

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Mandatory headings 1-4: mandatory but detail for local determination and agreement

Optional heading 5-7: optional to use, detail for local determination and agreement.

All subheadings for local determination and agreement

Service Specification No.	
Service	School Age Immunisation Service in Shropshire including Telford and Wrekin, Staffordshire and Stoke on Trent, Derbyshire and Nottinghamshire.
Commissioner Lead	NHS England North Midlands
Provider Lead	Insert name
Period	2018/19 – 2020/21 (with opportunity to extend further to 22/23)
Date of Review	Annual

1. Population Needs
<p>1.1 National/local context and evidence base</p> <p>Immunisation is one of the most successful and cost effective public health interventions and a cornerstone of public health. High immunisation rates are key to preventing the spread of infectious disease, complications and possible early death among individuals and protecting the population’s health through both individual and herd immunity.</p> <p>Currently the European Region of the World Health Organization (WHO) recommends that on a national basis at least 95% of children are immunised against diseases preventable by immunisation and targeted for elimination or control (specifically, diphtheria, tetanus, pertussis, polio, <i>Haemophilus influenzae</i> type b (Hib), measles, mumps and rubella).ⁱ The programme also works towards achieving the World Health Organisation’s (WHO) <i>Global immunisation vision and strategy</i> (2006) which is a ten-year framework aimed at controlling morbidity and mortality from vaccine preventable diseases. The WHO has a strategy to eradicate poliomyelitis globally.</p> <p>Since the introduction of the childhood immunisation programme, levels of vaccine preventable infections in the UK have decreased significantly.ⁱⁱ The routine childhood immunisation programme for the UK includes those immunisations recommended by WHO as well as a number of others as defined by the Department of Health (DH) in ‘Immunisation against infectious diseases – the Green Book’.ⁱⁱⁱ The current schedule and further details on the national immunisation programme, which is continuously reviewed and updated, can be found at: https://www.gov.uk/government/collections/immunisation</p> <p>In addition to the routine immunisation programme, there are a number of non-routine vaccinations for children identified to be at higher risk of catching and/or the complications of these diseases. Details of these vaccinations can also be found at https://www.gov.uk/government/collections/immunisation</p> <p>Specific information on each vaccine preventable infection covered by the national immunisation programme can be found in the relevant chapters of the ‘Green Book’ at https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-</p>

[green-book](#)

The specific immunisation programmes that comprise this School Age Immunisation Service are:-

- **Service specification No.12 Td/IPV Teenage Immunisation Programme**
- **Service specification No.6 Meningococcal C Containing Vaccine Immunisation Programme**
- **Service specification No.11 Human papillomavirus (HPV) Immunisation Programme**
- **Service specification No.13A Seasonal Influenza Immunisation Programme for Children**

All of the above can be accessed at the following link

<https://www.england.nhs.uk/publication/public-health-national-service-specifications/>

NB. these national specifications are updated annually; Providers should refer to the latest versions

NB. age cohorts vary for the different immunisation programmes – please refer to each latest individual specification

Currently across NHS England North Midlands, routine vaccinations for children under four years of age are primarily delivered via general practice and routine school aged vaccinations are delivered using a school based model. The school age immunisation provider will also be expected to deliver vaccinations via community clinics and domiciliary visits for eligible children who have missed or are unable to attend a school session. This includes but is not limited to:

- Children who are home schooled
- Children in education units outside of mainstream schooling
- Children who are not vaccinated during the scheduled session due to contraindications or missing consent forms.

Other vaccinations may be required in agreement with the commissioner such as:-

- Specific immunisation catch-up programmes as recommended by the Department of Health/Public Health England
- Vaccines in response to ad hoc local vaccine preventable outbreaks of infectious diseases

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	

2.1.1. Public Health Outcomes Framework for England (2016 -2019) and Indicators

The framework focuses on the two high-level outcomes:

- Increased healthy life expectancy
- Reduced differences in life expectancy
- Healthy life expectancy between communities.

In support of these there is a supporting public health indicator domain health protection objective which is 'The population's health is protected from major incidents and other threats, while reducing health inequalities.' This domain includes population immunisation coverage indicators.

2.1.2. Health Outcomes

These immunisation programmes aim to:

- Protect the health of individuals and the wider population
- Reduce the number of preventable infections and their onward transmission
- Achieve high coverage across all groups identified
- Minimise adverse physical/psychological/clinical aspects of immunisation (e.g. anxiety, adverse reactions).

2.2 Local defined outcomes

2.2.1 Provider expected outcomes

Local services should promote high quality immunisation programmes focusing on:-

- Achieving national targets where such targets exist
- Increasing immunisation coverage and local uptake in each year of the service provision relative to the previous year's performance
- Identify and offer to 100% of eligible individuals for each immunisation programme.

