**Patient Immunisation Guidance Document**

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# Introduction

## Policy statement

The purpose of this document is to outline the vaccinations that are to be offered to registered patients at Sheerwater Health Centre and the timescale for such vaccinations. Vaccines are the most effective way to prevent [infectious diseases](https://www.nhs.uk/conditions/vaccinations/why-vaccination-is-safe-and-important/)and the principle aim of vaccination is to protect the recipient from infection while reducing the risk to others.

Vaccinations are to be given free of charge to patients unless stated otherwise. This document provides detailed guidance on vaccination schedules for all patient groups. It is to be read in conjunction with the referenced material and local publications.

Important note:

Throughout this document, there is reference to NHS England (NHS E) and the Care Quality Commission (CQC). While these are referenced, much within this guidance document refers to [The Green Book](https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book) which details the latest information for vaccine preventable infectious diseases throughout the UK..

Information for other UK nations has been detailed. Although it is considered that, by using references to the CQC, this can be deemed as being best practice to support patient safety, independent national guidance is to be followed.

## Status

This organisation aims to design and implement policies and procedures that meet the diverse needs of our service and workforce, ensuring that none are placed at a disadvantage over others, in accordance with the [Equality Act 2010](https://www.legislation.gov.uk/ukpga/2010/15/contents). Consideration has been given to the impact this policy might have regarding the individual protected characteristics of those to whom it applies.

This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time. For the avoidance of doubt, it does not form part of your contract of employment. Furthermore, this document applies to all employees of the organisation. Other individuals performing functions in relation to the organisation, such as agency workers, locums and contractors, are encouraged to use it.

# Policy

## Contractual obligations

Vaccinations are an essential service, available to the entire patient population. This organisation is expected to offer all routine, pre- and post-exposure vaccinations and NHS travel vaccinations to all patients.

In England, the following [core contractual standards](https://www.england.nhs.uk/wp-content/uploads/2021/03/B0434_Update-on-vaccination-and-immunisation-changes-for-202122-v4.pdf) underpin the delivery of immunisation services:

|  |
| --- |
| **Core Standard** |
| 1 | There is a named lead for vaccination services  |
| 2 | There are sufficient trained staff and convenient, timely appointments available to the entire patient population |
| 3 | The call/recall process and opportunistic offers are in line with national standards |
| 4 | Participation in agreed national catch-up campaigns |
| 5 | Record keeping meets the defined standards |

* For COVID-19 vaccinations, all additional voluntary support will be trained, managed and overseen by local commissioning arrangements and not by any individual organisation
* All vaccinations will be overseen by the lead clinician and named lead within the vaccination clinic
* When some of the provisions of the core standards are delegated, this organisation will ensure that these standards are being met by that delegated person or organisation

Guidance for other UK nations:

|  |  |
| --- | --- |
| Scotland | In Scotland, vaccinations are not performed by the practice, instead these are provided by local NHS immunisation teams commissioned by NHS Health Boards. For further information about immunisations, their frequency and both Health Board requirements and contacts, refer to:* Practice information: [Primary care services: Vaccination](https://www.gov.scot/policies/primary-care-services/vaccination/)
* Patient information: [NHS Inform: Immunisation](https://www.nhsinform.scot/healthy-living/immunisation)
 |
| Wales | [The NHS (Wales) Act 2006: The Primary Care (Contracted Services: Immunisations) Directions 2021](https://www.gov.wales/sites/default/files/publications/2022-02/the-primary-care-contracted-services-immunisations-directions-2021_0.pdf) |
| Northern Ireland | [The Health and Personal Social Services (General Medical Services Contracts) Regulations (Northern Ireland) 2004](https://www.legislation.gov.uk/nisr/2004/140/schedule/1/paragraph/4/made) |

## Vaccination schedule

The vaccination schedule is detailed in [The Green Book](https://www.gov.uk/government/publications/immunisation-schedule-the-green-book-chapter-11) at Chapter 11 (illustrated at [Annex A](#_Annex_A_–)). For national advice on the COVID-19 vaccination programme, refer to the current NHS E guidance [here](https://www.england.nhs.uk/coronavirus/covid-19-vaccination-programme/primary-care-guidance/).

