



HOUSEBOUND IMMUNISATION ENHANCED SERVICE 2024/25

Seasonal Influenza Immunisation Programme including Shingles and PPV

Service Level Agreement

1st September 2024 – 28th February 2025

**(Please note activity delivered under this SLA should be
completed by 28th February 2025)**

Shingles, PPV and RSV are vaccinations listed as Essential Services in the GP Contract and so can only be signed up to within this SLA document by GP practices or with GP practices signing as the commissioning (sub-contracting) organisation.

1. GENERAL INFORMATION

This Agreement is made between NHS England (London Region) (NHSE) (**The Commissioner**) and the **XXXXXXXXXX** Commissioned Provider (**“the Provider”**).

FLU

NHS England (NHSE) is working with UK Health Security Agency (UKHSA) to secure the delivery of the Winter Immunisation Programme in targeted high-risk cohorts of children and adults as listed in the National Flu Immunisation Programme 2024 to 2025 letter:

[National flu immunisation programme 2024 to 2025 letter - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/857267/GB_Chapter_25_pneumococcal_January_2020.pdf) :

For the influenza immunisation programme, the cohorts are:

From 1 September 2024:

- pregnant women.
- all children aged 2 or 3 years on 31 August 2024.
- primary school aged children (from Reception to Year 6).
- secondary school aged children (from Year 7 to Year 11).
- all children in clinical risk groups aged from 6 months to less than 18 years.

From October 2024, exact start date to be confirmed by NHS England in due course:

- those aged 65 years and over.
- those aged 18 years to under 65 years in clinical risk groups (as defined by the [Green Book, Influenza Chapter 19](#)).
- those in long-stay residential care homes.
- carers in receipt of carer's allowance, or those who are the main carer of an elderly or disabled person
- close contacts of immunocompromised individuals.

PPV

For the Pneumococcal Polysaccharide Immunisation Programme, the cohort is anyone over the age of 65 who has not previously had the vaccination. Please refer to Chapter 25 of the Green Book:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/857267/GB_Chapter_25_pneumococcal_January_2020.pdf

SHINGLES

From 1 September 2023, changes were made to the NHS Shingles Vaccination Programme with the Zostavax® vaccine being replaced with Shingrix®, and the cohort eligibility was extended. These changes were based on recommendations from the Joint Committee on Vaccination and Immunisation (JCVI).

The routine cohort is as follows:

- **Immunocompetent:** Shingrix® vaccine should be offered as a two-dose schedule (6 to 12 months apart) to those turning 65 and 70 years from 1 September 2023 to 31 August 2028
- **Immunocompromised:** Shingrix® vaccine should be offered as a two-dose schedule (8 weeks to 6 months apart) to those aged 50 and over (no upper age limit).

Immunocompromised individuals who have already received two doses of Shingrix® do not need re-vaccination.

The eligible age for immunocompetent individuals will change from 70 to 60 years of age for the routine cohort in a phased implementation over a 10-year period. For more details, please refer to the Shingrix® bipartite letter:

<https://www.gov.uk/government/publications/shingles-vaccination-programme-changes-from-september-2023-letter>

For more details, please refer to the Green Book Chapter 28a: [Shingles \(herpes zoster\): the green book, chapter 28a - GOV.UK \(www.gov.uk\)](#)

Please note that the shingles vaccination may be given opportunistically at any time throughout the year and can be co-administered with other vaccines, please refer to the latest guidance in the Green Book (link above) for information on co-administration.

