

Financial Aspects of GP Immunisation Clinics

G. Kassianos

Under the old Statement of Fees & Allowances (the 'Red Book'), the main childhood immunisations were target-based and most other immunisations were paid on an item-of-service basis. Under the new GP Contract₁ (in force since April 2004), immunisations are paid through various mechanisms, dependent on which services the GP agrees to provide. Payments to GPs generally, come under the following headings:

The Global Sum: Additional Services -include *Travel Immunisations and Non-Target Childhood and other Vaccinations and Immunisations*.

Directed Enhanced Services -include *Influenza and Pneumococcal immunisations* for those eligible on the NHS in the "groups at risk" , and the Childhood Target immunisations for children under 2 and under 5 years of age.

Quality & Outcome Framework (QOF) - payments in various clinical domains for *Influenza immunisation* (2004 to 2008).

Personal Dispensing of Vaccines - applies to non-dispensing GPs in England & Wales.

Payments to GPs by NHS patients for immunizations not covered by the NHS.

The Global Sum: Additional Services₁ - include *Travel Immunisations* (see later) and *Non-Target Childhood and other Vaccinations Immunisations* (paragraph 2.49 of reference 1).

Note: in the initial 2004 contract, Schedule 5, (Fees & Charges) of the NHS (GMS) Regulations 2004 replaced the old paragraph 38h of the old "Terms of Service" http://www.legislation.hmsso.gov.uk/si/si2004/2004_0291.htm.

Non-target vaccinations in the Global Sum include:

School leavers

Td /IPV (if not done by the school nursing service)

Meningitis C

Aged 24 years and under at risk (e.g. students), asplenia

2nd MMR

Given at or near routine pre-school immunizations

If no MMR previously

3 to 15 years if they had only MR (as this is not the MMR)

Childbearing age Rubella non-immune woman

Males working in Antenatal Clinics,

Vaccinations performed outside the target vaccinations for any age, set out in the 2002/03 Red Book (see paragraph 2.49, table 5, of reference 1), are in the Global Sum under Additional Services. These are as follows:

Diphtheria (in the combined vaccine)

Children 5 years and over (therefore, not in the immunisation targets) with no primary course or booster
Staff in hospitals at risk

Tetanus: (in the combined vaccine)

Previously unimmunised aged 5 years and over (therefore not in the immunisation targets)

Previously immunised having a booster on leaving school/entering higher education/starting work not having had a booster during last 5 years.

Readers should note clinically there is no need for 5-yearly boosters. Once a person has received 5 doses of the vaccine as per UK schedule, there is no need for boosters unless the patient is at increased risk i.e. a farmer and even then a 10 year gap is more than adequate.

Poliomyelitis:

Unimmunised persons aged 5 and over (therefore not in the immunisation targets) to 40 years.

Parents or guardians of children given oral polio vaccine (no longer used in the UK other than for contacts).

Groups at risk, regardless of age:

- doctors, nurses, dentists, GP staff
- medical students, ambulance staff and their families

Receiving a booster:

- groups at risk above
- children 5 years and over leaving school/entering higher education/starting work

Rubella (give MMR)

Seronegative future mothers

Seronegative male staff in AN Clinics

Haemophilus Influenzae b (in targets for under 2s)

Asplenia and splenic dysfunction

Infectious hepatitis (this has been defined by the Department of Health in the 1990s as just hepatitis A).

Hepatitis A in institutions at risk (when immunization recommended by the local Public Health Department).

The reader should note that there is no provision for Hepatitis B immunisation other than the clinical responsibility of every GP to immunise those in the groups at risk as per ***Green Book***

(<http://www.dh.gov.uk/en/PublicHealth/Healthprotection/Immunisation/Greenbook/index.htm>). The exception is where legislation puts the responsibility on to the employer, as in the case where an employee may, in the context of their every day work, come in contact with the hepatitis B virus. In this case, it is the

employer's responsibility to ensure his/her employees are offered hepatitis B immunisation. In the case of medical, dental and nursing students, the BMA⁹ advises referral of these prospective students to their universities' occupational health services. By providing hepatitis B immunisation in such cases, "a GP could place inexperienced healthcare students at risk by providing a false sense of security and potentially exposing them to clinical risk of other blood borne infections, including HIV and hepatitis C, before they have received appropriate training".

