CHILDHOOD VACCINATIONS

SPECIFICATION

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Contents

PRE-SCHOOL VACCINATIONS SERVICE SPECIFICATION

1 INTRODUCTION

This Service Specification forms the Local Enhanced Service (LES) for the provision of Birth and Pre-School immunisations to patients in primary care. This service is aligned to the requirements of Schedule 2A of the 2018 GMS regulations.

This Service Specification works towards meeting the Scottish Government priorities and NHSH Annual Delivery Plan (ADP): Outcome 3, Stay well and Outcome 4, Anchor well.

2 CLINICAL SPECIFICATION

Purpose
The purpose of this LES aligns with the Scottish Vaccination and Immunisation Programme's priority areas (Scotland's 5-year Vaccination and Immunisation Framework and Delivery Plan) by:

a. ensuring everyone has timely and equitable access to the vaccines they are entitled to receive and that all reasonable steps are taken to meet the needs of all our communities, including our remote and island communities
b. making every contact and interaction count and optimise patient/public experience and engagement
c. strengthening capacity and capability of the multi-disciplinary vaccination workforce and ensure that resources can be used flexibly to meet changing requirements
d. adapting system-wide approach to achieving NHS Scotland and Public Health Scotland quality ambitions of being safe, effective, sustainable and patient-centred immunisation services across all settings.

It also aims to meet the vision, aims and objectives set out within the local NHS Highland strategy for vaccination and immunisation.

The overall aim of our immunisation programme is to protect the population from vaccine preventable diseases and reduce the associated morbidity and mortality and minimise the risk of outbreaks.

To achieve this aim, we would be seeking to deliver a population-wide programme which delivers against the following objectives:

- Identifies the eligible population and ensures effective timely delivery which enables the highest possible uptake rates within the eligible populations and reduces the risk of outbreaks of vaccine-preventable diseases
- Is patient-centred and is delivered as close to home as reasonably practicable with at least an equivalent level of access compared to pre-VTP
- Is safe, effective, of a high quality and is independently monitored
- Is efficient, cost-effective and sustainable

- Is targeted to support increased uptake across our hard-to-reach groups and underserved populations to address existing health inequalities
- Is delivered and supported collaboratively by suitably trained, competent and qualified staff that participate in recognised ongoing training and development and who are respected and feel valued
- Supports opportunistic catch up as part of holistic care
- Delivers, manages and stores vaccine in accordance with national and local guidance
- Supported by regular and accurate data collection using the appropriate recording mechanisms which provides information at a local, regional and national level
- Is supported and informed by regular public and professional stakeholder engagement and communication
- There is strong leadership and effective governance across local vaccination delivery

The overall aim of the birth and pre-school routine (and non-routine) immunisation schedule is to provide children with protection against the following vaccine-preventable infections:

- diphtheria
- haemophilus influenzae type b (Hib)
- hepatitis B
- influenza
- measles, mumps and rubella
- meningococcal disease (certain serogroups)
- pertussis
- pneumococcal disease (certain serotypes)
- polio
- rotavirus
- tetanus
- HPV
- RSV (monoclonal antibody programme)

Routine Immunisation Schedule for Childhood Vaccines:
The following vaccination cohorts are included in the childhood vaccination programme in line with the UKHSA and The Green Book:

- 8-week
- 12-week
- 16-week
- One year old
- 18-months
- 3 year 4 months old

Note: this list may change from time to time based on nationally agreed immunisation schedules [UK immunisation schedule: the green book, chapter 11 - GOV.UK]

Definition of Vaccines to be Delivered in General Practice

Routine birth and pre-school programme

The schedule for the UK's routine birth and pre-school immunisation programme is set out below, as per the Green Book (https://www.gov.uk/government/publications/immunisation-schedule-the-green-book-chapter-11):

Table 1: Routine birth and pre-school programme

Age due	**Diseases protected against**		**Vaccine given and trade name**		**Usual site[1]**
Eight weeks old	Diphtheria, tetanus, pertussis (whooping cough), polio, *Haemophilus influenzae* type b (Hib) and hepatitis B		DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	Meningococcal group B (MenB)		MenB	Bexsero	Thigh
	Rotavirus gastroenteritis		Rotavirus	Rotarix	By mouth
Twelve weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B		DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	MenB		MenB	Bexsero	Thigh
	Rotavirus		Rotavirus	Rotarix	By mouth
Sixteen weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B		DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	Pneumococcal (13 serotypes) • if received pneumococcal at 12 weeks give Men B		PCV	Prevenar 13	Thigh
One year old (on or after the child's first birthday)	**Born before 1st July 2024**	**Born on or after 1st July 2024**	PCV MMR MenB Hib/MenC	Prevenar 13 MMRvaxPro[2] or Priorix Bexsero Menitorix	Upper arm or thigh
	Pneumococcal Measles, Mumps, Rubella MenB Hib/MenC (if Hib/MenC stock exhausted give DTaP/Hib/ IPV/HepB)	Pneumococcal Measles, Mumps, Rubella MenB			
Eighteen months old	**Born <u>before</u> 1st July 2024**	**Born <u>on or after</u> 1st July 2024**	DTaP/IPV/Hib/HepB MMR	Infanrix hexa or Vaxelis MMRvaxPro[2] or Priorix	Upper arm or thigh
	No appointment	DTaP/IPV/Hib/HepB			

