NHS Circular: PCA (P) (2008) 1

Primary and Community Care Directorate

Primary Care Division

Please note that this circular has been amended by PCA(P)(2008)1(Amendment) on 22 January 2008 (the changes are marked on this letter in red strikethrough)



Dear Colleague

INFLUENZA IMMUNISATION 2008-9: VACCINE SUPPLY ARRANGEMENTS

Summary

- 1. This circular sets out the:
 - arrangements which will apply for remunerating and reimbursing community pharmacy contractors and dispensing doctors for the supply of influenza vaccine in 2008-9; and
 - prescribes the actions required of GPs, community pharmacy contractors and flu vaccine co-ordinators to ensure that supply arrangements are appropriately risk managed.

Background

2. It has been decided that the existing supply chain will be retained for the 2008-9 season but that earlier advice should be provided to the service on the precise ordering and management arrangements drawing on experience from the 2006-7 and 2007-8 seasons. The focus continues to be to assure the security of vaccine supply. To achieve this community pharmacists are required to divide their orders between at least three sources of supply. It is for community pharmacists to satisfy themselves that the three sources of supply chosen are independent such that a technical manufacturing problem attributable to decisions made at one source of supply would be self contained within that source of supply and would not be linked to a systematic supply failure across all three sources of supply chosen.

8 January 2008

Addresses

<u>For action</u> Chief Executives, NHS Boards

For information
Chief Executive, NHS NSS

Enquiries to:

Jean Murray 1st Floor East Rear St Andrew's House EDINBURGH EH1 3DG

Tel: 0131-244 3433 Fax: 0131-244 2326

Jean.Murray@scotland.gsi.gov.uk

www.scotland.gov.uk





Detail

- 3. The *flat rate* and *risk minimisation fees* in place for the 2007-8 campaign are for 2008-9 being merged into a *single flu vaccine supply fee*. The *incentive payment* is being maintained so that contractors continue to share with the NHS the benefit of sourcing vaccine from suppliers providing overall value for money.
- 4. Decisions on the at risk groups for the 2008-9 flu vaccination campaign will be made by the Joint Committee on Vaccination and Immunisation in due course and these will be communicated to the service via a CMO letter shortly. In the meantime GP practices and community pharmacy contractors are advised to place orders based on the at risk groups covered by the 2007-8 programme.

Action required from General Practice

- 5. GPs should review their vaccine storage arrangements to ensure that it is fit for purpose and sufficient to accommodate all vaccine (including for vaccines other than flu) that they are likely to handle during the 2008-9 flu vaccination season.
- 6. GPs should write "generic influenza vaccine" on all prescription or stock order forms. This is analogous to using the 'approved name' which is recommended good practice by the British National Formulary (BNF) and will ensure that community pharmacy contractors are able to make the most effective supply arrangements.
- 7. GPs should advise the community pharmacy that will be procuring vaccine on their behalf of the volume they require by 31 January 2008 at the latest. This advice should clearly state any capacity constraints that the practice has relating to the acceptance and storage of vaccines.
- 8. GPs should schedule influenza clinics and on-demand influenza vaccination arrangements to be consistent with the delivery dates advised by their community pharmacy contractor.

Action required from Community Pharmacies

- 9. Community pharmacy contractors should complete the processing of orders by 28 February 2008 at the latest.
- 10. In accordance with the strategy of minimising risk of non availability or late delivery of vaccine, community pharmacy contractors ordering vaccines are required to split their orders between at least three sources of supply in accordance with the requirements of paragraph 2 so that no manufacturer is awarded more than a third of a contractor's business.
- 11. To ensure fair distribution between practices of available vaccine, community pharmacy contractors should aim to meet the requirements of each GP practice by as far as practical drawing supplies equally from their three sources of supply.

- 12. By 31 August 2008 community pharmacy contractors should aim to provide each GP practice with a delivery schedule which reflects the most recent advice from their sources of supply.
- 13. By 31 August 2008 community pharmacy contractors should provide their local flu vaccine co-ordinator with the monitoring information in the form laid down in paragraphs 35-36.
- 14. Community pharmacy contractors are expected to co-operate with any requests from the local flu vaccine co-ordinator to redirect vaccine deliveries to ensure equitable distribution of vaccine.

