Service Specifications

	NHS England Service Specification
Service	School-Aged Immunisation Service
Commissioner lead	
Provider lead	NHS England and Improvement
Period	From 1 April 2022 – 31 March 2023
Date of review	Annual

SCHEDULE 2 – THE SERVICES

Note: Reference to Public Health England throughout the document:

It should be noted that in this service specification, references are made to immunisation and screening guidance/standards which may be branded as published by Public Health England (PHE), an organisation that no longer exists.

From Friday 1st October 2021, the UK Health Security Agency (UKHSA) became fully operational. UKHSA takes on the health protection responsibilities of PHE and incorporates NHS Test & Trace and the Joint Biosecurity Centre (JBC). UKHSA is an executive agency of the Department of Health and Social Care. It is responsible for planning, preventing, and responding to public health threats, and providing intellectual, scientific, and operational leadership at national and local level, as well as on the global stage.

Until guidance/standards are reviewed and rebranded as necessary, the references remain valid within this schedule. It is acknowledged that further amendments to this document may be required in the future.

1. Population needs

1.1. National/local context

The purpose of this specification is to ensure that there is a consistent and equitable approach to the provision and monitoring of School-Aged Immunisation Services across England.

This document outlines the service and quality indicators expected by NHS England (NHSE) (the Commissioner) from the School-Aged Immunisation Service (the Service) to ensure that a high standard of service is provided to NHS England's responsible population, defined as any eligible child attending a school in the commissioned area or not attending a school but registered with a GP and/or resident in the commissioned area. It therefore sets out the specific policies, recommendations, and standards that the

Commissioner expects the Service to meet. This is a specification that is devolved to regional commissioners for local management.

The service specification is not designed to replicate, duplicate, or supersede any relevant legislative provisions which may apply, e.g. the Health and Social Care Act 2008, or the work undertaken by the Care Quality Commission. In the event of new guidance emerging, the specification will be reviewed and amended with as much rapidity as possible, but, where necessary, both the Commissioner and the Provider will work proactively to agree speedy variations of contract ahead of the production of a revised specification.

This service specification enables the Commissioner to commission an effective and predominantly school-based service for the delivery of national routine immunisation programmes. Further details and information of each individual vaccine programme to be delivered are included in the appendices of the specification but are currently as follows:

- Human Papillomavirus (HPV) vaccinations
- Diphtheria, Tetanus and Poliomyelitis (Td/IPV) booster
- Meningococcal ACWY (MenACWY) conjugate vaccine
- Measles, Mumps and Rubella (MMR) catch up vaccinations.
- School-aged children's Seasonal influenza (flu) vaccinations

In addition, the provider will deliver a catch-up service for children and young people with any of the above missing immunisations.

These vaccines form part of the national routine childhood immunisation programme, which aims to prevent school-aged children from developing vaccine preventable childhood diseases that are associated with significant mortality and morbidity. High uptake of vaccinations in this population also helps to protect the wider community through herd immunity.

Most vaccine preventable diseases are spread from person to person and so it is likely that whilst social distancing measures to prevent COVID-19 were in place they would have also reduced but not abolished the risk of some vaccine preventable diseases. Other factors, such as reduced travel overseas, may also have reduced the overall risk. As social contact returns to pre-pandemic norms there is likely to be a resurgence of many infectious diseases to levels similar to or higher than before the pandemic. This could add substantial pressures in the NHS in 2022 to 2023. It is important to note that, many vaccine preventable diseases are more infectious than COVID-19 and so vaccination is the only reliable way to avoid infection. In addition, for some vaccine preventable diseases, people can carry the organism for months or even years. Infections such as meningococcal, haemophilus influenzae type b (Hib), and pneumococcal infection are therefore most commonly acquired from other people in one's own household. Timely vaccination is therefore still an important way of keeping people safe.

The Commissioner expects the school-aged immunisation service to be delivered primarily in schools. However, the Service must be offered to 100% of eligible school-aged children and young people, including those with no known school, and engage with those that are home-schooled, from groups that find it difficult to access services (e.g. Gypsy, Roma or Traveller children) or looked after children who may require special and specific arrangements.

This specification underpins national and local commissioning practices and service delivery. The existing, successful national immunisation programme provides a firm platform on which local services can develop and innovate to better meet the needs of their local population and work towards improving outcomes.

This specification reflects the current immunisation schedule for England. However, it is important to note that immunisation schedules can change and evolve in the light of emerging best practice and scientific evidence. The Provider is required to reflect these changes accordingly in a timely way with agreement from the Commissioner.

The Provider will not subcontract any element of the service without the prior agreement with the regional Commissioner. The Provider will have robust formal subcontracting arrangements using the NHS Standard Contract subcontracting template or equivalent, for any agreed subcontracted elements of the service. The Provider will regularly review and monitor subcontracted elements and maintain overall responsibility. The Provider will ensure that subcontracted elements do not deviate in omission or addition from the service as described in this specification.

Immunisation Against Infectious Disease (The Green Book), issued by UKHSA, provides guidance and has the latest information on vaccines and immunisation procedures for all the vaccine preventable diseases that may occur in the UK. This Service specification must be read in conjunction with the online version of the Green Book and all relevant immunisation guidance: (www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book).

1.2. Evidence base

To support the delivery of an effective and high-quality childhood immunisation programme, the Provider must refer to and make comprehensive use of the following key resources:

- World Health Organization's (WHO) (2011) *Global immunisation vaccine action plan 2011–2020* https://www.who.int/immunization/global_vaccine_action_plan/GVAP_doc_2011_2020/en/
- UK Health Security Agency *Immunisation against infectious disease* (Green Book) www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book
- DH (2009) *Healthy Child Programme: Pregnancy and the first five years of life* https://www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life
- DH (2009) *Healthy Child Programme: From 5 to 19 years old* https://www.gov.uk/government/publications/healthy-child-programme-5-to-19-years-old

- National Institute for Health and Care Excellence (NICE) Public Health Guideline (NG218) *Vaccine uptake in the general population* https://www.nice.org.uk/guidance/ng218
- PHE (now UKHSA) (2010; last updated April 2014) *Protocol for ordering, storing and handling vaccines* http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_120010
- PHE (now UKHSA) (2018) *National minimum standards for immunisation training* https://www.gov.uk/government/publications/national-minimum-standards-and-core-curriculum-for-immunisation-training-for-registered-healthcare-practitioners
- PHE (now UKHSA) and Royal College of Nursing (RCN) (2015) Immunisation training of healthcare support workers: national minimum standards and core curriculum https://www.gov.uk/government/publications/immunisation-training-of-healthcare-support-workers-national-minimum-standards-and-core-curriculum
- PHE (now UKHSA) Flu immunisation training recommendations (2021) https://www.gov.uk/government/publications/flu-immunisation-training-recommendations/flu-immunisation-training-recommendations
- (now UKHSA) official immunisation programmes and programme-specific webpages https://www.gov.uk/government/collections/immunisation
- *British National Formulary and British National Formulary for Children* – online version https://www.bnf.org/products/bnf-online/
- Joint Committee on Vaccination and Immunisation information (JCVI) webpages https://www.gov.uk/government/policy-advisory-groups/joint-committee-on-vaccination-and-immunisation
- Resuscitation Council UK guidelines (2021 https://www.resus.org.uk/library/2021-resuscitation-guidelines
- NHS England Accessible Information Standard (2016; revised 2017) https://www.england.nhs.uk/ourwork/accessibleinfo/
- NHS England Serious incident framework (2015) https://www.england.nhs.uk/patient-safety/serious-incident-framework/
- UKHSA (updated August 2021) *Vaccination of individuals with uncertain or incomplete immunisation status* https://www.gov.uk/government/publications/vaccination-of-individuals-with-uncertain-or-incomplete-immunisation-status
- UKHSA Immunisation collection https://www.gov.uk/government/collections/immunisation
- UKHSA Vaccine incident guidance https://www.gov.uk/government/publications/vaccine-incident-guidance-responding-to-vaccine-errors