		Measles, mumps, rubella			
Three years four months old or soon after	**Born <u>before</u> 1st July 2024** Diphtheria, tetanus, pertussis and polio Measles, mumps, rubella	**Born <u>on or after</u> 1st July 2024** Diphtheria, tetanus, pertussis and polio	dTaP/IPV MMR	REPEVAX MMRvaxPro[2] or Priorix	Upper arm
Eligible pre-school age groups as per the annual CMO letter	Influenza (each year from September)[5]	At-risk children aged 6 months to 2 years	Cell-based trivalent Influenza Vaccine (surface antigen, inactivated)	Seqirus Vaccine (TIVc)	Deltoid muscle in the upper arm (or anterolateral thigh in infants)
		Pre-school children aged 2 to 5 who cannot receive LAIV			
		Pre-school children aged 2 to 5	Live attenuated influenza vaccine LAIV[2,3]	Fluenz[2,3,]	Both nostrils
For delivery as part of a <u>catch-up programme</u> with routine delivery led by NHS Highland Immunisation teams					
Age due	**Diseases protected against**		**Vaccine given and trade name**		**Usual site[1]**
Boys and girls from 11 years of age (S1)[7]	Cancers and genital warts caused by specific human papillomavirus (HPV) types		HPV[8]	Gardasil 9	Upper arm
Fourteen years old	Tetanus, diphtheria and polio		Td/IPV (check MMR status)	REVAXIS	Upper arm
	Meningococcal groups A, C, W and Y		MenACWY	MenQuadfi	Upper arm
Primary & Secondary school children[6]	Influenza (each year from September)		Live attenuated influenza vaccine LAIV[2,3]	Fluenz[2,3]	Both nostrils

1. Intramuscular injection into deltoid muscle in upper arm or anterolateral aspect of the thigh.

2. Contains porcine gelatine.
3. If LAIV (live attenuated influenza vaccine) is contraindicated or otherwise unsuitable use inactivated flu vaccine (check Green Book Chapter 19 for details).
5. Children aged six months to less than nine years who are in clinical risk groups/Children aged six months to less than nine years who are carers or household contacts of immunocompromised individuals and have not received influenza vaccine before should receive a second dose of vaccine at least four weeks after the first dose.
6. A very small number of pupils may be aged 18 years at the time of they receive the vaccine, and they should be offered the LAIV off label. This will be included in the national PGD template.
7 Males and females in cohorts eligible for HPV vaccination in the national programme remain so until their 25th birthday.
8 A three-dose schedule is in place for HIV-positive or immunocompromised individuals

Selective immunisation programmes

There are a number of selective immunisation programmes for children at particular risk of serious complications from certain infections or at higher risk of exposure to infection due to lifestyle factors for example. As such, some individuals may be eligible for additional vaccines due to an underlying medical condition or circumstances that put them at increased risk of catching a vaccine preventable disease or of complications from that disease. These individuals should be vaccinated in accordance with the recommendations in Chapter 7 and the disease specific chapters. Some additional information is included within table 2.

Table 2: Selective vaccination programmes

Vaccination	Recommendations	Additional information
BCG (TB)	Immunisation programme for those at increased risk of developing severe disease and/or of exposure to TB infection	This programme is led by the NHS Highland immunisation teams. A referral should be made if a child is identified as eligible in accordance with the recommendations in the Green Book.
COVID-19	Individuals aged 6 months and over who are immunosuppressed (as part of the Spring and Winter vaccination programme)	
Hepatitis A	Pre-exposure for children at particular risk of complications of hepatitis A infection	
Hepatitis B	Children at high risk of exposure to the virus or complications of the disease (pre-exposure immunisation)	
	Selective neonatal immunisation programme plus dried blood spot testing in accordance with chapter 18 of the Green Book.	There is input from neonatal and paediatric services for the initial part of the programme (dose given at birth whilst in hospital). A referral would then be made for the dose at four weeks.
Meningococcal	Children at particular risk of serious complications of infection	
Pneumococcal	Children at particular risk of serious complications of infection	
RSV monoclonal antibody	Selective immunisation of very and extremely preterm infants	This programme is led by NHS Highland's paediatric service

programme	in addition to infants and young children at high-risk of severe RSV disease	but input may be sought on an exceptional basis where logistical issues may necessitate local administration.
Varicella	Selective immunisation of susceptible individuals prior to commencing immunosuppressive treatment	Varicella vaccination will be included as part of the routine programme from January 2026.

Non-routine immunisations

In addition, the routine immunisations detailed in table 1 can be given on a non-routine basis such as:

- the revaccination of patients following haematopoietic stem cell transplant or CAR-T treatment;
- children with an unknown or incomplete immunisation status such as children who are new entrants to the UK;
- vaccination as part of post-exposure prophylaxis such as tetanus post-exposure

In addition to the vaccines used within the routine schedule, additional vaccinations can be administered non-routinely as detailed in table 3.

