

East of England Child Health Information Service (EoE CHIS)

Under 5's Immunisation Clinic Management Information pack

June 2025 v1.0

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1. Introduction

The information provided here by the East of England Child Health Information Service (EoE CHIS) outlines how EoE CHIS will work in partnership with GP Practices.

EoE CHIS support will enable:

- a. improved management of under 5 immunisation clinics
- b. a continual refinement of the clinic lists
- c. a vaccination outcome to be recorded for every child

As a result of this, GP Practices will be able to:

- A. identify the families on clinic lists who are continually not responding who may affect cover on national reporting of immunisation uptake, and address the needs of those families in a different way
- B. focus their effort on managing the cohort of children that the practice will be able to vaccinate efficiently
- C. improve overall vaccine uptake rates

2. What we do

The aim of EoE CHIS is to ensure that all eligible under 5's children receive an invitation to have their immunisations. To achieve this, for most practices across East of England, Child Health Information Service (CHIS) invite eligible children who are under 5 for their vaccinations. This is part of the service commissioned by NHS England from EoE CHIS to freely provide call and recall services to all registered GP practices in our remit. Our letters and clinic lists are standardised, sent and managed cost free for all East of England (EoE) practices.

The invites sent by EoE CHIS could be sent via SMS or a letter which directs families to their GP to make an appointment, or an appointment is made by EoE CHIS and sent to the families (depending on the surgeries set up.) EoE CHIS call this weekly invitation process scheduling. EoE CHIS run weekly scheduling for surgeries across the East of England.

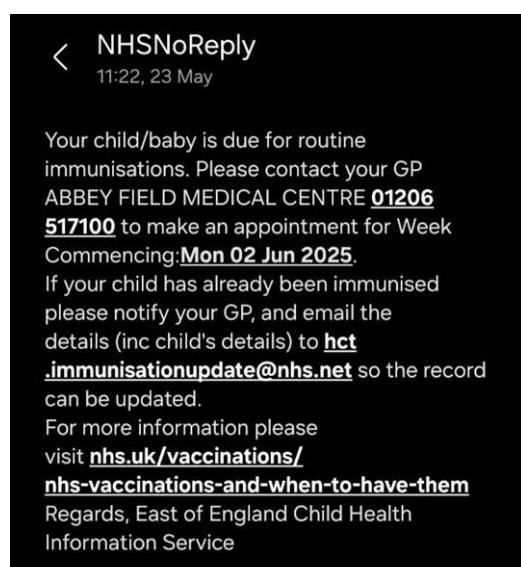
Scheduling is run 2 weeks in advance and the system lists the vaccinations that the child is due.

We have 2 main set ups for scheduling

1. Clinic slots with times and days
2. A SMS sent to parents to call their surgery

Letters are sent for slot appointments currently; this is subject to change.
SMS messages are sent for call surgery appointments, along with a reminder.

SMS messages include the registered practice name and contact number (enabling recipients of the SMS message to simply “click to call”) for ease of use for patients. It also includes a link with further information about vaccinations. If no UK phone number is recorded on the child’s record or the SMS message fails to send, a letter will be sent instead.



Please note:

We are not a patient facing service, so please do not pass our telephone or email contact details to patients.

Some of the information in this pack will be relevant to SystmOne users only, and some parts only relevant to Non SystmOne. Please disregard information if it is not relevant to your practice.

Please do get in contact if you have any questions at all. CHIS is here to help make your immunisation clinics run as smoothly as possible.

Child Health Immunisation Scheduling Principles

- Schedule Weekly – two weeks in advance of clinic date
- Full UK Schedule of vaccines covered
- “Clinic of Choice” for patients with no registered GP
- Automatic Parameters to match required/eligible vaccines
- Automated Recalls
- Support notification pathway to BCG and HepB Providers
- Non-responder Pathway for repeat non-responders
- Suspensions/Declines recorded
- Given Vaccinations automatically shared in SystmOne for SystmOne GP Practices and CHIS teams
- Bulk Upload of Immunisations for Non-SystmOne GP Practices
- NEMS Vaccinations for CHIS to CHIS border areas
- Bulk Upload of School Age Immunisations (Vaccination UK, Private Schools)

3. Ways to improve uptake/scheduling issues

1.1 Waiting lists

In order that practices don't become swamped by enquiries, EoE CHIS agree with the practice, a letter cap or number of slots offered per week. This is calculated on birth rate and usual non responder list, using EoE CHIS's clinic sizing tool.