Note: This list is not exhaustive, and the Provider will be expected to respond to new and emerging guidance relating to vaccinations.

1.3. COVID-19

The commissioner advises that if there are local Covid-19 related lockdowns or other restrictions in place, the expectation is that immunisation services will continue as contracted, including continuing actions to support the restoration or the proactive offer of immunisations to those who missed vaccination in line with all national guidance such as Phase 3 & 4 letters. This includes the expectation that immunisation staff must not be diverted towards other services, or their buildings or facilities repurposed for other uses, without the specific agreement of the relevant regional commissioner.

Compliance with national advice from UKHSA and others on preventing spread of coronavirus through appropriate infection control measures will help ensure parents, carers and children feel confident that it is safe to attend for vaccination.

Any indication of service change due to local or national lockdowns must be raised by the provider to their NHSEI regional commissioner so that it can be discussed and considered and where agreed, mitigations put in place that minimise any disruption to delivery of the screening and immunisation programmes.

1.4. Other immunisations

The Provider will use every opportunity to check the full immunisation status of all school-aged children, if the routine schedule has not been completed then missing doses will be offered where possible, or the child/young person will be referred to attend their GP practice to complete the schedule.

Should any other school-aged immunisation programme be recommended by JCVI to be implemented by the DHSC, UKHSA and NHSE, or any extension to an existing programme, the Provider may be asked to work with the Commissioner to deliver to the appropriate cohort under the terms of this service specification.

The national immunisation programme supports the commitment made in the NHS Constitution that everyone in England has ‘the right to receive the vaccinations that the JCVI recommends that you should receive under an NHS provided national immunisation programme.’

This right is set out in the NHS Constitution that was originally published in 2009 and renewed in 2012. The right is underpinned by law, regulations, and directions: those who fit the JCVI criteria have a right to receive the vaccine.

2. Outcomes

2.1 NHS Outcomes Framework domains and indicators

Domain 1	Preventing people from dying prematurely	X
Domain 2	Enhancing quality of life for people with long-term conditions	X
Domain 3	Helping people to recover from episodes of ill health or following injury	
Domain 4	Ensuring people have a positive experience of care	X
Domain 5	Treating and caring for people in a safe environment and protecting them from avoidable harm	X

2.1.1 Health outcomes

The School-Aged Immunisation Service aims to:

- reduce mortality and morbidity from vaccine-preventable illnesses
- protect the health of specified groups, individuals, and the wider population
- reduce the number of vaccine-preventable infections and their onward transmission
- achieve high coverage in the target cohorts
- minimise adverse physical/psychological/clinical aspects of immunisation, e.g. anxiety, adverse reactions
- reduce hospital admissions
- reduce the use of antimicrobials
- help reduce health inequalities.

Vaccinations form part of the life course immunisation programme – a key part of the Healthy Child Programme (HCP). The HCP is an early intervention and prevention public health programme that lies at the heart of universal services for children and families. The HCP offers all families a programme of screening tests, immunisations, developmental reviews, information, and guidance to support parenting and healthy choices – all services that families need to receive if they are able to achieve their optimal health and wellbeing.

2.2. Locally defined outcomes

The School-Aged Immunisation Service aims to:

- protect the health of specified groups, individuals, and the wider population
- protect those who are most at risk of serious infection or death should they develop any of the diseases covered by this specification

- reduce the transmission of infection, and thereby contribute to the protection of the wider population and vulnerable individuals who may have suboptimal response to their own immunisation
- minimise adverse physical/psychological/clinical aspects of immunisation (e.g. anxiety, adverse reactions)
- reduce absenteeism in schools for school children and staff as a result of any of the diseases covered by this specification
- promote immunisations to engage all key stakeholders

3. Scope

3.1. Key roles and responsibilities

3.1.1. Service model summary

The Provider will:

- deliver the school-aged immunisation service primarily in schools
- take all reasonable steps to identify and invite 100% of the target populations for each immunisation covered by this service specification, including working with schools, Local Authorities, CHIS, or other agencies, to identify those children not in school or where the school is not known.
- offer all children/young people within the defined cohorts, including children attending maintained, independent, and special schools and any other setting attended by children in the eligible cohorts including those schooled at home who are registered with a GP
- follow up with parents or GP for clarification of medical histories as appropriate
- schedule sufficient clinics as required for each immunisation before the end of the summer term, (with the exception of seasonal flu delivered in the autumn/winter), to ensure all eligible children are fully vaccinated by the end of the academic year and, where necessary, schedule clinics during the school holidays
- take every opportunity to check vaccination status, and remind parents, guardians and young people of the importance of immunisations and the need to have them at the appropriate times
- take all reasonable steps to engage with children and young people from groups that find it difficult to access services, for example Gypsy, Roma, or Traveller children, or looked after children who may require special and specific arrangements
- notify the registered GP of any child or young person, who cannot be vaccinated by the Provider, to ensure they are immunised in general practice
- ensure that local ‘catch-up’ arrangements are available to prevent outbreaks in areas with poor uptake

- co-operate with the Commissioner to administer appropriate vaccinations to susceptible contacts of cases or for outbreak control
- be responsible for collating all immunisation data
- be responsible for uploading/disseminating this information as required (e.g. ImmForm – see section 5.3.2)
- use age appropriate materials for health promotion purposes

3.1.2. Requirements prior to immunisation

The Provider will:

- have systems in place to identify the total eligible cohort and share cohort denominators with the Commissioner by the end of October each year
- have systems in place to accurately identify individuals who have previously had the vaccination elsewhere
- identify venues that will ensure the maximum uptake of the vaccination programmes, i.e. schools, youth centres
- have engaged with and built collaborative relationships with school nurses and school staff and head teachers
- have robust pathways to receive referrals from other health professionals
- accept self referrals (e.g. home-schooled children and young people)
- have systems in place to assess eligible individuals for suitability by a competent individual prior to each immunisation
- assess the immunisation record of each individual to ensure that all vaccinations are up to date
- have systems in place to identify, follow-up and offer immunisation to eligible individuals
- have arrangements in place that enable them to identify and recall under or unimmunised individuals and to ensure that such individuals are offered immunisation in a timely manner
- have systems in place to identify those in clinical risk groups, and to optimise access for those in underserved groups (e.g. travellers and looked after children)
- have arrangements in place to access specialist clinical advice so that immunisation is only withheld or deferred where a valid contraindication exists
- have arrangements in place to report and co-ordinate responses to outbreaks of diseases. Where serious outbreaks or incidents occur Providers will be expected to work with key partners, including NHSE and UKHSA to support the assessment of risk and consider the case of new provision or changes to existing provision as set out in the Immunisation and Screening National Delivery Framework and Local Operating Model

- have systems in place to ensure vaccine uptake data is reported and uploaded to national reporting systems (e.g. ImmForm which is used for official statistics).