Table 3: Additional vaccinations which may be given on a non-routine basis

Vaccination	**Recommendations**
Hepatitis A	Post-exposure vaccination for close contacts of cases and for outbreak control
Hepatitis B	Post-exposure prophylaxis
Rabies	Post-exposure prophylaxis
Mpox	Post-exposure prophylaxis to children at higher risk of exposure following an imported case or cluster of Mpox.
Varicella	Healthy susceptible close household contacts of immunosuppressed patients

Service Aims
The aim of this LES is to provide a comprehensive Birth and Pre-school childhood immunisation service to their permanently registered eligible patient cohorts in addition to some opportunistic vaccination of school-aged children, designed to be one in which:

a. The target population are children registered with the GP Practice from Birth to Pre-school age, children who are new to the Practice and/or have missed previous immunisations (including children older than the pre-school cohort who have missed their earlier vaccinations).
b. We exceed national standards of uptake rates.
c. Patients will be managed closer to home with immunisations and administration undertaken at their Practice.
d. The model presents best value for money and reduces excessive travel and associated environmental impact.
e. Is safe, effective, of a high quality and is independently monitored
f. Supports opportunistic catch up as part of holistic care
g. Will work collaboratively with vaccination teams to support increased uptake across our hard-to-reach groups and underserved populations in order to address existing health inequalities

Service Requirements
The LES core requirements to underpin and support delivery of the vaccination and immunisation service are:

i. A named lead for vaccination services
ii. An effective call/recall system, including invitations for immunisation appointments when patients first become eligible for relevant vaccines or immunisations
iii. A system to identify gaps in the vaccination records of registered patients, and the offer, and provision of, immunisation appointments to those patients
iv. Provision of sufficient, flexible and convenient appointments to ensure timely delivery of vaccinations
v. A system for the ordering and safe storage of vaccines in line with national policy
vi. Administration of vaccinations covered by this enhanced service, in line with the national schedule
vii. An effective system for the administration of vaccinations opportunistically and if requested by patients
viii. Appropriate standards for the recording of the administration of vaccinations
ix. A process to record and evidence patient vaccinations and immunisations, including records relating to patient vaccination status and administration elsewhere (prospectively and retrospectively)
x. The ability to respond to queries pertaining to vaccinations
xi. Participation in national agreed catch-up campaigns
xii. Promotion of vaccination and immunisation

Named Lead for Vaccination Services
Each practice is required to clearly identify a named lead for vaccination and immunisation services. The named lead does not necessarily have to be a healthcare professional, although for many practices this is likely to be the preferred option. Where the named lead is not a clinician, then they must work alongside and be supported by a clinician to ensure that the core standards are met.

The role of the named lead is to:

a. Take responsibility for the oversight of all vaccination and immunisation services. This will include that the standards and core contractual requirements are being met and that opportunities for vaccination are maximised within the practice; and
b. To work closely with others within and outside of the practice, including NHS Highland primary care team, public health, child health department, NHS Highland immunisation coordinator, vaccination teams, data quality team and Highland Council health visitors and school nursing teams, to understand current performance and where this can be improved, if required and to support the implementation of Scotland's immunisation programme and the requirements of SVIP.
c. Liaise with NHS Highland's Immunisation Coordinator in the event of a vaccination adverse event to review actions required as detailed in the PHS Vaccination Adverse Event Management Protocol (Appendix 2). Creation of DATIX and identifying someone from their team who will investigate and contact the patient to discuss any adverse event, including arrangements for follow-up as advised by the Immunisation Coordinator. Depending on the significance of the adverse event, a Problem Assessment Group (PAG) meeting may be convened.

Call and Recall
A call/recall programme is one that supplements the initial invitation with follow-up activity in the case of non-response.

The initial invitation is sent from Child Health Service. This letter to the family will request them to call the practice to make an appointment in 2 weeks' time which aligns with the vaccination due date. Practices will be required to have clinics organised or appointments available to accommodate the cohort.

The Practice invitation can be made using various channels of communication including a personalised letter, telephone call and/or text message. Ideally the practice should use the patient's preferred method of communication where this is known. Practices are expected to move towards text-based reminders.

Practices should have protocols in place to ensure timely follow-up of patients who have not responded to call/recall. It should be documented in the patient record where the child's parent/legal guardian has not responded following reasonable call/recall attempts; or where the parent/legal guardian has made an informed decision against one or more vaccination. However, Practices/clinicians should use their discretion to re-ask the question at a later date; and should certainly explore each different scheduled vaccination as a separate matter to seek informed consent

(i.e. where a parent has declined vaccination of **DTap/IPV/Hib/HepB**, the practice should still call/recall and seek informed consent for other scheduled immunisations such as MMR).

The UK Health Security Agency (UKHSA) has published resources to aid these discussions and to support informed choice and improved uptake. www.gov.uk/government/collections/immunisation

Patients who remain unvaccinated should be flagged on the GPIT record warning box to maximise opportunistic vaccinations. Practices should link in with Health Visitor to maximise opportunity for vaccination, then further escalation to the Immunisation Co-ordinator.