Sometimes the system will generate a “Waiting list” alongside your clinic list, which means children have not been offered an appointment.

Waiting lists can be caused by a few issues such as

1. Not offering enough appointments for your cohort – we can conduct a clinic sizing to help with this and increase letters or slots if applicable and or appropriate. (You

may need to increase the number of appointments in the surgery based on cohort needs)

2. Not covering clinics that are cancelled due to Annual leave, Bank holidays etc. (You may need to offer additional clinics)
3. Lots of children that are non-responders, and the non-responder process hasn't been followed

1.2 Non-Responder pathway

[nhse-england-nonresponder-pathway-june2025pdf.pdf](#)

- Contact by practices offering immunisations, should be recorded on the child's record
- The first practice intervention should be after 2nd EoE CHIS invite has been sent (as per GP contract)
- **If declined, Inform CHIS and we can add a temporary suspension (until next immunisations are due, or the child turns 5)**
- Parents can decline verbally, and this should be clearly documented on the patients record by a registered health care professional. CHIS should also be informed
- If no response, and not answering phone calls, ensure contact attempts are recorded on the child's record. (Check other family members for different numbers, change of address etc.)
- Where no contact has been made and no safeguarding concerns exist, practices may send a final letter to inform parents about pausing CHIS invites
- **Practice should inform CHIS that the child is a non-responder**
- CHIS will put a pause on invites until next immunisations are due and will add a read code to the child's record
- It is important to remember that disengagement with routine healthcare appointments may be considered a safeguarding concern.

We do not need a disclaimer letter, if a parent declines a vaccination a temporary suspension will be added until their next set of immunisations are due.

A verbal decline is sufficient for CHIS.

1.3 Attempts to contact

Please ensure each time you try to contact a family you leave a note in the record to show contact has been attempted.

1.4 Temporary suspensions

EoE CHIS can add temporary suspensions for a set time, so for example, if you are aware that a patient is out of the country for 3 months, EoE CHIS can add a temporary suspension for just that period. This is so families are not sent any invitations within that time. This will stop appointments being wasted for a family that are not able to attend at that time.

CHIS can set temporary suspensions for a variety of reasons, so please ask if you are unsure.

Some of the other reasons for temporary suspensions could be

- Parents wishing to wait until their child is a specific age
- If the parent has booked an appointment with yourselves, we can add a suspension to stop a duplicate appointment
- If the patient is undergoing treatment that requires them to avoid vaccines or certain types of vaccines
- Parents are discussing vaccines and wish to have time to consider

1.5 Refusals and impact on record

When recording a refusal on the record it has a longer lasting impact than a suspension. The refusal stops the missing immunisations from showing up in the demographics box, which will not highlight to other healthcare workers that the patient has missing immunisations. Once they are older, they may wish to be vaccinated even if their parents declined previously.

Also, if the child moves surgeries, the refusals will stay on the record. This could potentially prevent a child receiving an invite from another CHIS or the new practice.

In extreme cases, for example, when contacting the family about under 5's immunisations would cause harm to a staff member of either the practice or EoE CHIS, please contact CHIS on an individual basis to discuss.

1.6 General tips

Phone calls to discuss declines should be completed by a clinical person, this is not administrators work. The administrator can task EoE CHIS or send letters to the family under instruction from the nurse, but phone calls to family to discuss a decline or a refusal, should be completed by the registered healthcare professional.

You will receive your clinic lists securely via email which will include the list of children that are due to attend for immunisations in two weeks' time.

Copies of the clinic lists should also be sent to immunisation nurses, to enable the clinics to run as smoothly as possible.

Slot based clinics

This will be a list with days and times on. EoE CHIS highly recommends then mapping these clinic slots onto your own ledgers at the practice.

This will allow you to easily see who is due to attend. This will also help to highlight any potential issues.

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Clinic List (HCT East of England CHIS - Bedfordshire Luton Milton Keynes (BLMK) and Hertfordshire W. Essex (HWE))

Treatment Centre
Clinic Date Mon 16 Jun 2025
Schedule Batch Number 1
Clinic List Page Number 1
Outcomes 1 = Given, 2 = Other given, 3 = Cancelled, 4 = DNA, 5 = Attended but not given
Sus. (Active Suspensions) Y = Patient has active vaccination suspensions so may have an incomplete immunisation history
Vaccination clinic waiting list patients

