

**Data Flows for Direct
Commissioning**

Child Immunisations
(COVER) UNIFY
Collections:
Guidance

v1.54



**Activity Reporting
Programme**



Child Immunisations (COVER) UNIFY Collections: Guidance

This document aims to provide guidance and responses to a number of frequently asked questions relating to the child immunisation collections on UNIFY.

Document control

Document History

Version	Date	Amendment History
1.0	13/11/2013	First draft
1.1	28/11/2013	Drafted Amended for comments
1.2	06/01/2014	Amended for comments of Child Immunisation Group
1.3	23/01/2014	Amended for definition errors
1.4	16/10/2014	Amended for 12 month Men C definition change
1.5	22/01/2015	Amended for 24 month Men C definition change
1.54	22/09/2016	Amended for contact details change

Contents

1	Introduction	4
2	Indicators to be submitted	5
3	Vaccine Coverage Calculation Definitions	5
4	Processing & validating data	8
	4.1.1 Scaling up from a selection of children	8
	4.1.2 Validating denominators	8
	4.1.3 Validating Coverage	9
	4.1.4 Validating Practice Codes	9
5	Data Validation criteria	10
6	Revision Process	10
7	GP based return	10
8	Equalities & Inequalities	10
9	Reporting to the NHS	10
10	Contacts	11

1 Introduction

Immunisation is the safest and most effective way of giving protection against the disease. After immunisation, your child is far less likely to catch the disease if there are cases in the community. The benefit of protection against the disease far outweighs the very small risks of immunisation. If enough people in the community are immunised, the infection can no longer be spread from person to person and the disease dies out altogether. This is how smallpox was eliminated from the world and polio has disappeared from many countries.

The ability to reliably measure vaccine coverage plays an essential role in evaluating the success of a vaccination programme, identifying susceptible populations for further interventions and informing future vaccine policy decisions. From April 2013, NHS England took over responsibility for the commissioning of public health services from pregnancy until the age of five.

The collection of vaccine coverage data to support the national immunisation programme is currently being reported to PHE at PCT (for historical comparisons) and LA geography (for the Public Health Outcomes Framework (PHOF)). To enable NHS England to commission effectively and to tackle inequalities in access, local data on uptake also needs to be collected at a lower geography. NHS England is implementing the collection of data at GP practice level. This approach has been ratified by the Public Health Steering Group leads within NHS England, Department of Health, Public Health England and the Health & Social Care Information Centre.

Under these data collection changes, general practice level data will be submitted directly by providers to the Unify2 system in a single collection from their Child Health Information System (CHIS).

It is important to note that the new collections do not replace the routine quarterly returns to the Public Health England (PHE) COVER programme. The new collection will only take place in England, data for Northern Ireland, Wales and Scotland will not be collected as part of this GP practice level collection.

The responsible population for COVER GP data will continue to include all children registered with GP practice. Any children not registered with a GP practice will now be assigned to a Clinical Commissioning Group (CCG) based on their residence within the CCG statutory geographical boundary.

COVER data are extracted from CHISs on a quarterly and annual timetable the same as the existing Public Health England (PHE) timetable

Data is to be submitted to UNIFY following the end of the appropriate evaluation quarter. This covers children in England children in the registered and responsible population (as defined above) on the last day of the evaluation quarter.

2 Indicators to be submitted

The following items of information are to be submitted on a quarterly by Child Health Information Systems providers (CHIS):

- DTaP/IPV/Hib 12 & 24 month
- MenC Primary 12 & 24 month & 5 year
- Hib Primary 5 year
- PCV primary 12 month & 5 year
- MMR 1 24 month & 5 year
- Hib/MenC booster 24 month & 5 year
- PCV booster 24 month
- DTaP/IPV booster 5 year
- DTaP/Polio 5 year
- Pertussis 5 year
- MMR 2 5 year
- HepB 12 & 24 month

Where CHISs do not have the capacity to produce statistics on hepatitis B vaccines, it is hoped that this data will be generated from manual systems or from standalone databases managed by or on behalf of the local immunisation co-ordinator.

This information is requested in the same format as the current COVER outputs. This is designed to ensure that collection of hepatitis B data is integrated into the routine collection so that coverage data can be compared.