RSV

For the RSV programme, the contractual guidance and RSV programme letter in the links below must be followed:

[NHS England » General practice respiratory syncytial virus \(RSV\) vaccination programme: contractual guidance](#)

[Introduction of new NHS vaccination programmes against respiratory syncytial virus \(RSV\) - GOV.UK \(www.gov.uk\)](#)

Eligible patient cohorts

Older adult programme

From 1 September 2024, practices are required to offer and provide RSV vaccination to eligible patients as follows:

- adults turning 75 years (older adult routine programme). These patients will remain eligible until they attain 80 years and will not be eligible thereafter
- adults aged 75 to 78 years on 31 August 2024 (older adult catch-up programme). These patients will remain eligible until they attain 80 years and will not be eligible thereafter
- adults aged 79 years on the 31 August 2024 (older adult catch-up programme). These patients will remain eligible until the 31 August 2025 (so, exceptionally, will be eligible aged 80) and will not be eligible thereafter

Practices are required to proactively call and recall older adults in accordance with [Vaccination and Immunisations Standards](#) and must also offer vaccination to eligible registered patients on request. This includes registered patients residing in care homes or who are housebound.

For those adults turning 75 years, the initial offer should be made as soon as the patient becomes eligible from their 75th.

For those adults aged 75 to 79 years on 31 August 2024, the initial offer should be made as soon as possible. To offer the best protection, practices are asked to vaccinate as many people as possible during September and October 2024 prior to the expected RSV season and with the majority completed in the first 12 months of the programme.

One dose of RSV vaccine is to be administered per eligible patient.

Programme for pregnant women to protect infants

From 1 September 2024, practices are required to offer and provide RSV vaccination to all eligible registered patients from 28 weeks of pregnancy either opportunistically or on request. They will remain eligible until birth (after 36 weeks the vaccine is prescribed off-label).

Where a practice is aware of a patient's pregnancy and there is no RSV vaccination in their medical record, it would be clinical best practice to check with the patient whether they have been vaccinated and offer this vaccination given the importance of protection to the infant.

One dose of RSV vaccine is to be administered per pregnancy.

2. DEFINITIONS

2.1 The Organisation: The Provider as listed with ICB(name of ICB).

2.2 The Service: Services provided by the **Provider**, as specified in this Agreement (**Commissioned Provider**).

2.3 The Commissioner: NHS England.

3. PURPOSE AND PERIOD OF THE AGREEMENT

3.1 The purpose of this Agreement is to set out the responsibilities of the Commissioner and the Organisation in accordance with the provisions set out below. The Seasonal Influenza element of this Agreement is effective from 1st September 2024 to 28th February 2025 unless terminated earlier in accordance with the provisions set out below.

The Shingles and PPV element of this Agreement is effective from 1st September 2024 to 28th February 2025 unless terminated earlier in accordance with the provisions set out below.

3.2. Individuals or companies that sell or supply human medicines to anyone other than the patient must have a wholesale distribution licence. Therefore, where a GP practice

supplies vaccines, these vaccines must be used exclusively on the GP's patients.

4. **SERVICE SPECIFICATION**

4.1 The Service will be known as the Housebound Immunisation Enhanced Service 2024/25.

4.2. The Service to be provided is as set out in Schedule 1 (Service Specification).

4.3. The practice must:

- ensure that vaccinations are provided in line with the relevant [Patient Group Direction](#) (PGD) and [Green Book](#) guidance, including relevant details on the treatment of anaphylaxis and secure storage and disposal of clinical waste. The practice must ensure that it has a process in place to check any updates to the [Green Book](#),
- comply with any relevant guidance and standard operating procedures for managing RSV vaccinations (as updated from time to time), including following all current guidance published by the JCVI, the commissioner, Medicines and Healthcare products Regulatory Agency (MHRA) and/or UKHSA; and
- identify those eligible for the RSV vaccination and encourage them to be vaccinated
- Each patient being administered a vaccine, or their carer, must be given written information about the vaccine. As a minimum, a copy of the manufacturer's patient information leaflet must be provided to the Patient (the Patient may be directed to a web-based version of that leaflet where the Patient agrees).

5. **RESPONSIBILITIES OF NHS ENGLAND**

5.1 To provide funding, as set out in Schedule 2 (Financial Specification).

5.2 To provide agreed information within mutually agreed time scales.

5.3 The Professional Advisor, named in Schedule 3 (Lead Officer/s for the Agreement), will work with the designated lead officer of the Organisation for the purposes of

monitoring the level and quality of service provided under the terms of this Agreement.

