6 of the Long-Term Condition Management Scheme Directed Enhanced Service Specification have been fulfilled, the Lower Rate Payment amount may be paid.”

(5) In paragraph 8A.11 for “an Access to Primary Care” substitute “a Long-Term Condition Management”

(6) In paragraph 8A.12 after “clinical domains” insert , unless the conditions outlined in paragraphs 4, 5 and 6 of the Long-Term Management Scheme Directed Enhanced Services Specification have been fulfilled (in relation to the Asthma clinical domain **only**).”

Insertion of Sections 8B and 8C

6. Before Section 9 (payments for locums covering maternity, paternity and adoption leave), insert the following Sections—

“SECTION 8B – Pneumococcal vaccination and Hib/MenC booster vaccination

8B.1 Changes were introduced to the routine childhood immunisation programme with effect from 4th September 2006. Details of those changes, which relate to the introduction of pneumococcal vaccine into the routine childhood immunisation programme, changes to the schedule for the Meningitis C (Men C) and Haemophilus influenzae type B (HiB) vaccinations, and a pneumococcal vaccination catch-up programme for children aged under 2 years, were set

out in a letter dated 12th July 2006 from the Chief Medical Officer, the Chief Nursing Officer and the Chief Pharmaceutical Officer. That letter is set out in Annex H to this SFE.

8B.2 Childhood immunisation and pre-school booster services are classified as Additional Services. This Section makes provision in respect of supplementary payments to be made in respect of the administration by a contractor, which is contracted to provide the childhood immunisation and pre-school booster Additional Service, of the pneumococcal conjugate vaccine (PCV) and the combined Hib and Men C booster vaccine (Hib/MenC) as part of the routine childhood immunisation schedule and in certain non-routine cases.

8B.3 The provisions of this section apply with effect from 4th September 2006.

8B.4 Payments in respect of the administration by a contractor, who is contracted to provide the childhood immunisations and pre-school booster Additional Service, of the pneumococcal conjugate vaccine (PCV) as part of the catch-up programme for children who were aged over two months but under 2 years on 4th September 2006 and who, because they had already started their routine immunisation programme, cannot receive the three pneumococcal vaccinations in accordance with the table set out in paragraph 8A.8, are dealt with separately in Section 8B.

8B.5 References in this Section to the age of a child expressed in months are references to calendar months. Where reference is made to a vaccination being administered at or around a certain age, this is an indication of the recommended schedule for administration of the vaccine as set out in the letter of 12th July 2006 at Annex I. The specific timing of the administration of the vaccination, which should be within the parameters of the recommended schedule, is a matter for the clinical judgement of the relevant health care professional.

Payment for administration of PCV vaccinations and Hib/MenC vaccinations as part of the routine childhood immunisation schedule

8B.6 The Board must pay to a contractor who qualifies for the payment, a payment of £15.02 in respect of each child registered with the contractor—

- (a) who has received, as part of their routine childhood immunisation schedule, all four of the vaccinations set out in the table at paragraph 8A.8, namely the series of three PCV vaccinations to be administered at two months, four months and around 13 months, and the Hib/MenC booster vaccination which is to be administered at around 12 months; and
- (b) in respect of whom the contractor administered the final completing vaccination.

8B.7 For the purpose of paragraph 8A.6, the final completing vaccination means the third in the series of three PCV vaccinations which is scheduled, in the table at paragraph 8A.8, to be administered at around 13 months.

8B.8 The table below sets out the schedule for the administration of the PCV and the Hib/MenC vaccinations as part of the routine childhood immunisation schedule.

When to immunise	What is given	How vaccine is given
Two months old	Pneumococcal (PCV)	One injection
Four months old	Pneumococcal (PCV)	One injection
Around 12 months	Haemophilus influenzae type b, Meningitis C (Hib/MenC)	One injection
Around 13 months	Pneumococcal (PCV)	One injection

Payment for administration of PCV vaccinations other than as part of the routine childhood immunisation schedule

8B.9 The Board must pay to a contractor who qualifies for the payment, a payment of £15.02 in respect of each child registered with the contractor who has received the PCV vaccination in any of the circumstances set out in paragraphs 8A.11 to 8A.15 and in respect of whom the contractor administered the final completing vaccination, but only where the equivalent PCV vaccinations cannot be administered as part of the pneumococcal catch-up campaign under Section 8B. If the equivalent PCV vaccination can be administered as part of the pneumococcal catch-up campaign the contractor is not entitled to any payment under this Section.

Children at increased risk of pneumococcal infection

8B.10 The table below sets out what are, for the purposes of this Section, the specific pneumococcal clinical risk groups for children.

Clinical risk group	Examples (decision based on clinical judgement)
Asplenia or dysfunction of the spleen	This includes conditions such as homozygous sickle cell disease and coeliac syndrome that may lead to splenic dysfunction.
Chronic respiratory disease	This includes chronic obstructive pulmonary disease (COPD), including chronic bronchitis and emphysema; and such conditions as bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis and bronchopulmonary dysplasia (BPD). Children with respiratory conditions caused by aspiration, or a neuromuscular disease (e.g. cerebral palsy) with a risk of aspiration. Asthma is not an indication, unless continuous or frequently repeated use of systemic steroids (as defined in Immunosuppression below) is needed.
Chronic heart disease	This includes those requiring regular medication and/or follow-up for ischaemic heart disease, congenital heart disease, hypertension with cardiac complications, and chronic heart failure.
Chronic renal disease	This includes nephrotic syndrome, chronic renal failure, renal transplantation.
Chronic liver disease	This includes cirrhosis, biliary atresia, chronic hepatitis
Diabetes (requiring insulin or oral hypoglycaemic drugs)	This includes type I diabetes requiring insulin or type 2 diabetes requiring oral hypoglycaemic drugs. It does not include diabetes that is diet controlled.
Immunosuppression	Due to disease or treatment, including asplenia or splenic dysfunction and HIV infection at all stages. Patients undergoing chemotherapy leading to immunosuppression. Individuals treated with or likely to be treated with systemic steroids for more than a month at a dose equivalent to prednisolone 20mg or more per day (any age), or for children under 20kg, a dose of $\geq 1\text{mg/kg/day}$. Some immunocompromised patients may have a suboptimal immunological response to the vaccine.

Individuals with cochlear implants	It is important that immunisation does not delay the cochlear implantation. Where possible, pneumococcal vaccination should be completed at least 2 weeks prior to surgery to allow a protective immune response to develop. In some cases it will not be possible to complete the course prior to surgery. In this instance, the course should be started at any time prior to or following surgery and completed according to the immunisation schedule.
Individuals with Cerebrospinal fluid leaks	This includes leakage of cerebrospinal fluid such as following trauma or major skull surgery.