Typhoid

Staff in hospitals that may receive patients with typhoid fever.

Rabies

Persons at special risk because of their employment. The regulations for rabies immunization were first set in the 'Memorandum on Rabies' published by the DoH in 2002 and now incorporated in the 2006 *Green Book*. These are groups of workers who could come in contact with the rabies virus in the context of their work:

- Laboratory workers in contact with the virus
- At animal quarantine centres
- At zoos
- At research and acclimatisation centres where primates and other imported animals are housed
- At ports, e.g. certain Customs and Excise Officers
- Agents authorised to carry imported animals
- Local Authority inspectors appointed under the Animal health Act (1981): it only includes dog wardens who are also inspectors
- Workers in enzootic areas abroad, who by the nature of their work are at special risk of contact with rabid animals (e.g. veterinary staff, Zoologists)
- Health workers who are likely to come into close contact with a patient with rabies
- Licensed bat handlers

Opting out: a practice may opt out from providing these Additional Services (paragraphs 2.25 & 2.52 of reference 1). It loses 2% of the Global Sum (the basic GP income) and the Primary Care Organisation (PCO) is obliged to appoint another contractor to perform these vaccinations. In such a case, if GP who has opted out, performs any of these vaccinations for his registered patients, gets no payment from the PCO and cannot request a payment from the patient directly. Under Additional Services (paragraph 2.49, table 5 of reference 1), GPs need to:

"Provide all necessary vaccinations and immunizations (except flu and childhood vaccinations and immunisations and certain travel vaccines) set out in the 2002/03 *Red Book*" ;

"Provide necessary information and advice to patients, and where appropriate to parents, about such vaccinations and immunisations" ;

Record in the notes:

- Consent to or refusal of vaccination.

- The batch number, expiry date, title of the vaccine, date of administration.

If two vaccines given in close succession, the site of injection for each vaccine.

Any contraindications to immunisation, and any adverse reactions to the vaccine;

All staff involved in the administration of vaccines must be trained in managing anaphylaxis

Vaccines must be stored according to the manufacturer's instructions and advice given in the **Green Book**

The vaccine refrigerators have a minimum/maximum thermometer and readings are taken on all working days

Provide all necessary childhood vaccinations and immunisations according to the 2002/03 Red Book.

Directed Enhanced Services₁ - include:

Influenza immunisations (paragraph 2.19 of reference 1) for those eligible on the NHS in the "groups at risk" in the Green Book;

The Childhood Target immunisations for children under 2 and under 5 years of age (paragraph 2.12, table 14, of reference 1). A practice that achieves a target of less than 70% receives no payment. For achievement of 70% to <90% the practice receives a third of the sum allocated to target childhood vaccinations. To receive the full amount, a practice needs to achieve a target of 90% and above. From April 2006, the weighting for childhood vaccinations and immunization targets for the UK changed to the following

50% for the Pentavalent Vaccine

25% for the MMR

25% for Meningitis C

The Pneumococcal immunisation programme was established in two letters from the Chief Medical Officer (CMO):

Pneumococcal Immunisation₃ for those eligible on the NHS in the "groups at risk" in the Green Book; A national fee is agreed.

Pneumococcal vaccinations₄ at 2, 4 and 13 months of age, and the additional combined booster (Hib/MenC) delivered at 12 month of age. A national fee is agreed;

The General Medical Services (GMS) Statement of Financial Entitlements₅ contains additional payments in respect of pneumococcal immunisation of children with the pneumococcal Conjugate vaccine (PCV). The level of the fee payable is a nationally agreed:

aged 12 months to under 5 year with asplenia, splenic dysfunction, or immunocompromised: if receiving two doses of PCV, at least 2 months apart;

aged 13 months to under 5 years who has previously had invasive pneumococcal disease: if receiving one dose of PCV;

aged 13 months to under 5 years with unknown or incomplete vaccination status: if receiving one dose of PCV.

