



London Pneumococcal Polysaccharide vaccination service specification

September 2020



Contents

1. Service description and background	3
2. Aims and intended service outcomes	3
3. Service specification	5
4. Training and premises requirements	7
5. Service availability	8
6. Data collection and reporting requirements	8
7. Payment arrangements	9
Annex A: Responding to a request to vaccinate people off-site	11
Annex B: NHS Pharmacy Pneumococcal Polysaccharide Vaccination Service - Notification of administration of PPV to Patient's GP Practice	13
Annex C: NHS PPV Service – Record Form	14



1. Service description and background

- 1.1 For most healthy people pneumococcal disease is an unpleasant but usually self-limiting condition. However, older people, and those with underlying diseases are at risk of severe illness if they catch it but can be protected by offering vaccination against the most prevalent strains.
- 1.2 The service will run from 1st September 2020 to 31st August 2021.

2. Aims and intended service outcomes

- 2.1 The aims of this service are:
 - a. to provide more opportunities for vaccination and improve access to PPV
 - b. to reduce variation and provide consistent levels of population coverage

2.2 The objectives of this service are to vaccinate the following eligible cohorts:

Eligible Groups for PPV23	Further Details
People aged 65 years and over	“Sixty-five and over” is defined as those aged 65 years and over <i>at the time of vaccination</i> .
Chronic respiratory disease aged 18 to 64 years	Asthma (only if so severe it requires continuous or frequently repeated use of systemic steroids). Chronic respiratory disease including chronic obstructive pulmonary disease (COPD), chronic bronchitis and emphysema, bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis and bronchopulmonary dysplasia (BPD).
Chronic heart disease aged 18 to 64 years	Congenital heart disease, hypertension with cardiac complications, chronic heart disease, chronic heart failure, individuals requiring regular medications and/or follow-up for ischaemic heart disease.

NHS England and NHS Improvement



Chronic kidney disease aged 18 to 64 years	Chronic kidney disease at stages 4 and 5, nephrotic syndrome, kidney dialysis and those with kidney transplantation
Chronic liver disease aged 18 to 64 years	Chronic liver disease, cirrhosis, biliary atresia, chronic hepatitis
Diabetes aged 18 to 64 years	Diabetes mellitus require insulin or oral hypoglycaemic drugs NOT diabetes that is diet controlled
Immunosuppression & asplenia or dysfunction of the spleen aged 18 to 64 years	Immunosuppression due to disease or treatment, chemotherapy bone marrow transplant, asplenia or splenic dysfunction, HIV infection at all stages, multiple myeloma or genetic disorders affecting the immune system (e.g. IRAK-4, NEMO complemented deficiency) and individuals likely to be on systemic steroids for more than a month at a dose equivalent to prednisolone at 20 mg or more per day (any age).
Individuals with cochlear implants aged 18 to 64 years	It is important that it does not delay the Individuals with cochlear implants.



3. Service specification

- 3.1 The Service will be known as the London Pharmacy Pneumococcal Polysaccharide Vaccination (PPV) Service 2020/21. This local London service can be provided by any pharmacy that is registered with the IT platform Sonar. The pharmacy contractor is required to offer eligible patients the opportunity of receiving a PPV vaccination at their Pharmacy. The cost will be met by NHS England and Improvement London region. The vaccine is to be administered by an appropriately trained pharmacist under the authority of an NHSE (London Region) PGD for PPV.
- 3.2 Eligibility criteria
- Must be already signed up for the National advanced service first.
 - Must have met the Community Pharmacy assurance framework.
 - Must be compliant with Information Governance.
 - Must be a Community Pharmacy on the London Pharmaceutical list
 - Must meet the Premises requirements in the specification.
- 3.3 Routine immunisation should continue all year round (12 months) to achieve maximum impact, but where possible, Pharmacies can dovetail alongside flu vaccinations.
- 3.4 The PPV to be administered under this service is one of the inactivated pneumococcal polysaccharide vaccines listed by NHS England and Improvement London region, Public Health England and Department of Health.
- 3.5 Pharmacy contractors must ensure that vaccinations offered under this service are provided in line with Immunisation against infectious disease (The Green Book), which outlines all relevant details on the background, dosage, timings and administration of the vaccination and disposal of clinical waste.
- 3.6 The pharmacy contractor must have a standard operating procedure (SOP) in place for this service which includes procedures to ensure cold chain integrity. All vaccines are to be stored in accordance with the manufacturer's instructions and all refrigerators in which vaccines are stored are required to have a maximum / minimum thermometer. Readings are to be taken and recorded from the thermometer on all working days. Where vaccinations are undertaken off the pharmacy premises, the pharmacy contractor must ensure that appropriate measures are taken to ensure the integrity of the cold chain. The vaccines should not be used after the expiry date shown on the product.
- 3.7 Each patient being administered a vaccine should be given a copy of the manufacturer's patient information leaflet about the vaccine.
- 3.8 Patients who are eligible for other vaccinations not delivered by the Pharmacy should be referred to their GP practice for these vaccinations.