Furthermore, advice can be sought from [The Green Book Chapter 14a](https://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a).

## Training and governance

This organisation will ensure that vaccinating staff are appropriately trained, and assessed as competent, in the administration of vaccinations:

* Registered healthcare practitioners will receive comprehensive training in line with the [National Minimum Standards and Core Curriculum for Immunisation Training for Healthcare Practitioners.](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/679824/Training_standards_and_core_curriculum_immunisation.pdf) Vaccines will be administered under a [Patient Group Direction](#_Patient_Group_Directions)
* Registered nurses delivering travel health services are professionally accountable to the Nursing and Midwifery Council (NMC) working within the [NMC Code (2015)](https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf)
* RCN guidance titled [RCN Travel Health Nursing: career and competence development](https://www.rcn.org.uk/Professional-Development/publications/rcn-travel-health-nursing-uk-pub-010-573) (May 2023) confirms that Registered Nurse Associates are now able to provide a travel health service (see page 12)
* Non-registered healthcare workers, such as healthcare assistants (HCAs) will receive comprehensive training in line with PHE’s [National Minimum Standards and Core Curriculum for Immunisation Training of Healthcare Support Workers](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/464033/HCSW_Training_Standards_September_2015.pdf).

Non-registered healthcare workers may only be permitted to vaccinate under a [Patient Specific Direction](#_Patient_Specific_Directions)

Practitioners administering yellow fever vaccines must meet the standards required to register as a [Yellow Fever Vaccination Centre](https://nathnac.net/).

With regard to the provision of travel vaccines, [GP Mythbuster 107: Pre-travel health services](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-107-pretravel-health-services) decrees that, regardless of their profession, the minimum standard of practice for practitioners who deliver travel health services is a two day awareness training course.

The GP delegating must be satisfied that the person providing care has:

* Appropriate qualifications, skills and experience to provide safe care for the patient
* Access to appropriate training, supervision and oversight

To further support the training requirement, the following guidance is available:

* Royal College of Physicians and Surgeons of Glasgow [Good Practice Guidance for Providing a Travel Health Service](https://rcpsg.ac.uk/travel-medicine/good-practice-guidance-for-providing-a-travel-health-service)
* RCN [Travel Health Nursing: Career and Competence Development](https://www.rcn.org.uk/Professional-Development/publications/rcn-travel-health-nursing-uk-pub-010-573)

The following eLearning is available on Bluestream Academy:

Anaphylaxis

Adult Basic Life Support

Paediatric Basic Life Support

Consent

Maintaining the Cold Chain

## Provision of appointments

This organisation will offer appointments to vaccinate the eligible population. This offer may be made in conjunction with other practices within the Primary Care Network.

When triage is not indicated, and to support the changes to the [2022/23 GP contract,](https://www.england.nhs.uk/wp-content/uploads/2022/03/B1375_Letter-re-General-practice-contract-arrangements-in-2022-23_010322.pdf) appointments will be made available for online booking via the NHS App.

## Call/recall process

Patients are called/recalled for vaccinations using the letter templates at [Annex B](#_Annex_B_–_1) (for adults) and [Annex C](#_Annex_B_–) (for children). Patients are identified for routine recall using searches on the clinical system.

Searches are conducted on a frequent basis. Patients are also identified opportunistically during contact with the practice and requested to book an appointment for any required immunisations.

All staff have a responsibility to ensure that, during any type of patient contact, they identify any outstanding immunisation/vaccination requirements and arrange an appointment accordingly.

## Consent

For consent to immunisation to be valid, it must be given freely, voluntarily and without coercion. Consent is a process rather than a one-off event. Consent may be withdrawn at any time and consent obtained for one immunisation does not necessarily remain in place for all future doses of a course of immunisation.

Detailed reading on consent in relation to immunisations can be sought from [The Green Book Chapter 2](https://www.gov.uk/government/publications/consent-the-green-book-chapter-2).

Staff must ensure that they give the patient all the available information about the process, including the benefits and risks of the vaccination(s) that is about to be administered. This is to include:

* Ensuring that the patient fully understands which immunisation(s) is to be administered
* The disease(s) that it will offer protection against
* The risks of not having the immunisation
* Any potential side effects and how these should be managed
* Any follow-up action that is required

Consent is to be recorded in the individual’s healthcare record. Consent forms may be used but are not a legal requirement. It should be noted that a signature on a consent form does not prove that the consent is valid, but rather acts as a record that the decision was reached and the person administering the vaccine had discussed consent with the patient.

