

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	NHS England (North) Yorkshire and the Humber Enhanced National Service Specification 13(M)
Service	Flu Vaccination for Pregnant Women (the “ Service ”)
Commissioner Lead	NHS England - North (Yorkshire and the Humber) (the “ Commissioner ”)
Provider Lead	Barnsley Hospital NHS Foundation Trust (the “ Provider ”)
Period	1 st April 2017-31 st March 2019
Date of Review	Annually in March

1. Population Needs
1.1 National/local context and evidence base
<u>National Context</u> NHS England derives its Public Health commissioning function from section 7a National Health Service Act 2016 (as amended). The <i>Public Health Functions Agreement</i> , Department of Health and Public Health England (December 2015) (as amended) ¹ sets out the agreements under which the Secretary of State delegates responsibility to NHS England for certain public health services (known as “ s7a Services ”). It aims to: <ul style="list-style-type: none">• improve public health outcomes and reduce health inequalities; and• contribute to a more sustainable public health care system. Although responsibility for commissioning s7a Services sits with NHS England; specialist public health staff employed with Public Health England (the “ Screening and Immunisation Team ”) are embedded into NHS England to provide accountability and system leadership for the commissioning of s7a Services ² . NHS England (North) Yorkshire & the Humber (the “ Commissioner ”) is responsible for commissioning s7a Services for the population of Yorkshire, the Humber and Bassetlaw. National service specifications in relation to s7a Services are published and updated annually. These service specifications include the context and evidence for all relevant s7a Services and can be accessed via the following link: https://www.england.nhs.uk/commissioning/pub-hlth-res/
<u>Policy and Evidence Base</u> Immunisation against vaccine preventable disease makes a significant contribution to reducing the burden of morbidity and mortality at both an individual and a population level, across the life course. All pregnant women are recommended to receive the seasonal Flu vaccination, irrespective of their stage of pregnancy or previous vaccination history, as evidence shows that pregnant women are at increased risk for complications if they contract Flu. Evidence also suggests that Flu during

¹ <https://www.gov.uk/government/publications/public-health-commissioning-in-the-nhs-2016-to-2017>

² Further information on the Screening and Immunisation Team can be found at
<https://www.england.nhs.uk/wpcontent/uploads/2013/05/del-frame-local-op-model-130524.pdf>

pregnancy may be associated with premature birth and smaller birth and weight; a risk which may be reduced if women are vaccinated during pregnancy. In addition, vaccinating during pregnancy also infers protection to infants in their first few months of life.

In order to ensure maximum protection, vaccination should be offered as early as possible during Flu season, before Flu starts to circulate.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	✓
Domain 2	Enhancing quality of life for people with long-term conditions	✓
Domain 3	Helping people to recover from episodes of ill-health or following injury	
Domain 4	Ensuring people have a positive experience of care	✓
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	✓

2.2 Local defined outcomes

The following outcomes are expected to be achieved through the delivery of the Service outlined in this Service Specification:

- ensuring individuals and communities are protected from vaccine preventable disease;
- reducing inequalities by ensuring access to and the achievement of high levels of uptake for all groups;
- ensuring an effective response is made as required to outbreaks;
- achieving, maintaining and improving uptake against achieved targets;
- providing individuals and where applicable their Carers appropriate and timely information relating to vaccination programmes in a media which is understandable to them;
- ensuring individuals have a good experience of care;
- minimising adverse physical, psychological and clinical aspects of immunisation (e.g. anxiety, adverse reactions);
- identifying and addressing barriers to uptake; and
- minimising waste and environmental impact through efficient use of resources.

3. Scope

3.1 Aims and objectives of service

This Service Specification aims to ensure that the Service is contracted from the Provider in accordance with the requirements of the Commissioner and in line with the nationally published *Service Specification No.13 Seasonal Influenza Immunisation Programme*³ (as updated from time to time) for those under the care of the Provider.