8B.11 Where a child who is in any of the pneumococcal clinical risk groups set out in the table in paragraph 8B.10 presents late for vaccination (that is, not in accordance with the routine schedule set out in paragraph 8B.8), and -

- (a) consequently cannot receive, and has not received, the four vaccinations referred to in paragraph 8B.6(a) in accordance with the routine schedule set out in the table in paragraph 8B.8; but
- (b) who nevertheless still presents in time to enable him to receive, and did receive, two doses of PCV before the age of 12 months, the Hib/Men C booster at around the age of 12 months and a third dose of PCV at around the age of 13 months,

the Board must pay to the contractor administering the final completing vaccination a payment of £15.02 in respect of that child. The third dose of PCV is considered the final completing vaccination for this purpose.

8B.12 Where a child over the age of 12 months but under the age of 5 years and who is in any of the clinical risk groups set out in the table in paragraph 8B.10 presents late for vaccination (that is, not in accordance with the routine schedule set out in paragraph 8B.8), and—

- (a) consequently cannot receive, and has not received, two doses of PCV before the age of 12 months, the Hib/Men C booster at around the age of 12 months and a third dose of PCV at around the age of 13 months; but
- (b) who nevertheless receives either a single dose of PCV or, if he has asplenia, splenic dysfunction or is immunocompromised, two doses of PCV, the second of which is administered two months after the first dose,

the Board must pay to the contractor administering the final completing vaccination a payment of £15.02 in respect of that child. The single dose of PCV or, in the case of a child where a second dose of PCV is required, the second dose of PCV is considered the final completing vaccination for this purpose.

Children over the age of 13 months but under 5 years who have previously had invasive pneumococcal disease

8B.13 Where a child who is over 13 months but under 5 years and who has previously had invasive pneumococcal disease receives a single dose of PCV in accordance with the recommendation contained in paragraph 6 of the letter of 12th July 2006 set out at Annex H, the Board must pay to the contractor administering the final completing vaccination a payment of £15.02 in respect of that child, unless a payment of £15.02 is otherwise payable for that same final completing vaccination under paragraph 8B.12, 8B.15 or Section 8C. The single dose of PCV is considered the final completing vaccination for this purpose.

Children with an unknown or incomplete vaccination status

8B.14 Where a child who has an unknown or incomplete vaccination status receives vaccinations sufficient to ensure that he has received two doses of PCV before the age of 12 months, the Hib/MenC booster at around the age of 12 months and a third dose of PCV at around the age of 13 months, the Board must pay to the contractor administering the final completing vaccination a payment of £15.02 in respect of that child. The third dose of PCV is considered the final completing vaccination for this purpose.

8B.15 Where a child who has an unknown or incomplete vaccination status and is too old to be able to receive two doses of PCV before the age of 12 months, the Hib/MenC booster at around the age of 12 months and a third dose at around the age of 13 months, receives a single dose of PCV prior to the age of 24 months, the Board must pay to contractor who administers the final completing vaccination a payment of £15.02 in respect of that child. The single dose of PCV is considered the final completing vaccination for this purpose

Eligibility for payment

8B.16 A contractor is only eligible for a payment under this Section in circumstances where the following conditions are met–

- (a) the contractor is contracted to provide the childhood immunisation and pre-school booster Additional Service;
- (b) the child in respect of whom the payment is claimed was on the contractor's list of registered patients at the time the final completing vaccination was administered;
- (c) the contractor administers the final completing vaccination to the child in respect of whom the payment is claimed;
- (d) subject to sub-paragraph (e), the child in respect of whom the payment is claimed is aged around 13 months when the final completing vaccination is administered;
- (e) in the case of payments in respect of vaccinations administered in accordance with paragraphs 8B.12 or 8B.13, the child must be under 5 years when the final completing vaccination is administered and in the case of vaccinations administered in accordance with paragraph 8B.15, the child must be under 2 years when the final completing vaccination is administered;
- (f) the contractor does not receive any payment from any other source in respect of any of the series of three PCV vaccinations and the Hib/MenC booster vaccination set out in the table at paragraph 8B.8 or in respect of any vaccination administered under any of the circumstances set out in paragraphs 8B.11 to 8B.15 of this Section (if he does receive any such payment in respect of any child from any other source, the Board must give serious consideration to recovering any payment made under this Section in respect of that child pursuant to paragraph 20.1(a));
- (g) the contractor submits the claim within 6 months of administering the final completing vaccination.

8B.17 The Board may set aside the requirement that the contractor submit the claim within 6 months of administering the final completing vaccination if it considers it reasonable to do so.

8B.18 The contractor is not entitled to–

- (a) payment of more than £15.02 in respect of any child under this Section, other than where—
 - (i) the contractor claims for payment for a final completing vaccination administered under the circumstances set out in paragraph 8B.13, and
 - (ii) by virtue of that paragraph, the contractor is entitled to a payment under that paragraph, irrespective of any previous payment made in respect of that child under the provisions of this Section.
- (b) any payment under this Section in addition to any payment made in respect of a final completing vaccination administered to the same child under the pneumococcal catch-up campaign provided for under Section 8C, other than where—
 - (i) the contractor claims for payment for a final completing vaccination administered under the circumstances set out in paragraph 8B.13, and
 - (ii) that final completing vaccination is in addition to any final completing vaccination administered under the provisions of Section 8C.

Claims for payment

8B.19 The contractor is to submit claims in respect of final completing vaccinations after they have been administered at a frequency to be agreed between the Board and the contractor (which must be a frequency which provides for the claim to be submitted within 6 months of administering the final completing vaccination), or, if agreement cannot be reached, within 14 days of the end of the month during which the final completing vaccination was administered. Any amount payable falls due on the next date, following the expiry of 14 days after the claim is submitted, when the contractor's Payable GSMP falls due.

8B.20 Boards must ensure that the receipt and payment in respect of any claims are properly recorded and that each such claim has a clear audit trail.