3.2. Vaccine administration and management

The Provider will adhere to the following:

- Professionals involved in administering the vaccine have the necessary skills, competencies, and annually updated training with regard to vaccine administration and the recognition and initial treatment of anaphylaxis. The provider has a duty to ensure it has, or will have, trained and competent staff to deliver (any) given immunisation programme they agree a contract for.
- Compliance with national advice on preventing the spread of COVID-19 through appropriate infection control measures
- Regular training and development (taking account of national standards) will be routinely available. Training is likely to include diseases, vaccines, delivery issues, consent, cold chain, vaccine management and anaphylaxis. See section 1.2 of this document for references to training standards.
- The professional lead in the provider organisation must ensure that all staff are legally able to supply and/or administer the vaccine by:
    - working under an appropriate patient group direction (PGD)
    - working from a patient specific direction (PSD) or working as an appropriate prescriber.
- Provide all those immunised with information on possible side effects and further immunisations required.
- Develop the necessary failsafe system to ensure that any child that has missed their routine vaccination (e.g. either due to school absence or because they have recently moved into the area) is identified and offered the required vaccine.
- Have robust and confidential record keeping procedures in place and will provide accurate and timely information of the child's immunisation status to CHIS electronically within ten days, ideally within 2 days, of immunisation.
- Ensure vaccine uptake data is reported and uploaded to national reporting systems (including ImmForm, used for official statistics).

3.2.1. Vaccine storage and wastage

Effective management of vaccines is essential to ensure patient safety and to minimise wastage as far as reasonably possible whilst also ensuring that vaccine is always available when needed. The Provider will have effective cold chain and administrative protocols that reduce vaccine wastage to a minimum and reflect national protocols (e.g. Chapter 3 of the Green Book and the 'guidelines for maintaining the vaccine cold chain') including:

- how to maintain accurate records of vaccine stock
- how to record vaccine fridge temperatures
- how to reset fridge thermometers
- what to do if the temperature falls outside the recommended range.

For further information:

- Public Health England (2014) Protocol for ordering, storing and handling vaccines: https://www.gov.uk/government/publications/protocol-for-ordering-storing-and-handling-vaccines
- Chapter 3: the Green Book: Storage, distribution and disposal of vaccines: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/223753/Green_Book_Chapter_3_v3_0W.pdf
- For help using ImmForm providers need to log-in to the site and access the help pages: https://portal.immform.phe.gov.uk

The Provider will:

- ensure that fridges are installed, maintained, monitored, and used appropriately

ensure all vaccines are delivered to an appointed place

- ensure that at least one named individual is responsible for the receipt and safe storage of vaccines in all premises
- ensure that approved pharmaceutical grade cold boxes are used for transporting vaccines
- ensure that only minimum stock levels (two to four weeks maximum) of vaccine will be held in pharmaceutical grade vaccine fridges, to reduce the risk of wastage caused by power cuts or inadvertent disconnection of fridges from power supplies
- report any cold chain failures via ImmForm and to the Commissioner immediately
- monitor usage and any wastage of vaccine.

Vaccine supply will be controlled by the UKHSA vaccine supply department via ImmForm.

3.2.2. Vaccine ordering

All vaccines for the national routine school-based programmes are centrally procured and must be ordered via the ImmForm online ordering system.

The Provider can register to order vaccine via ImmForm:

- online: https://portal.immform.phe.gov.uk
- via email: send your request to: helpdesk@immform.org.uk

Further help is available at: ImmForm Helpdesk: 0207 183 8580

Where organisations are required to purchase vaccines advice should be sought from the relevant chapter of the Green Book and ordered directly from manufacturers.

3.2.3. Responding to incidents or outbreaks of vaccine preventable diseases (VPD) in school settings

The Provider will ensure robust service capacity is in place to respond to all incidents/ outbreaks of vaccine preventable diseases in schools in accordance with advice from UKHSA. In these situations, the Provider will work closely with the Commissioner and UKHSA to ensure a coordinated timely incident/ outbreak management response.

The Commissioner will inform providers of any VPD incident or outbreak in which the Provider is required to support the incident or outbreak management response. All requests for provider support that is not communicated by the Commissioner directly, should be discussed in the first instance with the Commissioner before taking action.

In the event of such a request and in the absence of an NHSE authorised PGD, the Provider will ensure robust processes are in place for the timely development and signatory on all PGDs/PSDs required in an incident or outbreak response.

3.3. Consent

Chapter 2 in the Green Book provides guidance on consent, which relates to the immunisation of both adults and children. There is no legal requirement for consent to be in writing, but sufficient information must be available to make an informed decision.

The Provider will ensure that:

- consent is obtained prior to giving any immunisation
- consent is given voluntarily and freely
- individuals giving consent on behalf of children and young people must be capable of consenting to the immunisation in question
- for children/young people not competent to give or withhold consent, such consent can be given by a person with parental responsibility, provided that person is capable of consenting to the immunisation in question and is able to communicate their decision. Although a person may not abdicate or transfer parental responsibility, they may arrange for some or all of it to be met by one or more persons acting on their behalf
- the service user or service user's representative has access to the patient information leaflet
- consideration is given when it is possible for the Provider to administer the vaccine to a competent young person who requests it where there is no signed parental consent. The decision to

vaccinate will be at the individual practitioner's discretion and will be reassessed at each visit. It will be clearly documented that the young person has been deemed competent when they receive each vaccination. The young person's confidentiality will be maintained

- relevant resources (leaflets/factsheets, etc) in an age appropriate format are used as part of the consent process to ensure that all parties have available information about the vaccine and the protection it offers. In some cases, this may involve the use of a trained interpreter
- professionals are sufficiently knowledgeable about the disease and vaccine and to be able to answer any questions with confidence
- for HPV, consent from parents or the young person is obtained for both vaccines and parents are aware that their child will receive both vaccines unless they withdraw consent at any stage

The Provider will obtain a returned consent form where possible although in the absence of a return consent form the Provider will:

- telephone the parent/ person with parental responsibility to discuss consent for the young person's immunisations during the immunisation session
- make every effort to contact the parent/person with parental responsibility to enable immunisation of the young person
- in the event that the parent/person with parental responsibility is uncontactable, seek consent from the young person after assessing competency
- ensure immunisation programme specific leaflets are available at each immunisation session to aid the consenting process.

