



FAQs: Childhood Immunisation programme 2021-22

1. Despite our best efforts, a large proportion of our population do not want their children to be immunised. Is there anything we can do to avoid claw back on the Items of Service payments?

On page 33 of the Update to the GP Contract Agreement: 2020/21-2023/24, it says: *'A practice may very occasionally demonstrate extenuating circumstances, and therefore be exempt from the repayment. In this situation the practice would need to demonstrate that the core contractual requirements had all been met and that they had made appropriate efforts to improve the vaccination rates before a commissioner could consider it.'*

2. Some countries give components of the pre-school booster (the MMR booster and DTaP) before 3 years of age. Does that count?

- You can count an early MMR booster providing it was given at 18 months or later. In the UK, the MMR booster is usually given at 3 years 4 months, but the Green Book says that it can be given from 18 months. Never count a first dose of MMR given before 1 year of age, or boosters given before 18 months.
- Doses of DTaP-containing vaccines given under 3 years of age **do not** count as a booster to the primary course in the UK and should be discounted.

3. The Starlight unit at Homerton Hospital is delivering 4-week and 1-year doses of the neonatal Hep B vaccine to babies at risk. Will this continue or do practices need to start giving these?

The Homerton arrangement is an exception to the rule and NHS England are looking into transferring the responsibility to Hackney practices. For the rest of NEL (and Hackney in the near future) practices do need to provide the neonatal Hep B vaccinations that follow the one given at birth by hospitals.

4. Are screening results for Severe Combined Immunodeficiency (SCID) being sent to practices?

Yes. You should have started to receive emails (to your generic practice email address) with all blood spot test results in a csv file, regardless of whether SCID or any other condition was suspected. This process started on 8 November 2021. If a baby is not yet registered with a GP, the results are sent to the practice where the mother is registered. The files are sent weekly on a Monday (early evening). If your practice is not receiving these, please email the NEL Child Health Information Service (CHIS) hub with your practice generic address and they will check this against the address held on their system.

5. How will we know if a child's SCID result was abnormal?

You will receive a hospital letter if a child's result is abnormal, so you don't need to rely solely on checking the csv file every week. If you do have a patient with an



abnormal result, make sure you alert your summariser to code the SCID screening result and add it to your summarising protocol.

6. How can we check the SCID screening test result for an individual baby?

It will be recorded in:

- Red Book
- Parents' new-born bloodspot screening outcome letter
- Entry in the GP record – (if it has already been coded following a CHIS email or a hospital clinical letter)
- Child Health Information Service (CHIS)

7. How can we contact CHIS?

All practices in North East London are covered by the same NEL CHIS hub. There is an email address and also a telephone number for urgent matters. Your practice should have these details, but please contact your CEG facilitator if you need help - we can provide the contact information to you directly.

8. I was under the impression SCID testing was only being done in certain regions. The Rotarix and SCID factsheet doesn't mention any of the NEL labs, so are we definitely included?

That is right, the current SCID testing programme is an evaluation pilot which will run for two years and will cover about two thirds of all new-born babies in England. NEL is definitely included. One of the laboratories in the pilot is Great Ormond Street Hospital in London which does the NEL SCID testing.

9. If parents declined SCID screening, should our nurse give the rotavirus vaccine or not?

Yes, you can give the rotavirus vaccine if the parents declined SCID screening and also if the SCID screening was not offered to them (for example because the child was born in an area where this pilot is not running).

10. If parents tell us the blood spot report was normal without bringing the report for us to see, are we able to give the rotavirus vaccine?

Yes, you can. PHE says: *'Immunisers should make reasonable efforts to ascertain the SCID screening outcome before administering rotavirus vaccine. This would involve checking for a record in the Red Book, the GP record, screening outcome information sent by CHIS, or with the parent/caregiver. In the absence of an abnormal SCID screening result, or if no result can be found, rotavirus vaccination can go ahead. PHE have developed an algorithm to assist immunisers with this check'*. (From: [Guidance on rotavirus vaccination in relation to screening for SCID](#))

11. Is there an easy way to code the SCID screening test results?

Yes. We are adding this function to the CEG Childhood Immunisation template. We will let you know via our practice e-bulletin when it is done.



12. Call/recall: Will CHIS invitations for childhood immunisations be coded in the GP record? How do we know if parents have been sent a text message? Are we notified if there is no mobile phone number so we can write to parents instead?

We put these questions to the NEL CHIS hub. They said: *'We started sending texts from 1st November 2021, this is an automated process using the mobile phone numbers we have on record. Every week a report is produced for us of all children without a mobile number attached to their record. We have a member of staff work through this and if a phone number is registered on the summary care record, we are able to add this to our system. Failing that they send an email to the GP to see if they have an up to date number. We still do not hold 100% of phone numbers but we add them at every opportunity. Every week a report is sent to GPs of the children that are due immunisations in 2 weeks' time or overdue by 8 weeks. This is the same list that is used to send text messages. Parents can choose to opt out of us sending texts. The text messaging service is not intended to be part of the 3 invitations that GPs need to send, it is just another failsafe layer to assist in improving the vaccination uptake in London.'*

13. Can you clarify what percentage is needed for payment: 80% or 95%?

There are two streams of incentive payments: Quality Outcomes Framework (QOF) and Items of Service (IoS). For full payment of the QOF incentive the target is 95%; for full payment of the IoS the target is 80%.

14. Where can I check my COVER (Cover of Vaccination Evaluated Rapidly) uptake achievement?

You can see monthly data on the CEG dashboards via our website. Contact your local facilitator if you don't know your link and password. You can also [see all past COVER official data](#) on the Government website.

15. Why is my COVER achievement different from my old Direct Enhanced Services (DES) achievement?

COVER has three age cohorts, DES had two. Two of those cohorts sound similar but include different children: for example, COVER looks at children who became 5 in the audited period whereas DES looks at who was 5 but not 6 on the audit date.

16. Why is my Hexa achievement in COVER different from my QOF achievement?

In COVER, your denominator cohort is those children who became 1 year old during the audited period and your aim is to have them immunised with Hexa. But in QOF your denominator cohort is those children who became 8 months old during the financial year, and your aim is to have them immunised with Hexa by the age of 8 months.

17. What is the correct code for babies born to mothers with HepB?

80920100000102 | Mother hepatitis B positive



18. What is the correct preschool booster code?

247821000000102 | Booster diphtheria, tetanus, acellular pertussis and inactivated polio vaccination

19. Will CHIS be able to tell me what vaccinations an 18-year-old had at school?

They only have records from 2017 onwards, but yes, your first port of call would be to contact CHIS.

20. Should we be coding all invitations in the Childhood Immunisations template from now on?

We would certainly recommend that, yes. This will record proof of your best efforts to get your patients immunised.

21. Can we use the Childhood Immunisations template to code the 6-in-1 vaccine and rotarix if they were given before 8 weeks due to foreign travel?

You can enter a Hexa or a rotavirus vaccination given before 8 weeks in our template, but please note that the PGDs establish these should not be given before 6 weeks of age.

22. Should we enter immunisations given abroad in the template?

Yes. If the vaccines are different from those given in the UK, you can use the section for 'Past or Overseas vaccinations'. If there are some that you cannot find in our template, you can enter them as a standalone code and let us know so we can add them.

23. When can we use the new CEG APL-Imms call/recall tool?

It is in testing and we expect it to be available in January.