The Green Book advises that for the immunisation of younger children who lack the competency to give or withhold consent, it is acceptable for consent to be given by a person with parental responsibility, providing that individual can give consent. If an individual who is aged 16 or 17, or a younger child who is deemed ‘Gillick competent’ (that is, a child who fully understands the process/procedure), consents to treatment, a parent is unable to override that consent.

Clinicians must ensure that if consent is either refused or withdrawn by a patient, or a person giving consent on behalf another person, this decision is documented in the individual’s healthcare record.

Consent will be obtained in conjunction with the [Consent Guidance](https://practiceindex.co.uk/gp/forum/resources/consent-guidance.707/).

## Disagreement between parents

[The Green Book Chapter 2](https://www.gov.uk/government/publications/consent-the-green-book-chapter-2) advises that while the consent of one person with parental responsibility is usually sufficient, if one parent agrees to immunisation but the other disagrees, the immunisation should not be carried out unless both parents can agree to immunisation or there is a specific court approval that the immunisation is in the best interests of the child.

If there is any evidence that the person with parental responsibility may not have agreed to the immunisation (for example, the notes indicate that the parent(s) have negative views on immunisation), or may not have agreed that the person bringing the child could give
the consent (for example, suggestion of disagreements between the parents on medical matters), then the person with parental responsibility should be contacted for their consent. If there is disagreement between the people with parental responsibility for the child, then immunisation should not be conducted until their dispute is resolved.

A person giving consent on behalf of an infant or child may change their mind and withdraw consent at any time. When consent is either refused or withdrawn, it is the duty of each healthcare professional to communicate effectively and share such knowledge and information with other members of the primary healthcare team.

## Administering vaccines

[The Green Book Chapter 4](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/147915/Green-Book-Chapter-4.pdf) details the recommendations for immunisation procedures. All staff are to adhere to this guidance. Clinicians are professionally accountable for their actions, as defined by their professional bodies, and all healthcare staff advising on immunisation or administering vaccines must have received specific training in immunisation, including the recognition and treatment of anaphylaxis.

The Green Book Chapter 4 dictates that clinical staff are to maintain and update their professional knowledge and skills through appropriate training.

## Patient Group Directions

[The Green Book Chapter 5](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/147823/Green-Book-Chapter-5.pdf) advises that Patient Group Directions (PGDs) are written instructions that provide a legal framework for the supply and/or administration of medicines by a range of qualified healthcare professionals. PGDs are governed by the [Human Medicines Regulations 2012](http://www.legislation.gov.uk/uksi/2012/1916/contents)and later amendments. They allow specified health professionals to supply and/or administer medicine without a prescription or an instruction from a prescriber.

All relevant staff must have received the necessary training to ensure that they are competent and trained in the use of PGDs. A record of all the health professionals authorised to practise under the PGD must be kept. PGDs must be signed by those staff who will use them in the course of their duties.

For further information, refer to the [Patient Group Directions Policy](https://practiceindex.co.uk/gp/forum/resources/patient-group-directions.1460/) and also [GP Mythbuster 19: Patient Group Directions (PGDs)](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-19-patient-group-directions-pgdspatient-specific-directions).

## Patient Specific Directions

Patient Specific Directions (PSDs) are written instructions from an independent prescriber to another healthcare professional to supply and/or administer a medicine directly to a named patient or to several named patients.

The [Specialist Pharmacy Service](https://www.sps.nhs.uk/articles/questions-about-patient-specific-directions-psd/) advises that all immunisations administered by an HCA will require a PSD, when the prescriber is responsible for the assessment of the patient and the decision to authorise the supply/administration of the medicine(s).

Importantly, it should be noted that while [GP Mythbuster 57: Health Care Assistants in General Practice](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-57-health-care-assistants-general-practice) states that the RCN only supports HCAs to administer specific vaccines to adults and children, it should be noted that this is simply a viewpoint of the RCN and that this statement does not have any legal basis.