Note: there is **no requirement** for consent to be in writing. Delaying or postponing immunisations due to a lack of signature on the consent form is not acceptable. Every effort will be made to immunise those eligible following a robust consenting process.

3.4. Service improvement

The Commissioner and the Provider may identify areas of challenge within local vaccination programmes and develop comprehensive, workable, and measurable plans for improvement. These may be locally or nationally driven and are likely to be directed around increased coverage and may well be focused on underserved groups.

NICE PH21 guidelines (*Immunisations: reducing differences in uptake in under 19s*) highlight evidence to show that there are interventions that can increase immunisation rates and reduce inequalities. The Provider will consider the following suggestions:

- up-to-date patient reminder and recall systems
- well-informed healthcare professionals who can provide accurate and consistent advice

- high-quality patient education and information resources in a variety of formats (leaflets, internet forums and discussion groups)
- effective performance management of the commissioned service to ensure it meets requirements.

3.5. Interdependencies

The success of the school-aged immunisation service is dependent upon systematic relationships between all stakeholders. The Provider will demonstrate leadership and develop collaborative relationships with all the key stakeholders and any associated local children and young people's pathways. The provider will be a key member of a geographical based immunisation programme boards or groups

Key interdependences include (but not exclusively):

- primary care
- school nursing services / health visitor services
- schools, including head teachers, governors (or other key settings)
- safeguarding teams and looked after teams
- local authority – public health and education leads
- vaccine/equipment suppliers
- CHIS, etc.

3.6. Communication strategies

It will be important to develop and implement communication strategies to support both the introduction of new vaccines and the maintenance of existing programmes. Such strategies may be developed on a national basis. Local strategies may also be developed to further support national programmes or address specific issues.

All immunisation invitations should take into account COVID-19 specific messaging, including but not limited to:

- Importance of protecting communities from the virus via avoidable hospital admissions
- PPE specific guidance (as advised nationally) https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control

3.7. Staffing including training

To deliver a school-aged immunisation service it is essential that all staff are appropriately trained. The Provider will:

- have an adequate number of trained, qualified, and competent staff to deliver a high-quality immunisation programme in line with best practice and national policy
- ensure that immunisers are covered by appropriate occupational health policies for adequate protection against vaccine preventable diseases and are fully up to date with the relevant nationally recommended vaccines (e.g. measles, flu, and hepatitis B)
- meet UKHSA national minimum standards in immunisation training, either through training or professional competence
- ensure that immunisers have had training (and annual updates) with regard to the recognition and initial treatment of anaphylaxis
- ensure that all staff are familiar with and have online access to the latest edition of the Green Book
- ensure that all staff are registered to receive UKHSA vaccine updates: https://www.gov.uk/government/organisations/public-health-england/series/vaccine-update

3.8. Premises and equipment

Appropriate equipment and suitable premises are needed to deliver a successful school-aged immunisation service. The Provider will have:

- suitable premises and equipment provided for the service aligned to national infection control guidance disposable equipment meeting approved standards
- appropriate waste disposal arrangements in place (e.g. approved sharps bins, etc as compliant with HTM01-07 Sharps standards)
- appropriate policies and contracts in place for equipment calibration, maintenance, and replacement
- anaphylaxis equipment accessible at all times during an immunisation session and all staff should have appropriate training in the immediate management of anaphylaxis resuscitation
- premises that are suitable and welcoming for children, young people, their parents/carers, and all individuals coming for immunisation, including those for whom access may be difficult
- processes in place to reassure individuals that the most up-to-date guidance on maintaining social distancing in waiting rooms if necessary and decontamination of premises and equipment is being strictly followed in line with UKHSA guidance on Infection Prevention and Control (IPC). In practice, this may be achieved by adjusting appointment times to avoid waiting with others:

  https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control

3.9. Adverse events and incidents

Any reported adverse events or reactions post vaccination must follow determined procedures and be reported to the Medicines and Healthcare Products Regulatory Agency (MHRA) via the Yellow Card

Scheme (https://www.gov.uk/report-problem-medicine-medical-device) and to the Commissioner as soon as they are identified. In addition, teams must keep a local log of reports.

Where there is an incident or serious incident the Provider is obliged to share data in a timely manner with the Commissioner to mitigate risk and manage the incident. In relation to serious incidents NHS England's serious incident framework should be referred to:

https://www.england.nhs.uk/patient-safety/serious-incident-framework/

In the event of a serious incident the Provider will inform the Commissioner within 24 hours of the circumstances and provide all reasonable assistance to the Commissioner in investigating and dealing with the incident.

The Provider will undertake the following with respect to risk management:

- comply with appropriate statutory regulations (e.g. data protection act, control of substances hazardous to health (CoSHH) regulations) to ensure a safe working environment
- have a critical/serious incident policy in place and make sure all staff are aware of it and of their responsibilities within it have a robust system in place whereby service users, their families, other professionals, and the public can raise concerns about the quality of care and where there are adequate arrangements for the investigation of such concerns.

3.10. Documentation

Accurate recording of all vaccines administered and good management of all associated documentation is essential.

The Provider will ensure that:

- It has robust and confidential record keeping procedures in place and provide accurate and timely information of the child's immunisation status to CHIS electronically within 10 days, (ideally 2) of immunisations administered
- With the introduction of HPV Gardasil® 9, all IT systems in use can record and report the vaccine by product name in order to be able to distinguish which vaccine has been administered: Gardasil® or Gardasil® 9
- The following information must be recorded and shared:
    - any contraindications to the vaccine and any alternative offered
    - any refusal of an offer of vaccination and the reason for refusal
    - details of consent and the relationship of the person who gave the consent
    - the batch number, expiry date and the product name of the vaccination
    - the date of administration of the vaccine
    - the site and route of administration

- any adverse reactions to the vaccine
- the name of the immuniser.

- The recipient will be given an individual record which will include:
  - the batch number, expiry date and the product name of the vaccination
  - the date of administration of the vaccine
  - the site and route of administration
  - any adverse reactions to the vaccine
  - name of immuniser.

3.11. Governance

It will be essential to ensure that there are clear lines of accountability and reporting to assure the on-going quality and success of the school-aged immunisation service.

Commissioning arrangements require that:

- there is a clear line of accountability from the Provider to the Commissioner
- clear incident reporting mechanisms are in place so that any learning can be shared
- the Provider will be able to demonstrate that there is appropriate internal clinical oversight of the service's management and a nominated lead for immunisation is in place
- evidence of Provider governance should be available, if requested, to a clinical lead and immunisation system leader
- there is regular monitoring and audit of the service, including the establishment and review of a risk register by the Provider as a routine part of clinical governance arrangements, to assure the Commissioner of the quality and integrity of the service
- the Provider will supply evidence of clinical governance and effectiveness arrangements on request to the Commissioner
- the provision of high quality, accurate and timely data to relevant parties including the Commissioner is a requirement for payment
- the Provider will document, manage, and report on programmatic or vaccine administration errors, including serious incidents, and escalate as needed. This will include involving the Commissioner and relevant partners and where appropriate for the Commissioner to inform DHSC
- the NHS England press office will liaise closely with the DHSC, UKHSA and MHRA press offices on the management of press enquiries as necessary.