Once complete please return to the Child Health Department

Printed name and signature

| Health Visitor | Patient | NHS No. | Sex | DOB | Address | Time | Treatment | Outcome | Date Given | Batch No. | Notes | Sus. |
|----------------|---------|---------|-----|-----|---------|-------|---|-----------------|------------|-----------|-------|------|
| | | | M | | | 14:20 | Dip 2, Tet 2, Pert 2, Pol. 2, Hib 2, Routine Hep B 2, Rotavirus 2, Pneu(2020) 1 | 1 2 3 4 5 | | | | |
| | | | F | | | 14:40 | Men B 2 | 1 2 3 4 5 | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

Signature of administering nurse/GP: _____

Thu 05 Jun 2025 14:39
Confidential: Personal Data

Phone surgery clinics

You will receive similar to the above image but a list of children's details only, no appointment details. It may be helpful to cross reference who does call to book, as this will help highlight any non-responders.

EoE CHIS also recommends if possible and you have capacity, to block one or two extra slots per week to allow yourself time to complete some admin. This will allow time to call non responders or investigate records.

4. Data from GP to East of England Child Health Information Service

1.1 Data cleanse Non SystmOne practices

A data cleanse ensures the data held by EoE CHIS mirrors that of the practice. A data cleanse allows EoE CHIS to ensure that weekly scheduling is as accurate as possible. It allows a clear up of immunisation history, which in turn, ensures that historic data reported to COVER is reflected properly.

Stage 1 Data Cleanse – Reviews the patients you have registered at your practice and what EoE CHIS have registered on our system. If there are any discrepancies we will then investigate and feedback our findings.

Stage 2 Data Cleanse – This data cleanse extracts a large amount of historic vaccine data. This allows a more in-depth check of which immunisations have been given to your patients and fills in gaps in the EoE CHIS system, to ensure our recalls are accurate.

1.2 Weekly bulk data Non SystmOne practices

Please send this data to EoE CHIS using our template. Please see attached

[vaccination-upload-template-information-finalxlsx.xlsx](#)

Each week practices who use EMIS Web or InPS vision, are required to send in their latest immunisation data so that we can recall the correct patients for you. This also ensures that the information EoE CHIS holds is accurate and up to date, which will allow effective scheduling and national reporting to happen. Practices should ensure there is no missing days within the data.

When choosing parameters please ensure you change the date to the last time you sent data to EoE CHIS. You can amend the parameters if you have been on A/L or if clinics were cancelled for example. The dates at the bottom (by the arrow) show the date range of data you are choosing.

Please use these export options.

If a practice feels a child's immunisations have been completed but EoE CHIS is still scheduling, this may be a time where we ask for a stage 1 data cleanse to be completed.

Please ask if you have any queries.

1.3 Missing Immunisations and part immunisations and inputting

For SystmOne users

Immunisation history needs to be added into the immunisation template, not just scanned into the record. Without the template being correctly completed, the system will not recognise the immunisations that have been given and will continue to schedule for them.

Please find attached instructions on adding immunisation histories to SystmOne

[adding-immunisation-history-instructionsdocx.docx](#)

Please note

Although the screenshots of templates may vary from yours, the principle is the same. The histories need completing on the vaccination template.

Sometimes the system will schedule for just MMR1, this is sometimes due to it being given before 1 year of age. The nurse is responsible for informing EoE CHIS if that child is up to date or if they require an additional dose. EoE CHIS can add a temporary suspension if the child is up to date, under the nurse's direction.

1.4 Merges

Please ensure you inform EoE CHIS of any planned merges at your earliest convenience. EoE CHIS will require certain information to ensure a smooth merge takes place, for example

- What sort of cohort transfer will it be?
- Will there be main sites and sub sites?
- Will cohort sizes change?
- Will your immunisation scheduling need changing?
- Will there be rules to split the cohort?

Please contact EoE CHIS to discuss any upcoming merges so that any relevant work is undertaken, and that scheduling is not interrupted.

5. Changes for set up

1.1 Clinic amendments, cancellations and extra sessions

[clinic-amendment-form-2025-version-finaldoc.doc](#)

EoE CHIS provides a cancellation form for surgeries that choose the option of time slot appointments. This ensures that what you have requested is auditable to any amendments we make.

We require 4 weeks' notice for cancellations, amendments and extra sessions at a minimum. You can book further in advance if you choose. National Bank holidays are automatically recorded for all practices.