The aim of the Service is to protect individuals who are most at risk of serious illness or death should they develop Influenza and reducing transmission of infections, thereby, contributing to the protection of vulnerable individuals who may have a suboptimal response to their own immunisation.

The aims outlined in *Service Specification No.13 Seasonal Influenza Immunisation Programme* in conjunction with *Service Specification No. 00: Core Specification National Immunisation Programme*⁴ will be achieved through the Provider meeting the following objectives:

³ The most recent published version is available at: <https://www.england.nhs.uk/commissioning/pub-hlth-res/>

⁴ The most recent published version is available at: <https://www.england.nhs.uk/commissioning/pub-hlth-res/>

- ensuring the eligible population is identified in a timely manner to optimise coverage. This includes checking the Flu immunisation status and offering vaccination where it has not already been received;
- ensuring the Flu vaccine is offered to all pregnant women at any stage of pregnancy throughout the Flu season (September – March), regardless of previous vaccination history;
- encouraging individuals to be vaccinated as early as possible during Flu season (September – March);
- ensuring the Service is safe, effective, equitable and of high quality;
- ensuring the Service is delivered and supported by suitably trained and competent healthcare professionals;
- ensuring vaccine is managed and stored in accordance with national Guidance;
- ensuring that delivery of the Service is supported by regular and accurate data collection as agreed with the Commissioner (this will include but is not limited to activity data related to this Contract and uptake/coverage data);
- ensuring the Service is informed by patient choice, feedback and engagement;
- ensuring ‘Every Contact Counts’ by offering co-administration opportunities to increase access and uptake;
- ensuring that where individuals decline the offer from the Provider that they are signposted to the GP and this is documented in the individual’s record held by the Provider; and the individual’s hand held record;
- drive improvements in quality using all available levers and evolving best practice;
- supporting national surveillance by ensuring all relevant clinical records are updated in a timely manner and data is collected and reported as required; and
- ensuring effective and timely implementation of new Guidelines and standards as issued.

The main aim of this Service is to increase uptake of the Flu vaccination in pregnant women. The key objectives in achieving this aim rely on good communication and joint working with General Practitioners (“GPs”). Therefore, as a maternity provider, the Provider should also:

- ensure that GPs are notified of pregnancy in their registered patients in order to ensure the individual’s clinical record can be appropriately READ coded); and
- ensure that any outcome associated with the pregnancy e.g. termination, miscarriage etc. is notified to the individual’s registered GP to allow their clinical record to be updated.

3.2 Service description/care pathway

The Provider will deliver the Service in accordance with *Service Specification No. 13 Seasonal Influenza Immunisation Programme* and *Service Specification No. 00: Core Specification National Immunisation Programme* (as updated from time to time); the most recent published versions are available at:

<https://www.england.nhs.uk/commissioning/pub-hlth-res/> .

Service Planning

In delivering the Service the Provider should:

- have systems and processes in place to ensure timely and effective communication with primary care;
- organise promotion and information regarding the Service and its delivery so this is available to pregnant women;
- ensure vaccination status is checked and is offered to all eligible pregnant women where vaccination has not already been received;
- where pregnant women decline vaccination by the provider, ensure the individual is signposted back to the GP;
- ensure consent is obtained in line with national and local Guidance and policies;
- order vaccines and control stock to ensure minimal wastage but sufficient stock to be able to cover the amount of pregnant women who are anticipated to require vaccination;
- ensure safe storage and transportation of vaccines where vaccination is to be offered/delivered away from main sites. This includes using validated vaccine cool boxes and spreading the vaccines over several boxes for large numbers of vaccines to reduce breaches in the cold chain, therefore, minimising vaccine wastage and destruction;

- have a strategy for reaching high levels of uptake, with ongoing improvement;
- ensuring new Guidelines and standards are implemented in line with national/local requirements;
- ensuring data collection and reporting systems and records are maintained in accordance with latest Guidance and information governance requirements; and
- ensuring data sharing protocols are in place to enable accurate, timely and appropriate electronic data sharing, for example (but not limited to) information relating to vaccination, with GP practices and any other agencies as required in line with national guidelines/specifications.