Action required from Dispensing Doctors

- 15. Dispensing doctors should complete the processing of orders by 28 February 2008 at the latest.
- 16. Dispensing doctors should also consider splitting orders between three sources of supply in accordance with paragraph 2 where in their opinion it is cost effective to do so, and/or where after discussion with their NHS Board's Flu Vaccine Co-ordinator (see paragraphs 19-20) this is appropriate to help achieve local NHS Board risk management arrangements.
- 17. By 31 August 2008 dispensing doctors should provide their local flu vaccine coordinator with the monitoring information in the form laid down in paragraphs 35-36.
- 18. Dispensing doctors are expected to co-operate with any requests from the local flu vaccine co-ordinator to redirect vaccine deliveries to ensure equitable distribution of vaccine.

Action from NHS Boards and their specified officers co-ordinating local influenza immunisation programmes and the provision of vaccine for this.

- 19. NHS Boards will be expected to support and facilitate the implementation of local influenza immunisation programmes and the related provision of vaccines in line with the actions detailed elsewhere within this circular. Two separate but related functions are identified in this respect:
- co-ordination and management of the overall influenza vaccination programme; and
- co-ordination of the vaccine supply, including data collection and reporting as required
- 20. It is for Boards to decide locally how these functions will be fulfilled and to identify appropriate lead officer(s). For the purpose of this Circular the generic duties and interactions relating to these two functions have attributed these to a 'flu vaccine co-ordinator', but it is recognised that in practice this may be more than one officer. It is envisaged that in the case of the function being split between two or more individuals, officers carrying out the function of

coordinating the vaccine supply would report into the officer(s) responsible for overall coordination and management. Alternatively Boards may choose to have one officer carrying out both functions. This flexibility will enable Boards to build a structure that will respond to their local circumstances. It will be for each NHS Board to promulgate locally the names of personnel identified as performing these functions and their precise remit.

- 21. Each co-ordinator will seek from each community pharmacy and dispensing doctor by 31 August 2008 the information laid down in paragraphs 35-36.
- 22. To encourage the equitable distribution of available vaccines and that immediate vaccination is targeted on patients in greatest need, co-ordinators may request contractors to redirect available vaccines.
- 23. Where the co-ordinator has requested redirection of vaccines in accordance with paragraph 22 they will arrange for a replacement delivery of vaccines, if necessary from any national reserve which may have been put in place.
- 24. Boards are required to identify an officer who will act as the authorising officer for the NHS Board for the payment of the **single flu vaccine supply fees** due to each contractor.

Reimbursement arrangements

- 25. All community pharmacy contractors and dispensing doctors will be reimbursed the net invoiced price (i.e. the invoice price less any discounts achieved) for vaccines supplied. To claim payment, contractors should therefore endorse the stock order/prescription submitted to Practioner Services Division with the net price achieved after deduction of any discount in respect of each supplier plus the number of vaccines sourced from each supplier, supported by copies of relevant invoices, any relevant credit notes or other advices showing discount earned and/or statements. For contractors who own a number of pharmacies, where a group purchase has been made, details of this group purchase, including net price and number of vaccines, should be supplied. The contractor should endorse "GVP" on each stock order to indicate that they have made a group vaccine purchase. As in 2007-8, to avoid payment delays, where stock orders/prescriptions are submitted with no endorsements and/or no supporting invoices/credit notes/statements a default reimbursement price of £ 3 will be reimbursed.
- 26.PSD will subsequently carry out validation checks in the same way as in 2007-8 through their pharmacy payment verification team. Vaccine costs are to be met from the drugs bill within the Unified Budget.
- 27. These arrangements will apply irrespective of whether GPs obtain the supplies of generic influenza vaccine through the stock order system (again to be the standard method for 2008-9) or against prescriptions. VAT will be reimbursable in respect of Stock Order Supply and purchases made by dispensing doctors who

are not registered for VAT. Prescriptions submitted by dispensing doctors should be endorsed with PA (personally administered).