Conditions attached to payment

8B.21 A payment under the provisions of this Section is only payable if the contractor satisfies the following conditions—

- (a) the contractor must supply the Board with the following information in respect of each child for which a payment is claimed—
 - (i) the name of the child;
 - (ii) the date of birth of the child;
 - (iii) the NHS number, where known, of the child.
 - (iv) subject to paragraph (v) below, confirmation that the child has received three doses of PCV and one dose of Hib/MenC in accordance with the table at paragraph 8B.8;
 - (v) if the claim is made in the circumstances set out in paragraph 8B.12, 8B.13 or 8B.15, confirmation that all required vaccinations have been administered; and
 - (vi) the date of the final completing vaccination, which must have been administered by the contractor,
 but where a parent or carer objects to details of the child's name or date of birth being supplied to the Board, the contractor need not supply such information to the Board but must supply the child's NHS number;
- (b) the contractor must provide appropriate information and advice to the parent or carer of the child, and, where appropriate, also to the child, about pneumococcal vaccinations and the Hib/MenC booster vaccination;

- (c) the contractor must record in the child's records, kept in accordance with paragraph 68 of Schedule 5 to the 2004 Regulations, any refusal of an offer of a pneumococcal vaccination or a Hib/MenC Booster vaccination;
- (d) where a pneumococcal vaccination or a Hib/MenC booster vaccination is administered, the contractor must record in the child's records, kept in accordance with paragraph 68 of Schedule 5 to the 2004 Regulations, those matters set out in paragraph 5(2)(d) of Schedule 1 to the 2004 Regulations;
- (e) the contractor must ensure that any health care professional who performs any clinical service in connection with the administration of the vaccine has such clinical experience and training as are necessary to enable him to properly perform such services and that such health care professionals are trained in the recognition and initial treatment of anaphylaxis;
- (f) the contractor must make available to the Board any information which the Board does not have but needs, and the contractor either has or could be reasonably expected to obtain, in order to form its opinion on whether the contractor is eligible for payment under the provisions of this Section;
- (g) the contractor must make any returns required of it (whether computerised or otherwise) to the Exeter Registration System, and do so promptly and fully; and
- (h) all information provided pursuant to or in accordance with this paragraph 8B.21 must be accurate.

8B.22 If the contractor breaches any of these conditions, the Board may, in appropriate circumstances, withhold payment of any, or any part of, the payment due under this Section.

SECTION 8C – Administration of pneumococcal vaccination as part of the pneumococcal catch-up campaign

8C.1 Changes were introduced to the routine childhood immunisation programme with effect from 4th September 2006. Details of those changes, which relate to the introduction of pneumococcal vaccine into the routine childhood immunisation programme, changes to the schedule for the Meningitis C (Men C) and Haemophilus influenzae type B (HiB) vaccinations, and a Pneumococcal vaccination catch-up programme for children aged under 2 years, were set out in a letter dated 14th July 2006 from the Chief Medical Officer, the Chief Nursing Officer and the Chief Pharmaceutical Officer. That letter is set out in Annex H to this SFE.

8C.2 Childhood immunisation and pre-school booster services are classified as Additional Services. This Section makes provision in respect of supplementary payments in respect of the administration by a contractor, which is contracted to provide the childhood immunisation and pre-school booster Additional Service, of the pneumococcal conjugate vaccine (PCV) as part of the catch-up programme for children who were aged over two months but under 2 years on 4th September 2006 and who, because they had already started their routine immunisation programme, cannot receive the three PCV vaccinations in accordance with the schedule in the table set out in paragraph 8B.8.

8C.3 The provisions of this Section apply with effect from 4th September 2006.

8C.4 Payments in respect of the administration by a contractor, which is contracted to provide childhood immunisation and pre-school booster Additional Services, of the pneumococcal conjugate vaccine (PCV) and the combined Hib and Men C booster vaccine (Hib/MenC) as part of

the routine childhood immunisation schedule, and in certain non-routine cases, are dealt with separately in Section 8B.

8C.5 References in this Section to the age of a child expressed in months are references to calendar months. Where reference is made to a vaccination being administered at or around a certain age, this is an indication of the recommended schedule for administration of the vaccine as set out in the letter of 14th July 2006 at Annex H. The specific timing of the administration of the vaccination, which should be within the parameters of the recommended schedule, is a matter for the clinical judgement of the relevant health care professional.

Payment for administration of PCV vaccinations as part of the Pneumococcal Catch-up campaign

8C.6 The pneumococcal catch-up campaign is aimed at the cohort of children who are over 2 months and under 2 years on 4th September 2006 and who consequently do not receive their PCV vaccinations as part of their routine childhood immunisations in accordance with the schedule set out at paragraph 8B.8. The aim of the catch-up campaign is to ensure that the target cohorts are offered vaccinations appropriate to their age within 6 months of 4th September 2006.

8C.7 The Board must pay to a contractor who qualifies for the payment, a payment of £7.51 in respect of each child registered with the contractor —

- (a) who has received, as part of the pneumococcal catch-up campaign, the vaccinations set out in the table in paragraph 8C.8 appropriate to their age group; and
- (b) in respect of whom the contractor administered the final completing vaccination, as defined in the table in paragraph 8C.8.

8C.8 The table below sets out the schedule for the administration of the PCV vaccinations as part of the pneumococcal catch-up campaign.

Age group	Vaccination required and when required	Final completing vaccination	How the vaccine is given
Children born between 5th September 2004 and 3rd August 2005	One dose of PCV to be administered between 4th September 2006 and 31st March 2007	The final completing vaccination is the dose of PCV administered between 4th September 2006 and 31st March 2007	One injection
Children born between 4th August 2005 and 3rd February 2006	One dose of PCV to be administered to the child around the age of 13 months	The final completing vaccination is the dose of PCV administered around the age of 13 months	One injection
Children born between 4 th February 2006 and 3rd July 2006	Two doses of PCV, separated by a period of two months, before the age of 12 months and followed by a further dose of PCV around the age of 13 months	The final completing vaccination is the third of the three required doses of PCV which is administered to the child around the age of 13 months	On each occasion one injection

Eligibility for payment

8C.9 A contractor is only eligible for a payment under this Section in circumstances where the following conditions are met—

- (a) the contractor is contracted to provide the childhood immunisation and pre-school booster Additional Service;
- (b) the child in respect of whom the payment is claimed was on the contractor's list of registered patients at the time the final completing vaccination was administered;
- (c) the contractor administers the final completing vaccination to the child in respect of whom the payment is claimed;
- (d) the child in respect of whom the payment is claimed was, on 4th September 2006, aged over two months and under 2 years;
- (e) the contractor does not receive any payment from any other source in respect of any of the PCV vaccinations (if he does receive any such payment in respect of any child from any other source, the Board must give serious consideration to recovering any payment made under this Section in respect of that child pursuant to paragraph 20.1(a); and
- (f) the contractor submits the claim within 6 months of administering the final completing vaccination.

