17th January 2022

**To all Practices in Surrey and Sussex LMCs**

Dear Colleagues

**Contractual Arrangements for Childhood Vaccination and Immunisation targets for the 2021/22 financial year**

I am writing as the LMC has received a number of queries in relation to the outcome of Childhood Vaccination and Immunisation targets for the 2021/22 financial year.

The LMC highlighted these changes in a letter to all practices early in 2021, which I enclose with this letter..

In summary, under the five-year 2019/20 – 2023/24 Contract Agreement, the provision of vaccinations and immunisations (aside from childhood and adult seasonal influenza and, as it turned out, the COVID-19 vaccination programme) became an essential service. The Childhood Immunisation DES was retired on 31st March 2021. At the same time, a new vaccination and immunisation domain was introduced into QOF, comprising a potential 64 points.

These are indicators V1001, V1002, V1003 and also V1004, which relates to shingles rather than childhood immunisations and is worth 10 of these 64 points. Please note that in the 10th March 2021 letter, the Indicator IDs were different [NM197, 198 , 199 and 201 respectively].

Within the Essential Service Immunisation programme, initially for MMR in 2020/21, but then from 2021/22, all individual vaccinations, attract a £10.06 Item of Service fee, even if delivered concurrently in the same appointment. The relevant vaccinations are listed in full in my March letter.

To create an incentivisation process, the following arrangements are in place:-

* If a practice achieves > 80% for all vaccinations, then all IoS fees are retained
* if uptake is between 50 – 79% for all vaccinations, then all IOS fees for immunisations > 50% are retained
* If achievement is < 50% then no IoS fees are retained

The 70%/90% payment cliff edge in the DES was felt to be unfair and these % thresholds more reasonable.

There are no provisions for exception reporting within these payment arrangements, however, under Section 5.1.8 of the 6th February 2020 Update to the GP Contract Agreement, there is provision for practices to demonstrate extenuating circumstances such that the clawback that would normally occur, in whole or in part, if the immunisation % is below 80% may be waived. Practices would have to demonstrate they had complied with other elements of the core contract including efforts to improve vaccination rate, again these requirements are set out in my March letter.

It is unlikely this clause will be relevant to many practices, but if immunisation uptake during 2021/22 has been demonstrably and substantially affected by factors outside your control, for which reasonable efforts to mitigate have been made but which through no fault of the practices were ineffective, and as a consequence uptake levels are less than 80%, it may be worthwhile raising this with your CCG.

In relation to QOF, for the three childhood vaccination indicators, each refers to vaccination before the indicative age, that is:

* V1001 – 3 doses of DTP containing vaccine prior to 8 months
* V1002 – 1 dose of MMR prior to 18 months, and after twelve months old
* V1003 – reinforcing dose of DTaP/IPV by 5 years old and at least 2 doses of MMR between the ages of 1 and 5 years.

In each case, the only personalised care adjustment [PCA] (exception reporting) allowable is that the vaccination is contraindicated. Practices cannot exception (PCA) for other reasons, such as refusal or non-attendance despite appropriate invitation.

The % thresholds are:

* V1001 – 90-95% points at lower threshold 3
* V1002 – 90-95% points at lower threshold 7
* V1003 – 87-95% points at lower threshold 7.

Colleagues do not have any flexibility at present in terms of these QOF rules and achievement thresholds, nor does the CCG, but this issue has been raised both at GPC and with NHS England, with aim of reviewing current practice achievement in the light of the pressures of the past year.

With best wishes



**Dr Julius Parker**

Chief Executive

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