- 3.9 Each patient will be required to complete a consent form before being administered the vaccine. The consent covers the administration of the vaccine. The form also notifies the patient of the information flows that may take place as necessary for the appropriate recording in the patient’s GP practice record and for post payment verification.
- 3.10 Consent forms should be retained for an appropriate period, but for the purposes of post-payment verification, the forms should be kept for a minimum of two years after the vaccination takes place. As pharmacy contractors are the data controller, it is for each contractor to determine what the appropriate length of time is, beyond two years. Decisions on this matter must be documented and should be in line with ‘Records Management Code of Practice for Health and Social Care’.
- 3.11 Where consent forms are scanned into either a patient’s notes or into a third-party data transfer software solution, care must be taken to ensure that the scanned copy is of a good quality and is a true copy of the original.
- 3.12 The information contained in the PPV Consent Form may be shared on request with NHS England and Improvement London region and NHS BSA for post payment verification.
- 3.13 The pharmacy contractor will ensure that a notification of the vaccination is sent to the patient’s GP practice on the same day the vaccine is administered or on the following working day. This should be undertaken via secure email or secure electronic data interchange. <https://www.england.nhs.uk/wp-content/uploads/2018/02/approved-particulars-information-governance-2019.pdf>
- 3.14 If an electronic method to transfer data to the relevant GP is used and a problem occurs with this notification platform, the pharmacy contractor should ensure a hard copy of the paperwork is sent to the GP practice. The information sent to the GP practice should include the following details as a minimum:
 - a. the patient’s name, address, date of birth and NHS number (where known)
 - b. the date of the administration of the vaccine
 - c. the applicable SNOMED CT code – see Table 1 below
 - d. any adverse reaction to the vaccination and action taken/recommended to manage the adverse reaction
 - e. reason for patient being identified as eligible for vaccination

All relevant paperwork must be managed in line with ‘Records Management Code of Practice for Health and Social Care’

Table 1: Applicable SNOMED CT codes for notification to the GP practice

Code Type	Code	Description



SNOMED CT	382551000000109	Pneumococcal vaccination given by other healthcare provider
--------------	-----------------	---

Please note that Read V2 and CTV3 coding are no longer in use.

- 3.15 Where a patient presents with an adverse drug reaction following the initial vaccination and the pharmacist believes this is of clinical significance, such that the patient's GP practice should be informed, this information should be shared with the GP practice as soon as possible either via the GP Practice Notification Form or if that has already been sent to the GP practice, by an alternative method of communication.
- 3.16 The pharmacy contractor is required to report any patient safety incidents in line with the Clinical Governance Approved Particulars for pharmacies.
- 3.17 The pharmacy contractor is required to make arrangements for the removal and safe disposal of any clinical waste related to the provision of this service (including where the vaccination is undertaken off the pharmacy premises).

4. Training and premises requirements

- 4.1 To provide the service pharmacies must have a consultation room. The consultation room that will be used to undertake vaccinations must comply with the minimum requirements set out below:
 - the consultation room must be clearly designated as an area for confidential consultations
 - it must be distinct from the public areas of the pharmacy premises
 - it must be a room where both the person receiving services and the pharmacist providing those services are able to sit down together and talk at normal speaking volumes without being overheard by any other person (including pharmacy staff), other than a person whose presence the patient requests or consents to (such as a carer or chaperone).
- 4.2 The consultation room must also meet the General Pharmaceutical Council (GPhC) Standards for Registered Premises. <https://www.england.nhs.uk/wp-content/uploads/2018/02/approved-particulars-premises.pdf>
- 4.3 The pharmacy contractor must ensure that pharmacists providing the service are competent to do so. Pharmacists should demonstrate to the pharmacy contractor that they have the necessary knowledge and skills to provide the service by completing the vaccination services Declaration of Competence (DoC). Signing the DoC whilst not meeting the competencies may constitute or be treated as a fitness to practise issue. The pharmacy contractor must keep on the pharmacy premises copies of each DoC completed by pharmacists that they employ/engage to deliver the service.
- 4.4 The pharmacy contractor must ensure that pharmacists providing the service are aware of the National Minimum Standards in relation to vaccination



training and are compliant with the training requirements within those Standards that apply to pharmacists providing the service as set out in the vaccination services DoC. Pharmacists providing the service should undertake face-to-face training for injection technique and basic life support (including administration of adrenaline for anaphylaxis) at least every three years.