8C.10 The Board may set aside the requirement that the contractor submit the claim within 6 months of administering the final completing vaccination if it considers it reasonable to do so.

8C.11 The contractor is not entitled to —

- (a) payment of more than £7.51 in respect of any child under this Section.
- (b) any payment under this Section 8C in addition to any payment made in respect of a final completing vaccination administered to the same child under the provisions of Section 8B, other than where —
 - (i) the contractor claims for payment for a final completing vaccination administered under the circumstances set out in paragraph 8B.13, and
 - (ii) that final completing vaccination is in addition to any final completing vaccination administered under the provisions of Section 8C.

Claims for payment

8C.12 The contractor is to submit claims in respect of final completing vaccinations after they have been administered at a frequency to be agreed between the Board and the contractor (which must be a frequency which provides for the claim to be submitted within 6 months of administering the final completing vaccination), or, if agreement cannot be reached, within 14 days of the end of the month during which the final completing vaccination was administered. Any amount payable falls due on the next date, following the expiry of 14 days after the claim is submitted, when the contractor's Payable GSMP falls due.

8C.13 Boards must ensure that the receipt and payment in respect of any claims are properly recorded and that each such claim has a clear audit trail.

Conditions attached to payment

8C.14 A payment under the provisions of this Section is only payable if the contractor satisfies the following conditions—

- (a) the contractor must supply the Board with the following information in respect of each child for which a payment is claimed—
 - (i) the name of the child,
 - (ii) the date of birth of the child,
 - (iii) the NHS number, where known, of the child,
 - (iv) confirmation that the child has received the required dose or doses of PCV in accordance with the table at paragraph 8C.8; and
 - (v) the date of the final completing vaccination, which must have been administered by the contractor;

but where a parent or carer objects to details of the child's name or date of birth being supplied to the Board, the contractor need not supply such information to the Board but must supply the child's NHS number;

- (b) the contractor must provide appropriate information and advice to the parent or carer of the child, and, where appropriate, also to the child, about pneumococcal vaccinations;
- (c) the contractor must record in the child's records, kept in accordance with paragraph 68 of Schedule 5 to the 2004 Regulations, any refusal of an offer of a pneumococcal vaccination;
- (d) where a pneumococcal vaccination is administered, the contractor must record in the child's records, kept in accordance with paragraph 68 of Schedule 5 to the 2004 Regulations, those matters set out in paragraph 5(2)(d) of Schedule 1 to the 2004 Regulations;
- (e) the contractor must ensure that any health care professional who performs any clinical service in connection with the administration of the vaccine has such clinical experience and training as are necessary to enable him to properly perform such services and that such health care professionals are trained in the recognition and initial treatment of anaphylaxis;
- (f) the contractor must make available to the Board any information which the Board does not have but needs, and the contractor either has or could be reasonably expected to obtain, in order to form its opinion on whether the contractor is eligible for payment under the provisions of this Section;
- (g) the contractor must make any returns required of it (whether computerised or otherwise) to the Exeter Registration System, and do so promptly and fully; and
- (h) all information provided pursuant to or in accordance with this paragraph 8C.14 must be accurate.

8C.15 If the contractor breaches any of these conditions, the Board may, in appropriate circumstances, withhold payment of any, or any part of, the payment due under this Section.”

Amendments to Annex A

7. In Part 2 of Annex A (Glossary – Definitions), after the definition of “Adjusted Practice Disease factor” insert the following definition—

““Childhood Immunisations and Pre-school Boosters” is to be construed as a reference to the Childhood Vaccinations and Immunisations additional service in the 2004 Regulations;”

Addition of Annex H

8. After Annex G (Not Allotted), insert the following Annex.

ANNEX H

PNEUMOCOCCAL AND HIB/MENC BOOSTER VACCINATIONS AND PNEUMOCOCCAL CATCH-UP CAMPAIGN

HSS(MD)14/2006

Dear Colleague

CHANGES TO THE CHILDHOOD IMMUNISATION PROGRAMME: Further Information

We are writing to you with further information about changes to the routine Childhood Immunisation Programme. This follows our letter of the 8th February 2006 (HSS(MD)2-2006).

From 4th September 2006, the following changes will be introduced:

- Pneumococcal vaccine will be introduced to the routine childhood immunisation programme, and the schedule for MenC and Hib vaccines will be modified.
- The new routine schedule given in Annex 1, Table 1 will be introduced. This schedule requires an additional immunisation visit at 12 months of age.
- A pneumococcal vaccination catch-up programme will be carried out for children aged under two years.

The Joint Committee on Vaccination and Immunisation has endorsed these changes.

There are sufficient supplies of pneumococcal vaccine for all children born between 5 September 2004 and 3 June 2005 to be offered vaccination earlier than suggested in Table 3. This flexibility may assist general practices in organising their immunisation clinics.

We recognise the short lead-in time between this letter and the start date. We would encourage those who can implement the programme promptly to do so.

Practical Arrangements for Introducing The Above Changes

1. HSS Boards and Trusts should liaise with the service providers for their child health information systems to ensure that children are called for appointments.
2. Supplies of the new vaccines will be available from designated hospital pharmacies prior to the start of the new programme on 4th September 2006.
3. Designated hospital pharmacies will be able to order supplies of the new vaccines from Castlereagh Pharmaceuticals prior to 4th September 2006.

4. Further details on the availability of supplies will be issued by the Regional Pharmaceutical Procurement Service (Tel: 028 90 552386) to designated hospital pharmacies prior to 4th September 2006.
5. The packaging of the new vaccines is bulky. General practices and pharmacies need to ensure sufficient fridge space is available to store the new vaccines.
6. National agreement has been reached with the BMA General Practitioners Committee. GPs will be remunerated for the administration of pneumococcal vaccine and the combined Hib/MenC vaccine, and separately for the pneumococcal catch-up programme.
7. Information materials for parents and health professionals will be sent to general practices, health promotion units, community pharmacies and immunisation co-ordinators. They will also be available on the DHSSPS website at: www.dhsspsni.gov.uk.
8. A national advertising campaign will be run to raise awareness among parents about the new programme.
9. Immunisation co-ordinators (CCDCs) will be able to provide advice to healthcare professionals and HSS Boards and Trusts.

Further details of the changes to the immunisation programme are given in Annex 1, with details of the pneumococcal vaccination catch-up programme given in Annex 2. Table 3 can also be used by general practices to organise and help explain the catch-up programme to parents.

The success of our Childhood Immunisation Programme reflects the commitment and hard work of the entire primary care team. We would like to take this opportunity to thank you for your hard work that will lead to these improvements.

