

## **Flu campaign 2020/21 – FAQ collated by CEG**

### **Why have you written recall searches when we can use the ones written by the clinical system providers**

- Last year they missed most Learning Disabilities patients
- Last year they included the children that are supposed to be vaccinated at school rather than at the GP
- We have added invites
- We have separated 2-3 year old children
- We have separated pregnant women
- We allow you to focus on LD, or care homes, or housebound, or carers separately
- We have given you a search for those over 65 who earn them QOF points
- We give you the capability to invite vulnerable patients who do not appear as eligible, for example shielding patients, the homeless, or those you already vaccinated last year under clinical discretion

### **Why have you not provided a recall search for 50-64 year olds?**

Because NHSE has said they will only be called in in November and this is subject to vaccine availability. You do not want to call them in now only to disappoint them later if there are no vaccines for them.

### **What else do you offer in your Supplementary Support searches?**

- Pregnancy register written as PRIMIS/EMIS has written it, so that you can review whether it is correct
- How many patients you have vaccinated in total
- How many injectable vaccinations you have given to 2-3 year olds not at clinical risk
- Patients vaccinated who are not eligible for payment

### **EMIS have not published the uptake searches broken by disease this year, can you do it?**

No, EMIS will eventually publish them; we cannot afford to duplicate such a big piece of work.

### **Vaccinated figures in our dashboard searches and in our dashboard don't match (lower in searches)**

You need to compare like for like – in the dashboard we add up the vaccinated by practice and vaccinated by others. You are probably looking at the search that only includes vaccinated by practice.

**As we update our carers list will that be reflected in the dashboard and do the dashboard figures correspond to the figures the NHS/CCG will be using?**

Yes, it will be reflected. We mirror the figures NHS will be using (ImmForm extractions) as closely as possible even though we have no access to their searches.

**The NELCSU uptake dashboard figures don't match CEG's**

We have had a peek at a screenshot of the NELCSU dashboard and it would appear they were counting number of patients vaccinated in the last 12 months, rather than vaccinated in the current flu season, which is not the agreed method to report on the current's season uptake.

**Some of the System One practices have no data showing (as below) and others do, even though the practice has confirmed that they have vaccinated for this cohort. Can you please advise on why this is the case?**

The table you have shown us is not from one of our dashboards so that we can't be sure of what is going on. It is possible that it has come from ImmForm, and we know that, like most years, some extractions have not gone to plan and the data is not showing for a few practices.

**As a rule of thumb, how do I know that if a flu vaccination code is QOF compliant or not?**

You will usually get an alert in the corner of the screen if it is not, but remember, if the vaccination is being administered in the practice, the code has to start with the word 'first'; therefore, 'influenza vaccination' and 'seasonal influenza vaccination' are not accepted. If you use a CEG template, you know you are doing it right.

**I am using a CEG template and I have a tick box for 'seasonal influenza vaccination'**

Please contact your locality facilitator at the earliest opportunity. You are most likely suffering from cache memory issues, which means your computer is accessing archived out of date templates rather than the current ones.

**Questions about patients not showing as eligible when the clinician says they are at clinical risk:**

*The search for eligible patients for the flu vaccination does not include patients who are receiving chemotherapy or radiotherapy. When we raised this with EMIS they have said they are following a*

*specific spec given to them, we sent them the NHS uk link which clearly states patients immunosuppressed, receiving chemotherapy are entitled to a flu jab.*

Response:

We have been aware of these issues for some time and we have discussed them in the Flu and Adult Immunisations webinars we have been holding. Some context is required:

1. EMIS, like the rest of clinical system suppliers, can only work on the basis of 'business rules' (sets of codes and their relationships) written mainly by NHS Digital, except for example for the flu vaccination campaign, where those rules are written by PRIMIS.
2. PRIMIS only published the business rules for this year's campaign at the beginning of October; the rules contain more than eight thousand codes.
3. In the meantime, EMIS published recall searches based on last year's rules, hence they labelled them 'provisional'.
4. CEG was aware that EMIS previous year's searches were missing many Learning Disabilities patients.
5. CEG had also heard anecdotal evidence that last year's rules did not cover all the patients that might be 'immunosuppressed' for example.
6. NHSE has specified this year that only clinical system suppliers' searches should be used for the campaign.
7. The business rules are incredibly complex, including 8,166 codes, so they are not something that the clinical system suppliers, or indeed small organisations like us or individual practices can be expected to write themselves.
8. CEG published recall searches by copying EMIS searches from last year, changing dates and dates of birth, adding the whole cohort of LD patients, and removing children who should be vaccinated at school rather than at the surgery. However, we did not change anything else and were waiting for the new business rules to come out and EMIS to implement them. Then we will mirror them while giving you the extra facilities we provide.
9. We have now had the opportunity to have a look at the new rules and we are disappointed that the code for 'shielding' patients has not been included. However, there are more codes there than before and you may find some of them useful, even if they come much later than we would have needed them. These include: **'patient immunocompromised', or 'patient immunosuppressed', 'immunodeficiency secondary to chemotherapy', 'drug induced immunodeficiency', 'Lives with immunocompromised patient', 'employed by care home', 'employed by nursing home', 'employed by domiciliary care provider'**.
10. The EMIS authored (and our) searches do include 'Administration of first inactivated seasonal influenza' – this is a grandchild code of 'influenza vaccination'.
11. The EMIS authored (but not our) searches for this year are missing declined codes, which is strange as they were there last year. Genuine mistake, I assume.

