

Dear Colleague

SEASONAL INFLUENZA IMMUNISATION 2012-13: 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 seasonal influenza vaccine in 2012-13;
 - prescribes the actions required of GPs, community pharmacy contractors and flu vaccine co-ordinators to ensure that supply arrangements are appropriately risk managed; and
 - As in 2011-12 a formal protocol to determine vaccine distribution in the circumstance of an aggregate national shortage of vaccine or delay to deliveries will be used during 2012 - 13.
 - Includes new provisions in respect of
 - Advice to PSD's Payment Verification Department of contact details for all contractor multiples purchasing vaccine centrally
 - Calculation of Effective Purchasing Payment
 - Deadline for Claims

Background

2. The arrangements for the provision of vaccine for the 2011-12 season have been deemed to be successful and have been achieved as a result of all interested parties co-operating to enable vaccine orders to be placed at an early date.
3. The Scottish Government is currently considering which flu vaccine supply arrangements would be appropriate in the longer term. In the meantime it has decided that the 2011-12 arrangements for the provision of seasonal flu vaccine should continue for the 2012-13 season incorporating new
 - incentive arrangements to improve value for money,

11 January 2012

Addresses

For action
Chief Executives, NHS Boards

For information
Chief Executive, NHS NSS

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- a formal requirement for all contractors purchasing vaccine for more than one individual contract to provide contact details for PSD/Payment Verification to facilitate resolution of any queries with respect to reimbursement claims and
 - deadlines for claims.
4. The focus of these arrangements continues to be to assure the security of vaccine supply. To achieve this community pharmacy contractors are required to divide their orders between at least **three sources of supply**. It is for community pharmacy contractors 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. In addition community pharmacy contractors should ensure when placing orders that licensing arrangements are considered to ensure that practices receive at least a proportion of their requirements from a vaccine which is suitable for all potential patients including children under the ages of 4 or 5. The vaccines available for the 2011-12 influenza season and their age indications are listed in Chapter 19 (table 19.4) on Immunisation against infectious disease (Green Book). Contractors should re-check the licence status for 2012-13 once these are known.

Detail

5. A ***single flu vaccine supply fee will apply at the same rate as in 2011-12***. 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. A new method of calculation of the incentive payment will be as detailed in paragraph 38 to ensure that all contractors have an incentive to improve value for money for NHS Scotland/ their local Health Board.
6. Decisions on the at risk groups for the 2012-13 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 by early March 2012. In the meantime GP practices and community pharmacy contractors are advised to place orders based on the at risk groups covered by the 2011-12 programme.

Action required from General Practice

7. GPs should review their vaccine storage arrangements to ensure they are fit for purpose and sufficient to accommodate all vaccine (including for vaccines other than flu) that they are likely to handle during the 2012-13 flu vaccination season.
8. 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.

9. GPs should advise the community pharmacy contractor who will be procuring vaccine on their behalf of the volume that they require by 3 February 2012 at the latest. **GPs should ensure they order sufficient quantities of flu vaccine to enable them to meet the nationally agreed vaccine uptake targets for seasonal flu for over 65 risk groups and under 65 at-risk groups**, GPs should clearly state any capacity constraints that the practice has relating to the acceptance and storage of vaccines. **In placing orders GP practices will be deemed to have read and accepted the conditions detailed at paragraph 44 of this Circular.**
10. GPs should schedule influenza clinics and on-demand influenza vaccination arrangements to be consistent with the delivery dates advised by their community pharmacy contractor.
11. In addition to these arrangements for 2012-13, in early 2012 GPs are likely to be asked, in line with recommendations from the Aldridge review, to respond to requests from their NHS Board flu vaccine co-ordinators on the amount of vaccine ordered for and eventually used during the 2011-12 season currently underway. The process for this will be the subject of further discussion between the Scottish Government and SGPC.