Yours sincerely

Dr E Mitchell
Chief Medical Officer (Acting)

Dr N Morrow
Chief Pharmaceutical Officer

Mr M Bradley
Chief Nursing Officer

cc Mr A McCormick, Permanent Secretary
Mr P Simpson, Deputy Secretary, DHSSPS
Mr D Hill, Deputy Secretary, DHSSPS
Ms C Jendoubi, Director Primary Care DHSSPS
Mr A Elliott, Director of Health Development, DHSSPS

Dr L Doherty, Senior Medical Officer/Consultant Epidemiologist,
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This letter is available at www.dhsspsni.gov.uk and also on the DHSSPS Extranet which can be accessed directly at <http://extranet.dhsspsni.gov.uk> or by going through the HPSS Web at <http://www.n-i.nhs.uk> and clicking on DHSSPS

ANNEX 1

THE ROUTINE CHILDHOOD IMMUNISATION PROGRAMME

1. Background To The Changes

The background for the changes to the routine childhood immunisation programme is detailed in the letter dated 8 February 2006 HSS(MD)2-2006 DHSSPS weblink:

[http://www.dhsspsni.gov.uk/hss\(md\)2-2006_-_changes_to_the_childhood_immunisation_programme-31-1-06.pdf](http://www.dhsspsni.gov.uk/hss(md)2-2006_-_changes_to_the_childhood_immunisation_programme-31-1-06.pdf)

Further information will be available in the factsheets and "The Green Book" new chapters on the website at www.immunisation.nhs.uk, and on the JCVI website www.advisorybodies.dh.gov.uk/JCVI/.

2. Timing

The routine programme will change from 4th September 2006. All children starting their immunisation from that date should be offered the new immunisation schedule. The Hib/MenC booster should also be introduced for children aged 12 months of age from that date.

3. Routine Childhood Immunisation Schedule

All children starting the immunisation programme at 2 months of age will follow the schedule below (see Table 1):

Table 1

When immunise	to	What is given	Vaccine and how it is given
Two months old		Diphtheria, tetanus, pertussis, polio and <i>Haemophilus influenzae</i> type b (DTaP/IPV/Hib)	One injection (Pediacef)
		Pneumococcal (PCV)	One injection (Prevenar)
Three months old		Diphtheria, tetanus, pertussis, polio and <i>Haemophilus influenzae</i> type b (DTaP/IPV/Hib)	One injection (Pediacef)
		Meningitis C (MenC)	One injection (Neisvac C or Meningitec)
Four months old		Diphtheria, tetanus, pertussis, polio and <i>Haemophilus influenzae</i> type b (DTaP/IPV/Hib)	One injection (Pediacef)
		Pneumococcal (PCV)	One injection (Prevenar)
		Meningitis C (MenC)	One injection (Neisvac C or Meningitec)
12 months		<i>Haemophilus influenzae</i> type b, Meningitis C (Hib/MenC)	One injection (Menitorix)
15 months		Measles, mumps and rubella (MMR)	One injection (Priorix or MMR II)
		Pneumococcal (PCV)	One injection (Prevenar)
Three years four months to five years old		Diphtheria, tetanus, pertussis and polio (dTaP/IPV or DTaP/IPV)	One injection (Repevax or Infanrix-IPV)
		Measles, mumps and rubella (MMR)	One injection (Priorix or MMR II)
14 - 18 years old		Tetanus, diphtheria and polio (Td/IPV)	One injection (Revaxis)

It is important that all those involved in immunisations are familiar with the new childhood immunisation schedule (described in Table 1). Changes are:

- the addition of a pneumococcal conjugate vaccine (PCV) at 2, 4 and 15 months of age;
- one dose of MenC vaccine at 3 and at 4 months;
- a booster dose of Hib and MenC vaccine (given as a combined Hib/MenC vaccine) at 12 months of age.

Introducing these changes means that:

- infants will be offered different combinations of vaccines at the 2, 3 and 4 month visits;
- three injections will be offered to infants at 4 months of age;
- a new 12 month vaccination visit will be introduced.

4. Children Aged Over 2 Months At The Start Of The Programme

There will be a small number of children who will be part-way through their primary vaccination schedule when the changes are introduced. It is important to ensure that these children receive three doses of DTaP/IPV/Hib (Pediaxel), and at least two doses of MenC (with one dose being given at the 4 month visit).

All children, irrespective of their primary vaccination history, should receive a booster dose of Hib/MenC vaccine at their routine 12 months of age visit in order to ensure long-term protection. There is no Hib/MenC catch-up for children older than 12 months of age at the start of the new programme.

All children aged over 2 months and under 2 years of age will be offered PCV as part of the catch-up campaign (see Annex 2 for details).

5. Children At An Increased Risk Of Pneumococcal Infection

Some groups of children are at increased risk from pneumococcal infection (see Table 2).

All at-risk children should be offered PCV vaccine according to the schedule for the routine immunisation programme (i.e. at 2, 4 and 15 months of age). In addition, all at-risk children should be offered a single dose of pneumococcal polysaccharide vaccine (PPV) when they are two years of age or over.

At-Risk Children Presenting Late For Immunisation

At-risk children who present late for vaccination should be offered 2 doses of PCV¹ before the age of 12 months, and a further dose at 15 months of age. All

at-risk children should also be offered a single dose of PPV when they are two years of age or older and at least 2 months after the final dose of PCV.

¹ One month apart if necessary to ensure 2 doses are given before a dose at 15 months. At-risk children aged over 12 months and under 5 years of age should be offered a single dose of PCV. Please note that children in this age group who have asplenia or splenic dysfunction, or who are immunocompromised, require a second dose of PCV because this group may have a sub-optimal immunological response to the first dose of vaccine. This should be given 2 months after the first dose. They should also be offered a single dose of PPV (if not previously given) when they are two years of age or older (and at least 2 months after the final dose of PCV).

At-risk children presenting for first pneumococcal immunisation aged 5 years and over should be offered a single dose of PPV.

6. Children Under Five Years Of Age Who Have Previously Had Invasive Pneumococcal Disease

All children under 5 years of age who have had invasive pneumococcal disease (IPD), for example pneumococcal meningitis or pneumococcal bacteraemia, should be offered a dose of PCV irrespective of previous vaccination history. Children under 15 months who are unvaccinated or partially vaccinated should complete the recommended PCV immunisation schedule.

These children should be investigated for immunological risk factors to seek a possible treatable condition predisposing them to pneumococcal infection. If they are found to fall into one of the risk groups in table 2, they should receive pneumococcal polysaccharide vaccine after two years of age (and at least 2 months after the final dose of PCV).

