

IMMUNISATION OF PATIENTS DURING LOCAL OUTBREAKS

MODEL LOCAL ENHANCED SERVICE

Introduction

1. The purpose of this document is to set out a model for a local enhanced service for immunisation of at-risk groups during outbreaks of infection.
2. Clinical guidance on immunisation promulgated by the Assembly will normally be based on the advice of the Joint Committee on Vaccination and Immunisation (JCVI). This is given in the most current version of the Green Book, or in the absence of such guidance produced by the Health Protection Agency or National Public Health Service for Wales. The need for local immunisation in response to a specific outbreak of vaccine preventable disease will be identified by a Consultant in Communicable Disease Control (CCDC), or someone acting on their behalf.
3. All practices are expected to provide essential and additional services they are contracted to provide to all their patients. This enhanced services specification outlines the more specialised services to be provided. The specification of this service is designed to cover enhanced aspects of clinical care of the patient with and infection, which go beyond the scope of essential services. No part of the specification by commission, omission or implication defines or redefines essential or additional services.

Aim

4. The purpose of the local enhanced service is to provide protection for individuals at increased risk of infection during a local outbreak of disease such as meningococcal meningitis, mumps, measles, etc.

Activation

5. This generic specification will be agreed in advance between LHBs and Practices or other service provider, and Appendix 1 agreed between the CCDC and LHB at the time of an outbreak. Action should be taken by the individuals identified below, or their deputies.
6. When activated Appendix 1 will provide details of the background to the outbreak, immunisation to be offered, the target group, vaccine supply, and duration of the outbreak specific agreement, converting this generic specification into a time limited outbreak specific agreement.
7. The LHB board should make arrangement to activate the LES without further prior reference to the board. This will allow flexibility and prompt action, which may be required on the same day an outbreak is identified. This could be achieved by delegating authority to one or more executive members.
8. The LES will only come into effect following agreement between the CEO of the LHB and the local Consultant in Communicable Disease Control (CCDC) in consultation with the local Public Health Director (PHD). The CCDC is responsible for seeking activation and providing details for Appendix 1. The LHB will be responsible for informing Practices of the outbreak specific arrangements.

9. Where a Practice has opted in advance not to participate in this LES the LHB is responsible for making alternative arrangements to provide immunisation to those patients.

Eligibility

10. This will be dependent on the particular outbreak, which will be detailed in Appendix 1. Payment arrangements will apply to all target patients who are immunised for the duration of the programme as set out in Appendix 1.

How will the immunisation programme work?

11. Where practices are the preferred provider, practices will actively offer immunisation based on the details in Appendix 1
12. Individual GP practices will ensure each immunisation given under the LES is recorded on the individual's lifelong patient record, including passing information if providing immunisation on behalf of another practice. Practices will submit the usual unscheduled immunisations forms to the child health office for each child immunised to enable accurate monitoring of uptake.
13. No uptake target will be set. GPs should maximise uptake in the interests of patients. GPs are expected to take active steps to identify individuals in the target group and proactively offer immunisation. In all cases, the final decision as to who should be offered immunisation is a matter for the clinical judgement of the GP.
14. Some circumstances will require collaboration with the Community Child Health System (CCHS) office and use of the CCHS call and recall facility, and if so this will be specified in Appendix 1 and Practices will be informed.
15. In certain circumstances, to avoid overburdening practices, arrangements may be made with alternative service providers, such as Trusts, to provide institution based immunisation sessions. This may be necessary for example where entire schools require immunisation, or where immunisation is particularly urgent. In such circumstances, Practices would provide support by immunising those who missed the immunisation sessions.
16. Existing arrangements will continue to apply in terms of obtaining supplies of vaccine, unless specified in Appendix 1.

Pricing

17. LHBs should follow the national benchmark pricing for influenza and pneumococcal immunisations.

Appendix 1

Outbreak name: _____.

1. Specific outbreak details
2. Immunisation to be offered (with reference to relevant national guidance)
3. Target group
4. Vaccine supply
5. Period within which vaccination should be offered
6. Activation and expiry date of this outbreak specific LES
 - a. Activation Date: / /
 - b. Expiry date: / /