Please complete the form (above) and send into EoE CHIS, using the email address associated with your ICB area.

| | |
|---|------------------------------|
| Bedfordshire, Luton and Milton Keynes ICB | hct.eoechis.blmk-hwe@nhs.net |
| Hertfordshire and West Essex ICB | hct.eoechis.blmk-hwe@nhs.net |
| Cambridgeshire and Peterborough ICB | hct.eoechis.cp-nw@nhs.net |
| Norfolk and Waveney ICB | hct.eoechis.cp-nw@nhs.net |
| Mid and South Essex ICB | hct.eoechis.mse-snee@nhs.net |
| Suffolk and North East Essex ICB | hct.eoechis.mse-snee@nhs.net |

Cancellations can be used for Protected Learning Time, Annual leave, Bank holidays etc. Any cancelled sessions should try to be replaced by another session to ensure you are still offering enough appointments for your patients, and a waiting list is not generated.

1.2 Informing of us of any booked appointments (Including unscheduled)

Where practices book subsequent appointments for under 5's, EoE CHIS should be informed to prevent duplicate appointments or unnecessary invites going to parents.

We cannot book unscheduled appointments, these need to be booked with yourselves. We would appreciate if you can then let EoE CHIS know about the booked appointment so we can add a temporary suspension if required, to stop the patient receiving a duplicate appointment.

6. Info sent by EoE CHIS to you

Clinic lists – this is sent to you weekly via email. This shows who is scheduled and expected to attend for their immunisation appointment. This can only be sent to one generic email address. Please forward to your staff as necessary.

Waiting lists – Surplus of children for the surgeries set up.

East of England Community and School Aged Immunisation Service (EoE CSAIS) CSAIS Given vaccines – Any recorded/ traced immunisations given by HCT EoE CSAIS (EMIS practices only)

Daily NBBS – Update for any bloodspot tests uploaded to EoE CHIS previous day (EMIS practices only)

Non responder lists – Families that have received multiple invites from EoE CHIS and no outcome has been recorded on the child's record such as a vaccine or a decline

Suspension reports – Children that have a suspension on their record for the practice to review

Decline patients – Children are reaching 2.5 years of age and are still suspended/declined for MMR1, to alert you to this risk.

COVER Dashboards – This is a list of unvaccinated children that will affect your COVER statistics, if not vaccinated in the next 6 months. Some patients cannot be removed from this list as they are not legitimately vaccinated. However, we can help with cases due to issues caused by, for example, duplicate data.

[Cover of vaccination evaluated rapidly \(COVER\) programme 2024 to 2025: quarterly data - GOV.UK](#)

7. Record management

1.1 16-year-olds and consents

Once a young person reaches the age of 16 years old, they can consent for themselves to receive immunisations. This means that we no longer go with parental consent and must record the young person's consent directly. We therefore need to ensure that the contact details are changed to reflect that of the young person for all ongoing communications and that any parental refusals are removed from the record and vaccinations reoffered to the young person.

Consent in children and young people

At 16 years of age a young person is presumed in law to have the capacity to consent, so young people aged 16 or 17 years should consent to their own medical treatment.

For infants and young children not competent to give or withhold consent, consent can be given by a person with parental responsibility, provided that person is capable of consenting to the immunisation in question and is able to communicate their decision. Where this person brings the infant or child in response to an invitation for immunisation and, following an appropriate consultation, presents the infant or child for that immunisation, these actions may be considered evidence of consent.

The Children Act 1989 sets out who has parental responsibility for a child. Mothers automatically have parental responsibility for their children.

A father usually has parental responsibility if he is:

- married to the child's mother
- listed on the birth certificate (after a certain date, depending on which part of the UK the child was born in)
- has a court order confirming parental responsibility

Where immunisations are routinely offered in the school setting, consent differs depending on the age and competence of the individual child or young person. In secondary school age children, information leaflets should be available for the young person's own use and to share with their parents prior to the date that the immunisation is scheduled.

Where someone aged 16 or 17 years consents to vaccination, a parent cannot override that consent. Younger people who understand fully what is involved in the proposed procedure

* Where a mass immunisation campaign is to be carried out in schools such as the MenC campaign 1999/2000, different guidance regarding information and consent would apply

1.2 DBS

Clinicians are reminded to exercise care when completing dried blood spot (DBS) samples for infants on the Maternal Hepatitis B high-risk pathway. When filling out the order form, please ensure that it specifically requests testing for hepatitis B surface antigen (HBsAg). Please note that this is distinct from testing for hepatitis B antibodies following vaccination.

https://assets.publishing.service.gov.uk/media/68483f14ddc1cbd280bcb8aa/UKHSA_133_52_Hepatitis_B_How_to_take_a_dried_blood_spot_sample_A4_02_WEB.pdf

1.3 Deregistering patients

When de registering patients, please ensure they are also de registered from PDS. In some cases, you may receive an error or decline report from PDS for your deduction request. If this is not actioned the patient will remain as part of your cohort and they will be included in any reporting submissions, including COVER.