- 4.5 The pharmacy contractor should ensure that they have reviewed the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013, which govern the provision of the service, as well as the Service Specification (this document).
- 4.6 For premises requirements for off-site vaccinations please see annex A
- 4.7 The pharmacy contractor must ensure that staff are appropriately trained and made aware of the risks associated with the handling and disposal of clinical waste and that correct procedures are used to minimise those risks. A needle stick injury procedure must be in place.
- 4.8 The pharmacy contractor must ensure that staff involved in the provision of this service are advised that they should consider being vaccinated against Hepatitis B and be advised of the risks should they decide not to be vaccinated.

5. Service availability

- 5.1 The pharmacy contractor must ensure the service is accessible, appropriate and sensitive to the needs of all service users. No eligible patient shall be excluded or experience difficulty in accessing and effectively using this service due to their race, gender, disability, sexual orientation, religion or belief, gender reassignment, marriage or civil partnership status, pregnancy or maternity, or age.

6. Data collection and reporting requirements

- 6.1 The pharmacy contractor must maintain appropriate records to ensure effective ongoing service delivery.
- 6.2 All London Pharmacies signed up to the London PPV SLA must use Sonar to maintain patient records. This information would be sent to the GP that the patient is registered. If Pharmacies are experiencing issues with their Sonar system throughout the season, the minimum requirements for the information which should be included in a contractor's record of provision of the service to a patient are the mandatory sections indicated within the PPV Record Form which is set out in Annex C.



- 6.3 Where record forms are scanned into either a patient's notes or into a third-party data transfer software solution, care must be taken to ensure that the scanned copy is of a good quality and is a true copy of the original.

7. Payment arrangements

Financial Specifications

- Payment arrangements under the scheme will apply to persons immunised between 1st September 2020 and 31st August 2021.
- NHS England and Improvement London region shall, in consideration of the pharmacist providing the services, pay the Provider the appropriate fee for the activity carried out.
- Payment to the Provider by NHS England and Improvement London region will be made monthly on receipt of fully completed claims (NB: an automated claim system will be operated via Sonar).
- NHS England and Improvement London region shall notify the Provider as soon as practicable if it considers a claim submitted by the Provider is incorrect or that the stated services have not been provided in accordance with this Agreement and in such circumstances NHS England and Improvement London region shall be permitted to withhold any payment, subject to the outcome of any dispute resolution, due where there has been
 - A breach of the agreement
 - A cessation of the service
 - A shortfall or deficiency in service provision
- NHS England London region has the right to claim back any overpayments where it is demonstrated that the Provider was not entitled to those payments.
- The Provider will be paid a fee for each vaccination administered – See the fee structure below.
- The Provider will be reimbursed the cost of the vaccine at the list price (Drug Tariff). An allowance at the applicable VAT rate will also be paid.

Fee structure

The funding for the Local Enhanced London PPV service **is different** – see below:

Pharmacy contractors will receive remuneration of £7.90 per administered dose plus an additional fee of £1.50 per vaccination to recognise expenses incurred by the pharmacy in providing this service. Additionally, in recognition of the added work involved in targeting the groups for focus in London, namely the unregistered,

NHS England and NHS Improvement



homeless, patients with mental health and learning disabilities and carers, and, for providing a referral service for carers to local carer agencies, an addition of 66p per vaccination will be payable on ALL vaccinations covered by the London service.

In total pharmacies will receive £10.06 per administered dose of PPV, as well as reimbursement of vaccine costs (as in the Drug Tariff)<https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/drug-tariff> with the added element for VAT. Fees for co-administered vaccines will also be at the same rate.



Annex A: Responding to a request to vaccinate clients off-site

Where a pharmacy receives a request the pharmacy contractor can agree to provide off-site vaccination but before undertaking any off-site vaccinations they must submit a completed copy of the Notification of intent to provide off-site NHS PPV form (see below) to the NHS England and Improvement London region team.

This form sets out the requirements which must be complied with when providing off-site vaccinations. Additional points which pharmacy contractors should consider when planning the provision of off-site vaccinations include:

A.1 Pharmacists should consider being accompanied by a trained pharmacy support staff member during visits. The primary role of the support staff member is to assist in the event of an emergency, but they could also undertake administrative tasks and where necessary, act as a chaperone.

A.2 Pharmacy contractors must ensure that they meet the requirements of The Waste (England and Wales) (Amendment) Regulations 2012 in terms of transferring pharmaceutical waste from the site of vaccination back to the pharmacy premises for subsequent safe disposal.