All new cases of IPD in children eligible for routine or catch-up PCV will be investigated by the Health Protection Agency (HPA). These cases will be offered antibody testing against each of the 7 vaccine serotypes and advice provided on clinical and immunological investigation (see http://www.hpa.org.uk/infections/topics_az/pneumococcal/guidelines.htm)
The full surveillance protocol may be found at http://www.hpa.org.uk/infections/topics_az/pneumococcal/PneumococcalGuidanceSurveillance.htm

7. Vaccination Of Children With Unknown Or Incomplete Vaccination Status

When a child born in the UK presents with an inadequate or incomplete immunisation record, every effort should be made to clarify what vaccinations they have had. A child who has not completed the routine programme for all vaccines should complete the course, including for pneumococcal vaccination. Children under 12 months of age require two doses of PCV, two months apart, followed by a dose at 15 months. Children aged between 12 and 24 months should be offered a single dose of PCV. Children aged over 24 months do not require vaccination.

Children coming to the UK may not have been offered pneumococcal vaccination previously. Where there is not reliable history of previous

immunisation it should be assumed they are unimmunised and the UK recommendation should be followed.

8. Pneumococcal Vaccination Catch-Up Programme

Details of the pneumococcal catch-up programme for all children under two years of age are listed in Annex 2.

9. Pharmacy Issues

The following new vaccines will be offered as part of the routine programme.

Pneumococcal Conjugate Vaccine (PCV)

PCV, brand name Prevenar™, is manufactured by Wyeth Pharmaceuticals.

Presentation:

Prevenar is presented as a suspension for injection in a pre-filled syringe supplied in a ten syringe pack without needles. The pack size (10 doses) is 144mm x 100mm x 63mm.

During storage a white deposit and clear supernatant can be seen. The vaccine should be shaken well to obtain a homogeneous white suspension and should not be used if it contains any particulate matter once shaken or shows any variation in appearance.

Dosage:

A single dose of 0.5ml should be given at 2 months and 4 months followed by a third dose as a booster of 0.5ml at 15 months of age.

Administration:

Vaccines are routinely given intramuscularly into the anterolateral thigh or the upper arm (infants over 1 year of age). This is to reduce the risk of localised reactions, which are more common when the vaccine is given subcutaneously. For individuals with a bleeding disorder, however, vaccines should be given by deep subcutaneous injection to reduce the risk of bleeding. The vaccine can be given at the same time as other vaccines such as DTaP/IPV/Hib, MenC and MMR but in a different site.

It is recommended that infants under 1 year of age should be given vaccinations in the anterolateral aspect of the thigh. Where two injections are given in the same thigh, they should be separated by at least 2.5cm and a note be made of which vaccine is given in which site. This should be recorded in the Personal Child Health Record (PCHR – red book) and the child's GP record.

The vaccine must not be mixed with other concurrently administered vaccines.

Hib/MenC Vaccine

Hib/MenC, brand name Menitorix™ is manufactured by GlaxoSmithKline.

Presentation:

Menitorix is presented as a one-dose pack containing a vial of white powder and a 0.5ml pre-filled syringe containing a clear colourless solvent. It is supplied with two separate needles - a green needle (21g x 38 mm) for reconstitution and a blue needle (23g x 25 mm) for administration. The pack size (one dose) is 55mm x 133mm x 35mm. Instructions for reconstitution of the vaccine are given at section 7 of the package leaflet.

Dosage:

A single dose of 0.5ml is to be given as a booster at 12 months of age.

Administration:

Vaccines are routinely given intramuscularly into the anterolateral thigh or upper arm. This is to reduce the risk of localised reactions, which are more common when the vaccine is given subcutaneously. For individuals with a bleeding disorder, however, vaccines should be given by deep subcutaneous injection to reduce the risk of bleeding.

Storage of Vaccines

Vaccines should be stored in the original packaging at +2°C to +8°C and protected from light. All vaccines are sensitive to some extent to heat and cold. Heat speeds up the decline in potency of most vaccines, thus reducing their shelf life. Effectiveness cannot be guaranteed for vaccines unless they have been stored at the correct temperature. Freezing may cause increased reactogenicity and loss of potency for some vaccines. It can also cause hairline cracks in the container, leading to contamination of the contents.

10. Reporting of adverse reactions

Prevenar and Menitorix both carry a black triangle symbol (▼). This is a standard symbol added to the product information of a vaccine/medicine during the early stages of marketing to encourage the reporting of all suspected adverse reactions. If a doctor, nurse, pharmacist or parent suspects that any adverse reaction to Prevenar or Menitorix has occurred, they should report it to the Commission on Human Medicines (CHM) using either the Yellow Card reporting form (e.g. in the BNF), the www.yellowcard.gov.uk website or by telephoning 0808 100 3352.

11. Vaccine Supply

- a. Supplies of the new vaccines will be available from designated hospital pharmacies prior to the start of the new programme on 4th September 2006. GPs and clinic staff should liaise closely with their local designated hospital pharmacy department.
- b. Designated hospital pharmacies will be able to order supplies of the new vaccines from Castlereagh Pharmaceuticals prior to 4th September 2006.
- c. Further details on the availability of supplies will be issued by the Regional Pharmaceutical Procurement Service (Tel: 028 90 552386) to designated hospital pharmacies prior to 4th September 2006.

- d. Surgeries and pharmacies need to ensure sufficient fridge space is available for the new vaccines. Surgeries should only order sufficient stocks prior to the start of the new programme and then draw from their designated hospital pharmacy department.

12. Vaccine Stock Management

Effective management of vaccines throughout the supply chain is an essential part of reducing wastage and maximising efficiency of the programme. Each 1% of the vaccine supplied is worth about £1 million. Even small reductions in vaccine wastage can have a major impact on vaccine supplies and their funding.

General practices are asked to carefully review current stocks of all vaccines and maintain levels of stock sufficient to last no more than 2–4 weeks. General practices with higher stocks of one or more vaccines should start to reduce stock holdings to the target level now, in preparation for the delivery of the new vaccines. Please ensure that any vaccines that are date expired are disposed of following local protocols. Excess supplies of vaccines within their shelf life should be used before new supplies are ordered. General practices are asked to review their holdings of MenC vaccine as the new routine programme only requires two doses of MenC vaccine.

The packaging of Prevenar is significantly larger than that of other vaccine currently being provided. Please ensure sufficient fridge space is available for the new vaccines. Details of the pack sizes are given in Para 9 of this letter.