Action required from Community Pharmacy Contractors

12. **Community pharmacy contractors should complete the processing of orders by 2 March 2012 at the latest. In placing orders community pharmacy contractors will be deemed to have read and accepted the conditions detailed at paragraphs 44-45 of this Circular. Upon acceptance of the protocol community pharmacy contractors should complete Annex C and send it to the Flu co-ordinator at the appropriate Health Board a list of whom are included at Annex D.**
13. 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 4.**
14. By 2 March 2012 community pharmacy contractors should provide their local flu vaccine co-ordinator with the monitoring information in the form laid down in paragraphs 39-40 & Annex A.
15. By 31 August 2012 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, and multiple contractors who make a group purchase of vaccines on behalf of a number of individual contracts should complete and return the form detailed in Annex E.

16. 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 but should also ensure that practices receive at least a proportion of their requirements from a vaccine which is suitable for all potential patients including children under the ages of 4 or 5.
17. Community pharmacy contractors are expected to co-operate with any advice from the local flu vaccine co-ordinator to redirect vaccine deliveries to ensure equitable distribution of vaccine in any time of local supply disruption which does not trigger the activation of the Protocol for Distribution of Available Vaccines in the Circumstance of an aggregate national shortage of vaccine as detailed in Annex B.

Action required from Dispensing Doctors

18. **Dispensing doctors should complete the processing of orders by 2 March 2012 at the latest. In placing orders dispensing doctor contractors will be deemed to have read and accepted the conditions detailed at paragraphs 44-45 of this Circular. Upon acceptance of the protocol dispensing doctors should complete Annex C and send it to the Flu co-ordinator at the appropriate Health Board a list of whom are included at Annex D.**
19. Dispensing doctors should also consider splitting orders between three sources of supply in accordance with paragraph 4 **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 23-24) this is appropriate to help achieve local NHS Board risk management arrangements.** They should also ensure that they order at least a proportion of their requirements from a vaccine which is suitable for all potential patients including children under the ages of 4 or 5
20. By 2 March 2012 dispensing doctors should provide their local flu vaccine co-ordinator with the monitoring information in the form laid down in paragraphs 35-36.
21. 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 in any time of local supply disruption which does not trigger the activation of the Protocol for Distribution of Available Vaccines in the Circumstance of an aggregate national shortage of vaccine as detailed in Annex B.
22. In addition to these arrangements for 2012-13, in early 2012 dispensing GPs are likely to be asked, in line with recommendations from the Aldridge review, to respond to requests from their NHS Board flu vaccine co-ordinators on the amount of vaccine ordered for and eventually used during the 2011-12 season currently underway. The process for this will be the subject of further discussion between the Scottish Government and SGPC.

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

23. 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
24. 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.
25. Each co-ordinator will seek from each community pharmacy and dispensing doctor by 2 March 2012 the information laid down in paragraphs 39-40 and Annex A.
26. In normal circumstances, co-ordinators may advise contractors to redirect available vaccines to target patients in greatest need. This is in addition to the arrangements under the Protocol for Distribution of Available Vaccines in the circumstances of an aggregate national shortage of vaccine or delay to deliveries, as detailed in Annex B.
27. Where the co-ordinator has requested redirection of vaccines in accordance with paragraph 26 they will arrange for a replacement delivery of vaccines, if necessary from any national reserve which may have been put in place.
28. 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 based on orders made.
29. In addition to these arrangements for 2012-13, in early 2012 all non-dispensing GP practices are likely to be asked, in line with recommendations from the Aldridge review, to respond to requests from their NHS Board flu vaccine co-ordinators on the amount of vaccine ordered for and eventually used during the 2011-12 season just ending. NHS Boards will be expected to provide

the information they gather as part of their annual report to the National Flu and Pneumococcal Group, which is due by April 2012.

