

Local Enhanced Service Agreement for Measles, Mumps and Rubella (MMR) Immunisation for eligible patients at risk not covered by the GMS Contract

1. Introduction

The purpose of this document is to set out a Local Enhanced Service (LES) for MMR Immunisation of eligible patients at risk not covered by the GMS Contract.

This is in response to guidance received from Public Health Wales. Clinical guidance on immunisation will normally be based on the advice of the Joint Committee on Vaccination and Immunisation (JCVI) given in the most current version of the Green Book, or in the absence of such guidance produced by the Health Protection Agency or Public Health Wales. The need for local immunisation in response to a specific outbreak of vaccine preventable disease will be identified by a Consultant in Communicable Disease Control (CCDC), or someone acting on their behalf.

2. Aim

The purpose of the LES is to ensure that all eligible patients, at risk not covered by the GMS Contract, are able to receive MMR Immunisation and protection as recommended by current clinical guidance.

The objective of the current immunisation programme is to ensure two doses of MMR vaccine are offered to:

- those who have not previously received two doses, but are past the normal age for pre – school booster (age 6 years), including those born before 1970 if requested or if they are considered to be at high risk of exposure
- susceptible children from 6 months of age (i.e. before the scheduled dose at 13 months) in an outbreak situation as recommended by the local Consultant in Communicable Disease Control or the relevant outbreak control team (limited to children residing in or travelling to outbreak areas). These children will still require 2 doses afterwards, covered by the GMS Contract.

at appropriate intervals in accordance with recommendations for the use of the vaccine in [the Green Book](#)

MMR is recommended when protection against measles, mumps and/or rubella is required. Individuals born before 1970 are likely to have had all three natural infections and are less likely to be susceptible. MMR vaccine should be offered to such individuals only if they are considered to be at high risk of exposure.

3. Activation

This specification will be agreed between Hywel Dda Health Board and practices.

Where a Practice has opted in advance not to participate in this LES, the HB is responsible for making alternative arrangements to provide immunisation to those patients.

- This LES will come into effect on **1st April** [in the current year] and expire on **31st March** [in the current year].
- Claims may be submitted at any time up to **31st June** following year end.
- This LES will be reviewed for renewal by **31st March** [in the current year].

4. Eligibility

Clinical Eligibility:

Eligibility for MMR vaccination is based on current clinical guidance see Green Book <http://howis.wales.nhs.uk/immunisation>.

Frequently asked questions on MMR can be found on the Vaccine Preventable Disease Programme (Public Health Wales) website:

<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=474&pid=21318> .

Payment Eligibility:

Payment arrangements for this LES will apply to all eligible patients who are immunised and **not** covered by payments made by the GMS Contract (2007).

These are patients over 6 years requiring a second dose of MMR, women of child bearing age including post partum women requiring a second dose of MMR, men working in an antenatal setting requiring a second dose of MMR and those over 16 years presenting with incomplete or unknown MMR vaccine history requiring first and /or second dose of MMR vaccination (when clinically indicated and patient not eligible under any other category) at appropriate intervals in accordance with recommendations for the use of the vaccine in the [Green Book](#).

In an **Outbreak Situation** this also includes any person residing in or travelling to outbreak areas and requiring a first and/or second dose of MMR, children from 6 months of age (i.e. before the first scheduled dose at 13 months) and any person considered at high risk or who presents for/requests immunisation.

For further details on GP remuneration see [Vaccine Update 179, May 2011](#) and [MMR FlowChart](#). [[Vaccine Update 178 May 2011](#) & 179/RR 31.05.2011]

5. How Will the Immunisation Programme Work?

GP Practices will provide this immunisation for eligible patients at risk not covered by the GMS Contract. Individual GP Practices will ensure each immunisation given under the LES is recorded on the individual's lifelong patient record, including passing information if providing immunisation on behalf of another Practice. Practices will submit the usual unscheduled immunisations forms to the child health office for each child immunised to enable accurate monitoring of uptake.

No uptake target will be set. GPs should maximise uptake in the interests of patients. In all cases, the final decision as to who should be offered immunisation is a matter for the clinical judgement of the GP.

Existing arrangements for vaccine supply will be used (hospital pharmacy until Summer 2014 then direct order from wholesaler). In an outbreak the Health Board will advise GPs where vaccine supplies will be obtained from.

6. Pricing and Claims Process

The HB will reimburse practices who are commissioned to provide this service [REDACTED] for each vaccination administered.

Practices should claim for vaccines administered on the monthly [Shared Services single claim form](#).

Please register your Practice's intention to provide this LES via the Annual Return.