Remuneration arrangements

- 28. A *single flu vaccine supply fee* for both stock orders and prescriptions will be paid at two rates an *upper rate* of £1.10 per vaccine and a *lower rate* of 75 p per vaccine. The *upper rate* reflects the additional activity involved to coordinate and risk manage the supply of vaccine from 3 or more sources of supply. Payment of the *single vaccine supply fee* will be made at the same time as reimbursement is made.
- 29. All community pharmacy contractors who meet the requirements set out in paragraphs 10, 12, 13 & 14 will be paid at the higher rate. Where a community pharmacy contractor has failed to meet the requirement in paragraph 10, i.e. vaccines have been sourced from only 1 or 2 sources of supply then that contractor must endorse the submitted stock order/prescription to that effect and will only be eligible for payment at the *lower rate*. (Information provided for monitoring purposes by virtue of paragraph 13 may be used as part of the post payment verification process to identify contractors who may not have met the requirement for payment at the higher rate.)
- 30. All dispensing doctors will be eligible for payment of the *single vaccine supply* fee at the lower rate of 75p, but where dispensing doctors have split their orders between 3 sources of supply in accordance with paragraph 16 and **endorse the submitted stock order/prescription to that effect** they will receive payment at the *higher rate*.
- 31. The payment of the **single flu vaccine supply fee** will be subject to post payment verification checks in order that the NHS Board may satisfy itself that the contractor has satisfactorily carried out the relevant actions detailed at paragraphs 9-18 in respect of all the vaccines ordered by the contractor on behalf of NHS Scotland. Where the NHS Board is not satisfied that these actions have been taken then steps will be taken to recover any monies paid to contractors incorrectly.
- **32.** As in 2008-9 to encourage contractors when placing orders to seek to achieve prices which improve value for money for the NHS an additional **effective purchasing payment will be available** to community pharmacy and dispensing doctor contractors. This payment is designed to return to contractors a share of the benefits achieved by them through effective purchasing.
- 33. The payment will be at a single set rate for each contractor, who achieves an average price for 2008-9 lower than the 'starting rate'. The payment will be calculated as:
 - 1/2 x (The 'starting rate' minus the average flu vaccine cost achieved by that contractor during season 2008-9) x number of vaccines purchased during 2008-9 season by that contractor.

- The 'Starting rate' will be the average flu vaccine cost achieved by all contractors during season 2007-8.
- If the price achieved by the contractor in 2008-9 is not lower than the 'starting rate' no payment under this heading will be due.
- The payment will be made along with payments due in respect of March 2009 dispensings.
- The final average vaccine cost for season 2007-8 and thus the 'starting rate' is not yet available and will be promulgated in due course.

Prescription arrangements

34. Vaccines sourced on prescription for the immunisation of persons identified from time to time as member of an at risk group on public health grounds, for example, currently a carer, poultry worker or a person with a specified medical condition are not the subject of prescription charges. In this respect prescriptions/stock orders used by GPs for the provision of vaccines will all be treated as in respect of persons who are not liable for prescription charges and no further endorsement is needed.

Monitoring Arrangements

- 35. To enable NHS Boards to collect the necessary data required both locally and nationally in uniform manner, it is important that Boards establish the following information:
 - which community pharmacy contractors supply influenza vaccine on Stock Orders:
 - which GP Practice each community pharmacy contractor orders for;
 - quantities of flu vaccine ordered (broken down by practice);
 - sources of supply from whom flu vaccine has been ordered and quantity; and
 - schedule of deliveries to community pharmacies.

Similar information is required from dispensing doctors where applicable.