In 2014/15 collection, Rotavirus and BCG will be added to the COVER parameters at 12 months. These will also be required in the GP level collections and will be part of the collection template.

3 Vaccine Coverage Calculation Definitions

12 months collections:

Vaccination	Denominator	Numerator
DTaP/IPV/Hib	Total number of children for whom the GP practice is responsible on the last day of a defined quarter whose first birthday falls within that quarter.	Total number of children for whom the GP is responsible on the last day of a defined quarter who received 3 doses of DTaP/IPV/Hib vaccine at any time by their first birthday.
MenC Primary		2 doses before 1st birthday (PCV can be either PCV7 or PCV13, given in any combination). MenC will

		change for children born on or after 1st March 2013 to only one dose.
PCV Primary		Total number of children for whom the GP is responsible on the last day of a defined quarter who received 2 doses of PCV vaccine at any time by their first birthday.
Hepatitis B (HBsAg)	Total number of children for whom the GP practice is responsible on the last day of a defined quarter whose first birthday falls within that quarter born to HBsAg-positive mothers.	Total number of children for whom the GP is responsible on the last day of a defined quarter who received three doses of hepatitis B vaccine at any time by their first birthday

24 months collections:

Vaccination	Denominator	Numerator
DTaP/IPV/Hib	Total number of children for whom the GP practice is responsible on the last day of a defined quarter whose second birthday falls within that quarter.	Total number of children for whom the GP is responsible on the last day of the quarter who received 3 doses of DTaP/IPV/Hib vaccine at any time by their second birthday
MMR		number of children for whom the GP is responsible on the last day of the quarter who received 1 dose of MMR vaccine on or after their first birthday and at any time up to their second birthday
Hib/MenC Booster		Total number of children for whom the GP is responsible on the last day of the quarter who received 1 dose of Hib/MenC booster vaccine on or after their first birthday and at any time up to their second birthday
Infant MenC Primary		Total number of children aged 24 months for whom the GP is responsible on the last day of the quarter who received at least 2 doses of MenC vaccine before their first birthday. MenC will change for children born on or after 1st March 2013 to only one dose.
PCV Booster		Total number of children for whom the GP is responsible on the last day of the quarter who received 1 dose of PCV booster vaccine on or after their first birthday and at any

		time up to their second birthday
Hepatitis B (HBsAg)	Total number of children for whom the GP is responsible on the last day of a defined quarter whose second birthday falls within that quarter born to HBsAg-positive mothers.	Total number of children for whom the GP is responsible on the last day of a defined quarter who received four doses of hepatitis B vaccine at any time by their second birthday

5 years collections:

Vaccination	Denominator	Numerator
DTaP/Polio	Total number of children for whom the GP practice is responsible on the last day of a defined quarter whose fifth birthday falls within that quarter	Total number of children for whom the GP is responsible on the last day of the quarter who received 3 doses of Diphtheria, Tetanus and Polio vaccine at any time by their fifth birthday
DTaP/IPV/Hib Booster*		Total number of children for whom the GP is responsible on the last day of the quarter who received 4 doses of Diphtheria, Tetanus, Pertussis and Polio vaccine by their fifth birthday
Pertussis **		Total number of children for whom the GP is responsible on the last day of the quarter who received 3 doses of a Pertussis vaccine at any time by their fifth birthday
MMR 1 & 2 Dose*		Total number of children for whom the GP is responsible on the last day of the quarter who received 2 doses of MMR vaccine by their fifth birthday (where the first dose was given on or after the first birthday)
Infant Hib** primary		Total number of children aged 5 years for whom the GP is responsible on the last day of the quarter who received at least 23 doses of Hib vaccine by their first birthday
Infant MenC Primary		Total number of children aged 5 years for whom the GP is responsible on the last day of the quarter who received 2 doses of MenC vaccine by their first birthday (Post June 2013 this is only 1 dose before 12 months)
Hib/MenC Booster*		Total number of children for whom the GP is responsible

		on the last day of the quarter who received 1 dose of Hib/MenC booster vaccine on or after their first birthday and at any time up to their fifth birthday
PCV primary	Total number of children for whom the GP practice is responsible on the last day of a defined quarter whose fifth birthday falls within that quarter	Total number of children aged 5 years for whom the GP is responsible on the last day of the quarter who received 2 doses of PCV vaccine by their first birthday
PCV booster		Total number of children for whom the GP is responsible on the last day of the quarter who received 1 dose of PCV booster vaccine on or after their first birthday and at any time up to their fifth birthday