Quality & Outcome Framework (QOF)₂ -

Payments in various clinical domains for **Influenza immunisation** (2006/2008).

These include Coronary Heart Disease, Stroke/TIA (transient ischaemic attack), Diabetes, and Chronic Obstructive Pulmonary Disease.

Personal Dispensing of Vaccines for non-dispensing GPs in England & Wales^{6,7}.

Non-dispensing GPs in England and Wales (does not apply to Scotland or Northern Ireland) can claim a fee for purchasing and dispensing certain vaccines. Such GPs purchase vaccines privately and administer them to their NHS patients, claiming reimbursement of the vaccines used.

Vaccines which can be reimbursed this way are:

- Hepatitis A
- Hepatitis B
- Hepatitis A & B combined
- Typhoid Vi
- Hepatitis A & Typhoid combined
- Meningococcal ACWY
- Pneumococcal polysaccharide
- Influenza
- Revaxis®- for travellers
- Human Papilloma Virus

Vaccines which **cannot** be reimbursed are:

- Yellow fever (not available on the NHS)
- Tick-borne encephalitis (not available on the NHS)
- Japanese B encephalitis (not available on the NHS)
- Rabies (NHS prescription for 'approved list at risk' only as per Green Book)
- Dukoral® oral cholera vaccine (can go on NHS prescription)
- Vivotif® oral typhoid vaccine (can go on NHS prescription)
- Rotavirus oral vaccine (can go on NHS prescription)

The reimbursable vaccines may be administered by the doctor or the nurse. They are bought in bulk directly from the manufacturer, local pharmacy, or other supplier and administered to NHS patients of the practice. Almost all vaccine suppliers operate discount schemes for GPs. The greater the discount, the greater the (additional) practice profit. The largest discounts tend to be in the most competitive areas or when a large number of vaccines are purchased or a group of GPs together purchases vaccines.

Overall, the government reimburses the GP the following (see Section 17 of reference 6):

- the vaccine basic price - it is defined in Part II, Clause 8 and 11, of the Drug Tariff, less discount calculated in accordance with Part 1 of Annex G (in reference 6);
- an on-cost allowance of 10.5% of the basic vaccine price before the deduction of the discount referred to above;
- a container allowance of 3.8 pence per prescription;
- the appropriate dispensing fee as set out in Part 3 of Annex G (in reference 6);
- unless the contractor (the GP) is registered with Customs & Excise for VAT purposes, an allowance in respect of VAT payable on the purchase of the vaccines, calculated as a percentage (currently 17.5%) both of the basic price less the Government discount applied, and of the container allowance.

The patient does not (and should not be asked to) pay a prescription charge. The GP should raise a prescription for each item administered except for the following vaccines, which are claimed as a bulk entry using Form FP34D (Appendix): Hepatitis A, Typhoid, Hepatitis B, Pneumococcal polysaccharide, Meningococcal, Influenza. All prescriptions should be noted, counted and sent under cover of Form FP34D to the Prescription Pricing Authority (PPA - Bridge House, 152 Pilgrim Street, Newcastle-upon-Tyne, NE1 6SN) by the fifth day of the month following that to which the prescriptions relate.

Payments to GPs by NHS patients for immunizations not covered by the NHS.

To understand this section, we first need to explore the subject of travel vaccinations.

Travel Vaccinations

As mentioned above, travel vaccinations are governed by the regulations for the 'Additional Services' in the Global Sum. The GP Contract states the following ('charging for services' , paragraph 2.24)¹: *“travel vaccines are provided free of charge for infectious diseases where there is a risk that, on return, the traveler could pass the disease to members of the home population, namely, vaccination against typhoid, poliomyelitis and hepatitis A”*. So, only these three vaccines are considered 'travel vaccines' .