3.12. Safeguarding

The Provider will refer to, and comply with, the safety and safeguarding requirements as set out in the NHS Standard Contract:

- this service involves direct care of children and young people. Excellent safeguarding practice should be embedded into everyday clinical practice
- the Provider will have adopted and comply with National and local multiagency polices or commissioner Safeguarding requirements.

3.13. Equality and diversity/addressing inequalities

See NHS England standard contract under Service Condition 13 (SC13) for the contractual requirements for equity of access, equality, and the avoidance of discrimination.

The Provider will deliver the Service in a way which addresses local health inequalities, tailoring and targeting interventions when necessary.

A health equity impact assessment will be undertaken by the Provider including equality characteristics, socioeconomic factors, and local vulnerable populations.

The Provider will:

- ensure the Service is delivered in a culturally sensitive way to meet the needs of local diverse populations
- involve Service users in the development and evaluation of the Service whenever possible. This will include representation from Service users with equality characteristics reflecting the local community including those with protected characteristics
- exercise high levels of diligence when considering excluding people with protected characteristics in their population from the programme and follow both equality, health inequality and screening guidance when making such decisions
- ensure that systems are in place to address health inequalities and ensure equity of access to the Service, this will include, for example, ensuring that there are no obstacles to access on the grounds of the nine protected characteristics as defined in the Equality Act 2010: https://www.gov.uk/guidance/equality-act-2010-guidance
- demonstrate evidence of how this has been done upon request from the Commissioner
- adhere to the requirements of the Accessible Information Standard to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand and with support so they can communicate effectively with health and social care services (see link for more information: https://www.england.nhs.uk/ourwork/accessibleinfo/

- have procedures in place to identify and support those persons who are considered vulnerable or underserved. The Provider will comply with policies and good practice recommendations for such persons.

4. Applicable service standards

4.1 Applicable national standards

Full reporting requirements are outlined in Schedule 4.

The Provider will:

- meet the acceptable national standards and work towards attaining and maintaining the achievable standards
- identify, as early as possible, individuals that may have missed immunisation, where results are incomplete
- have processes in place to mitigate against weaknesses in the pathway
- demonstrate that there are audited procedures, policies and protocols in place to ensure the service consistently meets programme requirements
- comply with guidance on managing safety incidents in national immunisation programmes and NHS England's serious incident framework:
- ensure business continuity – business continuity plans will be in place and submitted to the Commissioner on request
- ensure subcontracts and/or service level agreements with other providers are approved by the Commissioners prior to their start and meet national standards and guidance.
- adhere to specific professional standards and guidance including, but not limited to, those listed in Section 1.2 of this specification.

5. Applicable quality requirements and CQUIN goals

5.1. Quality assurance

The Commissioner reserves the right to request the completion of audits (up to three per year). Attendance at appropriate immunisation working groups/programme boards will be required, and preparation to present data and/or other information at these meetings is expected. Data on key performance indicators and quality indicators as described below will be presented by the Provider at appropriate programme board meetings.

5.2. Applicable quality requirements

The Provider will ensure the Service maintains and improves current immunisation coverage (with reference to vaccine coverage public health outcomes framework indicators, where relevant) with the aim of 100% of relevant individuals being offered immunisation in accordance with the Green Book and other official DHSC/UKHSA guidance. This includes performance indicators and key deliverables that are set out in Annex B of the NHS Public Health Functions Agreement (Section 7A).

The Provider is expected to achieve the following programme specific standards:

- 100% offer of immunisation(s) to the eligible cohorts of each specified programme
- 100% second offer to those children who do not take up the initial offer of vaccination within the initial school year and annually thereafter until school leaving age
- 100% of staff trained to national standards and 100% updated annually (threshold 95%)

Note: for the avoidance of doubt and to ensure consistency of measurement across England, 'offer' and 'uptake' will be measured on the basis of the population of children on the school roll **plus** any additional children not in school identified by the provider. This same denominator should be provided for any ImmForm data submission (ImmForm).

Note: targets and thresholds may change in line with national policy and performance.

Note: See appendices for further information on programme specific standards.

5.3. Data collection, monitoring and reporting

The Commissioner and Provider will meet monthly for 6 months at the start of a new contract, and then review to move to quarterly meetings where data, performance and delivery will be discussed.

5.3.1. Reporting requirements

The collection of data is essential. It has several key purposes including the local delivery of the programme and the monitoring of coverage at national and local level, outbreak investigation and response. In-depth analysis underpins any necessary changes to the programme, which might include the development of targeted programmes or campaigns to improve general coverage of the vaccination.

The Provider must ensure that:

- information on vaccines administered, including the product name of the vaccine administered, is documented and that this information is transferred to the general practice for the updating of the patient's record
- information on vaccines administered, including the product name of the vaccine administered, is electronically submitted directly to any relevant population immunisation register, CHIS, within 10 working days (ideally within 2 working days).

- individuals who have previously had the vaccination elsewhere are accurately identified and this data is included on the monthly reporting template (to be shared with the provider)
- any reported adverse incidents, errors, or events during or post vaccination must follow determined procedures
- suspected adverse reactions must be reported to the commissioner and the MHRA via the yellow card scheme card upon identification, including the brand number and batch number in addition to following locally and nationally determined procedures, including reporting through the NHS
- cases of suspected vaccine preventable notifiable diseases are reported to the local UKHSA centre on identification
- any cold chain failures must be documented and reported to the Commissioner and where they result in vaccine loss, registered on ImmForm
- any significant concerns it has in relation to the delivery of services, including reports of serious failings, incidents or major risks are reported to enable the commissioner to inform the DHSC; Advice on vaccine incident management may be sought from UKHSA.

The Provider will have a planned schedule for each immunisation programme and will share this with the Commissioner at the start of each academic year. The detailed plan, including scheduling of second and subsequent offers and community drop in/catch up clinics will be shared with the Commissioner at the beginning of each term. The Provider will report uptake against the plan on a termly basis.

The Provider will complete national reporting surveys for each immunisation programme as required by the National Infections Service/UKHSA and undertake an annual audit of uptake amongst defined vulnerable/underserved groups

The Provider will carry out an annual young person/parent experience survey and report the findings, including supported levels of satisfaction and the actions taken in response.

The Provider will provide a termly report on vaccine administration errors, vaccine wastage and cold chain failures and the actions taken in response.

5.3.2. Vaccine coverage data collection

The Provider will be expected to comply with monthly (e.g. ImmForm for influenza), annual (e.g. ImmForm for HPV, Td/IPV and MenACWY), and ad-hoc reporting requests in a timely manner.

Vaccine uptake data collection for the national routine school-based immunisation programmes, HPV, Td/IPV and MenACWY, will take the form of a manual ImmForm survey at the end of each academic year. The collection consists of one annual survey with data collected at the local authority level. The data is collected via ImmForm, which provides a manual online data submission function for NHS England regional teams and other data providers, together with relevant survey information and guidance for the HPV, Td/IPV and MenACWY vaccine coverage collection. UKHSA is responsible for managing ImmForm, as well as the data collection, validation, reporting and analysis of the data. Regional teams may choose

to establish local standards around data collection. For example, arranging to collect data from providers on monthly basis to monitor for any performance issues, although the requirement to report coverage will be through an annual collection.