To clarify this point, Practice Index has spoken to senior CQC management and they have confirmed that HCAs can work under a PSD to administer a much wider range of vaccinations provided they are working in accordance with the CQC’s [GP Mythbuster 19: Patient Group Directions (PGDs)/Patient Specific Directions (PSDs)](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-19-patient-group-directions-pgdspatient-specific-directions) and:

* Are assessed as competent
* Have the necessary knowledge and skills
* Have been delegated the task to follow a PSD

The prescriber must individually assess each patient. The prescriber must have knowledge of the patient’s health and be satisfied that the medicine meets the individual needs of each patient.

For example, for an HCA to run a flu clinic, the prescriber must review the patients attending the clinic and sign a list of those whom they authorise to be immunised.

A PSD is not:

* A Patient Group Direction template renamed a PSD and used to instruct healthcare staff
* A generic instruction to be applied to any patient who may be seen by a healthcare professional, or who has an appointment on any particular day, e.g., an instruction to administer a flu vaccine to any patient who fits the criteria attending clinics on a specific day
* A verbal instruction

Further reading can be sought within the [Patient Specific Directions](https://practiceindex.co.uk/gp/forum/resources/patient-specific-directions.1251/) document.

## Opportunistic vaccination

During a consultation, staff have a responsibility to ensure that any outstanding vaccination requirements are identified. Should any be outstanding then the patient should have an appointment arranged.

## Catch-up campaigns

Catch-up campaigns are frequently commissioned for those who have not been previously vaccinated, or who have missed a scheduled vaccine dose, or who have not completed a vaccine series. Upon commissioning, this organisation will follow the nationally provided protocol for that vaccination campaign.

Catch up campaigns for 2023/24 are centred around MMR and can be found below:

|  |  |
| --- | --- |
| England | [National vaccination and immunisation catch-up campaign](https://www.england.nhs.uk/long-read/confirmation-of-national-vaccination-and-immunisation-catch-up-campaign-for-2023-24/) |
| Scotland | Via relevant Health Board |
| Wales | Welsh government [advice](https://www.gov.wales/call-all-parents-wales-urgently-check-their-childrens-mmr-vaccination-status-amid-rising-concerns) dated 5 Feb 24 |
| Northern Ireland | [MMR catch-up campaign](https://www.nidirect.gov.uk/articles/northern-ireland-mmr-catch-campaign) |

## Vaccination failure

[The Green Book Chapter 1](https://www.gov.uk/government/publications/immunity-and-how-vaccines-work-the-green-book-chapter-1) advises that it is imperative that patients are informed that no vaccine offers 100% protection and that, on occasion, vaccinations may fail and individuals may become infected.

There are two main types of failure:

* Primary failure occurs when the recipient fails to make an immunological response to the vaccine
* Secondary failure occurs whenthe recipient responds initially but protection diminishes over a period of time

## Free travel vaccinations

The following vaccinations must be given as part of NHS provision through GMS services and no fee can be charged to a registered patient:

* Polio (given as a [combined diphtheria/tetanus/polio jab](https://www.nhs.uk/conditions/vaccinations/3-in-1-teenage-booster/))
* [Typhoid](https://www.nhs.uk/conditions/typhoid-fever/vaccination/)
* [Hepatitis A](https://www.nhs.uk/conditions/hepatitis-a/vaccination/)
* [Combined Hep and Hep B](https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2023/10/20230510_Hep-A-B_v4.00_FINAL.pdf)
* [Cholera](https://www.nhs.uk/conditions/cholera/vaccination/)

Further information can be sought from [The Green Book](https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book), the [NHS webpage](https://www.nhs.uk/conditions/travel-vaccinations/) on travel vaccinations, the Wessex LMC guidance titled [Travel Vaccinations FAQs](https://www.wessexlmcs.com/guidance/travel-vaccinations-faqs/#GP%20Practices%20Obligations%20to%20Provide%20a%20Travel%20Health%20Service) and the BMA guidance titled [Travel medication and vaccinations](https://www.bma.org.uk/advice-and-support/gp-practices/vaccinations/travel-medication-and-vaccinations).

For travel advice, note [CQC GP Mythbuster 107: Pre-travel health services](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-107-pretravel-health-services) states that when it inspects, it would expect, for travel purposes, to see that the organisation has processes to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients.