The Standard GMS Contract (January 2008)² defines the duties of the Contractor (the GP) under paragraph 7.21: “ offer to provide to patients all vaccinations and immunisations (excluding *childhood vaccinations and immunisations*) of a type and in the circumstances for which a fee was provided for under the 2003-04 Statement of Fees and Allowances made under regulation 34 of the National Health Service (General Medical Services) Regulations 1992 other than influenza and pneumococcal vaccinations.”

Further, the GMS Contract³ defines the situations when “a contractor may demand or accept a fee or other remuneration” under paragraph 484. Here are the relevant paragraphs:

484. 7 for treatment consisting of an immunization for which no remuneration is payable by the PCT and which is requested in connection with travel abroad;

484. 8 for prescribing or providing drugs, medicines or appliances (including a collection of such drugs, medicines or appliances in the form of a travel kit) which a patient requires to have in his possession solely in anticipation of the onset of an ailment or occurrence of an injury while he is outside the United Kingdom but for which he is not requiring treatment when the medicine is prescribed;

484. 12 for prescribing or providing drugs for malaria chemoprophylaxis.

Destinations that qualify for free travel vaccinations

These vaccinations are provided free on the NHS for the following destinations under the following circumstances and in accordance to the 2002/03 *Red Book*:

Typhoid:

- travelling to an infected area
- typhoid immunisation is a condition of entry
- all countries except North America, Australasia, Northern Europe

Poliomyelitis:

- travelling to an infected area
- polio immunisation is a condition for entry
- all countries except North America, Australasia, Europe (Europe includes Turkey and Cyprus)

Hepatitis A:

- persons (particularly if staying for over 3 months, or at risk because of pre-existing disease) travelling to all countries except Northern Europe and Australia/New Zealand

Vaccines not available on the NHS for travellers

There is no provision for travellers to receive the following vaccines for the sole reason of travel abroad:

Yellow fever
Tetanus
Tick-borne encephalitis
Diphtheria
Japanese B encephalitis
Influenza
Rabies
Meningococcal ACWY
Hepatitis B
Pneumococcal polysaccharide

However, there are provisions for some of these vaccines to be administered in the UK, whether one travels or not (diphtheria, tetanus, poliomyelitis) or because the individual is in a group at risk as defined by the ***Green Book*** and the occasional CMO' s letters (Hepatitis B, meningococcal, influenza, pneumococcal).

Examples:

- An asplenic patient travelling to an endemic area should be immunised free of charge on the NHS with the Meningococcal ACWY vaccine, whilst a 65-year old (non-asplenic) travelling to Mecca during the Hajj and requesting this vaccine should receive the vaccine privately.
- A male homosexual should receive the Hepatitis B vaccine free of charge whether he travels or not.
- A Local Authority Animal Inspector (see ***Green Book*** 2006 page 333) should have the rabies vaccine free of charge on the NHS whilst his wife should pay.

When the NHS patient should not be asked to pay

NHS registered or temporary patient should not be asked to pay if the practice claims reimbursement of the vaccine (England & Wales) from the Prescription Pricing Department under personal dispensing of vaccines (non-dispensing GPs in England & Wales)^{5,6}, or writes a NHS prescription for the vaccine, or uses a vaccine supplied free of charge by the Movianto on behalf of the Department of Health (these vaccines are supplied free for the sole reason of carrying out the DoH' s immunisation programmes). These free vaccines include:

DTaP/Hib/IPV (Pediace1R)
dTaP/IPV (RepevaxR)
DTaP/IPV (Infanrix-IPVR)
DTaP/IPV (Infanrix-IPV+HibR)
dT/IPV (RevaxisR) - not for travellers

MenC
MMR
Hib/MenC (MenitorixR)
PCV (PrevenarR)
OPV (for contacts)
BCG, tuberculin protein

When does the NHS patient pay?

A registered patient pays for treatment consisting of an immunisation requested in connection to travel abroad when no remuneration is payable by the Primary Care Organisation or the vaccination is not included in the nGMS Global Sum (see paragraph 484.7/8/12 of reference 8). It is important that in such a case the GP or practice nurse:

- does not claim reimbursement for the vaccine used (England & Wales);
- does not use a vaccine supplied free on behalf of the DoH. The vaccine must be purchased privately;
- does not issue an NHS prescription for the vaccine;
- the patient does not belong to a 'group at risk'
- because of a medical condition or age – as defined by the Green Book and the occasional CMO's letters.