5.4 To provide an authorised Core Patient Group Direction (PGD) and/ or Patient Specific Direction (PSD) for the administration of vaccinations by **(Commissioned Provider)** together with authorised PGD/ PSD for each of the included vaccines to be read in conjunction with the Core PGD / PSD.

6. RESPONSIBILITIES OF THE ORGANISATION

6.1 To run and manage the Service effectively and efficiently.

6.2 To ensure that suitable staff/volunteers are recruited and trained.

6.3 To satisfy quality and performance standards as set out in Schedule 1.

6.4 To provide monitoring and financial information to the Professional Advisor or delegated officer.

6.5 To advise NHSE via the Professional Advisor or delegated officer, of any difficulty in relation to the Agreement, for example, where the service falls below target levels or major staffing problems occur such as prolonged sickness absence or potential SUIs.

6.6 To consult with NHSE before any significant changes to the structure, function, staffing or duration of the Service.

6.7 To comply with all statutory and other provisions to be observed and performed in connection with the Service and indemnify NHSE against all actions, claims, demands, costs, charges and expenses whatsoever in respect of any breach of this Agreement by the Organisation.

6.8 Any litigation, resulting from an accident or negligence on behalf of the Organisation is the responsibility of the Organisation who will meet the costs and any claims for compensation, at no cost to NHSE.

7. FUNDING

7.1 Funding is for the specified period as set out in Schedule 2.

7.2 NHSE reserves the right to suspend funding in the event of:

- a) Failure to attain the agreed level of activity of service.
- b) A cessation of the Service.
- c) Failure to fulfil the terms of this Agreement.
- d) The Organisation/Provider commissions, supports or assist activities which are political or of an exclusively religious nature or which may bring NHSE or any funders into disrepute.

7.3 It is a requirement of this Agreement, that the Provider immediately informs NHSE via the designated lead officer, of any significant change in its financial or managerial circumstances, which may materially affect the ability of the Provider to supply the Service covered by the Agreement.

8. EMPLOYEES

- 8.1 The Provider will employ appropriately qualified and experienced staff/volunteers to maintain the Service to the agreed specification.
- 8.2 The Provider will have in place agreed employment policies such as: a) Terms and Conditions of Employment; b) Grievance and Disciplinary; c) Health and Safety; d) Equal Opportunities; e) Recruitment and Retention; and f) other staff should be offered suitable training and support to enable them to carry out their role effectively.
- 8.3 It is the responsibility of the Provider to take appropriate measures to protect the public when recruiting staff/volunteers.
- 8.4 All employees will have been appropriately vetted by the Provider and hold accredited qualifications where appropriate. References and police checks, where appropriate, will have been taken up in all cases. It is the responsibility of the Provider to judge the suitability of applicants based on such procedures.
- 8.5 NHSE reserves the right to make random spot checks to ensure the vetting procedure is undertaken.

9. INSURANCE

9.1 The Provider is required to arrange adequate insurance cover consistent with the Service provided. This must include Public Liability and Employers Liability Insurance. The Provider shall upon written request provide NHSE with a copy of the Insurance Certificate within the specified time frame.

10. COMPLAINTS PROCEDURE

10.1 The Provider will have a written procedure for dealing with complaints in line with the current NHS Complaints Procedure. These procedures must include a record of all complaints and the resulting action(s). The complaints procedure must be prominently displayed and easily accessible for patients/clients. The record should be available at any time for inspection by NHSE.

11. EQUAL OPPORTUNITIES

11.1 The Provider is required to have an Equal Opportunities Policy outlining principles of Equal Opportunities and is expected to demonstrate its effectiveness in this area, particularly in relation to the provision of the Service covered by this Agreement.

