



**INFLUENZA, PNEUMOCOCCAL POLYSACCHARIDE (PPV) AND SHINGLES
(HERPES ZOSTER) VACCINATIONS FOR INDIVIDUALS UNREGISTERED AT A
GP PRACTICE**

Service Level Agreement

1st September 2024 – 28th February 2025

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

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. Context

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/consultations/national-flu-immunisation-programme-2024-to-2025-letter) :

Eligibility for Health Inclusion Groups – COVID-19 & Influenza is included in this SLA.

FLU

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. 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.

This Service Level Agreement (SLA) is a supplementary Agreement between NHSE Immunisation Commissioners and General Practice, across the London Region to vaccinate individuals unregistered with a GP Practice that fall into the above risk groups. It is designed to secure the timely and effective arrangement and delivery of

the 2024/25 Winter Immunisation Programme, as per the national guidance frameworks:

- The national influenza immunisation programme letter and plan 2024/25:
[National flu immunisation programme 2024 to 2025 letter - GOV.UK](https://www.gov.uk/government/publications/national-flu-immunisation-programme-2024-to-2025-letter)
www.gov.uk
- Green Book (Department of Health)
<https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19>

<https://www.gov.uk/government/publications/pneumococcal-the-green-book-chapter-25>

<https://www.gov.uk/government/publications/shingles-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.

2. Aims and intended service outcomes

1. To reduce the serious morbidity and mortality from influenza, pneumococcal infection and shingles by immunising people in the target groups who are most likely to have a serious or complicated illness should they develop these conditions. This can avert the need for the patient to be hospitalised.
2. To improve choice and access to the seasonal influenza, PPV and Shingles immunisation programmes in primary care.
3. To increase the provision of the above vaccinations to all target groups, particularly hard to reach and unregistered groups, care homes and hostels.

3. Provider Delivery Plan

All Providers will –

1. Arrange dates, times, facilities, logistics, cold chain and clinical waste management with regards to their statutory responsibilities and best practice guidelines.
2. Deliver all immunisation as per the following:
 - a) Health Protection Agency algorithm
 - b) Nursing and Midwifery guidance on Administration of Medicines
 - c) Provider Patient Group Directions (PGDs) and/ or Patient Specific Directions (PSDs)
3. Record all clinical audit data in the patient's clinical record, including refusal, reactions or reasons for withholding immunisation.
4. Record any incident using the provider clinical governance process and report to NHS via london.immunisationqueriescars@nhs.net
5. Keep records of those vaccinated via the relevant patient data capture system. Client records must be kept by the practice. This will include client vaccine batch number, clinical risk group, date of expiry and date of vaccination.

6. Ensure that the details of vaccinations are given to patients for personal record purposes to minimise the risk of patients receiving double immunisation.
7. Maintain appropriate records to ensure effective ongoing service delivery and audit. Records are confidential and should be stored securely and for a length of time in line with local NHS record retention policies.
8. 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 activity from 1st September 2024 until 28th February 2025).
9. It is the Provider's responsibility to accurately code vaccinations using the latest Technical Guidance.
10. Ensure vaccines are procured and managed through licensed wholesalers, manufacturers or via Immform as appropriate
11. Note that 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. Invoicing and Payment

All immunisation activity delivered under this SLA will be paid for by NHSE. Providers are requested to invoice NHSE at the end of the Flu Season using the following method for reimbursement:

The invoice must have the following clinical audit data:

1. Vaccination given
2. Cohort (for flu only)
3. Numbers of vaccinations given
4. Has data been recorded onto clinical system?

All detailed clinical activity reports must be retained as these may be requested for assurance purposes. **Do not send any patient identifiable data. Your invoice will not be processed without the data return sheet.**

5. Financial Specification

- Payment arrangements under the scheme will apply to all eligible flu cohorts as per the National Flu Letter, who are immunised between the **1st September 2024 and 28th February 2025**
- NHSE shall, pay the Provider the appropriate fee, for the activity carried out and all activity should be completed by 28 February 2025.
- The Provider will be paid a fee of £10.06 per vaccination administered.
- The online form needs to be returned by 7th March 2025.
- 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.

All invoices must be sent to:

catherine.williams41@nhs.net

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

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 enquiries should be sent to england.london-covid19voc@nhs.net

6. 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
- 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 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:	30/07/2024

	Links
1- Sign up Deadline – Friday 23rd August 2024	https://forms.office.com/e/ZZHAXqMY1E
2- Activity Deadline – Friday 28th February 25	Please note all activity under this SLA must be completed by 28 th February 2025.
3- Reporting Deadline – Friday 7th March 25	https://forms.office.com/e/K54Yt9Vhug

Enquiries: england.london-covid19voc@nhs.net