- 36. To assist Boards in collecting the information regarding flu vaccine orders for monitoring purposes, forms for guidance are attached as an Annex. All information collected should be treated as commercially sensitive. Further information regarding the use of the forms can be obtained from Mr Edward Mallinson, Chair, Flu Vaccine Supply Monitoring Group on email Edward.mallinson@lanarkshire.scot.nhs.uk. Community Pharmacy contractors and Dispensing Practices should return the relevant form to their NHS Board marked "for the attention of the flu vaccine co-ordinator".
- 37. Flu vaccine co-ordinators will be required to submit an initial aggregated summary of orders by 31 March 2008 to the Flu Vaccine Supply Monitoring Group, who will provide in due course advice on the format in which data is required.

38.PSD have identified a flu vaccine co-ordination lead to whom all enquiries regarding reimbursement/remuneration arrangements should be addressed. NHS Boards are requested to pass the contact details of their selected officer to:

Steven Clark, Pharmacy Payment Verification Manager NHS NSS PSD
Gyle Square, 1 South Gyle Crescent
EDINBURGH, EH12 9EB

Tel: 0131 275 6147, email: <u>Steven.Clark@psd.csa.scot.nhs.uk</u>

39. Community Pharmacy Scotland and the Scottish General Practioners Committee have been consulted on the terms of this circular.

Drug Tariff Amendment

40. The Scottish Drug Tariff is hereby amended to give effect to the contents of this circular.

Amendment to Statement of Financial Entitlements for GPs in Scotland

41. The Statement of Financial Entitlements for GPs in Scotland (SFE) is hereby amended to give effect to this Circular in respect of payments to dispensing doctors and a formal amendment to the SFE will be issued in due course.

Action

- 42. NHS Boards are asked to bring this Circular to the attention of Flu Vaccine Coordinators, community pharmacy contractors, local pharmacy committees, GP practices, Area Medical Committees and Community Health Partnerships, and to provide such additional local advice as may be necessary.
- 43. Non dispensing GP practices to take action in accordance with paragraphs 5-8.

Community Pharmacists to take action in accordance with paragraphs 9-14, 25, 29 & 36.

Dispensing Doctors to take action in accordance with paragraphs 15-18, 25, 30 & 36.

NHS Boards/ Flu vaccine co-ordinators to take action in accordance with paragraphs 19-24 & 35-37.

44. Prior to distribution, NHS Boards are requested to update the attached draft forms with their logo and contact details. The forms may not be changed in any other way.

- 45.NHS Board Flu vaccine co-ordinators are to send their contact details to Jean Murray using the contact details provided on the first page of this circular and to Steven Clark at the address given in paragraph 16.
- 46. Contractors are invited to pay particular attention to paragraph 7 and the need formally to endorse all stock orders/prescriptions submitted for payment with the reimbursement price claimed with supporting invoices.

Yours sincerely

DR JONATHAN PRYCE

Head of Primary Care Division

INFLUENZA VACCINE SUPPLY ARRANGEMENTS 2008-9 COMMUNITY PHARMACIES

Paragraphs 13 and 17 of this Circular (PCA(P)(2008)1) require contractors to provide their local flu vaccine co-ordinator of NHS **[INSERT NAME]** with monitoring information in the form laid down in paragraph 36 which relates to this Annex.

Accordingly contractors are asked to complete and return this questionnaire. Please use a separate form for each pharmacy that will be supplying influenza vaccine this coming flu season. Even if you do not supply flu vaccine a NIL response is still required. The information will be held until the completion of the 2008-9 Influenza Campaign and then destroyed.

Completed forms should be sent to:

[INSERT NAME AND ADDRESS OF CONTACT]

Or faxed to: [INSERT FAX NUMBER] no later than: [INSERT DATE]

| Pharmacy may be use | contractor | code | and | address | (stamp |
|---------------------|------------|------|-----|---------|--------|
| | | | | | |
| | | | | | |
| | | | | | |

Please detail vaccine orders received from GP practices by **28 February 2008** (Continue on separate sheet if required)

| 1. | GP practice | Practice Number | Quantity of influenza vaccine requested |
|----|-------------|-----------------|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Please indicate the name of the source of supply i.e. manufacturer with whom a direct order has been placed or the name of the wholesaler who will effect any order placed.