11.2 The Provider should ensure that their recruitment procedure for any new staff/volunteers involved in the Service adhere to the Equal Opportunities Policy.

12. HEALTH AND SAFETY

12.1 The Provider is required to have a written policy on Health and Safety covering the Service to include the following:

- a) Infection control incorporating PPE in line with COVID-19 guidelines.
- b) Reporting, recording, investigation of accidents.
- c) Fire precautions and evacuation procedures.
- d) First aid arrangements.
- e) Training of staff in Health and Safety.
- f) Premises.

12.2 The policy should be updated as appropriate and made available upon written request by NHSE.

13. CONFIDENTIALITY

13.1 The Provider's staff/volunteers must not disclose any information which comes into their possession during providing the Service except as may be required by law, or where the express consent of the individual concerned has been obtained. This includes information acquired through complaints procedures.

13.2 The Provider must ensure policies/procedures are in place to prevent unauthorised disclosures. Disclosure of information which has not been authorised will be considered as a serious breach of the terms of this Agreement and could result in the termination of the Agreement as outlined in para. 20.

13.3 The Provider must be compliant with the NHS Information Governance Toolkit.

14. STATUTORY REQUIREMENTS

14.1 The Provider shall conform to all existing and new legislation, which may be applicable to this Agreement.

15. MAJOR INCIDENTS AND BUSINESS CONTINUITY PLANNING

15.1 The Provider is required to have a Business Continuity Plan in place.

15.2 The Provider is required to have plans in place to maintain services that may have or may be impacted by COVID-19.

16. VARIATIONS IN THE TERMS OF THE AGREEMENT

16.1 Variations in the terms of this Agreement will be agreed by both parties and confirmed in writing by the Commissioner. Variations will normally require at least one month's notice.

17. BREACH OF THE AGREEMENT

17.1 If the Organisation believes that NHSE has broken the terms of this Agreement it will submit written details of the alleged breach and, unless the matter is otherwise resolved, a meeting will be arranged between the Professional Advisor and the Organisation to discuss the alleged breach.

17.2 If there is agreement that a breach has taken place, action(s) to be taken to rectify the breach and the period for such action(s) will be agreed and confirmed in writing by the Commissioner.

17.3 If there is no agreement, the alleged breach will be referred to the Director of Public Health Commissioning, NHSE for a suggested resolution. This will be agreed and confirmed in writing by NHSE.

17.4 Breaches by the Organisation will be dealt with as set out in para 18.

18. SHORTFALLS OR DEFICIENCIES IN SERVICE PROVISION

18.1 Where shortfalls or deficiencies in service provision have been identified or where other conditions of this Agreement are not being met, the Provider will be notified, and a meeting will be arranged between the Provider and the designated lead officer. Where a Provider has breached the Agreement and the breach is capable of remedy, actions to rectify the breach will be agreed and confirmed in writing by NHSE. Actions shall specify:

- a) Details of the breach.
- b) The steps the Provider must take to the satisfaction of NHSE to remedy the breach.
- c) The period during which the steps must be taken.

18.2 Where there is a failure to rectify the shortfall or meet the conditions within the agreed time scale, the matter will be referred to Professional Advisor to decide what further action should be taken.

18.3 If there is persistent and serious failure to fulfil the terms of the Agreement then the designated lead officer will refer the matter to the Director of Public Health Commissioning, NHSE with a view to terminating the Agreement.

19. **CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS**

Reporting Requirements

19.1 Recording

- The Provider will complete all necessary data recording to enable monitoring and evaluation of the scheme.
- The Provider must develop and maintain a record of patients to whom one or more of the included vaccines has been offered / administered.