School-based delivery of the routine and catch-up cohorts will thus facilitate monitoring of the impact of the programme as it allows for a standardised data return for each cohort offered vaccine. In areas where it is necessary to use primary care for the delivery of the routine and catch-up cohorts, it will be required to establish denominators and vaccine coverage locally and submit a collated figure for each cohort to UKHSA.

6. Location of provider premises

6.1. Provider location

The Provider will schedule sufficient immunisation sessions in **every** school in the geographical area to accommodate all eligible children, and make all reasonable efforts to vaccinate children not in formal education or home-schooled, as well as underserved groups, e.g. by setting up additional scheduled, drop-in or mop-up clinics at selected community premises (youth/children's centres, community health centres, local fire stations etc.) across the geographical area. Where the Provider is not able to negotiate entry to a school, an alternative venue in close proximity to the school should be used to maximise accessibility. This must be escalated to and discussed with the Commissioner in the first instance.

6.2. Days/hours of operation

The majority of delivery will be during the school term and the normal school day. However, the Service will be made available throughout the year at times and in venues as required to enable maximum uptake of vaccination programmes. This will include delivering in community settings and outside school hours, including weekends, school, and bank holidays where necessary to address specific situations, e.g. access for underserved groups, outbreak vaccination delivery.

The Provider will work closely with schools when scheduling immunisation to maximise access**.**

3

Appendix 1: Human Papillomavirus (HPV) Immunisation Programme

Aim of the Service

The aim of the school-aged immunisation programme is to reduce morbidity and mortality from cervical cancer and non-cervical cancers by routinely offering the HPV vaccination to young people aged 12–13 years old, and catching up those of school-age who have missed the vaccination at that age.

Vaccine Schedule

Schedule for Gardasil® (containing HPV types 6, 11, 16, 18) and Gardasil 9® (containing HPV types 6, 11, 16, 18, 31, 33, 45, 52, 58).

Note: Gardasil® will be replaced with Gardasil 9® during academic year 2022/2023 once supplies of Gardasil® have been used. The two vaccines are interchangeable, and vaccination should not be delayed due to preference of either vaccine.

Two dose schedule -

- First dose of HPV vaccine can be given at any time during school year 8
- Second dose, six to 24 months after the first dose

Note: From 1st April 2022, the 2 dose schedule is recommended for all age groups unless individuals are known to be HIV infected, on antiretroviral therapy, immunocompromised or commenced the 3 dose course prior to 1st April 2022 (further information on the 3 dose schedule is below).

For planning purposes, UKHSA recommend a 0 and 12 month schedule however any interval between 6 and 24 months is clinically acceptable. Some local areas may choose to schedule the second dose 6 months after the first. The Provider's chosen delivery schedule will be subject to approval from the Commissioner. In practice, this means providers offer dose 1 in Year 8 and deliver dose 2 in year 9. Due to missed opportunities to immunise due to the COVID-19 pandemic, cohorts can be caught up in Year 10.

Some young people may be in Year 8 but outside the date of birth ranges for those years, e.g. if a young person has been accelerated or held back a year. It is acceptable to offer and deliver immunisations to these young people with their classroom peers.

Any young person who has missed their HPV vaccination should be caught up as soon as possible and males and females in cohorts eligible for the national routine programmes remain so until they reach their 25th birthday (females born after 01/09/1991 and males born on or after 01/09/2006). If the course is interrupted, it should be resumed but not repeated, even if more than 24 months have elapsed since the first dose was administered. Those who have left school can be vaccinated at their GP practice.

The Provider is expected to achieve the following programme specific standards:

- 90% uptake of HPV vaccination of each dose in the year routinely administered (threshold 80%)
- 95% uptake of complete schedule of HPV vaccination by school Year 11, two or three doses as relevant (threshold 85%)

In addition:

- local arrangements will be required to offer vaccination
- health professionals will take all opportunities to remind the eligible population of the importance of HPV immunisation, and of cervical screening (for females) when eligible/invited
- the HPV immunisation status of a young person will be actively checked at the time of the teenage booster, and if incomplete or missed the vaccine will be offered and administered accordingly

Three dose schedule:

A 3-dose schedule should be offered to any young people who are known to be HIV infected, including those on antiretroviral therapy or known to be immunocompromised at the time of vaccination.

Three-dose schedule is currently as follows (for HIV infected or immunocompromised individuals only):

- First dose of HPV vaccine
- Second dose, one to two and a half months after the first dose
- Third dose, at least five months after the first dose

For those individuals who are HIV infected or immunocompromised a vaccination schedule of 0,1,4-6 months is clinically acceptable, and all doses should ideally be given within 1 year. If the course is interrupted, it should be resumed, but not repeated, ideally allowing the recommended interval between the remaining doses. If the second dose is given late and there is a high likelihood that the

individual will not return for a third dose after three months or if, for practical reasons, it is not possible to schedule a third dose within this time frame, then a third dose can be given at least one month after the second dose.

Note: Individuals who started on a 3 dose schedule prior to April 2022 should continue on the planned 3 dose schedule, however if the schedule has been delayed or interrupted and there has been an interval of 6 months or more between the first and second dose, then the 2 dose schedule is sufficient.

Target Cohort Population

The provider will offer and make the HPV vaccine available to:

- all 12 to 13 year old young people (school year 8) and those who are aged 13 to 14 years s (school year 9) where the programme is offered across two academic years;
- any young person in any school year aged 12 and over, up to school leavers age who has not had the full course of HPV vaccine.

Vaccine Ordering

The HPV vaccine is centrally procured and can be ordered via ImmForm. Refer to section 3.2.2 of the schedule for further information.

Documentation

Refer to section 3.9 of the schedule for more information on documentation and in addition:

- With the introduction of HPV Gardasil® 9 there is a requirement to ensure all IT systems have the ability to record and report the vaccine by product name in order to be able to distinguish which vaccine has been administered: Gardasil® or Gardasil® 9.

- It is essential that HPV vaccine status of girls and young women is recorded on the NHS Cervical Screening Management System that will replace the NHAIS (Open Exeter System) based system so that, as these young women become eligible for the NHS Cervical Screening programme (currently at the age of 25), their immunisation history is known. In due course, different screening protocols may be introduced for vaccinated women, but this will be dependent on the vaccination status being recorded in the correct systems. The Provider shall work with the Child Health Information system to make this happen.