13. Consumables

Please note that needles will need to be ordered to administer Prevenar. The following product is recommended:

FTR5450 Blue needle 23g x 25 mm (1")

This product is available on the existing GP pre-printed requisition which when completed should be forwarded in the prepaid envelope as usual, to:

CSA Regional Supplies Service
Customer Helpline
77 Boucher Crescent
Belfast BT12 6HU
Tel. No. 028 90553443
Fax. No. 028 90668989

14. Child Health Systems

The introduction of the new routine immunisation schedule will have a significant impact on Child Health Systems. HSS Trusts and the

primary care team need to ensure that the Child Health System provider is familiar with the new routine schedule - immunisation co-ordinators may also assist in facilitating the new arrangements.

15. Patient Group Directions

The requirement for Patient Group Directions (PGD) is described in HSS9/2000.

For those general practices that choose to use PGDs, specimen PGDs for Prevenar and Menitorix are available at www.immunisation.nhs.uk. Boards may wish to tailor these to reflect local needs.

16. Funding and Service Arrangements

National agreement has been reached with the BMA – GPC, that GPs will be remunerated for the administration of the Pneumococcal vaccine and the combined Hib/MenC vaccine in the new routine immunisation schedule, and separately for the pneumococcal vaccine catch-up programme.

GPs will be remunerated £15.02 per child for the administration of the pneumococcal vaccinations and the additional vaccination visit at 12 months to administer the combined Hib and MenC vaccine. The Statement of Financial Entitlement will be amended accordingly.

Until the treatment room issue is resolved, the Department will provide funding to HSS Trusts to cover nursing costs for administration of the new routine immunisation schedule.

17. Consent

The changes to the vaccine programme will not affect the consent process - consent must be obtained before administration of all vaccines and is not brand specific.

Even if consent has been obtained for the child to be included in the national childhood immunisation programme, health professionals should ensure that consent is in place for each future immunisation. There is no legal requirement for consent to be in writing.

Health professionals involved in immunisation must ensure that:

- parents/carers have access to the new information;
- that there is sufficient opportunity for them to discuss any issues arising, and
- that they are properly informed of the benefits of the new vaccines, the possible side effects and how to manage them.

18. Information For Parents And Healthcare Professionals

To support the new changes to the childhood immunisation schedule, DHSSPS and the Health Promotion Agency have produced a range of information resources. New leaflets and factsheets for parents and healthcare professionals will be sent directly to general practices, community pharmacists and health promotion units during August 2006. These resources should be shared with all colleagues involved in giving or advising about immunisation, including health visitors, and practice nurses. Resources will also be available to view and download from the DHSSPS website at **www.dhsspsni.gov.uk**.

The website pages at **www.immunisation.nhs.uk** will be updated to reflect the changes to the programme, and a new section for Hib/MenC immunisation is being created. These new pages will go live from the 4th September.

A national advertising campaign will run to raise awareness among parents about the new programme.

Table 2 Pneumococcal Clinical Risk Groups for Children

Note: All children, including those in clinical risk groups, should be offered PCV according to the new routine immunisation schedule. Children in the clinical risk groups listed below, aged 2 months to under 5 years of age should receive 7-valent pneumococcal conjugate vaccine (PCV), according to Annex 1, Paragraph 5. This should be followed by a single dose of 23-valent pneumococcal polysaccharide vaccine when they are 2 years of age or over (and at least two months after the last does of PCV). Children over 5 years of age should receive a single dose of pneumococcal polysaccharide vaccine.

Clinical Risk Group	Examples (<u>decision based on clinical judgement</u>)
Asplenia or dysfunction of the spleen	This includes conditions such as homozygous sickle cell disease and coeliac syndrome that may lead to splenic dysfunction.
Chronic respiratory disease	This includes chronic obstructive pulmonary disease (COPD), including chronic bronchitis and emphysema; and such conditions as bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis and bronchopulmonary dysplasia (BPD). Children with respiratory conditions caused by aspiration, or a neuromuscular disease (eg cerebral palsy) with a risk of aspiration. Asthma is not an indication, unless continuous or frequently repeated use of systemic steroids (as defined in Immunosuppression below) is needed.
Chronic heart disease	This includes those requiring regular medication and/or follow-up for ischaemic heart disease, congenital heart disease, hypertension with cardiac complications, and chronic heart failure.
Chronic renal disease	This includes nephrotic syndrome, chronic renal failure, renal transplantation.
Chronic liver disease	This includes cirrhosis, biliary atresia, chronic hepatitis.
Diabetes (requiring insulin or oral hypoglycaemic drugs)	This includes type 1 diabetes requiring insulin or type 2 diabetes requiring oral hypoglycaemic drugs. It does not include diabetes that is diet controlled.
Immunosuppression	Due to disease or treatment, including asplenia or splenic dysfunction and HIV infection at all stages. Patients undergoing chemotherapy leading to immunosuppression. Individuals treated with or likely to be treated with systemic steroids for more than a month at a dose equivalent to prednisolone 20mg or more per day (any age), or for children under 20kg, a dose of $\geq 1\text{mg/kg/day}$. <i>Some immunocompromised patients may have a suboptimal immunological response to the vaccine.</i>
Individuals with cochlear implants	<i>It is important that immunisation does not delay the cochlear implantation.</i> Where possible, pneumococcal vaccination should be completed at least 2 weeks prior to surgery to allow a protective immune response to develop. In some cases it will not be possible to complete the course prior to surgery. In this instance, the course should be started at any time prior to surgery. In this instance, the course should be started at any time prior to or following surgery and completed according to the immunisation schedule.
Individuals with cerebrospinal fluid leaks	This includes leakage of cerebrospinal fluid such as following trauma or major skull surgery.

ANNEX 2

PNEUMOCOCCAL VACCINATION CATCH-UP PROGRAMME

1. Timing of Pneumococcal Catch-Up Campaign

The pneumococcal catch-up campaign will start on 4th September. Our aim is to ensure that the target cohorts are offered vaccination appropriate for their age within 6 months of the start of the programme.

2. The Cohort

Children who will be over 2 months of age and under 2 years of age at the time of introduction will need to be invited to receive pneumococcal vaccine.

Children aged 2 months or under at the time of introduction will be offered pneumococcal vaccine as part of the new routine immunisation programme (see Annex 1). Children over 2 years of age will not be part of the catch-up programme. The risk for children over 2 years of age becoming ill with pneumococcal infection is considerably less than in younger age groups. It is likely that pneumococcal infections in all age groups will fall as a result of introduction of the programme in the under two's.