Reimbursement arrangements

30. 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 **must** therefore **endorse the stock order/prescription** submitted to Practitioner 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. These are not used for establishing reimbursement prices but for PPV purposes. **Where stock orders/prescriptions are submitted with no price endorsement, the default reimbursement price will be paid. For 2012-13 this will be at the level of £ 3.50. All claims must be made no later than 31 March 2013.**
31. 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. In addition such contractor must complete and submit the claim form at Annex E.
32. PSD will subsequently carry out validation checks in the same way as in 2011-12 through their pharmacy payment verification team. Any contractor misclaiming may be referred to Counter Fraud Services. **All contractors must make the declaration included at Annex C before making any claims for reimbursement or remuneration under the terms of this Circular.** Vaccine costs are to be met from the drugs bill within the Unified Budget.
33. 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 2012-13) or against prescriptions. VAT will be reimbursable in respect of Stock Order Supply and purchases made by dispensing doctors. Prescriptions submitted by dispensing doctors should be endorsed with PA (personally administered).

Remuneration arrangements

34. 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.
35. All community pharmacy contractors who meet the requirements set out in paragraphs 12, 13, 15 & 16 will be paid at the higher rate. Where a community pharmacy contractor has failed to meet the requirement in paragraph 13, 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 14 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.)

36. 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 19 and **endorsed the submitted stock order/prescription to that effect** they will receive payment at the **higher rate**.

37. The payment of the **single flu vaccine supply fee** will be subject to post payment verification checks by the PSD payment verification team in order that the NHS Board may satisfy itself that the contractor has satisfactorily carried out the relevant actions detailed at paragraphs 12-22 in respect of all the vaccines ordered by the contractor on behalf of NHS Scotland. Contractors will be paid the **single flu vaccine supply fee** at the higher rate if it can be demonstrated they have ordered from three different suppliers. If any supplier fails to deliver supplies to the contractor, the contractor will not be disadvantaged and will continue to receive the higher rate. 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.

38. As in 2011-12 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. **The method of calculation for this payment has now changed. This will now be in two parts, a 'National' and a 'Local' payment.**

Each contractor would potentially get two payments:

- A national effective purchasing payment calculated as $\frac{1}{2} \times \{ \text{the national starting rate (the average national vaccine net cost for 2011-2012 excluding those paid at the default reimbursement rate)} - \text{the net price achieved by the contractor concerned during the 2012-2013 season} \} \times \text{number of vaccines purchased during 2012-13 season by the contractor concerned (excluding those paid at the default reimbursement rate.)}$

Plus

- A local effective purchasing payment calculated as $\frac{1}{2} \times \{ \text{the local starting rate (the average local vaccine net cost for 2011-2012 for the Health Board concerned excluding those paid at the default reimbursement rate)} - \text{the net price achieved by the contractor concerned during the 2012-2013 season} \} \times \text{number of vaccines}$

purchased during 2012-13 season by the contractor concerned (excluding those paid at the default reimbursement rate).

The cost of all single flu vaccine supply fees and effective purchasing payments made to community pharmacy contractors will continue to fall to be made from the community pharmacy Global Sum.

Monitoring Arrangements

39. 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 where community pharmacy contractors are supplying vaccine to GP practices:

- which community pharmacy contractors supply influenza vaccine on Stock Orders;
- which community pharmacy contractor supplies each GP practice;
- 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.

And in respect of dispensing practices the equivalent relevant information i.e.

- quantities of flu vaccine ordered. (broken down by dispensing practice)
- sources of supply from whom flu vaccine has been ordered and quantity; and
- schedule of deliveries to dispensing practices.

40. To assist Boards in collecting the information regarding flu vaccine orders for monitoring purposes, forms for guidance are attached at Annex A. All information collected should be treated as commercially sensitive. Further information regarding the use of the forms can be obtained from Mr William Malcolm, Pharmaceutical Adviser, HAI and Infection Control Group, Health Protection Scotland, on email w.malcolm@nhs.net. 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".

41. Flu vaccine co-ordinators will be required to submit an initial aggregated summary of orders by 31 March 2012 to the Flu Vaccine Supply Monitoring Group, who will provide in due course advice on the format in which data is required.