For contractual advice refer to [GMS Statement of Financial Entitlements - Part 5](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1148108/general-medical-services-statement-of-financial-entitlements-directions-2023.pdf).

## Private travel vaccinations

The following vaccinations can be provided for a fee:

* Hepatitis B (when not combined with Hepatitis A)
* Japanese encephalitis
* Meningitis
* Rabies
* Tick-borne encephalitis
* Tuberculosis
* Yellow fever

The immunisations above are not to be prescribed as part of NHS services. Therefore, this organisation may charge a patient registered for the immunisation if requested for travel.

* The patient may either be given a private prescription to obtain the vaccines or they may be charged for stock purchased and held by the organisation
* The process of the administration of the immunisation is also chargeable
* Practices should provide the patient with written information about the immunisation schedule proposed and the charges involved at the outset of the process
* An FP10 (or equivalent NHS prescription) must not be used to provide these vaccines.

Further information on private travel vaccinations can be sought from:

* [NHS webpage](https://www.nhs.uk/conditions/travel-vaccinations/) on travel vaccinations
* [The Green Book](https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book)
* Wessex LMC guidance titled [Travel Vaccinations FAQs](https://www.wessexlmcs.com/guidance/travel-vaccinations-faqs/#GP%20Practices%20Obligations%20to%20Provide%20a%20Travel%20Health%20Service)
* BMA guidance titled [Travel medication and vaccinations](https://www.bma.org.uk/advice-and-support/gp-practices/vaccinations/travel-medication-and-vaccinations)
* [CQC GP Mythbuster 107: Pre-travel health services](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-107-pretravel-health-services)

## Determining travel vaccination requirements

When determining vaccination requirements for those patients travelling abroad and giving travel advice, staff will refer to the information provided by the National Travel Health Network and Centre ([NaTHNaC](https://nathnac.net/)).

## Vaccination and pregnancy

Live vaccinations are not recommended in pregnancy. Pregnant women are advised to have the following vaccinations to protect their health and the health of the unborn child:

* Inactivated influenza vaccine – available from September until January/February
* Pertussis vaccine – from 16 weeks of pregnancy (this is administered using the Diphtheria, Tetanus, Pertussis and Polio (DTaP/IPV or dTaP/IPV) vaccine)
* COVID-19 vaccine

Pregnant women are advised to avoid travelling to countries where travel vaccination is required or seek the advice of their GP or midwife.

Further reading can be found in the NHS document titled [Vaccinations in pregnancy](https://www.nhs.uk/pregnancy/keeping-well/vaccinations/#:~:text=It's safe to have the,or your baby COVID-19.).

## PPV for high-risk conditions

This organisation has a responsibility to ensure that all patients in clinical risk groups are offered the pneumococcal polysaccharide vaccine (PPV23) as outlined in [Chapter 25](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/857267/GB_Chapter_25_pneumococcal_January_2020.pdf) of the Green Book.

This organisation will identify patients in any risk groups upon diagnosis through robust correspondence management procedures and by conducting regular searches on the clinical system.

Correspondence which references any of the clinical conditions outlined in the tables within Chapter 25 (25.1 and 25.2) must be referred to a clinician for review and consideration as to whether the patient requires the PPV23 vaccine. Furthermore, frequent searches on the clinical system will be undertaken to identify any patients who are eligible for the PPV23 and to arrange for them to have the vaccine at the earliest opportunity.

## COVID-19

Specific information pertaining to COVID-19 can be found in t[he Green Book, Chapter 14a](https://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a).

## Reporting adverse reactions

All adverse reactions are to be reported using the Yellow Card scheme which is managed by the MHRA and can be accessed using this [link](http://yellowcard.mhra.gov.uk/). The manager is to be informed of all adverse reactions.