We think that, while we wait for EMIS to write the definite searches now that there are business rules, there are a couple of things you can do:

- **If there are patients you know should have the flu vaccination that are not covered in current recall searches, you can add the code 'needs influenza vaccination' to make sure you get paid for the activity.**

- Or if the reason is an immune issue you can add the codes ‘patient immunocompromised’, or ‘patient immunosuppressed’, or ‘immunodeficiency secondary to chemotherapy’ or ‘drug induced immunodeficiency’

Once EMIS have written the new searches, we will evaluate them and use their concepts to update our own recall searches (which offer more nuance than the EMIS ones). You can read more in our fact files available in our [website](#) under your locality name.

*Patient X is eligible for a flu jab according to QOF because they have CHD; the DES spec also says that patients with chronic heart disease are eligible; but they are not included in the eligible category.*

Response:

Please see response to question 1. We are aware than some common codes such as ‘angina pectoris’ and ‘ischaemic heart disease’ are being missed in the provisional searches. We think they are included in the new business rules

Also, to facilitate your recall work in the meantime, we have added a supplementary search to identify these patients.

#### **Questions about patients shown as eligible when the clinician does not think they are:**

*The under 65s at clinical risk search is bringing in a 28-year-old who doesn't have any illnesses*

Response:

The CEG recall searches are using exactly the same criteria as the EMIS ones, and EMIS have followed business rules written by PRIMIS on behalf of NHS Digital. We need to follow the lead from EMIS as that is what NHSE has dictated. It is possible that the risk groups may contain small errors, for example, we heard that in the past ‘fatty liver’ and ‘floppy baby’ were being included when they should not.

To find out exactly why the patient has been picked up, please go to this search:

1- All Patients eligible for flu vac (2019/20 criteria)

Locate the patient in the Included list and **click ‘check patient’**. This function will tell you where there is a match: it will give you a term and the date when it was entered. Possible outcomes:

- The coded entry is erroneous – best to delete it following practice protocol to carry out such task
- The disorder that term indicates is not a clinical indication for a flu vaccination – please code ‘flu vaccination not indicated’ and also report it to EMIS
- The disorder is in fact a clinical risk - explain why to the patient and re-offer a flu jab

Below is an example of what you see when using the check patient function in emis:

<b>Rule 11</b>	<b>If Rule Passed :</b> <b>Include in final result</b>	<b>If Rule Failed :</b> <b>Goto Next Rule</b>
<p>Include <b>Patients</b> with <b>Clinical Codes</b> where:  the <b>Clinical Code</b> is [V]Attention to tracheostomy, [V]Has tracheostomy, [V]Presence of artificial larynx, etc...</p> <p><b>No matches</b></p> <p><b>Patient moves to next rule</b></p>		
<b>Rule 12</b>	<b>If Rule Passed :</b> <b>Include in final result</b>	<b>If Rule Failed :</b> <b>Goto Next Rule</b>
<p>Include <b>Patients</b> with <b>Clinical Codes</b> where:  the <b>Clinical Code</b> is Accelerated rejection of liver transplant, Aftercare for liver transplant done, etc...</p> <p><b>No matches</b></p> <p><b>Patient moves to next rule</b></p>		
<b>Rule 13</b>	<b>If Rule Passed :</b> <b>Include in final result</b>	<b>If Rule Failed :</b> <b>Goto Next Rule</b>
<p>Include <b>Patients</b> with <b>Clinical Codes</b> where:  the <b>Clinical Code</b> is 22q11.2 deletion syndrome, Abnormal weight loss associated with AIDS, etc...</p> <p><b>Either</b></p> <p><b>Found (14-Mar-2017) Polycythaemia rubra vera :</b>  Clinical Code = Polycythaemia rubra vera</p> <p>Include <b>Patients</b> with <b>Medication Issues</b> where:  the <b>Drug</b> is Distamine 250mg tablets (Alliance Pharmaceuticals Ltd), Azathioprine 50mg tablets, etc...</p> <p><b>Or</b></p> <p>and the <b>Date of Issue</b> is after or on 01-Mar-2020</p> <p><b>No matches</b></p> <p><b>Patient included</b></p>		

What it means is that the patient was not picked up because of transplant (no matches), or because of being on medication such as Distamine or Azathioprine (no matches), but because a code of 'polycythaemia rubra vera (found) was entered on 14<sup>th</sup> March 2017; this code is one of the 'immunosuppression' codes.

### Questions in relation to pregnant women:

*Some practices have stated that the number of pregnant women on the dashboard does not correlate what they have on their clinical system, for example, Practice Y have confirmed that they only have 9 pregnant women and have vaccinated 4 and the dashboard states that they have 28 pregnant women. Can you advise on the discrepancy here please.*

Response:

Following DES guidance, women who show as being pregnant at the beginning of the campaign, remain in the denominator for the whole campaign.

Some women might show pregnant at the beginning when they are not, due to coding issues (often created by the bizarre business rules). Rule of thumb says that you need to have a 'pregnancy ended' code of some kind after the last 'patient pregnant code' of some kind. We have seen examples

where someone has entered a smear exception due to pregnancy code after the delivery code (during a postnatal visit), and that makes them appear pregnant; this could have been resolved if there had been another code on the same day but afterwards such as 'postpartum care'. Or where a clinician had coded 'not pregnant' (months after an 'unwanted pregnancy' code, and the patient still appeared in the pregnancy register, this could be resolved by coding 'termination of pregnancy'.

**Can we have the vaccinations given at chemists sent automatically coded into our clinical system?**

No, it is not possible. Sonar is the system used to notify you of the vaccinations given at the chemist. They have two ways: one, they send you a pdf per patient by email; two, you can log onto [sonarhealth.org](http://sonarhealth.org), register and download an excel spreadsheet with the details of all patients or filtered by date. The registration is done manually, so it may take a couple of days.