Practices are required to ensure the Child Health Service is notified in a timely way of children who are vaccinated as well as those who remain unvaccinated.

Prior to commencement of the service, service implementation will be co-ordinated on an individual Practice basis to ensure that there is a robust transitional plan in place. Practices have an *optional three-month mobilisation window* after contractual commencement before they must start vaccinating.

For patients unable to attend the Practice, domiciliary arrangements should be made.

The system for scheduling the childhood immunisation programme in Scotland (SIRS – Scottish Immunisation Recall System) is being replaced by a new child health digital system. This LES will be updated in line with requirements when more information becomes available.

Identification & Recording of Gaps in the Vaccination Record
Practices should have a process in place to identify gaps in vaccinations for patients registering with the Practice and offer immunisation appointments to those patients.

Practices signing up to deliver this service must ensure historic immunisation data is included within patient record in a timely way.

Provision of sufficient, flexible and convenient appointments
Practices should ensure they have availability of trained staff and sufficient, convenient and timely appointments to cover their eligible registered population. There should be no diminution of core contract service. Practices must ensure adequate staff provision to ensure day to day services are not compromised due to this service and have in place appropriate administrative support to manage appointments and assist patients. All vaccination activity is required to be in addition to core service offering (and/or other Enhanced Services) with staffing requirements that meet the criteria set down in the Health and Care Staffing Act. Health and Care (Staffing) (Scotland) Act 2019

Ordering & Storage

GP practices will be accountable for vaccine stock management including stock ordering, storage of vaccines, cold chain compliance, quality assurance and waste management.

Ordering

Independent GMS GP practices will order directly from Movianto through ImmForm accounts held by the GP practice.

Board-managed practices will order through NHSH pharmacies. Orders will be sent to the local Vaccine Holding Centre (Caithness, Raigmore and Belford Hospitals). Practices should ensure all vaccine ordering is conducted in line with the national and local guidance and adheres to any limits on stock to be held at any one time. Practices may need to procure additional cold chain assets for the purposes of this service such as pharmaceutical refrigerators and data loggers. Any items purchased should be serviced, calibrated and maintained regularly by the practice. Sufficient refrigerator space must be available prior to ordering with the contents occupying a maximum of two thirds of the internal volume to reduce the risk of a breach of the cold chain.

National and Local Guidance must be followed (Appendix 2):

- NHS Highland Medicines Cold Chain (Refrigeration and Cold Storage) Policy http://intranet.nhsh.scot.nhs.uk/PoliciesLibrary/Documents/Medicines%20Cold%20Chain%20(Refrigeration%20and%20Cold%20Storage)%20Policy.pdf *(requires NHS Highland intranet access)*
- NHS Highland Guidance on Vaccine Ordering, Storage and Handling *(draft with link to follow)*
- Green Book Chapter 3: Storage distribution and disposal of vaccines https://assets.publishing.service.gov.uk/media/5a7f08e3e5274a2e8ab49c03/Green_Book_Chapter_3_v3_0W.pdf
- The Public Health Scotland (PHS) Guidance for Vaccine Storage and Handling https://www.publichealthscotland.scot/media/18187/guidance-on-vaccine-storage-and-handling_2-march-2023.pdf

Storage

Practices must ensure that all vaccines are received, stored, prepared and subsequently transported (where appropriate, including if administered away from the practice premises, for example during domiciliary visits) in accordance with the relevant manufacturer's, MHRA, UKHSA and all associated guidance set out in the 'Green Book Chapter 3: Storage distribution and disposal of vaccines'. All refrigerators in which vaccines are stored must have a maximum/minimum thermometer and an independent data logger inside with readings recorded from the thermometer and data logger on all working days. Appropriate action should be taken when readings are outside the recommended temperature as per the NHS Highland Medicines Cold Chain Policy and PHS guidance.
https://www.legislation.gov.uk/ssi/2018/66/schedule/6/paragraph/7

All cold chain breaches regardless of whether vaccine loss has occurred must be reported on Datix and advice sought from NHS Highland Pharmacy Quality Assurance team: nhshighland.pharmacyqa@nhs.scot

Where vaccine waste occurs (or when vaccine waste has been prevented) in NHS Highland this must be recorded. The NHS Highland Vaccine Waste / Savings Recording Tool is used to collate this information which is then shared on the national vaccine waste/savings reporting tool which is requested and reviewed by Public Health Scotland.

All vaccinations provided by GP practices must be with the appropriate vaccine using the correct dosage as clinically appropriate.

If a vaccine or cold chain incident occurs the UKHSA Vaccine Incident Guidance should be followed (Link) in addition to the Scottish Health Protection Network (SHPN) guidance (Link).

Administration of Vaccines covered by this enhanced service
As a minimum, all patients should be proactively offered all routine immunisations as they become eligible, unless otherwise specified. Practices should ensure that they have processes in place for call/recall and opportunistic offers of vaccination.