Incidents and Risk

The Provider will undertake the following in respect of incident management across Service:

- report to the local Screening and Immunisation Team any potential incidents, near misses, or issues within 1 Operational Day and in line with national guidance;
- ensure all incidents and serious incidents are escalated and managed in accordance with national Guidance and local Provider policy;
- ensure that incidents are reported, investigated and managed in accordance with national Guidance, regulations and local Provider policy. Where the incident involves multiple providers, the Provider will participate, as required, and support the identification of the lead organisation for the incident (management of incidents will include the completion and submission of a the relevant investigation form e.g. Screening Incident Assessment Form or patient safety report form);
- have the appropriate skills to undertake and/or support robust root cause analysis of all incidents;
- have processes in place to support the management of complaints, compliments, incidents and serious incidents; and
- supply reasonable information regarding incidents and risks to the local Screening and Immunisation Team and the Commissioner; as requested.

In addition Provider is expected to undertake the following with respect to risk management across the Service:

- comply with appropriate statutory regulations;
- have a critical/serious incident policy (which incorporates managing incidents in vaccination programmes and national Guidance) in place and make sure all staff adhere to it and are aware of their individual responsibilities within it; and
- have a robust system in place whereby individuals, their Carers, other professionals and the public can raise concerns about the quality of care and ensure there are adequate arrangements for the investigation and steps taken to address such concerns.

Accessibility

The Service will be provided in an area/environment, assessed as appropriate by the Provider in accordance with *Service Specification No. 00: Core Specification National Immunisation Programme*. Vaccination may be delivered in community settings or the individual's home where this has been agreed by the Provider as part of their policy and all safety procedures are in place.

Staff Competence

All of the standards in *Service Specification No.13 Seasonal Influenza Immunisation Programme* and *Service Specification No. 00: Core Specification National Immunisation Programme* (as updated from time to time must be adhered to).

The Service will be delivered by a registered Midwife, Nurse, or other registered practitioner who has completed training in accordance with *Service Specification No. 00: Core Specification National Immunisation Programme* and who has been approved by the Provider and who has signed an authorised Patient Group Direction for the administration of the Flu vaccine. The Service may also be delivered by Healthcare Assistants who have been authorised to vaccinate, using a Patient Specific Direction and who have been assessed as competent following completion of training in line with national recommendations (see following link).

<https://www.gov.uk/government/publications/immunisation-training-of-healthcare-support-workers->

[national-minimum-standards-and-core-curriculum](#)

The Service must be delivered by an appropriately skilled and experienced team(s). Where vaccination is not carried out by a registered practitioner and is delegated to non-registered staff, the overall accountability remains with the registered practitioner.

The Provider must ensure that:

- all relevant policies, protocols, patient group directions, patient specific directions and pathways are fit for purpose, subject to clinical audit, meet best practice/NICE Guidance/NMC standards and are regularly reviewed and updated;
- Staff must be registered with the NMC or other relevant professional body;
- Staff whether on the NMC register or non-registered, involved in administering the vaccine, have the necessary skills, competencies and annually updated training with regard to vaccine administration and the recognition and initial treatment of anaphylaxis;
- Staff access training (basic and update) and development (taking account of national standards) that is available. Training is likely to include diseases, vaccines, delivery issues, consent, cold chain, vaccine management and anaphylaxis. See below link to HPA training standards for Staff who are vaccinators;
National minimum standards for immunisation training (HPA June 2005)
http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1196942164323
- all Staff are familiar with and have online access to the latest edition of the Green Book, noting clinical Guidance may change and that the Green Book is updated frequently;
- all Staff are registered to receive *Vaccine Update*
<https://www.gov.uk/government/organisations/public-health-england/series/vaccine-update>
- all Staff are fully informed of and aware of new or changes to existing programmes/vaccines via Public Health England produced materials, training slides, awareness sessions, programme letters etc.; and
- all Staff are legally able to supply and/or administer the vaccine by working under an appropriate patient group direction ("PGD"); working from a patient specific direction ("PSD")/prescriptions, or working as a nurse prescriber.