Data should include:

- Any refusal of an offer of any of the vaccinations, with reasons.
- Where an offer of any of the vaccinations was accepted and for each of these:
 - details of the consent to the vaccination or immunisation.
 - the batch number, expiry date and title of the vaccine.
 - the date of administration of the vaccine.
 - any contraindications to the vaccination or immunisation.
 - any adverse reactions to the vaccination or immunisation.
- Data can be recorded via the Providers electronic system records and must be kept on file for eight (8) years.
- Where provisions have been made by the Commissioner, the Provider will comply with using and securely transmitting information electronically and will maintain software suitable to support the IT system.
- To minimise the risk of patients receiving double immunisation, the Provider must ensure that details of those who have been immunised are returned to the patient's GP within 24 hours of immunisation (48 hours over weekends). Providers must also inform GPs of patients who decline immunisation.
- It is the Provider's responsibility to accurately code vaccinations using the latest Technical Guidance/Business Rules.
- The Provider is required to submit data to NHSE for monitoring and audit purposes via the MS reporting form by the timelines detailed below.

- The Provider will provide data to NHSE for monitoring and audit purposes via the MS form reporting questionnaire ([LINK](#)) by 7th March 2025 (this is for ALL activity from 1st September 2024 till 28th February 2025).

19. 2 Monitoring

19.2.1 NHSE will monitor the service and failure to achieve the required standards may result in decommissioning the service.

19.2.2 Where shortfalls or deficiencies in service provision have been identified or where other conditions of this Agreement are not being met, the designated lead officer will write to the Provider detailing any areas of concern and requesting assurance from the Provider on the steps they are taking to rectify the concern(s)/ poor performance. The resulting action plan will be agreed and confirmed in writing by the Commissioner.

19.2.3 NHSE reserves the right to undertake any additional monitoring of the Provider and the Service, as is deemed necessary, to ensure that the standard of the Service complies with the specification set out in Schedule 1.

20. EXIT ARRANGEMENTS

20.1 The Agreement may be terminated immediately in the event of any of the following:

- A permanent cessation of the Service.
- A persistent failure to fulfil the terms of the Agreement.
- A serious breach of the terms of the Agreement.
- The performance of the Service is unsatisfactory and documented to be so.
- There is a substantial change to the Service, which NHSE has not approved.

20.2 NHSE and the Provider may mutually agree to terminate this Agreement on

written notice of one month. However, in fairness to both parties to this Agreement, and at the first indication of any such possibility, the implications

of not being able to fulfil their obligations should be discussed without prejudice at the very earliest opportunity.

20.3 Where the Agreement is terminated following notice under paragraph 20.2 the rights accrued by either party at the date of termination are not affected and there shall be a full accounting between the parties at that date or within three months of the date.

21. **ADDITIONAL NOTES**

21.1 NHSE is required to protect the public funds it administers and so may use the information provided by the Provider under this Agreement to prevent and detect fraud. NHSE may also share this information for the same purposes, with other organisations that handle public funds.

21.2 **Publicity:** The Provider is expected to consult with NHSE officers about any publicity, whether adverse or positive, for any work funded through NHSE. The Provider is expected to take full advice on the handling of such matters from NHSE Communications team.

SCHEDULE 1

SERVICE SPECIFICATION

HOUSEBOUND IMMUNISATION ENHANCED SERVICE 2024/25

Seasonal Influenza Immunisation Programme

Pneumococcal Polysaccharide Immunisation Programme

Shingles (herpes zoster) Immunisation Programme

The Aims and Objectives of the Service:

1. **Aim**



The aim of immunisation programmes is to minimise the health impact of disease through effective prevention of cases.

2. Objectives

The aim will be achieved by delivering population-wide, evidence based, immunisation programmes

2.1 The Provider shall:

Administer vaccinations to housebound individuals including shielded individuals and patients newly identified as housebound during the period of this Agreement

Comply with Covid 19 guidance for providers of community health services in England

- Administer the seasonal flu vaccination
- Administer Pneumococcal Polysaccharide (PPV) vaccination
- Administer shingles vaccination to eligible housebound patients – refer to Green Book for latest guidance on eligibility criteria.