Opportunistic Vaccination
Opportunistic vaccine delivery will remain an important delivery mechanism. Opportunistic delivery can be triggered by:

- a parent/carer requesting vaccination of a child for which they are eligible and that they have not received; or
- the practice identifies gaps in a patient's vaccination record when they present for an unrelated issue, or at other key points such as new patient registration. Use of flags/reminders on patient records to be considered.

In these circumstances, the practice should offer to vaccinate the patient during this appointment unless there is no available vaccine supply or clinical reasons not to do so. If vaccination is not possible during this appointment, then a specific appointment for vaccination should be offered before the patient leaves the practice.

Appropriate standards for the recording of the administration of vaccinations
Section 5

Non-routine vaccinations
Circumstances may arise where the provision of non-routine vaccinations to children is required, e.g. post stem cell transplant, newly diagnosed with condition requiring additional vaccinations and also post-exposure prophylaxis (PEP). Practices may receive notification direct from Consultant Specialist or via communication from the agreed single point of contact within the vaccination service. It is also possible that these patients may self-present such as those requiring PEP or information could be received directly from secondary care in some instances.

Participation in National and local Catch-up Campaigns
Catch up campaigns are time limited programmes aimed at unvaccinated cohorts of eligible patients as directed by CMO and the Scottish Vaccination and Immunisation Programme (SVIP) and coordinated locally through the Immunisation Coordinator and the wider team through HICOG. Practices are required to participate in these

campaigns, be able to demonstrate proactive support and provide details as part of audit requirements.

3 TRAINING & RESOURCES

The Practice will ensure that clinical staff meet the CPD requirements of their professional and regulatory bodies, that they are competent to deliver the immunisation service, that their skills are regularly updated, comply with all clinical protocols and have regard to all relevant published guidance. Records of clinical staff training should be held within their HR records and available for audit purposes

PGDs should be managed in line with NHSH Policy for the development, Approval, Dissemination and Implementation of PGDs (Appendix 2). The PGD templates are updated at a national level by PHS. These are then adapted for use at a North of Scotland level and then disseminated in accordance with the policy. The PGDs are then shared with the GP Practices.

Practices will be required to provide in advance of service commencement:

- Named Practice Lead for vaccinations
- Named Clinical Lead for vaccinations (if different to above)
- Names Senior Professional(s) authorising other HCPs to administer vaccination medicines under PGD
- List all HCPs who are/will be authorised under PGDs to administer vaccinations to practice registered patients

The Practice will need a process for signing of PGDs and maintaining a register of staff administering medicines under PGDs. A process will also be required to ensure where PGDs are superseded, or three years old, the practice have latest versions, and no practice staff administer vaccinations unless they have been authorised to do so by the Senior Professional.

Senior Professionals, or any staff who authorise others to use a PGD, and all staff who are authorised must complete training requirements in PGD policy section 5.5.

Clinicians administering vaccinations and immunisations should be competent in the recognition and initial treatment of paediatric anaphylaxis and resuscitation, with evidence of annual updated training in both. The relevant education and training, including mandatory training and the completion of the requirements of the NES proficiency document, should also be undertaken as stipulated within the education plan.

The Practice must ensure that staff involved in the provision of this service are advised that they should consider being vaccinated against Hepatitis B and be advised of the risks should they decide not to be vaccinated. Vaccination for Hepatitis B can be provided through the NHS Highland Occupational Health Teams. Staff should also be up to date with their routine immunisations including MMR. Vaccination against pertussis is also recommended in addition to seasonal influenza vaccine and varicella vaccine for susceptible healthcare workers.

Available Sources of Training & Education
A tailored training plan will be developed for Practice (and HHSCP) staff utilising the national resources provided through Scotland's Vaccination and Immunisation Plan and aligned to the existing education and training plan. This will cover the necessary clinical protocols, digital systems, patient communication and vaccine administration procedures. The training plan will be updated to reflect changes in the vaccination schedules and associated training needs. This will include training specified in the PGD policy section 5.5. Staff should ensure they keep up to date and attend relevant training webinars for example.

Remote access is available to the Vaccination Service Lead Nurse, for support and advice.

A workforce education programme to help support registered health practitioners whose remit includes vaccination/immunisation is available here.
TURAS Promoting Effective Immunisation Practice (PEIP) | Turas | Learn
NICE Immunizations - childhood | Health topics A to Z | CKS | NICE

TURAS waste training Safe disposal of waste - Safe disposal of waste

Guidance for the administration of Birth and Pre-School immunisation in primary care can be found here:
MHRA Medicines and Healthcare products Regulatory Agency - GOV.UK
The Green Book Immunisation against infectious disease - GOV.UK
JCVI Joint Committee on Vaccination and Immunisation - GOV.UK

There are several TURAS modules that are all included in the training plan. (*Training plan in draft detail to follow*)

4 FEEDBACK & LEARNING

The Practice will use the responses from the pre-audit, performance and quality data as part of a discussion within the Practice on the effectiveness, efficiency and value of their practice services.