42. 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: StevenClark@nhs.net

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

Supplementary conditions on eligibility arising from the report- 'Implementation of the Aldridge Review on the Seasonal Influenza Vaccination Programme in Scotland'

44. As a condition of eligibility for remuneration and reimbursement funding in the terms of this Circular, community pharmacy contractors and dispensing doctors must accept the provisions of the Protocol detailed at Annex B for distribution of available vaccines in the exceptional circumstance of an aggregate national shortage of vaccine or delay to deliveries across Scotland. Additionally, community pharmacy contractors and dispensing doctors must place orders with wholesalers and manufacturers and accept orders from GP practices who have similarly accepted the terms of the Protocol. Community pharmacy contractors and dispensing doctors must complete and return the form at Annex C **by 2 March 2012** in accordance with the instructions therein to confirm their acceptance of these conditions.

45. In the circumstance where the Provisions of the Protocol detailed at Annex B have to be invoked special contingency funding arrangements for community pharmacists and dispensing doctors as detailed in the Annex will come into force.

Drug Tariff Amendment

46. 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

47. 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

48. **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.**

49. **Non dispensing GP practices to take action in accordance with paragraphs 7-11 and to note in particular the contents of paragraph 44.**

Community Pharmacy Contractors to note in particular the contents of paragraphs 4 & 44-45 and take action in accordance with paragraphs 4, 12-17, 30, 31, 35, 40 & 44.

Dispensing Doctors to note in particular the contents of paragraphs 4 & 44-45 and take action in accordance with paragraphs 4, 18-22, 30-32, 36, 40 & 44.

Flu vaccine manufacturers and wholesalers wishing to supply NHS Scotland for the 2012-13 season are invited to note in particular the contents of paragraphs 4 & 44-45 and to provide the appropriate reassurance to community pharmacy contractors and dispensing doctors, considering placing orders with them, in accordance with the Protocol in Annex B.

NHS Boards/ Flu vaccine co-ordinators to take action in accordance with paragraphs 23-29 & 39-41.

50. 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.
51. NHS Board Flu vaccine co-ordinators are to send their contact details to Kimberley Crozier using the contact details provided on the first page of this circular and to Steven Clark at the address given in paragraph 42.
52. Contractors are invited to pay particular attention to paragraph 30 and the need formally to endorse all stock orders/prescriptions submitted for payment with the net reimbursement price claimed (i.e. after deduction of any discount) with supporting invoices.

Yours sincerely



W.SCOTT

Chief Pharmaceutical Officer and Deputy Director Pharmacy and Medicines Division

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 **2 March 2012**

Manufacturer	Product	Quantity ordered	Expected Delivery Date

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 charge]

'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'

3. If orders have been placed with fewer than three sources of supply please detail reason(s) below: (Continue on separate sheet if required)

4. 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.

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'

PROTOCOL FOR DISTRIBUTION OF AVAILABLE VACCINES IN THE CIRCUMSTANCE OF AN AGGREGATE NATIONAL SHORTAGE OF VACCINE OR DELAY TO DELIVERIES

Parties affected by this Protocol

1. This Protocol is intended to be binding on all parties involved in the provision of influenza vaccine to NHS Scotland for immunisation of patients in the community during the season 2012-13, specifically:

- GP practices placing orders with community pharmacy contractors for flu vaccines,
- Community pharmacy contractors supplying GP practices with flu vaccines
- Dispensing doctors ordering flu vaccines for their own practice use
- Wholesalers providing flu vaccines to community pharmacy contractors and dispensing doctors
- Manufacturers providing flu vaccines to community pharmacy contractors and dispensing doctors

2. In particular remuneration and reimbursement of contractors in the terms of Circular PCA(P)(2012)/ PCA (M)(2012)1 is conditional on the acceptance by the community pharmacy contractor or dispensing doctor concerned of the terms of this protocol, confirmed by completion and return of the declaration form in Annex C.