This organisation will ensure that the following is documented within a patient’s record using SNOMED CT codes:

* Any refusal of immunisation
* The name of the person who gave consent to the immunisation and, where indicated, that person’s relationship to the patient
* The batch number and expiry date of the vaccine
* The date of administration
* In the case where two vaccines are administered by injections in close succession, the route of administration and the injection site of each vaccine
* Any contraindications to the vaccine
* Confirmation of consent
* Any adverse reactions to the vaccine

## Patient Did Not Attend (DNA)

When an adult fails to attend an appointment for immunisation, the appropriate SNOMED code will be applied to the record. This also applies to those patients deemed to be [Gillick Competent](https://learning.nspcc.org.uk/child-protection-system/gillick-competence-fraser-guidelines). Further reading can be found in [GP Mythbuster 8: Gillick competency and Fraser guidelines](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-8-gillick-competency-fraser-guidelines).

The **Did Not Attend (DNA) Policy** is to be followed including contacting the patient to advise of their failure to attend. Sample template letters can be found in the annexes to this policy.

## Patient Was Not Brought (WNB)

When the patient is not deemed to be Gillick competent, as the child is not able to attend themselves the attendance will be classified as a ‘Was Not Brought’. This failure to attend is to be coded as [SNOMED CT](https://termbrowser.nhs.uk/) code 901441000000108 (Child not brought to appointment) and the parent/guardian will be contacted to ascertain the reasons for non-attendance and the benefits of immunisation will be discussed.

A further appointment will be scheduled and a note entered into the child’s medical record.

In the instance when there is no response from the parent/guardian, or in the event of a second missed appointment, the parent/guardian will again be contacted, the benefits of immunisation reiterated and another further appointment scheduled. To accurately reflect the fact that children and young people rely on parents and carers to attend appointments, the term ‘Was Not Brought’ should then be used, although it should be noted that the SNOMED CT code is the same for the above.

For two or more failed appointments, the safeguarding lead will be notified and the child’s record reviewed. Should there be any significant concerns, a child protection referral is to be initiated as detailed within the [Safeguarding Handbook](https://practiceindex.co.uk/gp/forum/resources/the-safeguarding-handbook.2021/).

Full guidance on Was Not Brought, including sample letters, can be sought in the **Did Not Attend (DNA) Policy.**

## Refusal of childhood immunisation

In certain circumstances, parents/guardians may feel that it is not in the best interest of their child to have a childhood vaccination.

Following discussions with the clinician, should a parent/guardian advise that they still will not be bringing their child for a routine vaccine, then they are to complete the disclaimer form at [Annex D.](#_Annex_E_–)

Further reading relating to both consent and what to do should there be a disagreement between those with parental responsibility can be sought at [Section 2.6](#_Consent) and [Section 2.7](#_Disagreement_between_parents) respectively.

## Personalised care adjustment

It is not permitted to use an ‘exception code’ or, to use the current terminology, to use a personalised care adjustment, within the Quality and Outcomes Framework (QOF) should any parent, guardian or patient refuse a vaccination, even after a third refusal.

The only suitable personalised care adjustment for childhood vaccinations is when vaccination is clinically contraindicated.

Further reading can be sought within the [Personalised Care Adjustment Policy](https://practiceindex.co.uk/gp/forum/resources/personalised-care-adjustment-policy.1358/).

## Stock control

Accurate monitoring of vaccine stock reduces waste, ensuring vaccine profit is maximised.

This organisation utilises the [Vaccines Toolkit](https://practiceindex.co.uk/gp/forum/resources/vaccines-toolkit.1628/) to manage stock control of the contents of the vaccine fridge. When items are removed from the fridge, the toolkit should be updated with the new stock level detailed. As the spreadsheet details a minimum stock level, upon reaching this level, this is to be highlighted to the most appropriate member of the team to enable re-supply.

Further reading can be sought from the [CQC GP Mythbuster 17: Vaccine storage and fridges in GP practices](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-17-vaccine-storage-fridges-gp-practices), the **Cold Chain Policy** and the **Medicines and Medical Gases Storage Protocol.**

## Funding for vaccinations

This organisation will make strenuous efforts to ensure maximum uptake of childhood immunisations. It is noted that from April 2021 major changes were made regarding payment for childhood immunisation work, specifically the retirement of the Childhood Immunisation DES target which has been replaced with a vaccination and immunisation domain in the QOF.

This organisation has visibility of the current prices for reimbursement coupled with drug costs. The PPA Manager oversees this and calculates both clawback and dispensing fees automatically. This enables the organisation to confirm reimbursements that are due in respect of purchased stock.