The Practice is encouraged to share any learning from SEA or action points from this discussion with other practices in their cluster and with the immunisation service through Highland Immunisation Coordination Group (HICOG). All feedback will contribute to the review by Public Health Scotland, Scottish Government and local service evaluation and governance arrangements.

PGDs and training records may be subject to audit should there be a vaccination incident that requires investigation from a quality and patient safety perspective.

5 RECORDING OF INFORMATION/VACCINATION EVENTS

Recording Retrospective Vaccination Events

Prior to the commencement of the service, Practices must ensure that all retrospective coding of childhood vaccinations are updated on the GPIT system. Lists of historic vaccination records that have not been input from March 2023 can be requested from the Child Health Department.

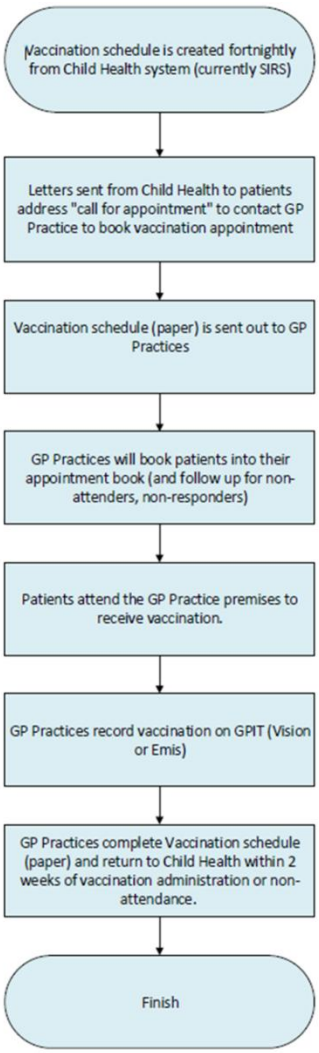
Current and valid Read codes –
The following read codes will be used for monitoring and payment purposes.
[ADD LIST OF CODES RELEVANT / AND ESCRO SCREEN]

Read code	Read code description	When to be used

Recording Information
Clear data entry protocols will be established, and regular audits will ensure compliance. An enabling digital infrastructure will be identified and implemented with data-sharing systems that comply with regulations and a robust security framework to protect patient information. This ensures real-time monitoring of vaccination coverage and enables the continued efficient reporting to the Board and PHS. This is currently achieved through the SIRS system.

Practices must adhere to defined standards of record keeping ensuring that the immunisation event is recorded in the GPIT system medical record and Child Health Service documentation of the patient, on the same day that it is administered.

The process with Child Health is documented below:



Nationally childhood vaccinations are still recorded on a paper system which will move to an electronic system in 2026.

The national aim is to develop an end-to-end digital solution that provides a single, accessible vaccination record for Scottish citizens and healthcare professional. https://publichealthscotland.scot/media/30255/scotlands-5-year-vaccination-and-immunisation-framework-and-delivery-plan-english-november2024.pdf

In the absence of a national digital solution, progressing a hybrid model and local delivery requires practices to adhere to the current process until rollout and adoption of the agreed national digital solution.

Practices must ensure that the following records are kept for each vaccination event:

- any refusal of immunisation
- where an offer of immunisation is accepted
- details of the informed consent to the immunisation
- name of individual, address and date of birth
- name of person that undertook assessment of individual's clinical suitability and subsequently administered the vaccine

- the batch number, expiry date and name and brand of the vaccine
- the date of administration
- dose, form and route of administration of vaccine
- anatomical site of vaccination
- when 2 or more vaccines are administered in close succession, the route of the administration and injection site of each vaccine
- advice given, including advice given if excluded or declines immunisation
- any contraindication to the vaccine or immunisation
- any adverse reaction to the vaccination or immunisation and the actions taken.

Practices should match the audit trail stipulated within the PGD.

Recording Vaccination Events for Individuals from Overseas/Other Setting
When a patient or their representative reports that a vaccination has been delivered overseas or in another setting, individual clinicians should exercise their judgement to determine that a vaccination has been delivered and to record it in the patient record. The Green Book sets out that, where children and adults come to the UK and do not have a documented or reliable verbal history of immunisation, practices should assume the person is unimmunised and a full course of required immunisations should be planned. Where patients arrive from overseas with a documented or reliable verbal history of immunisation, then the practice can assume the person is immunised and record the details as such in the GP patient record – noting that in the case of reliable verbal histories, it may not be possible to record the batch number or exact vaccination date. In some circumstances, an assessment will be required to ascertain which outstanding vaccinations may be required based on the age of the child, their medical history or other risk factors and the vaccine schedule already followed.
https://assets.publishing.service.gov.uk/media/6839d882e0f10eed80aafb7e/Green_Book_Chapter_11_Routine_Immunisation_05.pdf

6 QUALITY

INTRODUCTION AND CORE PRINCIPLES

This framework sets out the requirements for the safe, effective, and equitable delivery of the scheduled hybrid immunisation programme within NHS Highland. GP-delivered services are expected to meet Green Book standards and comply with the Scottish Vaccination and Immunisation Programme (SVIP), which provides the national strategic direction, governance expectations, and oversight.