Refer to the relevant section of the Green Book for further information:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/147915/Green-Book-Chapter-4.pdf

Vaccine Coverage Reporting

The HPV vaccine coverage collection is mandated through an Information Standard Notice *Human Papilloma Virus (HPV) Vaccine Uptake SCCI0133 and 60/2015* issued by the Standardisation Committee for Care Information (SCCI) which has the remit for the national governance of information standards and collections (including extractions). More information about SCCI can be found on the NHS Digital SCCI web pages - http://www.hscic.gov.uk/isce

The annual HPV coverage statistics are classified as 'official statistics' and are published as a sub indicator in the Public Health Outcomes Framework (PHOF). The Statistics and Registration Service Act 2007 defines 'official statistics' as all those statistical outputs produced by the UK Statistics Authority's executive office (the Office for National Statistics), by central Government departments and agencies, by the devolved administrations in Northern Ireland, Scotland and Wales, and by other Crown bodies (over 200 bodies in total). Official statistics are fundamental to good government, to the delivery of public services and to decision-making in all sectors of society. They provide Parliament and the public with a window on society and the economy, and on the work and performance of government.

The HPV collection consists of one annual survey with data collected at the local authority level. The data is collected via ImmForm, which provides a manual online data submission function for NHS England local teams and other data providers, together with relevant survey information and guidance for the HPV vaccine coverage collection. UKHSA is responsible for managing ImmForm, as well as the data collection, validation, reporting and analysis of the data. See HPV collection user guide for detail – this is updated on an annual basis.

Further information on the HPV vaccination is available in chapter 18A of the Green Book:

https://www.gov.uk/government/publications/human-papillomavirus-hpv-the-green-book-chapter-18a

NOTE: All appendices will be updated to reflect any programme changes when necessary.

Appendix 2: Tetanus, Diphtheria and Polio (Td/IPV) Immunisation Programme (Teenage Booster Programme)

Aim of the Service

The aim of the school-aged immunisation programme is to maintaining immunity against tetanus, diphtheria, and polio, which are associated with significant mortality and morbidity with the Td/IPV (teenage booster) vaccine.

Vaccine Schedule

In total, five doses of a Tetanus containing vaccination, at appropriate intervals, are required to provide long term protection. The primary course is recommended to be given at 2, 3 and 4 months of age.

Within the national tetanus immunisation programme, there are two boosters: one at pre-school age (3 years, 4 months) and the other during adolescent years (13-14 years). There should ideally be 10 years between each booster, however if the course has been delayed a minimum of 5 years is acceptable.

Target Cohort Population

The Provider will offer and make the Td/IPV vaccine available to:

- all eligible young people aged 13–14 years (year 9)

One dose of Td/IPV will be scheduled alongside one dose of MenACWY to all eligible young people in the above cohort where possible, and in accordance with the national vaccination schedule.

There is no upper age limit for vaccination. If for any reason the vaccination had to be deferred during the initial school session, the period of deferral should be minimised as much as possible in order for it to be administered as soon as possible, to avoid leaving the young person unprotected.

The Provider is expected to achieve the following programme specific standards:

- 90% uptake of Td/IPV vaccination for the eligible population group within the year first given (threshold 80%)
- 95% uptake Td/IPV by Year 11 (threshold 85%)

Vaccine Ordering

The Td/IPV vaccine is centrally procured and can be ordered via ImmForm. Refer to section 3.2.2 of the schedule for further information.

Documentation

Refer to section 3.9 of the schedule for more information and relevant section of the Green Book:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/147915/Green-Book-Chapter-4.pdf

Vaccine Coverage Reporting

The collection consists of one annual survey with data collected at the local authority level. The data is collected via ImmForm. Refer to section 5.3.2 of the schedule for more information.

Further information on the Td/IPV is available in chapter 30 of the Green Book:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/859519/Greenbook_chapter_30_Tetanus_January_2020.pdf

NOTE: All appendices will be updated to reflect any programme changes when necessary.

Appendix 3: Meningococcal Meningitis ACWY (MenACWY) Immunisation Programme

Aim of the Service

The aim of the school-aged immunisation programme is to protect the population against meningococcal disease (which includes meningitis and septicaemia) with the MenACWY vaccine.

Vaccine Schedule

In total, five doses of a meningococcal containing vaccinations are recommended within the routine national immunisation programme. The primary course of MenB vaccination is recommended to be given at 2 and 4months of age with a booster at 12 months of age. The first dose of MenC vaccine is given at 12 months of age (as the combined Hib/MenC) vaccine) and a single dose of the combined MenACWY during adolescence (13 to 14 years).

Target Population

The Provider will offer and make the MenACWY vaccine available to:

- all eligible young people in aged 13–14 years (year 9)

One dose of MenACWY will be scheduled alongside one dose of Td/IPV to all eligible young people in the above cohort and in accordance with the national vaccination schedule.

The Provider is expected to achieve the following programme-specific standards:

- 90% uptake of Meningitis ACWY vaccination for the eligible population group within the year first given (threshold 80%)
- 95% uptake of Meningitis ACWY by Year 11 (threshold 85%)

Vaccine Ordering

The Meningitis ACWY vaccine is centrally procured and can be ordered via ImmForm. Refer to section 3.2.2 of the schedule for further information.

Documentation

Refer to section 3.9 of the schedule for more information and relevant section of the Green Book:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/147915/Green-Book-Chapter-4.pdf

Vaccine Coverage Reporting

The collection consists of one annual survey with data collected at the local authority level. The data is collected via ImmForm. Refer to section 5.3.2 of the schedule for more information.

Further information on the MenACWY vaccination is available in chapter 22 of the Green Book:

https://www.gov.uk/government/publications/meningococcal-the-green-book-chapter-22

NOTE: All appendices will be updated to reflect any programme changes when necessary.

Appendix 4: Measles, Mumps and Rubella (MMR) Catch Up

Aim of the Service

The aim of the school-aged immunisation programme is to ensure that the MMR status of all young people is assessed, and vaccine offered and administered as required alongside the HPV and Td/IPV teenage booster vaccinations.

Vaccine Schedule

In total, two doses of the MMR vaccination are recommended within the routine national immunisation schedule. The first dose is recommended to be given at 12 months and the second at three years and four months of age.

Target Population

The Provider will check the MMR vaccination status of all young people at the same time as the HPV and Td/IPV teenage booster vaccines and if found to have an incomplete history, they will offer the vaccine/s as part of the consent process, alongside the HPV, Td/IPV and Men ACWY programmes. The Provider may be required to administer either one or two doses to complete the full course. There is no upper age limit for vaccination.

Vaccine Ordering

The MMR vaccine is centrally procured and can be ordered via ImmForm. Refer to section 3.2.2 of the schedule for further information.

Documentation

Refer to section 3.9 of the schedule for more information and relevant section of the Green Book:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/147915/Green-Book-Chapter-4.pdf

Vaccine Coverage Reporting

The collection consists of one annual survey with data collected at the local authority level. The data is collected for children and young people up to the age of 18 years via ImmForm and automatically extracted data from GP IT systems (no manual data submission is required). Refer to section 5.3.2 of the schedule for more information.

Further information on the MMR vaccination is available in chapter 21 of the Green Book: https://www.gov.uk/government/publications/measles-the-green-book-chapter-21.

NOTE: All appendices will be updated to reflect any programme changes when necessary.