Purpose of this Protocol

3. **This Protocol is intended to prescribe contingency distribution arrangements in the exceptional circumstances** of a declaration of an aggregate national shortage of vaccine or delay to deliveries of vaccine. The contingency distribution arrangements will seek to ensure an optimal distribution of those vaccines available within the supply chain for use within NHS Scotland.

4. The provisions of this Protocol would not however be invoked for lesser or local disruptions in vaccine supply, when normal arrangements would continue in place and it would be for community pharmacists and dispensing doctors taking appropriate advice from the local flu vaccine co-ordinator, to manage supply (taking in accordance with paragraphs 17, 21 & 26 to Circular PCA (P) (2012)1/ PCA (M) (2012)1.

Method of declaration of an aggregate national shortage of vaccine or delay to deliveries of vaccine

5. If the circumstance should arise when the Scottish Government is made aware of an aggregate national shortage of vaccine or delay to deliveries, which necessitates formal direction of the distribution of vaccines available to NHS Scotland, **a Chief Professional Officers' letter would be issued urgently** by the Scottish Government to inform interested parties that the arrangements outlined in this Protocol plus any others which may be expedient, were being invoked.

Vaccine distribution arrangements during an aggregate national shortage of vaccine or delay to deliveries of vaccine

6. The vaccine distribution arrangements to apply during a declared aggregate national shortage of vaccine or delay to deliveries of vaccine **would depend on the precise circumstances at the time and would be detailed in the Chief Professional Officers' letter.**

7. **However, the overarching aim of contingency arrangements will be to ensure the most equitable distribution of available stock of flu vaccine in line with stated priority groups for vaccination.**

Funding arrangements during a period of a declared aggregate national shortage of vaccine or delay to deliveries of vaccine

8. The broad intention of the contingency funding arrangements would be that contractors and suppliers would continue to be paid at the rates they would have expected if vaccine had been distributed in the normal way.

9. **The Chief Professional Officers' letter would advise the arrangements** for reporting to the contractors concerned, and to Practitioner Services Division, when the vaccine used on the orders placed by each contractor are deployed. That advice to Practitioner Services Division would trigger remuneration and reimbursement payments to contractors in the normal way.

10. Any amended payment and additional funding arrangements which may be necessary would be detailed separately.

Maintenance of the cold chain

11. All contractors would be expected to place at the disposal of the Scottish Government the facilities which they would normally make available to maintain the cold chain during the distribution of vaccines within Scotland.

Summary of the impact on interested parties of this Protocol if invoked

12. The following summarises the impact on each of the stakeholders involved if this protocol is invoked:

▪ **GPs/contractors providing the vaccination programme to patients**

All/part of their ordered vaccine may be delayed as a consequence of the arrangements prescribed in any Chief Professional Officer's letter declaring an aggregate national shortage of vaccine or delay to deliveries and local vaccination arrangements would have to reflect any revisions to national priorities, which may be deemed necessary by the Chief Professional Officers.

They would be expected to comply with all requests for information on vaccine logistics made as required in any Chief Professional Officer's letter declaring an aggregate national shortage of vaccine or delay to deliveries

- **Community pharmacy contractors/dispensing doctors sourcing vaccines for NHS Scotland**

Delivery of all/part of their ordered vaccine may be redirected/delayed as a consequence of the arrangements prescribed in any Chief Professional Officer's letter declaring an aggregate national shortage of vaccine or delay to deliveries.

Even if their supplies are redirected under the terms of Chief Professional Officer's letter they may still be required to provide their cold chain facilities for deliveries as directed in the Chief Professional Officer's letter.

They would be expected to comply with all requests for information on vaccine logistics in accordance with any requirements in the Chief Professional Officer's letter.

They would continue to pay their supplier for vaccines delivered from their order redirected under the terms of the Chief Professional Officer's letter and would be reimbursed by PSD for such vaccines in the normal way.

Contractors would continue to be remunerated and reimbursed at the rates they would have expected if vaccine had been distributed in the normal way.

They may be eligible for any compensatory payments as may be detailed in the Chief Professional Officer's letter.