Practices have flexibility in ***how*** they operationalise these standards, but the standards themselves are mandatory. The measures outlined in this framework are intended to support Practices through pragmatic, auditable, and are aligned with existing GP clinical governance processes.

A pre-audit readiness checklist must be completed before service commencement, followed by an annual audit to provide assurance of ongoing compliance.

Under this LES, the GP holds medical responsibility for the patient. The service must be delivered by appropriately trained and qualified Practice Nurses, Advanced Nurse Practitioners, and General Practitioners.

SVIP Core Principle	**Definition in GP Context**
Safe	Minimising clinical risk through robust cold chain management, correct administration, and appropriate incident reporting.
Effective	Ensuring high uptake, timeliness of delivery, and correct clinical practice as per The Green Book guidance.
Equitable	Providing an accessible service that seeks to minimize inequalities in uptake across the registered practice population.

I. PROGRAMME AND POPULATION HEALTH METRICS (Effectiveness & Equity)

This section ensures the practice is meeting its public health mandate by monitoring coverage, timeliness, and access.

Area	Quality Standard	Suggested Measure	Target
Uptake/Coverage	Achieve national targets (WHO 95%) for all routine childhood immunisations (e.g., 6-in-1, MMRV).	**System Search Audit:** Identify all eligible children overdue by >2 weeks from the scheduled date.	95% of overdue patients contacted (phone/letter) within 5 working days of identification.
Timeliness	Vaccines delivered as close as possible to the due date, minimising delay.	**Record Spot Check:** Review 10 random child records post-vaccination.	90% of reviewed vaccines administered within the recommended window (due date ± 2 weeks).
Accessibility/Equity	Service provision accommodates the practice's demographic profile (e.g., rural patients, working parents).	**Appointment Review:** Review clinic session times and availability.	Evidence of flexible/out-of-hours capacity offered, or specific outreach for hard-to-reach groups.
Communication	Provision of clear, accurate, and supportive patient information to promote vaccine confidence.	**Feedback Analysis:** Review patient feedback and complaint logs related to immunisation information.	Zero sustained, unresolved complaints regarding information provision or interaction quality.

II. SAFE VACCINE MANAGEMENT (Safety)

Maintaining the cold chain and managing stock are fundamental to patient safety and vaccine efficacy.

Area	Quality Standard	Suggested GP Measure	Action if Non-Compliant
Cold Chain (Monitoring)	Temperature maintained consistently between +2°C and +8°C in a	**Double daily recording**, incident assessment, decision to use/dispose,	Immediate quarantine of all stock, and notification to the Health Board SVIP

	validated, pharmaceutical refrigerator	documentation, patient impact assessment	Lead and Practice Manager.
Cold Chain (Equipment)	Pharmaceutical refrigerator is secure, dedicated solely to vaccines, and alarms are functional.	**Physical Check:** Ensure the fridge door is locked, no food/specimens are present, and the door is sealed correctly.	Immediate repair request and transfer of stock to a validated alternative storage site.
Stock & Rotation	Effective stock rotation to prevent expiry and minimize financial loss.	**Stock Audit:** Check stock levels, expiry dates, and ensure shorter-dated stock is placed visibly at the front.	Immediate removal and disposal of expired stock; re-training on stock rotation principles.
Wastage	Minimise vaccine loss due to cold chain breaches or expiry.	**Audit:** Calculate percentage of vaccine loss (doses wasted / doses ordered).	Wastage rate must be below 5%. Develop a targeted action plan if exceeded.

III. SAFE ADMINISTRATION & DOCUMENTATION (Safety & Effectiveness)

This section focuses on the procedure itself, including staff competence and clinical record-keeping.

Area	Quality Standard	Suggested GP Measure	Target
Staff Competency	All vaccinators maintain current knowledge and skills as per UK/Scottish standards (e.g., Turas/RCN).	**Documentation Check:** All vaccinators must have undergone role specific initial training, supervised practice, formal competency assessment, and annual updates	100% of staff records compliant and accessible.

7 FINANCE

Practices will be paid an item of service fee/course fee as outlined below.

Claims should be submitted on a monthly basis using ESCRO tool.

No payment can be claimed for patients vaccinated in community/secondary care settings. No payment can be claimed where populating a patient medical record with vaccinations previously administered, including new registered patients providing details of their immunisation history.

Hiring costs of non-Practice facilities will not be claimable.

Mop-Up Vaccination Payments

Mop-up vaccination by GP practices will only be requested as an exceptional measure when NHS Highland's vaccination service is unable to complete routine delivery for an individual child. Although these vaccines are part of the national routine programme, it is acknowledged that the circumstances for practice delivery are non-routine.

To reflect this, mop-up vaccinations delivered by practices will be paid at the rate of **£25.24 per dose**. Activity will be capped and requested only when necessary.

If practice delivered mop-up exceeds around 3% of the registered childhood cohort, this will trigger a review by the Primary Care Team.

Contractual Arrangements and Notice Periods

This Service Specification is supported by a standalone Vaccination Services Agreement, under which practices will deliver the service for a five-year contractual term.