In addition, the registered patient has to pay for their drugs, medicines or appliances if provided and purchased by the NHS patient traveller (including a travel kit), which are required solely in the anticipation of the onset of an ailment or occurrence of an injury while he/she is outside the UK, but for which he is not requiring treatment when that medicine is prescribed. For example, a request for loperamide in case of diarrhoea abroad falls outside the NHS, while a request for a triptan (normally on the patient's repeat prescription for migraine) falls within the NHS as the patient receives this medication in the UK. Malaria chemoprophylaxis, if available in the general practice travel clinic, is supplied to registered patients privately (i.e. they pay). A Primary Care Organisation may allow GPs to prescribe malaria chemoprophylaxis if the circumstances are unique in that area (an example is Lewisham – South London).

Combination vaccines: these are provided free on the NHS if one of the two vaccines in the combined preparation is available on the NHS. Examples are the combined hepatitis A + typhoid for travel to the USA, or the combined hepatitis A + B vaccine for a healthy young woman traveling to India. If given separately, the typhoid and Hepatitis B vaccines in the above examples are payable by the patient. If Td/IPV is given to the young woman travelling to India and it is over 5 years (the tetanus component qualifies) since she last had the last dose at school, it is free on the NHS.

The following table can aid your decision as to whether the particular immunisation is provided free on the NHS or the patient has to pay. It is important that the NHS and private element of payment are not mixed. If a particular immunization is not available on the NHS, then the vaccine must be purchased privately and the patient should pay for the cost of the vaccine. In these instances, practices can request also payment for administration of the vaccine. On the other hand, practices cannot charge their registered NHS patients for advice in the Travel Clinic. This, the Practice Nurses or GP

provide free as per GMS Contract (paragraph 2.49, table 5 of reference 1). Any immunisations commenced on the NHS must be completed on the NHS (sometimes after the patient had returned home). This is because the NHS covers the patient's 'vaccination and immunisation'. In the case of hepatitis A, one dose of the vaccine is vaccination while the immunocompetent patient is immunized after the second dose.

References

- 1 Delivering Investment in General Practice. Implementing the new GMS contract. Published 19 January 2004
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4070242
- 2 Revision to the GMS contract 2006/07. BMA & NHS Employers
http://www.bma.org.uk/ap.nsf/Content/revisionnGMS_Feb20062
- 3 CMO's letter of 31st March 2005: The pneumococcal immunisation programme for older people and risk groups http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Professionalletters/Chiefmedicalofficerletters/DH_4107903
- 4 CMO's letter of 12th July 2006. Important changes to the childhood immunisation programme
http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Professionalletters/Chiefmedicalofficerletters/DH_4137171
- 5 GMS Statement of Financial Entitlements (last modified 3 December 2007)
http://www.dh.gov.uk/en/Healthcare/Primarycare/Primarycarecontracting/GMS/DH_4133079
- 6 GMS Statement of Financial Entitlements (SFE) 2005 onwards (section 17)
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4107508
- 7 Changes to the zero discount lists from 1 September 2006
http://www.dh.gov.uk/en/Healthcare/Medicinespharmacyandindustry/Prescriptions/DH_4137605
- 8 Standard General Medical Services Contract - January 2008
http://www.dh.gov.uk/en/Healthcare/Primarycare/Primarycarecontracting/GMS/DH_4125638
- 9 BMA circular August 2005: General Practitioners' Committee (GPC) Hepatitis B immunisation for employees at risk. BMA Members can access this document on:
<http://www.bma.org.uk/ap.nsf/Content/HepBimmunisationforemployeesatrisk?OpenDocument>

Table follows on next page

Table: Travel Vaccines – when to charge Travellers registered with a NHS Practice
From the forthcoming 5th edition Kassianos G: *“Paediatric – Adult Immunisations & Travel Health”*