3. Scope

3.1. Aims and objectives of service

3.1.1. Aim

To aim of the service is to provide a high quality, safe, effective and dedicated immunisation service that encompasses the immunisation programmes named within this specification.

The objectives are:

- Reduce the burden of vaccine preventable disease through achievement of high coverage
 - To increase the uptake of childhood immunisations
 - To reduce inequitable inequalities within the uptake of childhood immunisations
- The Provider will deliver any changes to national programmes e.g. new immunisation programmes or changes in scheduling of current programmes

3.1.2. Objectives

The service should deliver an evidence based population wide immunisation service to eligible school aged children in school, community and where required domiciliary settings.

The objectives are to:

- Identifies the eligible population and ensures effective timely delivery with optimal coverage based on the target population
- Is safe, effective, of a high quality and is externally and independently monitored
- Is delivered and supported by suitably trained, competent healthcare professionals who participate in recognised ongoing training and development in line with

national standards

- Delivers, manages and stores vaccine in accordance with national guidance
- Is supported by regular and accurate data collection using the appropriate returns.

3.2. Service description/care pathway

The immunisation service will be required to provide:

- Clinical leadership
- Vaccine scheduling
- Routine immunisations
- Non-routine immunisations
- Identification of eligible children and the offer of vaccination
- Health promotion
- Informed consent (implementing the Gillick competency and Frazer Guidelines where appropriate)
- Vaccine ordering, storage and transport including maintenance of the cold chain
- Vaccine assessment and administration
- All staff, including training
- Documentation, data recording and collection and compliance with all surveillance requirements, as per the service specification
- Premises and equipment

3.2.1. Clinical Leadership

The Provider shall at all times ensure the immunisation service has adequate clinical leadership. In addition, the provider shall ensure there is a nominated Clinical Lead who has overall clinical responsibility, professional accountability and provide strategic leadership for the immunisation service.

3.2.2 Identification of eligible children and the offer of vaccination

The Provider will offer comprehensive immunisation services to all eligible children in the defined geography by working closely with schools, Child Health Information System (CHIS) and the local education authority to identify the eligible population.

It is an expectation that the provider will work towards Gold Standard Best Practice by reviewing routine vaccination status of consenting young people at the time of vaccination and notifying any deficiencies to the individual/parent and GP.

3.2.3 Routine immunisations

The Provider is to engage with all schools in the defined geography and have evidence of the agreement (or not) with every school (state, special, private, faith and PRUs) to participate in each vaccination programme.

The Provider will operate call and recall processes and DNA protocols and make provision that GPs and parents can contact/refer into the service (for example, a helpline and/or email).

The Provider will provide services for the following immunisations, working to the latest S7A service specification:

- **Td/IPV Teenage Booster-** Identify and offer routinely to Year 9 and have facility to

offer to older unimmunised school aged individuals who may self-refer.

- **Teenage Meningococcal ACWY Vaccine** Identify and offer routinely to Year 9 and have facility to offer to older unimmunised school aged individuals who may self-refer.
- **HPV immunisation** – Identify and offer HPV routinely to Year 8 boys and girls (Dose 1) and Year 9 (Dose 2) and have facility to offer to older girls who request to start the course before their 18th birthday. Programme to be extended to boys from September 2019 with no catch up programme (Eligible Date of Birth range 01/09/2006-31/8/2007) NB. For operational purposes a schedule at 0, 12 months is appropriate for both vaccines, however local needs should be considered when planning the programme. Any gap between 6-24 months for 2nd dose is clinically acceptable (before the age of 15 years) as per Green Book Guidance).
- **Seasonal flu immunisation** Identify and offer to all eligible children (for season 2019/20 the cohort is all children aged 4 years and in school years 1-6) with the additional of further cohorts as required locally and/or in line with national guidance. This will include the provision of a 2nd dose where clinically indicated.
- Offer the live attenuated influenza vaccine (LAIV) between September and December annually to children in line with national roll out plans. This programme should be completed by the end of December, with only exceptional cases completed in January.
- Offer suitable alternative influenza vaccine for those children in an "at risk" group for whom live attenuated influenza vaccine is contraindicated.

3.2.4. Non-routine immunisations

The Provider shall provide a rapid response service to local outbreaks of vaccine preventable diseases that require an immunisation response e.g. MMR immunisation at a travellers' site following a measles outbreak, meningitis vaccines following a meningitis outbreak etc.

