

Focus on Vaccinations and Immunisations

Summary

GPs believe General Practice has a huge contribution to make in ensuring high vaccination uptake within the population and recognise its key role as a public health measure.

During the 2024/25 GP Contract negotiations, GPCE asked for:

- The amendment of Personalised Care Adjustment to take account of informed dissent for childhood vaccinations, citing data from affected deprived cohorts and atypical populations.
- Increase the IoS fee for all SFE Para 19 Vaccinations from £10.06 to £12.19 in line with inflation [21.2%]
- Changes to childhood immunisations Personalised Care Adjustment arrangements for reporting (Indicators VI001, VI002 and VI003).
- Closer engagement, and at an earlier stage, with NHS England on the development and implementation of the seasonal vaccination campaigns, to avoid widespread confusion and concern amongst GPs caused by last-minute changes to both flu and covid vaccination programmes, which may affect engagement and participation in subsequent years.

GPCE received notice from [DHSC and NHSE of the 2024/25 contract changes](#) at the end of January. These did not alter despite three further weeks of discussions following GPCE's rejection at its meeting on 1 February. Summary details for contractual changes affecting vaccinations and immunisations are set out below:

NHS England will expand the shingles cohort to as part of the 10-year expansion of the programme, in line with JCVI advice. The expansion of the immunocompetent cohort is proposed for implementation over two five-year stages as follows, with the first years having been confirmed:

1. First five-year stage: Shingrix will be offered to those turning 70 and those turning 65 years of age in each of the five years as they become eligible.
2. Second five-year stage (subject to confirmation of funding): Shingrix will be offered to those turning 65 and those turning 60 years of age in each of the five years as they become eligible.

NHS England will also change the current V&I standards including:

- Shared data on vaccination status of patients with local CHIS [Child Health Information Services]. This does not mean practices act as a reconciliation service for CHIS
- Rationalisation of SNOMED codes used for vaccinations to improve data quality.

- Improved data recording of vaccination status (including new patients registered from overseas).
- Practices must amend data they are informed is incorrect. This would be an expected approach already in terms of record keeping

The NHS Vaccination strategy published in Dec 2023, includes three priority areas, as below:

Improving Access including expansion of online services and greater centralised booking. This risks fragmenting services with no organisation taking responsibility for all services.

Vaccination delivery in convenient local places with targeted outreach – widening the options for vaccination delivery in GP practices, pharmacies, and shopping centres. Evidence from Scotland suggests moving away from a model focused on GP Practice delivery has worsened uptake of childhood immunisations. Whilst targeted outreach may be helpful in specific difficult to reach populations, commissioning vaccinations in multiple settings risks fragmenting the programme, poorer co-ordination and follow up, and reduced cost effectiveness of vaccination programmes. Such a move in Scotland has not resulted in an increased uptake of vaccination figures.

A more joined up prevention and vaccination offer – This seems at odds with widening the delivery to other settings and providers, whilst GPs could provide vaccinations opportunistically alongside holistic care this would be very difficult in other settings. Whilst we welcome the aspiration and agree that vaccinations should be part of holistic care, this can only be achieved by ensuring the default is for GP practice provision of vaccination services. We are concerned about the emphasis on vaccination away from practice lead provision. Involving too many organisations leads to difficulty planning properly and causes confusion while potentially reducing uptake in vaccines rather than increasing it.

We are also concerned in last minute change to schedules resulting in reduced provision and uptake by patients, and believe these need to be carefully communicated and with the recognition that practices plan vaccination clinics well in advance.