Safeguarding children and vulnerable adults

Safeguarding vulnerable people is at the heart of all health service delivery. NHS England and providers are required to ensure that services provided adhere to national safeguarding requirements. The Provider must ensure that the Service at all times promotes and safeguards the welfare of children, following Local Safeguarding Children's Board policies and procedures, with Staff receiving and maintaining appropriate safeguarding training and supervision.

When gaining consent to the administration of vaccines, the Service will have regard to the needs of children, young people and vulnerable adults with reference to the Mental Capacity Act and Gillick/Fraser competent guidelines.

Department of Health guidance around consent can be found at the following links:

<https://www.gov.uk/government/publications/reference-guide-to-consent-for-examination-or-treatment-second-edition>

<https://www.gov.uk/government/publications/consent-the-green-book-chapter-2>

Programme Boards

The Provider will be required to attend and report to quarterly Antenatal and Newborn Programme Board and/or Vaccination and Immunisation Programme Board (as determined locally) meetings held by the Screening and Immunisation Team. The content, format and timescales for submission of any reports required at Programme Board will be agreed with the local Screening and Immunisation Team and form part of the agreed terms of reference. Any issues/concerns relating to the delivery of this programme will be escalated to the Commissioner and notified to the relevant Screening and Immunisation Oversight Group.

Recording Information and Reporting

The Provider will produce reports as determined by the Commissioner and maintain a structured and

systematic approach to data recording and reporting.

The Provider will be responsible for:

- completing and submitting any reporting required by national Guidance;
- completing and submitting any reporting documented in this Contract; and
- participating in regional audits and processes relating to the Service.

The Provider will have the required systems, level of IT competence and support to collect and collate information that demonstrates the coverage and capture of all immunisations and vaccinations against the required national and local outcomes for the Service. The Provider will need to work closely with the GPs in order to ensure patient records are accurately maintained. Administration and recording of medicines given must adhere to the NMC guidelines for the standards for medicine management, see reference document below:

<http://www.nmc-uk.org/Documents/NMC-Publications/NMC-Standards-for-medicines-management.pdf>

Identification, management and reporting of adverse reactions

In order to ensure a safe Service the Provider will ensure that there is a clinical assessment of all adverse reactions for individuals. All Staff must be trained in identifying and managing adverse reactions in line with Green Book chapter 8⁵ and local organisational policies. All Staff responsible for vaccination must also be familiar with techniques for resuscitation of an individual with anaphylaxis to prevent disability and loss of life. A protocol for the management of anaphylaxis and immediate access to epinephrine (adrenaline) 1 in 1000 injection and a telephone must always be readily available whenever vaccines are given.

Any serious adverse reaction to a vaccine should be documented in the individual's record held by the Provider and the GP they are registered with should also be informed.

The Provider is responsible for reporting any adverse reactions and any other vaccine related incident e.g. faulty device or vaccine, via the Medicines and Healthcare products Regulatory Agency's yellow card scheme: <https://www.gov.uk/report-problem-medicine-medical-device>

Infection Control

The Provider will work with colleagues based with the Local Infection Prevention and Control Team and Public Health England area team/Health Protection Agency and other key agencies e.g. Local Authority in relation to immunisation. The Provider must ensure compliance with all relevant infection prevention and control policies.

Any issues around secure safe and appropriate arrangements for the delivery of the Service should be raised immediately with the Commissioner. Advice and support will be provided by the Screening and Immunisation Team.

Risk Management, Business Continuity, Escalation Planning and Major Incidents

The Provider will be responsible for maintaining a risk register and for ensuring that there are systems in place to bring any strategic risks, or risks to business continuity to the attention of the Commissioners through the Programme Boards and/or Contract Review Meetings. The Provider will support and provide appropriate input as required in any emergency situations, mobilising resources in agreement with the Commissioner.