Funding for vaccinations comes in the form of an Item of Service (IoS) payment in respect of the vaccination. In 2023/24, the IoS fee is £10.06 per vaccination as outlined in the [Statement of Financial Entitlements (SFE)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1148108/general-medical-services-statement-of-financial-entitlements-directions-2023.pdf). The vaccinations for which the IoS fee is payable are listed in the SFE Part 5 together with a list of requirements for administration.

Part 5 also lists vaccinations for which no fee is payable as they are required to be administered under the contract.

# Information and improving uptake

## Patient information

Clinicians will have access to the most current guidance to enable them to fully inform patients, particularly those reluctant to accept the offer of vaccination.

## Displays, website and social media communication

The organisation will promote the benefits of vaccination via as many routes as possible. When there is [misinformation](https://www.gov.uk/government/news/government-targets-false-vaccine-information-on-social-media) shared, the organisation will do its best to share content to counter the spread. The following sites have patient-friendly information for sharing:

* [WHO: How do vaccines work?](https://www.who.int/news-room/feature-stories/detail/how-do-vaccines-work)
* [NHS E Why vaccination is safe and important](https://www.nhs.uk/conditions/vaccinations/why-vaccination-is-safe-and-important/)
* [NHS E – COVID-19 vaccination programme](https://www.england.nhs.uk/coronavirus/covid-19-vaccination-programme/%22HYPERLINK%20https%3A//coronavirusresources.phe.gov.uk/covid-19-vaccine/resources/)
* [GOV.UK – Do not share the beast](https://sharechecklist.gov.uk/)
* [WHO: Vaccines and immunizations](https://www.who.int/europe/health-topics/vaccines-and-immunization#tab=tab_1)
* [WHO: Vaccines and immunization, myths and misconceptions](https://www.who.int/news-room/questions-and-answers/item/vaccines-and-immunization-myths-and-misconceptions)

## [Monitoring uptake](https://www.euro.who.int/__data/assets/pdf_file/0004/160753/If-you-choose_EN_WHO_WEB.pdf)

At this organisation monitoring vaccine uptake is key to ensuring that eligible patients are vaccinated. Regular searches on the clinical system will be undertaken. Additionally, children’s vaccinations uptake and comparison data can be found on the following sites:

* [PHE – Fingertips](https://fingertips.phe.org.uk/)
* [NHS Digital – Childhood Vaccination Coverage Statistics](https://digital.nhs.uk/data-and-information/publications/statistical/nhs-immunisation-statistics)

Due to there being very limited opportunities for personalised care adjustments within the childhood vaccination indicators (eight months, 18 months and five years of age), staff will scrutinise the birth dates of the target cohorts for all vaccination and immunisation indicators.

Failure to do so may result in missing the target for the year.

## Vaccine updates

This organisation has [subscribed](https://public.govdelivery.com/accounts/UKHPA/subscribers/new?preferences=true) to the UK Health Security Agency [Vaccine update](https://www.gov.uk/government/collections/vaccine-update#2020), a vaccination newsletter for health professionals. Updates provide information including, but not limited to, revised guidance, policy, programme implementation and managing stock shortages.

## Further reading

* [WHO: Information for healthcare professionals](https://www.who.int/europe/health-topics/vaccines-and-immunization#tab=tab_1)
* [GOV.UK COVID-19: Information for healthcare practitioners](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1155194/COVID-19-vaccination-information-for-IHCP-v6.0-May2023.pdf)
* [WHO: Children, Improving Survival and Well-being](https://www.who.int/news-room/fact-sheets/detail/children-reducing-mortality)

# CQC regulation

When the CQC regulates travel services, it assesses against:

* [Regulation 12 (Safe care and treatment)](https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-12-safe-care-treatment)
* [Regulation 17 (Good governance)](https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-17-good-governance)
* [Regulation 18 (Staffing)](https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-18-staffing)

The CQC will expect to see processes to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, including:

