

British Medical Association
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UK General Practitioners, Local Medical Committees

**General Practitioners
Committee**

15 September 2009

Dear Colleague

H1N1 vaccination arrangements

Following the conclusion of the negotiations with NHS Employers that have taken place over the past few months, I am writing to detail our agreement on arrangements for administration of the H1N1 vaccination in the UK.

In line with recent advice from the Joint Committee on Vaccination and Immunisation (JCVI), the government's current intention is to offer the H1N1 vaccination to the following at-risk groups:

- Individuals aged between six months and up to 65 years in the current seasonal flu vaccine clinical at-risk groups
- All pregnant women, subject to licensing conditions on which is the appropriate trimester to administer the vaccine
- Household contacts of immuno-compromised individuals
- People aged 65 and over in the current seasonal flu vaccine clinical at-risk groups

Frontline health and social care workers will be offered the vaccine at the same time as the first clinical at-risk groups. The General Practitioners Committee supports this decision and believes that front line workers should take up the offer to protect themselves and the service they provide, as well as for public health reasons.

Subsequent use of the vaccine in the wider population will depend on the evolution of the pandemic and emerging clinical data on the use of the vaccine. Groups outside the at-risk categories outlined above are therefore not covered by these negotiated arrangements. The JCVI has advised that the vaccine can be co-administered with all other vaccines, including seasonal influenza and childhood vaccines.

The negotiated arrangement for delivery of the vaccination combines a per dose payment to cover additional staff costs and other expenses, with a package of measures to help free up practice time. The per dose component is lower than the standard seasonal flu Item of Service payment but we believe in this instance, with a predicted second surge of flu cases on the horizon, freeing up practice time through a more comprehensive package justifies this difference. NHS Employers and the departments of health have agreed that the lower vaccination payment on this occasion will not create a precedent for any future vaccination campaigns.

Undertaking this vaccination campaign will entail a considerable amount of work for practices. The government recognises this and has publicly thanked the profession for its cooperation. We hope that

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the negotiated package will help to make the vaccination campaign practicable within the constraints of normal day to day work.

In addition to this agreement, the GPC and departments of health are continuing to discuss emergency contractual arrangements, including suspension of normal Quality and Outcomes Framework (QOF) work, which could come into force should general practice experience unmanageable pressure during a second wave of flu cases.

The details of the H1N1 vaccination campaign are as follows:

- Participating GP practices will receive £5.25 to cover additional staff costs for every H1N1 injection given. It is up to practices to manage call and re-call arrangements and to schedule vaccination clinics as they deem appropriate. The H1N1 vaccinations may be given at the same time as seasonal flu vaccinations.
- To ease the pressure on practices, the government will not introduce any changes to QOF in 2010/11. In return the GPC will agree to release the 28 points identified by NICE for recycling in 2011/12. The new areas recommended by NICE for QOF will be piloted to inform decisions on how these points are used from 2011. The GPC has also agreed to discuss further changes to QOF for 2011/12.
- The collection date for the data on childhood immunisations for the third quarter, ie the December date, will be delayed by six weeks to mid-February. This will give practice staff busy with the flu vaccinations some additional flexibility.
- If a practice's uptake rate for this vaccination campaign is 3% greater than the 2008/09 UK seasonal flu uptake rate in at-risk groups, the practice will be granted a 10% drop in the upper and 20% drop in the lower thresholds of PE7 and PE8 (measured through national patient surveys). This recognises the effort that practices will have put into the vaccination campaign and potentially lost routine appointments.
- District nurses will vaccinate all housebound patients in line with seasonal flu arrangements.
- The departments of health will ensure that local enhanced services funding is not withdrawn to pay for the programme.

There is an agreement from all parties that this arrangement, made in unique circumstances, sets no precedent for the future.

We hope that you share our belief that these vaccination arrangements are workable. Further details and guidance on this programme will be made available as soon as detailed arrangements are finalised.

Yours sincerely



Laurence Buckman
Chairman, GPC