1.4 Registering a temporary patient

Some practices across East of England region, when notified that one of their pregnant patients has delivered their baby, will register that baby under temporary registration until the new patient has been seen for a check by their GP, or the parents have completed registration at the practice. This is not generally advised, and a full registration should be made for new babies.

It is important that every child has a full and complete GP registration so that patients are correctly monitored on national COVER reporting (for 1st birthday), and so that if their demographics change the National Event Management System (NEMS) correctly lets Child Health Information Services know the patient has moved or changed GP Surgery.

1.5 Sharing on records

Sharing on records between EoE CHIS and practices is determined by the Electronic Data sharing model (EDSM) Here is a copy of the latest guidance – sent to GP's in March 2025.

[gp-letter-and-edsm-sharing-requests-mar-2025-follow-updocx.docx](#)

In short there are three options for EDSM

1. "No organisations require Verification" = EDSM is switched off, or EDSM is on but all other NHS organisations can share freely
2. "All organisations require verification" = EDSM is switched on and no SystmOne user can view anyone's record
3. "Custom" = The surgery can choose which option – which are stated below:
 - "Organisations that do not require verification" – EoE CHIS's preferred option, this is in line with legal framework and PCSE guidance. This is your "allowed list".
 - "Organisations that cannot access the shared record" – the harshest outcome of EDSM, where all sharing is blocked. This is your "blocked" list.

Please see the above document for further information and full guidance.

1.6 Immigration Health Surcharge Service and Movements in from Abroad

Patients applying for immigration to the UK from abroad now have their records uploaded to PDS National spine as part of the checks from the immigration health surcharge service. This check can find if a patient is previously unknown to the UK. If so, then PDS will automatically generate an NHS number. It is important when checking the National spine for movement ins from abroad, that spellings of names are double checked as well as addresses, as a previous alternate address could have been used in the application process. Being mindful and double checking this information may reduce the risk of issuing a duplicate NHS number.

1.7 Immigration Solicitor Addresses

EoE CHIS works alongside Safeguarding and ICB / Public Health Safeguarding services to identify immigration cases where non-standard addresses are used. As stated in the paragraph above, sometimes an address can be recorded incorrectly, and sometimes the family's solicitors address is used. This can cause a duplicate record. If your surgery has a patient with a duplicate record, as the data controller for the PDS National spine record, you are responsible for ensuring the correct NHS is in use and held on the spine. You are also responsible for any duplicate numbers to be closed and merged with their correct spine NHS number, even though the duplicate NHS number may not be registered at your surgery. A Failsafe officer at EoE CHIS may contact you and make you aware of a duplicate NHS number.

1.8 Confused Records

If a surgery registers a patient with the same name as another patient, or a patient's demographics are updated incorrectly because of a similar name, a Child Health Information Service Failsafe Officer may get in touch with the surgery. This will be to clarify the correct details for each affected patient, and alert you to the need to correct the PDS National Spine Record via the National Back Office.

You could also use this link to access PCSE

<https://pcse.england.nhs.uk/help/patient-registrations/patient-records-duplicates-and-confusions>

1.9 6-8 week check

At EoE CHIS we do not book 6–8-week checks.

For slot-based clinics, EoE CHIS can arrange for longer slots to allow you to complete the 6–8-week check and administer the 1st primary vaccine.

If this is something you would like further information about, please do get in contact.

Babies do not need to have this check before receiving their 1st primary immunisations.

1.10 Telephone numbers

We are now sending the bulk of our appointments as text messages to parents of under 5's with details of their child's immunisation eligibility and the practice to contact.

This method is also used when young people are due teenage vaccinations.

Please ensure telephone numbers are inputted correctly into the record. This includes avoiding use of "+44" in mobile numbers if manually typed, any worded text in the mobile number box, (ie. "Mother", "Mob") and ensuring area code for home numbers.

If you need further advice on this, please ask.

We are here to help with any admin queries however if you have any clinical queries, please contact your local screening and immunisation team on

1. HWE/BLMK - england.immsga@nhs.net
2. Essex - england.essexatimms@nhs.net
3. East Anglia - england.eaimms@nhs.net

If you have any questions or queries, please do get in touch. We are here to try and help ensure your immunisation clinics run effectively, smoothly and be less time consuming for your practice