Note:

- GP practices will send lists of their housebound patients to
(Commissioned Provider).
- **Providers to review list of housebound patients** to ensure those who become housebound during the influenza season are included in service delivery.
- Housebound patients should be **prioritised as early as possible in the flu season.**

2.2 Commission services informed by patient choice and ensure 'Every Contact Counts' by offering co-administration opportunity across the vaccination programme, i.e. individual received more than one vaccination in one contact, if eligible.

- 2.3 Provide services that are safe, effective, of high quality and independently monitored.
- 2.4 Drive improvements in quality by using available levers.
- 2.5 Is delivered and supported by suitably trained, competent healthcare professionals who participate in recognised on-going training and development.
- 2.6 Manages and stores vaccines in accordance with national guidance to maximise health benefits for populations by the effective use of medicines.
- 2.7 Are supported by regular and accurate data collection using the appropriate returns.
- 2.8 Providers are referred to the national guidelines below:

The national influenza immunisation programme letter and plan 24/25	National flu immunisation programme 2024 to 2025 letter - GOV.UK (www.gov.uk)
Healthcare practitioners should refer to the appropriate chapter in 'Immunisation against infectious disease' (the "Green Book")	https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19
	the-green-book-chapter-25
	herpes-zoster-the-green-book-chapter-28a
All appropriate materials subject to the The Joint Committee on Vaccination and Immunisation (JCVI) & Vaccination and immunisation programme 2024/25	https://www.gov.uk/government/groups/joint-committee-on-vaccination-and-immunisation
Directed Enhanced Service (DES) specification for seasonal influenza and pneumococcal immunisation.	www.england.nhs.uk/gp/investment/gp-contract

DESCRIPTION OF SERVICE

1. SERVICE PROVIDER

The Provider will be authorised to provide the Service based on the following criteria:

1.1 The Service will be provided in a suitable area.

1.2 The Service will be provided by an accredited Immuniser, working for.
(Commissioned Provider) who has completed the training detailed below and signed an authorised copy of the NHS Core PGD/ PSD for the Administration of the 2024/25 vaccinations.

- 1.3 Vaccines must be stored in a suitable fridge with the storage capacity and temperature monitoring systems described below.
- 1.4 The Provider must ensure that the Immuniser has access to at least two (2) ampoules of Adrenaline 1:1000, including the necessary syringes and needles required for administration. Where this is provided as “Epipen” then there must be at least two (2) “Epipens” available. The Provider should also ensure that a copy of the most recent version of the Anaphylaxis Algorithm, produced by the Resuscitation Council (UK) can be downloaded
- 1.5 The Provider will not assign the whole or any part of this Agreement or sub-contract the supply of services without the prior consent, in writing, to NHSE.
- 1.6 The Immuniser must be trained and skilled to administer injection, including:
- a) Needle length and needle level – research findings on the significance of this.
 - b) Body mass and choice of needle length.
 - c) Intramuscular sites and the rationale for this choice.
 - d) How to administer an intramuscular injection, including patient assessment, side effects and contraindications to Influenza, Shingles and Pneumococcal Polysaccharide vaccines.
 - e) Administration and other intra-muscular injections given under this agreement.
 - f) Anaphylaxis – recognition and treatment.
- 1.7 The Immuniser has completed and passed a recognised Basic Life Support (BLS) training course, for both adults and children from 2 years of age, in the past 12 months, or approved alternative update training (BLS training must be updated every 3 years). This update can be face to face or via e-learning.
- 1.8 The Immuniser should maintain clinical knowledge appropriate to their practice by attending relevant study days, courses and making themselves aware of appropriate literature.
- 1.9 The Immuniser providing this service should be aware of the need to have up to

2. STAFF TRAINING

2.1 The Provider will ensure that all immunising staff are trained on the operation of the Service and full details will be made available to temporary staff.

3. VACCINATIONS

3.1 Vaccines will be procured and managed through licensed wholesalers, manufacturers or via Immform as appropriate. Follow the latest guidance from the MHRA on vaccine sharing.