Vaccine	NHS			Private
	Central Supply	NHS Prescrip[tion or reimbursed	In the Global Sum (Free to NHS registered with the practice)	Charge patient vaccine costs and administration
Diphtheria/Tetanus/Polio (Td/IPV) Repevax	■ Td/IPV for 1st booster & 2nd booster if aged >10 years Td/IPV for 1st & 2nd booster if aged <10 years	■	From age 10 years For 2nd booster 10+ years after first booster For travellers to endemic areas every 10 or more years Poliomyelitis All countries (free) except Europe (includes Cyprus & Turkey), North America, Australia/New Zealand If immunization is a condition for entry For travel to an endemic area For primary immunization of individuals aged 6 to 40 years Note: DtaTP/IPV/Hib for p.c. <10 years DTaP/IPV for 1st booster to 10 years Td/IPV for 2nd booster & primary course if >10 years of age	■ If not in the Global Sum and vaccine purchased privately If not qualifying in the UK (first 5 doses of vaccine) or for high risk patients e.g. farmers [every 10 years(tetanus)] Every 10+ years for polio & diphtheria
Haemophilus influenzae b & meningococcal C combined (Menitorix*)	■	X	For asplenic patients	X (vaccine centrally supplied)

Vaccine	NHS			Private
	Central Supply	NHS Prescription or reimbursed	In the Global Sum (Free to NHS registered with the practice)	Charge patient vaccine costs and administration
Hepatitis A	X	■	All countries (Free) except Australia, New Zealand & Northern Europe	If not in the Global Sum and vaccine purchased privately
Hepatitis A & B combined	X	■	If traveller qualifies for Hepatitis A as above	If not in the Global Sum (Hepatitis A) and vaccine purchased privately
Hepatitis B	X		X Exception: in the Global Sum for protection on the NHS of those "at risk" medical or lifestyle conditions as defined by Green Book – independent of travel intentions	If vaccine purchased privately And patient not in a "group at risk" (see Green Book) – see previous column
Japanese B encephalitis	X	X	X	■
Meningococcal polysaccharide ACWY		■	Free for travelers with asplenia	■ If vaccine purchased privately And patient not asplenic
Meningococcal C conjugate	■	X		X Vaccine centrally supplied
Pneumococcal polysaccharide	X	■X	X But free claimable for the over 65s as per Green Book and CMO's letters	If vaccine purchased privately and patient not in a "group at risk" (Green Book and CMO's letters_
Rabies	X [■ from HPA for post-exposure but not always]	X ■ on FP10 & reimbursed for "occupational groups at risk" (see "Memorandum on Rabies")	X ■ "occupational groups at risk" (see "Memorandum on Rabies")	■ all travelers X cannot charge special groups at risk (see "Memorandum on Rabies" – Prevention and Control, DH 2000 and Green Book)
Tick-borne encephalitis	X	X	X	■

Vaccine	NHS			Private
	Central Supply	NHS Prescription or reimbursed	In the Global Sum (Free to NHS registered with the practice)	Charge patient vaccine costs and administration
Typhoid Vi antigen	X	■	■ All countries (free) except Northern Europe, USA, Canada, Australia & New Zealand Infected areas Condition for entry	■ If not in the Global Sum and vaccine purchased privately
Typhoid & Hepatitis A combined	X	■	■ for both (see under individual vaccines) X Countries not qualifying (see under individual vaccines)	■ If not in the Global Sum and vaccine purchased privately
Yellow fever	X	X	X	■ from approved centers
Cholera oral vaccine	X	■ on prescription X not reimbursed	X	■ If vaccine purchased privately X if vaccine put on NHS prescription

† by Movianto on behalf of the Department of Health

* under 'Personal dispensing of vaccines' available in England and Wales for non-dispensing GPs

Pc primary course

Copyright: G. Kassianos, Hon. Secretary, BTHA

Extract from the forthcoming 5th edition of *Paediatric-Adult Immunisations and Travel Health*, Blackwell Science.