The Provider may also be required to participate in any wider immunisation response to regional, national or international outbreaks of vaccine preventable diseases. Immunisation response to outbreak may include population groups outside of the school age population. This will be subject to separate commissioning arrangements.

The provider shall provide the opportunity for MMR catch ups at each routine school-aged immunisation session and community catch up clinics where applicable.

3.2.5. Service delivery

The Provider shall:

- Identify and offer named immunisations to all eligible children
- Identification and invitation of the eligible group will need a close working relationship with schools, Local Authority Education Leads and Child Health Information Systems (CHIS). Work with LA to ensure all community catch up clinics are advertised on any communication between the LA and parents of home schooled children.
- Where children are resident in a service area but attend school in an area where there is no school based immunisation provision, the service will be required to work closely with CHIS and Local Authority Education Leads to ensure the child is offered an invitation for vaccination if they are not offered the vaccination through alternative service provision. (This applies particularly to children residing in Shropshire but attending school in Wales where provision is through primary care).

- Ensure the invite is an auditable personal invite to the parent e.g. letter or phone call
- It is an expectation that the Provider will work towards Gold Standard Best Practice and shall check immunisation history at every encounter and notify the registered GP Practice for follow up on outstanding immunisations outside of the remit of this service specification.
- Ensure all eligible children are offered immunisations in the school setting in the school they attend including state, special, PRUs, faith and independent private schools
- There should be adequate sessions at each school so that a child could normally receive all necessary doses in the school they attend.
- Provide alternative community settings for immunisations for children unable to receive their immunisation in the school they attend. Such circumstances will include:
 - Children absent on the scheduled day for the school immunisation session
 - Home schooled children
 - Children in Pupil Referral Units (PRUs)
 - Work creatively and innovatively to engage children and their parents/guardians/carers in the immunisation pathway – e.g. with non-English speaking parents, vulnerable families, Children in Care and children on safeguarding registers
 - Children whose parents don't return the consent form
 - Children covered by this service specification that go to a school in a neighbouring area where there is no school immunisation provision
 - Children who require immunisation before the planned next school immunisation session

Consideration should be given to domiciliary visits where vaccination of eligible children has been unsuccessful in school or community settings

- The alternative community provision shall fulfil the following criteria:
 - Be within 10 miles of the school attended by the child or be within 10 miles of the residence of the child
 - Be close to transport infrastructure with adequate parking facilities
 - Be offered in a timely manner so that the child is not left unprotected for extended periods of time. An alternative session should be offered within 4 weeks of a missed session or a request from the parent
- There must be call/recall and DNA protocols
- *Home schooled children* - there must be provision for home-schooled children including a referral process that GPs and parents can use to refer home-schooled children into the service

3.2.6. Health promotion

- Provide parents/carers and young people with information about the above immunisation programmes and the opportunity to discuss any concerns with a suitably trained and knowledgeable healthcare professional prior to the programmes commencing, e.g. through parents' evenings, school assemblies, helpline
- Engage with Schools and Local Authority Education Leads to promote and offer advice on all school aged immunisation programmes and dates for community catch up clinics.

3.2.7. Vaccine ordering, storage and wastage

- Order required vaccines from the centrally procured stock via the online ordering system – ImmForm
- Have effective cold chain and administrative protocols that reduce vaccines wastage to a minimum reflecting PHE national protocols (Chapter 3 of the 'Green Book' and the *Guidelines for maintaining the vaccine cold chain*) and includes:

- how to maintain accurate records of vaccine stock
- how to record vaccine fridge temperatures
- what to do if the temperature falls outside the recommended range
- Ensure that all vaccines are delivered to an appointed place(s)
- Ensure that at least one named individual is responsible for the receipt and safe storage of vaccines in each premise(s)
- Ensure that only minimum stock levels (two to four weeks maximum) of vaccine will be held in local fridges, to reduce the risk of wastage caused by power cuts or inadvertent disconnection of fridges from power supplies
- Ensure cold chain incidents are reported to the local Screening and Immunisation Team on the same working day that the incident is identified
- Ensure vaccine wastage is recorded on the national ImmForm system
- Undertake regular internal audits as part of an agreed audit schedule. This will include audit of cold chain and stock management
- Ensuring that approved pharmaceutical grade cold boxes are used for transporting vaccines and that temperatures are constantly monitored and recorded, for example using data loggers