Quality of offer and user feedback

The Provider will routinely collect and collate and review feedback from individuals on the delivery, receipt and quality of the Service, developing a strategy to address issues identified.

Local data management, recording information and reporting

⁵<https://www.gov.uk/government/publications/vaccine-safety-and-adverse-events-following-immunisation-the-green-book-chapter-8>

Accurate electronic recording of all vaccines given and good management of all associated documentation is essential as per *Service Specification No.13 Seasonal Influenza Immunisation Programme* and *Service Specification No. 00: Core Specification National Immunisation Programme* (as updated from time to time).

The Provider needs to be registered with the appropriate body(s) to be able to submit relevant data collections, data sets and returns either to Commissioners and/or links to other providers and GPs. They should also demonstrate they comply with relevant Information Governance standards in relation to use of IT systems and in the use of individual and personal data.

The Provider must ensure that suitable secure systems are used to enable the electronic recording of the offer, outcome (i.e. declined, signposted) and administration of vaccines and the electronic transfer of data to GPs within 2 Operational Days.

Vaccinators must also inform GPs of those who decline the vaccination or have stated that they wish to have it provided by the GP. Information must be transmitted in a secure manner in electronic format agreed with the GP practice. All process for transferring this information must include failsafe measures for ensuring that the data is received by the GP practice. The woman's hand held record must also be completed with details of the discussion, the offer and outcome of the offer i.e. given/decline/signposted to GP.

The individual should be informed that details of the vaccination will be provided to the GP as part of their clinical management and to prevent double vaccination. It must be documented that the individual has consented to this within their records held by the Provider. Where the individual declines to share information relating to the vaccination, it should not take place and the individual should be referred back to their GP (this should be clearly documented in the individual's clinical record held by the Provider and the woman's hand held record).

The Provider will complete all necessary documentation/data recording to enable monitoring and evaluation of the Service and will maintain a record of:

- eligible pregnant women;
- details of vaccination being offered (e.g. offer made/date);
- whether the vaccination accepted, declined or the individual wishes to access via an alternate route and details of this route (e.g. GP, another provider);
- the individuals registered GP practice;
- that notification was sent to the individual's GP within 2 Operational Days and details of this notification; and
- post vaccination advice given to the individual.

The Provider should also ensure they use a READ code to identify vaccine given under PGD (where applicable).

The Public Health Services (Social Value) Act 2012

When delivering the Service the Provider will adhere to the Public Services (Social Value) Act 2012. This includes, but is not limited to:

- improved social inclusion of residents:
 - improved community access;
 - reducing avoidable admissions and readmissions to hospital;
 - improving and increasing social networks,
- providing additional opportunities for individuals or groups facing greater social economic barriers:
 - encouraging use and ease of access to community facilities and resources (such as schools, libraries, leisure facilities or computers) to targeted groups that otherwise would struggle to access such facilities; and
 - increasing employer engagement and awareness of the needs of vulnerable and disadvantaged groups,
- improved healthy life expectancy:
 - increased uptake;

- contributing to health improvement priorities as set out in the Joint Strategic Needs Assessment/Health and Wellbeing Strategies; and
- active engagement with relevant local networks and partnerships.

3.3 Population covered

The population this Service is to be delivered to include all pregnant women receiving maternity care from the Provider and eligible under *Service Specification No.13 Seasonal Influenza Immunisation Programme*.

3.15 Any acceptance and exclusion criteria and thresholds

The following are excluded from the Service:

- those for whom no valid consent for the vaccination is available;
- those for whom no valid consent for sharing details of the vaccination with GPs is available;
- those where vaccination is contraindicated; and
- those excluded by other Guidance issued from time to time.

3.16 Interdependence with other services/providers

Service delivery is dependent upon systematic relationships between stakeholders. The Provider must develop and maintain close working relationships with all agencies and stakeholders relevant to the Service, including:

- GP practices;
- Health Visitors;
- Looked After Children teams;
- social care teams;
- NHS England; and
- Public Health England (including, Screening and Immunisation Teams).