* may need to use discretion for children immunised/partially immunised outside the UK where different vaccines are offered

** children born before January 2004 could have had DT rather than DTP as part of their primary course and so pertussis has been monitored separately. The five year cohorts now being monitored by the COVER programme are all born after January 2004 and so the number completing 3 doses of DT/Pol and Pertussis should be the same. Children born after June 2004 will have been offered DTaP/IPV/Hib for their primary course. May need to use discretion for children immunised/partially immunised outside the UK where different vaccines are offered.

4 Processing & validating data

4.1.1 Scaling up from a selection of children

When completing your Unify2 return we do not expect you to scale/gross up the figures. The 'raw' numbers should be used in your submission, for example the number of children receiving a particular immunisation.

4.1.2 Validating denominators

The denominators submitted should relate to the eligible children for the GP practice registered population. When we validate the submitted data we will aggregate together all the GP practice data submitted to CCG level to check to see that the total figure submitted for the number of eligible children is similar to the relevant CCG's figures for registered children.

The Unify2 upload templates will not contain the validation criteria and benchmarking data to enable denominators to be validated prior to being uploaded to Unify2. Validation checks will be performed on all initial quarterly submissions and queries will be raised on an exception basis.

4.1.3 Validating Coverage

Validation criteria to ensure immunisation coverage will be included in the Unify2 upload template. Any queries over immunisation coverage will be highlighted in the template for correction. The number of children receiving an immunisation must not be greater than the eligible number of children.

4.1.4 Validating Practice Codes

In order that the template will upload the GP practice codes must match the list of GP practices included in the list in the template. This list will be updated each quarter and will be available with the template. As a result there will be a new UNIFY template for each quarterly submission.

For providers with practices that are not on the list:

In Quarter:

Use the contact details below to provide details of the list of practices that you believe are valid and missing from the list

Aggregate the data for these practices and submit the data under the V81999 practice code in the separate box for unregistered patients

This should be used where it is not possible to determine a PATIENT's registered GP Practice code, but it is known that they should have one, or where it is impossible to determine whether they should or shouldn't have a registered practice.

Providers are required to specify what CCG is responsible for the V81999 patients, where this is not known providers should include their lead commissioning CCG.

At Year End:

You will have the ability to resubmit all previous quarters' data; the GP match list will have been updated with all genuine GP practice codes that had been missing from previous versions of the list.

NHS England will routinely publish reports on the NHS England website where the conditional formatting identifies failures of the validation criteria. These criteria are listed in the reports.

5 Data Validation criteria

Number of children being immunised	<=	Number of eligible children
Number of eligible children	<	Registered CCG age related population for last year PLUS 20%
Number of eligible children	>	Registered CCG age related population for last year MINUS 10%

6 Revision Process

Collections will be reopened at the yearend to allow providers to revise figures for previous quarter submissions. There is currently no facility to validate revisions or changes on a quarterly basis, and therefore email amendments to quarterly figures will not be actioned.

7 GP based return

Data submitted for child immunisation should be based on registered General Practice population. This is based on the child's registration with a GP practice. When an immunisation is performed on a child who has only recently moved into an area typically covered by that Child records department and as a result is not yet registered with a GP practice, this should also be included where known in that CHIS submission based on the CCG responsible population.

8 Equalities & Inequalities

Data on inequalities are not required as part of this return. If interested parties require analysis by gender, ethnicity, religion, age or any of the other inequalities indicators they should contact the information department of their local NHS England Area team to find out if this information is held on their child health system.

9 Reporting to the NHS

At the end of each quarterly reporting period a report showing:

The immunisation coverage for 12 month, 24 months & 5 years by CCG will be published.

This report will be available at the following web address:
<http://www.england.nhs.uk/statistics/category/statistics/>

10 Contacts

For queries relating to this collection please contact:

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