Please detail vaccine orders placed with sources of supply by 28 February 2008

| Manufacturer | Product | Quantity ordered | Expected delivery dates |
|--------------------|-----------------------|------------------|-------------------------|
| | Inactivated influenza | | |
| | vaccine | | |
| Sanofi Pasteur MSD | Inactivated influenza | | |
| | vaccine paediatric | | |
| | Viroflu | | |
| | Agrippal | | |
| Novartis | Begrivac | | |
| | | | |
| Glaxo Smith Kline | Fluarix | | |
| MASTA | Imuvac | | |
| Solvay Healthcare | Influvac | | |
| Solvay Healthcare | Imuvac | | |
| Wyeth Vaccines | Generic | | |
| | Enzira | | |

Please detail arrangements in place with sources of vaccine supply to minimise the risk of shortfall of vaccine supplies. (Continue on separate sheet if required)

I confirm that we can guarantee maintenance of the cold chain whilst the vaccine is in our possession and in transit to the General Practice or Clinic

| Signed: | |
|-------------------|------|
| Date: | |
| Pharmacist in cha | rge] |

'Information provided on this form is intended for use only by Health Board, PSD and DG Health and Wellbeing officials. Such information will therefore not be shared with representatives of the pharmaceutical industry, nor with any other groups or persons'

INFLUENZA VACCINE SUPPLY ARRANGEMENTS 2008-9 DISPENSING PRACTICES

Paragraphs 13 and 17 of this Circular (PCA(P)(2008)1) require contractors to provide their local flu vaccine co-ordinator of NHS **[INSERT NAME]** with monitoring information in the form laid down in paragraph 36 which relates to this Annex.

Accordingly contractors are asked to complete and return this questionnaire. The information will be held until the completion of the 2008-9 Influenza Campaign and then destroyed. Completed forms should be sent to:

[INSERT NAME AND ADDRESS OF CONTACT]

| Or faxed to: [INSERT FAX NUMBE I | R] no later than: [INSERT DATE |
|---|--------------------------------|
|---|--------------------------------|

| Practice name, practice code and address (stamp may be used) |
|--|
| |
| |
| |

- 1. Number of vaccines required for dispensing doctor patients.....
- 2. Please detail vaccine orders placed with sources of supply by 28 February 2008

| Manufacturer | Product | Quantity ordered | Expected delivery dates | | |
|--------------------|-----------------------|------------------|-------------------------|--|--|
| Sanofi Pasteur MSD | Inactivated influenza | | | | |
| | vaccine | | | | |
| | Inactivated influenza | | | | |
| | vaccine paediatric | | | | |
| | Viroflu | | | | |

| | Agrippal | |
|-------------------|----------|--|
| Novartis | Begrivac | |
| | | |
| Glaxo Smith Kline | Fluarix | |
| MASTA | Imuvac | |
| Solvay Healthcare | Influvac | |
| Solvay Healthcare | Imuvac | |
| Wyeth Vaccines | Generic | |
| | Enzira | |

| 3. | If orders | have | been | placed | with | fewer | than | three | sources | of | supply | please |
|----|------------|--------|-------|----------|--------|--------|-------|-------|------------|----|--------|--------|
| | detail rea | son(s) | below | r: (Cont | inue (| on sep | arate | sheet | if require | d) | | |

| 4. | Please detail arrangements in place wit | h sources | of vac | cine supply | to mi | nimise |
|----|--|-----------|--------|--------------|--------|--------|
| | the risk of shortfall of vaccine supplies. | (Continue | on se | parate sheet | if rec | (uired |

I confirm that we can guarantee maintenance of the cold chain whilst the vaccine is in our possession.

| Signed: | |
|---------------------------------|--|
| Date: | |
| [Practice manager or principal] | |

'Information provided on this form is intended for use only by Health Board, PSD and DG Health and Wellbeing officials. Such information will therefore not be shared with representatives of the pharmaceutical industry, nor with any other groups or persons'