3.2.8. Consent

- Obtain consent prior to giving any vaccines – Chapter 2 in the ‘Green Book’ provides up to date and comprehensive guidance on consent, which relates to children and young people. There is no legal requirement for consent to be in writing but sufficient information should be available to make an informed decision and verbal consent documented
- Have processes in place that enables young people (under 16 years old) who fully understand what is involved in the proposed procedure (referred to as ‘Gillick competent’) to consent to immunisation themselves, although ideally their parents will be involved
- Ensure relevant resources (leaflets/factsheets, etc), in an appropriate format, are used as part of the consent process to ensure that all parties (both parents and where appropriate individuals) have all the available information about the vaccine and the protection it offers – professionals should be sufficiently knowledgeable about the disease and vaccine and to be able to answer any questions with confidence

3.2.9. Assessment and vaccine administration

- Assess each individual to ensure they are suitable for immunisation
- Arrangements in place to access specialist clinical advice or referral to paediatrician so that immunisation is only withheld or deferred where a valid contraindication exists
- Ensure 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
- Ensure regular training and development (taking account of national standards) is routinely available – training is likely to include diseases, vaccines, delivery issues, consent, cold chain, vaccine management and anaphylaxis – see Section 4 of this document for reference to the HPA training standards
- 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)/prescriptions, or
 - working as a nurse prescriber (if appropriate)

3.2.10. Documentation, recording and reporting requirements

- Ensure the patient’s child health records are updated in a timely manner (within 2 operational days for all vaccines) with key information that includes:

- The title of the immunisation the vaccine name, batch number, expiry date
- the date of administration of the vaccine
- the site and route of administration
- any adverse reactions to the vaccine
- name of immuniser, job role and signature
- any refusal of an offer of immunisation
- **The service will maintain records of each immunisation session and individual immunisation given including the following as a minimum:**
 - details of consent and the relationship of the person who gave the consent
 - the title of the immunisation
 - the vaccine name, batch number, expiry date the date of administration of the vaccine
 - the site and route of administration
 - any adverse reactions to the vaccine
 - name of immuniser, job role and signature
 - any contraindications to the vaccine and any alternative offered
 - any refusal of an offer of immunisation
- Provide information on vaccines administered to the patient's GP and the local Child Health Information Service (CHIS) within 2 operational working days of vaccine administration, in accordance with the national service specification
- In collaboration with Child Health Information System (CHIS) ensure HPV vaccine uptake is reported on the National Health Applications and Infrastructure Services (NHAIS) system
- Inform neighbouring areas when children resident in their area are immunised outside their local area through the Child Health Information System (CHIS)
- Complete and submit any relevant returns in a timely way upon request from NHS England North Midlands and Public Health England (PHE)
- Log and report any adverse incidents, errors or events during or post immunisation and notify such events with the relevant NHS England North Midlands Screening & Immunisation Team on the same working day
- Report suspected adverse reactions to the MHRA via the Yellow Card Scheme www.mhra.gov.uk/yellowcard
- Report any significant concerns in relation to the delivery of this service, including reports of serious failings, incidents or major risks to enable NHS England North Midlands to inform Public Health England (PHE). This is in line with Part A of the Section 7A agreement
- The provider must maintain a risk register that is discussed and managed at Board level and reviewed at contract monitoring meetings with NHS England North Midlands

3.2.11. Staff including training

- 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
- Meet the HPA *National minimum standards in immunisation training 2005* either through training or professional competence and to ensure that annual training is offered to all staff
- Have had training (and annual updates) for all staff 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', noting the clinical guidance may change and the 'Green Book' is updated frequently

- Ensure that all staff are registered to receive *Vaccine Update* which includes notifications of updates to the 'Green Book'
<https://www.gov.uk/government/collections/vaccine-update>
- Ensure that all staff are aware of the importance of and can access the national letters that announce changes to or new programmes, the Tripartite Immunisation letters and additional guidance on the Public Health England (PHE) website
- Ensure that all staff have a valid Disclosure and Barring Service (DBS) check and have completed mandatory Level 1 safeguarding training and Level 3 safeguarding for all staff dealing with children

3.2.12. Premises and equipment

- Arrange and hold immunisation sessions/clinics in suitable premises to maximise accessibility and uptake e.g. schools, children's centres, community health centres
- Provide all necessary equipment for safe and effective delivery of the service
- Ensure disposable equipment meets approved quality standards
- Ensure all vaccine and clinical waste is disposed of in accordance with national and local policies
- Ensure appropriate policies and contracts are in place for equipment calibration, maintenance and replacement
- Ensure anaphylaxis equipment is accessible at all times during an immunisation session, in accordance with UK Resuscitation Council guidelines
- Observe infection control guidelines

3.3. Population covered

This specification covers NHS England North Midlands:

- Derbyshire, Nottinghamshire, Shropshire and Staffordshire.