* Using a recognised [online tool](https://www.travelhealthpro.org.uk/) to identify country-specific risks to help to make appropriate recommendations. Country-specific risks include vaccine-preventable and mosquito-borne diseases
* A comprehensive travel health risk assessment completed for each patient using the service
* Clear documentation of the risk assessment for:
* All vaccines given
* Medicine prescribed or advised
* Vaccines declined
* Risk assessment of emergency equipment and medicines required. As a minimum this must include adrenaline
* Evidence of working within the relevant legal framework for the administration of medicines including PGDs and PSDs, the use of unlicensed/off-label medicines and the safe storage of vaccines

# Annex A – Vaccination schedule

The schedule below is an extract from the [Green Book, Chapter 11](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1060682/Greenbook-chapter-11-11Mar22.pdf)



Notes:

* 1. When two or more injections are required at the same time, these should ideally be given in different limbs. When this is not possible, injections in the same limb should be given at least 2.5cm apart
	2. When injections can only be given in two limbs, it is recommended that the MMR, as the vaccine least likely to cause local reactions, is given in the same limb as the MenB with the PCV13 and Hib/MenC doses given in the other limb
	3. Refer to the [Statement of Financial Entitlements Chapter 5](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1148108/general-medical-services-statement-of-financial-entitlements-directions-2023.pdf) for 2023/24 for additional guidance

# Annex B – Recall letter for adults

Dear [insert patient name],

I am writing to invite you to come for [insert immunisation] as this is now due. It is important for you to continue with this vaccination to guard against disease in the future.

Please call [insert number] to arrange a convenient date and time for an appointment with the practice nurse. If you have recently made an appointment, or have already had your vaccination, then please ignore this letter.

If you would like further information, please contact the organisation and ask to speak to a member of the nursing team. Alternatively, visit our website [insert web address] where information about immunisations is available.

Yours sincerely,

[Signature]

[Name]

[Role]

# Annex C – Recall letter for children

To the parent or guardian of [insert child’s name],

I am writing to invite you to bring your child for the following [insert immunisation/s] as these are now due. It is important for your child to continue with this immunisation programme to guard against disease in the future.

Please call [insert number] to arrange a convenient date and time for an appointment with the practice nurse. If you have recently made an appointment, then please ignore this letter.

If you would like further information, please contact the organisation and ask to speak to a member of the nursing team. Alternatively, visit our website [insert web address] where information about immunisations is available.

Yours sincerely,

[Signature]

[Name]

[Role]

# Annex D – Childhood immunisation disclaimer form

To: [Insert organisation name]

\*Delete as appropriate

I/We\* acknowledge that all children can be exposed to diseases that can have serious, if not fatal consequences, for example, measles, mumps, meningitis and polio. The only way to protect children is by immunisation; this will also help to protect other people with whom the child may come into contact, such as those with weakened immune systems, newborn babies or the elderly.

I/We\* also acknowledge that immunisation is the safest and best defence against epidemics that can kill or disable both adults and children. I/We\* understand that vaccines work by making the body produce antibodies which are used to fight diseases without infecting the person with the disease.

Considering the above, I/we\* would like to advise [insert organisation name] that I/we\* do not wish for my/our child to participate in the NHS childhood immunisation schedule.

I/We\* assume full responsibility for my/our\* decision and confirm that I/we\* have read and understand the above statement about the associated risks and benefits and the importance of childhood immunisations in reducing the risk of my/our child contracting serious, potentially fatal diseases.

Furthermore, please do not send me/us\* any further invitations for childhood immunisations.

I/We\* understand that my/our\* child can be restored to the vaccination schedule at any time by contacting the practice.

The [Green Book Chapter 2: Consent](https://www.gov.uk/government/publications/consent-the-green-book-chapter-2) states that the consent of one person with parental responsibility is usually sufficient. However, if one parent agrees to immunisation but the other disagrees, the immunisation should not be conducted unless both parents can agree to immunisation or there is a specific court approval that the immunisation is in the best interests of the child.

I confirm I have sole parental responsibility for my child, and this is my decision 

We confirm we have joint parental responsibility and are both agreed about this decision 

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s surname |  | Child’s forename(s) |  |
| Date of birth |  | NHS number |  |

Continued overleaf:

Adult with parental responsibility 1:

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Postcode |  |
| Signature |  |
| Date |  |

Adult with parental responsibility 2:

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Postcode |  |
| Signature |  |
| Date |  |

Please return this form to the practice as soon as possible.