Maintaining the cold chain

Pharmacists must ensure that the cold chain storage of the vaccines is maintained. Vaccines should be taken from the pharmacy fridge and placed into an appropriate validated cool box (which will maintain the vaccines at a temperature between 2 °C and 8°C) just before travel to the off-site location.

The vaccines should be kept in their packaging and should be insulated from the cooling system within the cool box, e.g. using bubble wrap, to avoid the risk of freezing. Any unused vaccines should be returned to the pharmacy fridge within 8 hours of first removal.



Notification of intent to provide off-site PPV

Pharmacy contractors who wish to provide the service off-site should send a completed copy of this form to the NHS England and Improvement London region team prior to providing off-site vaccinations. No acknowledgment of the receipt of the form is required by the contractor before they provide an off-site vaccination.

Name of Pharmacy	
Pharmacy Address	
Town/City	
Post Code	
Telephone number	
ODS code	F
The above pharmacy wishes to provide off-site pneumococcal polysaccharide vaccinations requested by NHS E/I. I/We confirm that:	
<input type="checkbox"/>	Pharmacists administering vaccines off-site will have a valid DBS certificate.
<input type="checkbox"/>	Pharmacists administering vaccines off-site will have completed the Vaccination Services Declaration of Competence, including the additional competencies section for off-site vaccinations.
<input type="checkbox"/>	The pharmacy's professional indemnity insurance covers off-site PPV.
<input type="checkbox"/>	Appropriate arrangements for off-site clinical waste management will be made.
<input type="checkbox"/>	Suitable settings for provision of vaccinations will be used, e.g. patient confidentiality will be maintained.
<input type="checkbox"/>	Appropriate infection control procedures will be able to be undertaken in the off-site location.
<input type="checkbox"/>	Suitable cold chain arrangements will be made for the transport of the vaccines
Signed	
Print Name	
Date	

NHS England and NHS Improvement



Annex B: NHS Pharmacy Pneumococcal Polysaccharide Vaccination Service - Notification of administration of PPV to Patient's GP Practice

To (GP practice name)

Patient name			
Address			
Patient DOB		NHS number (where known)	
This patient was administered PPV on: / /			
To ensure that your records are complete, record this as: Pneumococcal vaccination given by other healthcare provider SNOMED CT 382551000000109			
Eligible patient group (please only tick one box. To indicate the reason the patient was initially identified as being eligible)	<input type="checkbox"/> People aged 65 years and over	<input type="checkbox"/> Diabetes aged 18 to 64 years	
	<input type="checkbox"/> Chronic respiratory disease aged 18 to 64 years	<input type="checkbox"/> Immunosuppression & asplenia or dysfunction of the spleen aged 18 to 64 years	
	<input type="checkbox"/> Chronic heart disease aged 18 to 64	<input type="checkbox"/> Individuals with cochlear implants aged 18 to 64 years	
	<input type="checkbox"/> Chronic liver disease aged 18 to 64 years		
Additional comments (e.g. any adverse reactions to the vaccination and action taken/recommended to manage the adverse reaction)			
Pharmacy name			
Address			
Telephone			

Confidential



Annex C: NHS PPV Service – Record Form

* indicates sections that must be completed

Patient's details												
First name*												
Surname*												
Address*												
Postcode												
Telephone												
Date of birth*												
GP Practice*												
Patient's emergency contact												
Name												
Telephone												
Relationship to patient												
Any allergies												
Eligible patient group*	<input type="checkbox"/> People aged 65 years and over						<input type="checkbox"/> Diabetes					
	<input type="checkbox"/> Chronic respiratory disease aged 18 to 64 years						<input type="checkbox"/> Immunosuppression & asplenia or dysfunction of the spleen aged 18 to 64 years					
	<input type="checkbox"/> Chronic heart disease aged 18 to 64						<input type="checkbox"/> Individuals with cochlear implants aged 18 to 64 years					
	<input type="checkbox"/> Chronic liver disease aged 18 to 64 years											



Vaccination details									
Name of vaccine/manufacturer*	Apply vaccine sticker if available	Date of vaccination*				Pharmacy stamp			
Batch Number		Injection site*	<input type="checkbox"/> Left upper arm <input type="checkbox"/> Right upper arm						
Expiry Date*		Route of administration*	<input type="checkbox"/> Intramuscular <input type="checkbox"/> Subcutaneous						
Location (if not in the pharmacy)*	<input type="checkbox"/> <input type="checkbox"/>								
Any adverse effects*									
Advice given and any other notes									
Administered by* (pharmacist name)		Signature*			GPhC number*				