

**Data Flows for Direct**

**Commissioning**

Child Immunisations (GP) Quarterly Collections: Guidance

**v2.0**

**Activity Reporting**

**Programme**

**Child Immunisations (GP)**

**Quarterly Collections:**

**Guidance**

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

**Document control**

**Document History**

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| --- | --- | --- |
| **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 |
| 2.0 | 10/05/2018 | Amended to reflect collection move to SDCS |

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**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 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 NHS Digital (previously the Health & Social Care Information Centre).

Under these data collection changes, general practice level data has been submitted directly by providers to the Unify2 system in a single collection from their Child Health Information System (CHIS). The Unify2 data collection system has been replaced by NHS Digital’s Strategic Data Collection Service (SDCS) from June 2018 (guidance for SDCS can be found at this link [SDCS guidance](https://digital.nhs.uk/binaries/content/assets/legacy/pdf/9/1/sdcs_guidance.pdf)) .

It is important to note that the collections do not replace the routine quarterly returns to the Public Health England (PHE) COVER programme. The 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 GP data are extracted from CHISs on a quarterly and annual timetable the same as the existing Public Health England (PHE) COVER timetable (https://www.gov.uk/government/publications/vaccine-coverage-statistics-publication-dates/cover-vaccine-coverage-data-submission-and-publication-schedule).

Data is to be submitted to SDCS 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 basis by Child

Health Information Systems providers (CHIS):

• DTaP/IPV/Hib(HepB)1 12 & 24 month & 5yr (3 doses)

• PCV primary 12 month & booster 24 month (2 doses)

• Rotavirus 12 month (2 doses)

• MenB 12 month (2 doses)

• MMR 1 24 month & 5 year (1 dose)

• Hib/MenC booster 24 month & 5 year

• DTaP/IPV booster 5 year

• MMR 2 5 year (2 doses)

• HepB for at risk populations 12 & 24 month (3 and 4 doses respectively)

*1DTaP/IPV/Hib/HepB will replace DTaP/IPV/Hib from October 2017 (i.e. offered to children born from August 2017)*

**3 Vaccine Coverage Calculation Definitions**

**12 months collections:**

|  |  |  |
| --- | --- | --- |
| **Vaccination** | **Denominator** | **Numerator** |
| DTaP/IPV/Hib/HepB (from 1st August 2017) | 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/HepB vaccine at any time by their first birthday. |
| MenB | Total number of children for  whom the GP is responsible on the last day of a defined quarter who received 2 doses of MenB vaccine at any time by their first birthday. |
| Rotavirus |  | Total number of children for  whom the GP is responsible on the last day of a defined quarter who received 2 doses of Rotavirus vaccine at any time before 24 weeks of age. |
| 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/HepB (from 1st August 2017) | Total number of children for whom the GP practice is responsible on the last day of a defined quarter who reach their 2nd birthday within that quarter.  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 a defined quarter who received 3 doses of DTaP/IPV/Hib/HepB vaccine at any time by their second birthday. |
| MMR | Total number of children for whom the GP practice is responsible on the last day of a defined quarter reaching their second birthday within that quarter. | Total 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 or Child received 1 dose of DTaP/IPV/Hib(+/-HepB) and 1 dose of MenC, both given on or after 1st birthday and before 2nd birthday (i.e. children completing primary course after 1st 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 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/IPV/Hib/HepB (from 1st August 2017) | 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 a defined quarter who received 3 doses of DTaP/IPV/Hib/HepB 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) | |
| 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 or Child received 1 dose of DTaP/IPV/Hib(+/-HepB) and 1 dose of MenC, both given on or after 1st birthday and before fifth birthday (i.e. children completing primary course after 1st birthday) | |
| DTaP/IPV Booster | |  | | Of those children who reached their 5th birthday within the evaluation dates, the number that received a 4th dose of Diptheria/Tetanus/Pertussis/Polio containing vaccine given from 3 years and 4 months and before fifth birthday. |

\* 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 SDCS 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 validating, the submitted GP practice data will be aggregated to CCG level to check that the total eligible children submitted is similar to the relevant CCG's figures for registered children.

The SDCS upload templates will not contain the validation criteria and benchmarking data to enable denominators to be validated prior to being uploaded to SDCS. 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 SDCS 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 (Source: NHS Digital Organisation Data Service (ODS)). This list will be updated quarterly and will be available with the template. As a result there will be a new SDCS template for each quarterly submission.

For providers with practices that are not on the list: In Quarter:

All GP Practice data must be submitted against its nationally recognised code. If you cannot find a practice that you know exists in your area, first please check its status on the ODS portal (<https://odsportal.hscic.gov.uk/Organisation/Search>) and try to resolve locally. Otherwise please contact ENGLAND.PublicHealth-Analysis@nhs.net, using the subject heading 'Child Immunisation GP data collection' and there will be a return email detailing next steps for submitting the data for the missing GP practice.

Aggregate the data for these practices for each CCG 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 Digital website where failures of the validation criteria at CCG level are stated. 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 (2018/19 onwards). 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. The collection is based on the CCG responsible population and as such, eligible children not yet registered with a GP practice (e.g. movements in to the area) should be aggregated and reported at CCG level against the dummy GP practice code (V81999).

**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 local office to find out if this information is held on their child health system.

**9 Reporting to the NHS**

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

This report will be available at the following web address:

<https://digital.nhs.uk/data-and-information/publications/statistical/childhood-immunisation-ccg-gp-practice-level-coverage-statistics/childhood-immunisation-ccg-gp-practice-level-coverage-statistics-management-information>

**10 Contacts**

For queries relating to this collection please contact:

NHS England

Email: ENGLAND.PublicHealth-Analysis@nhs.net

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