Appendix 5: 2022/23 Seasonal Influenza (Flu) Vaccination Programme

Aims and Objectives of the Service

The aim of the seasonal flu programme for school-aged children is to protect children against seasonal influenza and reduce its transmission to other children and adults. The eligible cohort for 2022/23 flu season includes all children in reception and school Years 1 – 6 with additional year groups 7, 8 and 9 introduced later in the season . Any remaining vaccine may be offered to years 10 and 11, subject to vaccine availability and upon direct instruction from the Commissioner. The updated annual flu letter (and subsequent supporting addendum as required) contain the full information on the latest cohorts and operational responsibilities for the entire programme. Please visit: National flu immunisation programme plan 2022 to 2023 - GOV.UK (www.gov.uk)

Target Population

The Provider will offer 100% of eligible children a flu vaccination and aim to vaccinate all consented children by 15 December 2022.

The Provider will offer and vaccinate all children aged 4 to 13 on 31st August 2022 (but not 14 years or older), in the following school year groups:

- reception year is defined as 4 rising to 5-year-olds
- Year 1 is defined as 5 rising to 6-year-olds
- Year 2 is defined as 6 rising to 7-year-olds
- Year 3 is defined as 7 rising to 8-year-olds
- Year 4 is defined as 8 rising to 9-year-olds
- Year 5 is defined as 9 rising to 10-year-olds
- Year 6 is defined as 10 rising to 11-year olds
- Year 7 is defined as 11 rising to 12- year olds
- Year 8 is defined as 12 rising to 13- year olds
- Year 9 is defined as 13 but not 14 on 31st August 2022
- all children/young people in the clinical risk groups attending special schools (refer to the Annual Flu Letter and chapter 19 of the Green Book for more information) Influenza: the green book, chapter 19 - GOV.UK (www.gov.uk)

The Provider will not commence the vaccination of secondary school pupils (years 7,8 and 9 in the first instance) until after the 15th November 2022 to allow for additional vaccine to become available and for the prioritisation of the younger cohorts earlier in the season. Any exceptions

to this date must be discussed and agreed prior to any vaccination delivery of secondary school cohorts with the Commissioner.

- Years 10 and 11 may be introduced later in the season if vaccine supply allows. Upon confirmation of the extension of the Programme by the Commissioner to these additional year groups, the Provider will make all efforts to invite and vaccinate accordingly and ahead of December 15th 2022 unless otherwise informed. The Commissioner will endeavor to provide as much notice regarding these cohorts as is possible and operational plans/feasibility regarding the most appropriate local delivery models will be taken into consideration.

Children who have accelerated or are repeating a school year may not align with the school year typical for their age. The Provider will ensure that all school age children in eligible school year groups regardless of date of birth are offered a vaccination and vaccinated upon consent.

Applicable Quality Requirements

In addition to the requirements outlined in the schedule 2 document, the Provider is expected to achieve the following programme-specific standards:

- demonstrate a 100% offer and achieve at least the uptake levels of the 2021 to 2022 season for each cohort, and ideally exceed them
- all vaccinations administered by 15 December 2022
- 100% of vaccinations delivered as described in section 3 of Schedule 2

Vaccine Schedule

Scheduling of vaccinations will take account of the short shelf life of the live attenuated influenza vaccine (LAIV) so the Provider will carefully manage vaccines accordingly ensuring cold chain is preserved and wastage minimised.

The Provider will offer LAIV to eligible children unless contraindicated. Fluenz® Tetra LAIV contains minute quantities of a highly processed form of gelatine (derived from pigs). Where LAIV is unsuitable or where parents object on the grounds of the porcine gelatine content, children should be offered the injectable cell-based Quadrivalent Influenza Vaccine (QIVc). Please refer to the Green book for further detail.

The Provider will be responsible for vaccinating all eligible children attending a special school and in the clinical risk groups (as defined by the Annual flu letter and Green Book). Children in clinical risk groups aged 2 to <9 years who have not received influenza vaccine before should be offered two doses of Fluenz® Tetra LAIV (given at least four weeks apart).

Service Model Summary

The Provider will have systems in place for assessing eligibility and suitability for seasonal influenza immunisation prior to the immunisation session. The assessment will consider any contraindication to LAIV and necessary actions to ensure that the appropriate flu vaccine is given.

Vaccine Ordering

Both the seasonal flu vaccines in use - LAIV and QIVc - are centrally procured and can be ordered via ImmForm. Refer to section 3.2.2 of schedule 2 for further information.

The Provider can register to order vaccine via ImmForm:

- online: https://portal.immform.phe.gov.uk
- via email: send your request to: helpdesk@immform.org.uk

Further help is available at: ImmForm Helpdesk: 0207 183 8580

Both LAIV and QIVc will be available from the start of the season so that providers need not delay alternative offers where applicable.

Documentation

The Provider will ensure they are fully compliant with the school age seasonal influenza vaccination programme minimum data set. The Provider is required to report influenza vaccination data in line with the minimum data set, adopting the specified data capture application to do so. The Provider will ensure full compliance for the 2022/23 season without exception.

Data collection, monitoring, and reporting

A seasonal influenza vaccination data capture application has been commissioned by NHS England. The Provider will adopt the data capture application and report specified influenza vaccination data on a daily basis from the season commencement. A minimum data set will be provided by the Commissioner and will include reason for refusal; the Provider will be required to meet the data specification in full. The Provider will endeavour to use the data capture system on a real-time basis, to enable accurate and timely data collection and reporting.

The data capture application is available at: https://nivs.ardengemcsu.nhs.uk/home

The Provider will identify and report to the Commissioner by exception any data items specified in the minimum data set that the Provider cannot offer for daily reporting, and every effort should be made to resolve non-compliance with the data set.

Flu vaccination data collected via the data capture application will be:

- sent to registered GPs by a mechanism determined by NHS Digital

- sent to local commissioners to confirm activity and uptake to allow Provider payment
- included in national seasonal flu operational management reports

For the avoidance of doubt, the Provider will adopt and utilise the Point of Care data capture application in full for flu reporting in a timely manner and it is on this basis that the Commissioner will be able to allocate payments for cost-per-case activity. However, the Provider will provide timely data returns to the Commissioner if requested, by agreed deadlines, with uptake calculated using pre-agreed denominators.

The Provider will support continued improvements to data capture, reporting and electronic interoperability, building on the achievements of the previous seasons to allow more timely updates to the child's GP patient record, and improved reporting.

Refer to section 3.12 of the schedule for more information on documentation. The relevant section of the Green Book can be found here:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/147915/Green-Book-Chapter-4.pdf

The Provider will send details of influenza vaccinations given to the appropriate Child Health Information Service of the child/young person in a timely manner, where local systems allow.

Vaccine Coverage Data Collection

This season (2022/2023), UKHSA aims to use data collected via NIVS to populate a similar data collection tool as used last year to help teams collate data for the monthly ImmForm returns. This aggregate data by Local Authority will be shared with the Provider for validation to allow the Provider to enter this data onto the manual ImmForm data collection which will remain the main route for supplying the UKHSA official statistics.

Should any reasonable and appropriate manual reports be required these will be at the request of the Commissioner.

NOTE: All appendices will be updated to reflect any programme changes when necessary.