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

The Provider will comply with all applicable national requirements identified or referenced in *Service Specification No.13 Seasonal Influenza Immunisation Programme* and *Service Specification No. 00: Core Specification National Immunisation Programme* (as updated from time to time).

In addition, the following national standards also apply:

- Department of Health Immunisation Against Infectious Disease 'Green Book' (2006) and web site updates
<https://www.gov.uk/government/organisations/public-health-england/series/immunisation-against-infectious-disease-the-green-book>
- Core curriculum for immunisation training (Health Protection Agency)
<http://www.hpa.org.uk/Publications/InfectiousDiseases/Immunisation/0506CoreCurriculumforImmunisationTraining/>
- National Standards for Immunisation Training (Health Protection Agency)
http://www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb_C/1204100464376
- National minimum standards for immunisation training for Health Care Support Workers
http://www.hpa.org.uk/webw/HPAweb&HPAwebStandard/HPAweb_C/1317135227218
- Patient group directions
http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Healthservicecirculars/DH_4004179
- NMC Guidelines for the administration of medicines; <http://www.nmc-uk.org/Documents/NMC-Publications/NMC-Standards-for-medicines-management.pdf>
- Improving Immunisation Uptake (NICE 2009)
<http://www.nice.org.uk/PH21>
- Guidance Protocol for ordering, storing and handling vaccines
<https://www.gov.uk/government/publications/protocol-for-ordering-storing-and-handling-vaccines>

- DH Standards for Better Health
http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4086665
- Data collection system to record uptake rates, ordering vaccine and reporting cold chain
<https://www.gov.uk/government/collections/immform>
- The new vision for Nursing and the six Cs:
 - Show care and compassion in how we look after people;
 - Find the courage to do the right thing, even if it means standing up to senior people to act for a child or family's best interests in a complex and pressured environment;
 - Demonstrate commitment to our clients and profession;
 - We make sure we communicate well at all times
 - And finally, demonstrate competence in all that we do.

4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)

The Provider will comply with all applicable national requirements identified or referenced in *Service Specification No. 13 Seasonal Influenza Immunisation Programme* and *Service Specification No. 00: Core Specification National Immunisation Programme* (as updated from time to time).

In addition the following also apply:

- NMC Standards for Medicines Management (2010);
- NMC: The Code: Professional standards of practice and behaviour for nurses and midwives (2015); and
- HPA: National Minimum Standards for Immunisation Training (2005).

4.3 Applicable local standards

All local standards the Provider is expected to adhere to will be referenced in this Contract under which this Service Specification sits.

The Commissioner will share any other applicable local standards as agreed from time to time in writing with the Provider.

The Provider must comply with local children's safeguarding board policies and procedures and local children's partnership policies and procedures for multi-agency working.

The Provider must develop and ensure the implementation of the following policies/procedures/protocols:

- Patient Group Directions and Patient Specific Directions;
- Cardiopulmonary Resuscitation ("CPR") including decisions not to attempt CPR;
- treatment of Anaphylaxis;
- Consent and Confidentiality, including refusal of consent;
- administration of subcutaneous and intramuscular injections;
- safe ordering, storage, distribution and disposal of vaccines;
- prevention of infection/cross infection;
- safe handling and disposal of sharps;
- reporting and management of incidents, serious incidents and SUI investigation;
- lone worker;
- risk assessment for delivery of clinical services in schools, community venues and family homes;
- disposal of clinical waste;
- record keeping including recording of adverse reactions; and
- reporting of adverse reactions.

5. Applicable quality requirements and CQUIN goals

5.1 Applicable Quality Requirements (See Schedule 4 Parts A-C)

5.2 Applicable CQUIN goals (See Schedule 4 Part D)

6. Location of Provider Premises

The Provider's premises are located at:
Barnsley Hospital
Gawber Road
Barnsley
S75 2EP

7. Individual Service User Placement

Not applicable