4. FRIDGE STORAGE CAPACITY AND TEMPERATURE MONITORING SYSTEMS

4.1 The Provider must be aware of and meet the requirements of the NPSA Rapid Response on Vaccine Cold Storage and any subsequent alerts in relation to vaccine storage.

4.2 The Provider must have their contemporaneous Standard Operating Procedures on ordering, storage, stock control, disposal and procedures for remedial action to the NHSE prior to commencing the Service.

4.3 The Provider must ensure that they have sufficient cold storage capacity to ensure the proper storage and integrity of the vaccines.

4.4 The Immuniser shall also have in place the following systems:

- a) Safe storage of vaccines, ensuring that the cold chain is maintained. Fridges used for the storage of vaccines must be monitored for minimum, maximum and actual temperature on each working day, and a record kept according to the (Name of Provider) guidelines (ref. *Fridge Temperature Monitoring*);
- b) Safe disposal of sharps and clinical waste only for use in the provision of an NHS commissioned service (as a minimum small 5L sharps bin);
- c) Hold an injectable form of adrenaline on site for the management of anaphylaxis (e.g. EpiPen);

- d) Effective prompt management and follow-up in the event of a needle-stick injury (in work hours) consult the Health Protection Unit for advice or present at an A&E department if out of hours or at weekends.
- e) Appropriate infection control.

5. CONSULTATION ACCOMMODATION

5.1 Vaccinations should only take place in accommodation which is large and clean enough to allow:

- a) The vaccination to be administered safely.
- b) Sufficient workspace to allow for preparatory work, easy access to the sharp's container, and easy storage of any paperwork.
- c) Immediate access to anaphylaxis pack and anaphylaxis algorithm.
- d) In the event of a severe anaphylactic reaction the Immuniser shall have a facility to call for ambulance assistance immediately without leaving the patient unattended.
- e) The individual to be vaccinated to, where necessary, remove and store any garments, with privacy and dignity, to allow safe vaccination.
- f) The management of any anaphylaxis or patient collapse, including putting a person into the recovery position and/or carrying out Basic Life Support.
- g) Before vaccinating, the Immuniser, should ensure that a member of staff is aware that the Immuniser will be administering a vaccine, and the Provider has made arrangements to contact that member of staff to call for help if necessary.
- h) The Provider should contact NHSE to request permission to undertake vaccinations at an alternative location.

6. PATIENT CONFIDENTIALITY

6.1 The patient must consent to information being sent to the GP and to NHSE. Records to be kept on file in line with guidance available [here](#)

7. SERVICE PROMOTION.

7.1 In general, all at risk patients should be encouraged to attend their GP practice for immunisation in the first instance.

7.2 The Provider is required to communicate with local GP practice(s) to inform them of their participation in the scheme and discuss:

- a) Details of the scheme.
- b) Eligible patient population for the housebound service.
- c) Direction of patients between practice and the Provider.

7.3 The Provider is required to develop a proactive approach to offering these immunisations to identified target patients.

7.4 It is a requirement that the Provider actively participates in any national or local Health Promotion Campaigns and maintains an adequate stock of promotional materials to give to patients.

8. RECORDING

8.1 The Provider will be expected to comply with the reporting requirements set out in para 19.1 (pg. 9) of this Service Level Agreement.

9. MONITORING

9.1 The Provider will be expected to comply with the monitoring requirements as set out in para 19.2 (pg 8) of the Service Level Agreement.

10. ADVERSE INCIDENTS

10.1 In the event of an adverse incident (significant clinical events, dispensing errors, adverse drug reactions), or near miss, it is imperative that the Provider

reports all vaccine incidents to the NHSE (London) immunisation commissioning team within five (5) working days. You can submit an incident report [here](#)

11. QUALITY SPECIFICATION REQUIRED

11.1 The Provider should be able to demonstrate that standard operating procedures for operation of the scheme, documentation of consultations and monitoring of the standards of service provision can be achieved.