3. The Immunisations To Be Offered

The recommended schedule for implementing the programme is summarised in Table 3. The child's date of birth runs down the left-hand side of the table, and the month in which the vaccine is recommended to be given runs along the top of the table.

In summary:

Children born between 3/6/05 and 5/9/04 (i.e. aged over 15 months of age and under 2 years at the start of the programme) should be offered one dose of PCV.

Children born between 4/11/05 and 4/6/05 (i.e. aged 10 months to 15 months at the start of the programme) should be offered one dose of PCV at their routine 15 month visit.

Due to the timescales required for the catch-up programme, children born between 4/12/05 to 3/2/06 (i.e. aged 8 or 9 months at the start of the programme) should be offered 1 dose of PCV at 13 months (see Table 3).

Children born between 3/7/06 and 4/2/06 (i.e. aged over 2 months of age and under 8 months of age at the start of the programme) should be offered two doses of PCV separated by a period of two months. These children should also be offered a further dose at 15 months of age.

The following scenarios help to illustrate the use of the table:

- a) A baby born on 21 June 2006 should be offered PCV at the routine 4 month visit in October, a second dose at an additional 6 month visit in December, and then a booster dose at the scheduled 15 month visit.
- b) A child born on 6 November 2005 should be offered PCV at the scheduled 15 month visit in February.
- c) A child born on 2 April 2005 should be offered one dose of PCV in November².
- d) A child born on 4 September 2004 is not eligible for the vaccine as they are over two years of age when the programme starts. Pneumococcal infections occur less frequently in children aged 2 years and over, and it is likely that pneumococcal infections in all age groups will fall as a result of introduction of the programme in the under two's.
- e) A baby born on 17 July 2006 will not be part of the catch-up programme. This baby will receive pneumococcal vaccination as part of the routine programme.

4. Reporting Of Adverse Reactions

The reporting of adverse reactions are provided in Annex 1, paragraph 10.

5. Vaccine Supply

The vaccine supply details are provided in Annex 1, paragraph 11.

6. Vaccine Stock Management

Managing supplies of vaccine during the pneumococcal catch-up programme presents challenges in vaccine management with which health professionals are familiar. All staff ordering vaccines need to ensure that vaccine wastage is reduced as far as possible by ensuring fridge space is available before ordering and storing the vaccine correctly. Surgeries who find that they have pneumococcal vaccine remaining at the end of the catch-up programme should use it in the routine programme. Vaccine wastage for this catch-up programme should be negligible.

7. Consumables

The details of the needles required and the way to order them are detailed in Annex 1, paragraph 13.

² Please note that there are sufficient supplies of PCV vaccine for all children born between 5/9/04 and 3/6/05 to be offered PCV as soon as it is practically possible after the start of the programme. This will provide general practices with the flexibility to immunise eligible children over a shorter time period.

8. Child Health Systems

GPs and HSS Trusts need to ensure that their child health system provider is familiar with the timing and role out of the catch-up programme. Immunisation co-ordinators may also facilitate the new arrangements.

9. Patient Group Directions

The details of Patient Group Directions (PGDs) are given in Annex 1, paragraph 15.

Funding And Service Arrangements

National agreement has been reached with the BMA-GPC that GPs will be remunerated separately with regard to implementing the pneumococcal catch-up programme.

GPs will be remunerated £7.51 as an Item of Service payment for each child vaccinated. The Statement of Financial Entitlement will be amended accordingly.

Until the treatment room issue is resolved, the Department will provide funding to HSS Trusts to cover nursing costs in administering the pneumococcal catch-up programme.

10. Consent

The details on consent are given in Annex 1, paragraph 17.

11. Information for parents and healthcare professionals

Health professionals involved in immunisation must ensure that:

- parents/carers have access to the new information;
- that there is sufficient opportunity for them to discuss any issues arising, and
- that they are properly informed of the benefits of the new vaccines, the possible side effects and how to manage them.

To support the pneumococcal catch-up programme, DHSSPS and the Health Promotion Agency have produced a leaflet and factsheet for parents and healthcare professionals which will be sent directly to GP surgeries, community pharmacists, and health promotion units during August 2006. These resources should be shared with all colleagues involved in giving or advising about immunisation, including health

visitors, and practice nurses. Resources will also be available to view and download from the DHSSPS website at **www.dhsspsni.gov.uk**.

The website pages at **www.immunisation.nhs.uk** will be updated to reflect the changes to the programme, and a new section for Hib/MenC immunisation is being created. These new pages will go live from 4th September.

A national advertising campaign will run to raise awareness among parents about the new programme.

Table 3

Pneumococcal Vaccination Catch-Up Table

Recommended schedule for catch-up vaccination from 4 th September 2006							
	4 Sept to 3 Oct	4 Oct to 3 Nov	4 Nov to 3 Dec	4 Dec to 3 Jan	4 Jan to 3 Feb	4 Feb to 3 Mar	Child's age at vaccination (months)
Child's date of birth							
5/9/04 to 3/11/04	√						23
4/11/04 to 3/12/04	√						22
4/12/04 to 3/1/05		√					22
4/1/05 to 3/2/05		√					21
4/2/05 to 3/3/05			√				21
4/3/05 to 3/4/05			√				20
4/4/05 to 3/5/05				√			20
4/5/05 to 3/6/05				√			19
4/6/05 to 3/7/05	√						15
4/7/05 to 3/08/05		√					15
4/8/05 to 3/9/05			√				15
4/9/05 to 3/10/05				√			15
4/10/05 to 3/11/05					√		15
4/11/05 to 3/12/05						√	15
4/12/05 to 3/1/06					√		13
4/1/06 to 3/2/06						√	13
4/2/06 to 3/3/06*		√		√			8, 10
4/3/06 to 3/4/06*		√		√			7, 9
4/4/06 to 3/5/06*	√		√				5, 7
4/5/06 to 3/6/06*	√		√				4, 6
4/6/06 to 3/7/06*		√		√			4, 6

Notes

 Indicates the month in which the child should be offered PCV

*Children in this age group should receive a booster dose of PCV at 15 months of age and a dose of Hib/MenC at 12 months of age.

Please note that there are sufficient supplies of PCV vaccine for all children born between 5/9/04 and 3/6/05 to be offered PCV as soon as it is practically possible after the start of the programme. This will provide general practices with the flexibility to immunise eligible children over a shorter time period.



Sealed with the Official Seal of the Department of Health, Social Services and Public Safety on 20 December 2006

Christine Jendoubi
A senior officer of the Department of Health, Social Services and Public Safety