- **Wholesalers**

They may be required to deliver orders placed by community pharmacy contractors and dispensing doctors as directed in the Chief Professional Officer's letter.

They would invoice the contractor originally ordering the vaccine and be paid in the normal way but would identify in any invoice the points to which the vaccine was delivered.

- **Manufacturers**

They may be required to deliver orders placed by community pharmacy contractors and dispensing doctors as directed in the Chief Professional Officer's letter.

They would invoice the contractor originally ordering the vaccine and be paid in the normal way but would identify in any invoice the points to which the vaccine was delivered.

DECLARATION BY COMMUNITY PHARMACY CONTRACTOR/DISPENSING DOCTOR**i. ACCEPTANCE OF THE TERMS OF THE PROTOCOL DETAILED IN ANNEX B, and,
ii. ACCURACY OF ALL CLAIMS WHICH ARE MADE FOR REIMBURSEMENT & REMUNERATION**

I the undersigned contractor hereby formally acknowledge that in placing orders for flu vaccine on behalf of the NHS Scotland campaign for season 2012-13 I accept the terms of the Protocol detailed in Annex B to NHS Circular PCA (P)(2012)1/ PCA(M)(2012)1 that would be invoked in the exceptional circumstances of a declaration by the Scottish Government of an aggregate national shortage of vaccine or delay in deliveries, in order to ensure an optimal distribution of those vaccines available within the supply chain ordered for use within NHS Scotland.

I confirm that I will place orders only with those wholesalers and manufacturers and accept orders from GP practices who have similarly accepted the terms of the Protocol.

I also declare that in making claims for reimbursement and remuneration in accordance with the requirements of NHS Circular PCA (P) (2012)1/PCA (M) (2012)1, I understand that the information given must be correct and complete and I understand that, if it is not, then action may be taken against me, including referral to the Common Services Agency's Counter Fraud Services. I acknowledge that my claim will be authenticated from appropriate records and that payment will be made to me, my company or my practice, which will be subject to Payment Verification. Where the Common Services Agency is unable to obtain authentication, I acknowledge that the onus is on me to provide documentary evidence to support the claim made.

Signed

Position

Contractor Name:

Contractor Code:

This declaration must be completed by all contractors and returned by 2 March 2012

Return by email to both Flu co-ordinator at the appropriate Health Board a list of whom are included at Annex D and Moira Hanley at Practitioner Services Division by email (moira.hanley@nhs.net)

Scottish Immunisation Co-ordinators**Contact List**

Name	Organisation	Tel	Email
Dr Theresa Carswell	Ayrshire and Arran	01292 885876	Theresa.carswell@aapct.scot.nhs.uk
Dr Tim Patterson	Borders	01896 825517	tim.patterson@borders.scot.nhs.uk
Dr David Breen	Dumfries and Galloway	01367 272724	David.breen@nhs.net
Dr Charles Saunders	Fife	01592 226526	charles.saunders@nhs.net
Dr Henry Prempeh	Forth Valley	01786 457260	henry.prempeh@nhs.net
Dr Diana Webster	Grampian	01224 558565	diana.webster@nhs.net
Dr Syed Ahmed	Greater Glasgow and Clyde	0141 201 4894	syed.ahmed@ggc.scot.nhs.uk
Dr Ken Oates	Highland	01463 704886	Ken.oates@nhs.net
Dr David Cromie	Lanarkshire	01698 206 336	david.cromie@lanarkshire.scot.nhs.uk
Dr Sarah De Martin	Lothian	0131 465 5413	Sarah.DeMartin@nhslothian.scot.nhs.uk
Dr Ken Black	Orkney	01856 888 270	ken.black@nhs.net
Dr Sarah Taylor	Shetland	01595 743072	sarah.taylor@shb.shetland.scot.nhs.uk
Dr Finn Romanes	Tayside	01382 596987	finnromanes@nhs.net
Sara Bartram	Western Isles	01851 708033	sara.bartram@nhs.net