All eligible children and young people who are:

- registered with a GP in the geographically defined lot
- resident in the geographically defined lot
- attend any educational establishment in geographically defined lot
- move into area, school or newly registered after the initial invitations have been issued
- from vulnerable or hard to reach groups e.g. gypsy and traveller children or looked after children

3.4. Any acceptance and exclusion criteria and thresholds

In line with the Equality Act 2010, the service must ensure equal access for all eligible children and their families, irrespective of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race – this includes ethnic or national origins, colour or nationality, religion and belief (this includes lack of belief), sex or sexual orientation.

3.5. Interdependence with other services/providers

The immunisation programme is dependent upon effective systematic relationships between all stakeholders, which includes, for example; Child Health Information Services (CHIS), School Health Teams, vaccine suppliers, primary care providers, education, NHS England.

The Provider will be expected to fully contribute to ensuring that cross organisational systems are in place to maintain the quality of the whole immunisation pathway. This will include, but is not limited to:

- Ensuring that systems are in place for the rapid and accurate exchange of the data required to comply with national programme standards using appropriate

technology

- Agreeing and documenting roles and responsibilities relating to all elements of the immunisation pathway across organisations to assure appropriate handover arrangements are in place between services
- Developing joint audit and monitoring processes
- Agreeing jointly on what failsafe mechanisms are required to ensure safe and timely processes across the whole immunisation pathway
- Attending the Immunisation Programme Board
- Developing services in line with local and national priorities
- Engaging with service users to gain their views on service design, performance monitoring and evaluation of provision
- Contribute to any initiatives led by NHS England/Public Health England to improve uptake of immunisations

3.5.1 Immunisation Board

The purpose of the immunisation programme board is to strategically steer and co-ordinate the immunisation programmes as defined in the Terms of Reference. The Immunisation Programme Board will be held regularly, usually quarterly, attended by the Provider and chaired by the NHS England North Midlands Screening and Immunisation Team (SIT).

The Immunisation Programme Board will ensure that the commissioning and performance monitoring of the programme results in a sustainable service delivery achieving all standard which are to be reported to NHS England North Midlands Screening and Immunisation (SIT) as required.

Reports/papers/agenda items should be made available as requested.

The Immunisation Programme Board should be attended by appropriate representation from the Provider.

In addition the Provider will contribute and send representation to additional meetings, for example flu planning groups.

3.6 Business Continuity planning

The service Provider will be able to demonstrate an effective and robust Business Continuity Plan embedded within the programme. It must be regularly verified through exercise e.g. walk through, proof reading and should be regularly reviewed and updated following any incidents.

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

- Green Book – Immunisation against infectious disease (DH 2006)
<https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>
- Public health national service specifications
<https://www.england.nhs.uk/publication/public-health-national-service-specifications/>
- National minimum standards for immunisation training (HPA June 2005)
<https://www.gov.uk/government/publications/immunisation-training-national-minimum-standards>
- National minimum standards and core curriculum for immunisation training of

healthcare support workers (PHE Sept 2015)

<https://www.gov.uk/government/publications/immunisation-training-of-healthcare-support-workers-national-minimum-standards-and-core-curriculum>

- Protocol for ordering, storing and handling vaccines (PHE April 2014)
<https://www.gov.uk/government/publications/protocol-for-ordering-storing-and-handling-vaccines>
- Official immunisation letters (Public Health England)
<https://www.gov.uk/government/collections/immunisation>
- Immform information
<https://www.immform.dh.gov.uk/VtpMenu.aspx>
- British National Formulary
<http://www.bnf.org/bnf/index.htm>
- JCVI (Joint Committee on Vaccination and Immunisation)
<https://www.gov.uk/government/groups/joint-committee-on-vaccination-and-immunisation>
- NICE guidance 21 Sept 2009 – Reducing differences in the uptake of immunisations (including targeted vaccines) among children and young people aged under 19. <http://www.nice.org.uk/PH21>
- Resuscitation Council – UK guidelines
<http://www.resus.org.uk/pages/guide.htm>
- NICE – Shared learning resources
<http://www.nice.org.uk/usingguidance/sharedlearningimplementingniceguidance/examplesofimplementation/eximpresults.jsp?o=575>

4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)

4.3 Applicable local standards

5. Location of Provider Premises

The Provider's Premises are located at: **insert**

6. Individual Service User Placement

ⁱ Source: http://www.euro.who.int/__data/assets/pdf_file/0010/98398/wa540ga199heeng.pdf

ⁱⁱ Source: <https://www.gov.uk/government/organisations/public-health-england/series/immunisation-against-infectious-disease-the-green-book> - individual disease chapters

ⁱⁱⁱ Source: <https://www.gov.uk/government/organisations/public-health-england/series/immunisation-against-infectious-disease-the-green-book>