For the duration of this term, the contractual notice period for NHS Highland in relation to this service will be 24 months, and the notice period for practices will be 3 months. These notice provisions apply solely to this vaccination service and do not alter notice requirements for any other locally enhanced services.

The Vaccination Services Agreement will accompany this Specification and will set out the operational and contractual arrangements required to support delivery.

Start-Up Payment
To support mobilisation, each Practice will receive a start-up payment of £1,250. This represents an equitable distribution of total anticipated mobilisation costs across participating Practices and reflects the fixed operational requirements common to all practices, regardless of list size.

Payment

Payments will be made in accordance with claims by practice, paid in arrears. Payment is subject to the practice meeting the terms and conditions of the Clinical Specification within this document.

Service Pricing

Based on PCA(M)(2022)07 pca2022-m-07.pdf Item of service fees as defined with the circular where practices continue to provide vaccinations after 1st April 2022. Annual DDRB uplifts applied.		
GP practices delivering those vaccinations formerly provided under the Childhood Immunisation Scheme (Directed Enhanced Services) (Scotland) Directions 2020. The vaccinations include all those previously delivered by GPs and any future vaccination programmes as created or amended by the Chief Medical Officer.		
Childhood Immunisations As detailed in table 1: Routine birth and pre-school programme including catch-up	**Item of Service Fee per vaccine**	**Comments**
1st/2nd/3rd/4th 6:1 DTap/IPV/Hib/HepB	**£12.28**	6 in 1 Diphtheria, Tetanus, Pertussis, Polio, Hib and Hep B
4:1 DTap/IPV	**£12.28**	4 in 1 Diphtheria, Tetanus, Pertussis and Polio
Hib/MenC	**£12.28**	
1st/2nd/3rd MenB	**£12.28**	Meningitis B
1st/2nd PCV13	**£12.28**	Pneumococcal
1st/2nd Rotavirus	**£12.28**	
1st/2nd/3rd MMR	**£12.28**	Measles Mumps Rubella
MMR-V	**£12.28**	Measles Mumps Rubella and Varicella vaccination will be included as part of the routine programme from January 2026
HPV	**£12.28**	Human

		papillomavirus
Td/IPV	**£12.28**	Tetanus, Diphtheria and Polio
MenACWY	**£12.28**	Meningitis ACWY
Influenza	**£12.28**	
Varicella	**£12.28**	Varicella vaccination will be included as part of the routine programme from January 2026
Childhood Immunisations As detailed in table 2: Routine Selective vaccination programmes	**Item of Service Fee per vaccine**	**Comments**
BCG (TB)	**£12.28**	
COVID-19	**£12.28**	
Hepatitis A	**£12.28**	Pre-exposure for children at particular risk of complications of hepatitis A infection
Hepatitis B	**£12.28**	Children at high risk of exposure to the virus or complications of the disease (pre-exposure immunisation). Selective neonatal referral for the dose at four weeks.
Meningococcal	**£12.28**	Children at particular risk of serious complications of infection
Pneumococcal	**£12.28**	Children at particular risk of serious complications of infection
RSV monoclonal antibody	**£12.28**	Selective immunisation of very and extremely preterm infants in addition to infants and young children at high-risk of severe RSV disease
Childhood Immunisations As detailed in table 3: Non-routine immunisations	**Item of Service per vaccine**	**Comments**
Hepatitis A (jr) (2 dose course)	**£25.24**	Post-exposure

'2nd hepatitis A junior vaccination' will trigger payment where '1st hepatitis A junior vaccination' is also present within 24 months.		vaccination for close contacts of cases and for outbreak control
Hepatitis B Booster hepatitis B vaccination. Individual code for payment.	**£25.24**	Post-exposure prophylaxis
Rabies - (IM) (3 dose course) Paid per vaccine delivered – noting course requirements as detailed in the green book.	**£25.24**	Post-exposure prophylaxis.
Mpox (single dose) Where indicated that second does is recommended, further item of service fee applies.	**£25.24**	Post-exposure prophylaxis to children at higher risk of exposure following an imported case or cluster of Mpox.
*Full courses are required to be administered for table 3 vaccinations to ensure immunity. * Mop-Up Vaccinations are paid at the base rate. The base rate is topped-up based on child health reports as per section 7 'Mop-Up Vaccination Payments'.		

Appendix 1 - Immunisation service codes (ESCRO)

To follow

Appendix 2 - Relevant accompanying documentation

Scotland's 5-year Vaccination and Immunisation Framework and Delivery Plan

https://intranet.nhsh.scot.nhs.uk/PoliciesLibrary/Documents/Development, approval, dissemination and implementation of PGDs.pdf

https://assets.publishing.service.gov.uk/media/673dff0dad6a5d7d2b1b08c9/Green_Book_Chapter_8_-_Vaccine_Safety_-_November_2024.pdf

Medicines Cold Chain (Refrigeration and Cold Storage) Policy and Vaccine Handling Guideline (draft)

Medicines_Cold_Chain_Policy.docx

PHS Vaccination Adverse Event Management Protocol