12. Eligibility for Health Inclusion Groups – COVID-19 & Influenza

To support and enable access amongst those who are most at risk and experience inequalities, the flu vaccine will be free for all patients within health inclusion groups. This is in line with both PHE guidance and our own MECC (make every contact count) initiative.

The London Region wants to realise an improvement on the previous season for all our population groups, and to ensure that health inclusion groups and those that are underserved continue to be a focus - being able to reach them and ensure they have an offer of vaccination.

Inclusion health groups are those who are socially excluded, typically experience multiple overlapping risk factors for poor health, experience stigma and discrimination and not consistently accounted for in electronic records – including, but not limited to, the below:

- Those experiencing homelessness
- Gypsy, Roma and Traveller communities
- Sex Workers
- Those with learning disabilities

- Those experiencing mental health issues
- Those within detained estates or in contact with justice systems
- Vulnerable migrants
- Asylum Seekers

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- Victims of modern slavery
- Those experiencing drug and alcohol dependencies
- Any other health inclusion group based on local need

Ref: <https://www.gov.uk/government/publications/inclusion-health-applying-all-our-health>

It is important to recognise that clinical vulnerability and barriers to access apply to all health inclusion groups. A universal offer for these groups will avoid administrative barriers, challenges with delivery within larger settings and overcome any lack of medical records.

Clinical judgement will need to be employed with individual patients to determine underlying health conditions and risk levels. General principles can be found here: [Vaccination of individuals with uncertain or incomplete immunisation status - GOV.UK \(www.gov.uk\)](#)

Delivery to those at higher risk and / or in congregate settings will be of particular importance.

National Flu Letter

Providers are expected to deliver a 100% offer to eligible groups. They should ensure they make firm plans to equal or improve uptake rates in 2024 to 2025, particularly in those cohorts where uptake has traditionally been lower (clinical risk groups, children aged 2 and 3 years, and pregnant women). Providers should also ensure they have robust plans in place for tackling health inequalities for all underserved groups.

SCHEDULE 2

Financial Specification

1. Payment arrangements under the scheme will apply to all housebound patients who are immunised as follows

1a. Seasonal flu between the 1st September 2024 and 28th February 2025. 1b.

PPV and Shingles between 1st September 2024 and 28th February 2025

NHSE shall, pay the Provider the appropriate fee on receipt of a fully completed MS reporting form for the activity carried out for the periods specified in Schedule 2 Para 1a and 1b.

2. NHSE shall notify the Provider as soon as practicable possible if it considers a claim submitted by the Provider is incorrect or that the stated services have not been provided in accordance with this Agreement. In such circumstances NHSE shall be permitted to withhold payment due.

3. The total charge will be £10.06 for each vaccine administered, which is payable on receipt of invoice. Invoices should be received by –

7th March 2025 for the flu programme

7th March 2025 for the PPV and Shingles programme

Invoice should be submitted using reference number. **Invoices will not be processed without the MS form reporting data** Invoices to be submitted to -

X24CATWILLIAMS
NHS England,
X24 Payables K005
PO Box 312, LEEDS,
LS11 1HP

4. All providers need to be set up on SBS as an NHS England supplier and a PO raised by NHSE London for claims above £1000. All enquires should be sent to england.london-covid19voc@nhs.net

SCHEDULE 3

Lead Officer for the Agreement

Lead officer for NHSE (London region):

Signed by:	Will Huxter
for and on behalf of:	NHS England (London Region)
Signature:	
Title:	Director of Commissioning
Date:	31/07/2024

	Links
1- Sign up Deadline – Friday 23rd August 2024	https://forms.office.com/e/ZZHAXqMY1E
2- Activity Deadline – Friday 28th February 2025	Please note all activity under this SLA must be completed by 28th February 2025.

3- Reporting Deadline – Friday 7th March 2025	https://forms.office.com/e/K54Yt9Vhug
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Enquiries: england.london-covid19voc@nhs.net