

Childhood Immunisations 2021/22

– What you need to know

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Before we get started

NEL practices have a very difficult job

- Global antivax sentiments
- Specific local cultural rejection
- 40% population born outside UK
- High rates of population mobility
- High birth rates

- Confusing reporting systems
- Staff shortages
- Work overload

Contents

- What is COVER?
- QOF – what is going on?
- Items of Service
- GPES – how to check
- Core standards
- MMR Catch-up
- Neonatal Hep B
- SCID screening and immunisations
- What can a practice do?

What is COVER? (and what is it not?)

- COVER (Cover of vaccination evaluated rapidly):
- Standard measure of vaccine uptake – proxy measure of UK protection based on current population, PID data from Discovery to CHIS
- Does not reflect impact of recent intervention or events
- It cannot be used for basic call/recall
- Not related to payment
- Does not count number of vaccines given
- Cohorts change quarterly: children becoming 1, 2, or 5 in the quarter

COVER metrics

Cohort becoming 1 in the quarter:

- DTaP IPV Hib Hep B (6in1)
- PCV
- Rotavirus
- Men B

Cohort becoming 2 in the quarter:

- DTaP IPV Hib Hep B (6in1)
- MMR
- Hib/Men C
- PCV booster
- Men B booster

Cohort becoming 5 in the quarter:

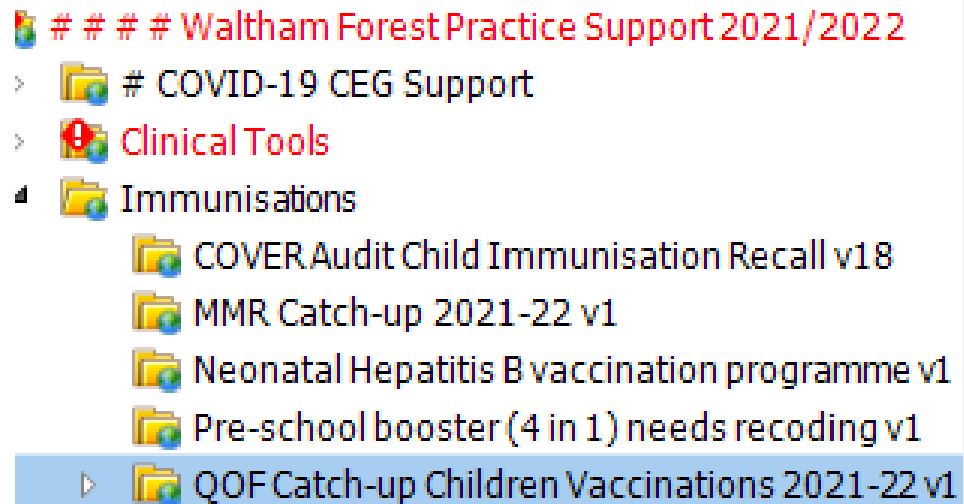
- DTaP IPV Hib (5in1) or DTaP IPV Hib Hep B (6in1)
- DTaP IPV booster
- MMR 1st dose
- MMR booster
- Hib/Men C

What is going on with QOF?

- The targets are very high
- The upper age limit to vaccinate has been lowered – timeliness encouraged. Hexa given by 8 rather than 12m, 1st MMR given at 12-18 rather than 24m)
- There is no PCA (formerly exception reporting)
- The excluded list is no so simple, it will contain:
 - Children already vaccinated (but not vaccinated timely enough)
 - Children whose parents do not want them to have the vaccination
 - Children you can still vaccinate (clinical gain) but will not help for your target (too late)
 - Children who might not be due their next jab; for example, an infant who had their 2nd Hexa yesterday will not be due for another four weeks

Can CEG help me?

Try and catch them before it is too late to get QOF points:



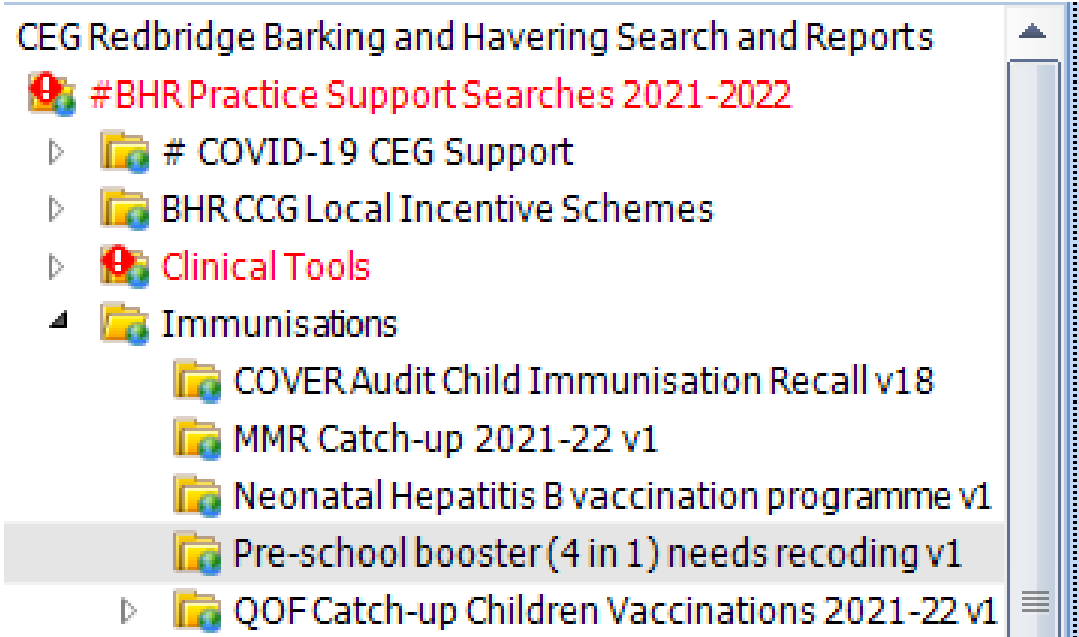
- 1.1- Aged 5 months - need 1st DTaP
- 1.2- Aged 6 months - need 2nd DTaP
- 1.3- Aged 7 months - need 3rd DTaP
- 2.- Aged 15-17 months - need 1st MMR
- 3.- Aged 4 and a half years - need to complete preschool vacc course

Would NEL have got QOF points last year?

QOF – look back to 2020/21

	TH	WF	NH	CH	BHR	Payment thresholds	Max QOF £ in average sized practice
VI001 - 3rd DTaP dose given before 8 months	86%	84%	84%	64%	83%	90-95%	£3,620
VI002 - 1st MMR dose given aged 12-18 months	83%	79%	79%	64%	77%	90-95%	£3,620
VI003 - Aged 1-5 with 2 MMR doses & DTaP/IPV booster	5%	10%	37%	8%	6%	87-95%	£3,620

VI003 – fix pre-school booster coding



- Attained age 5 years in financial year
- Exclude those with allergies or contraindications
 - Had 2 MMR doses
 - Also had pre-school booster (dTP-IPV)
 - Had pre-school booster (dTP-IPV) with superseded code

Booster diphtheria, tetanus, acellular pertussis and inactivated polio vaccination ✓

Low dose diphtheria, tetanus, five component acellular pertussis and inactivated polio vaccination ✗

Items of Service payment

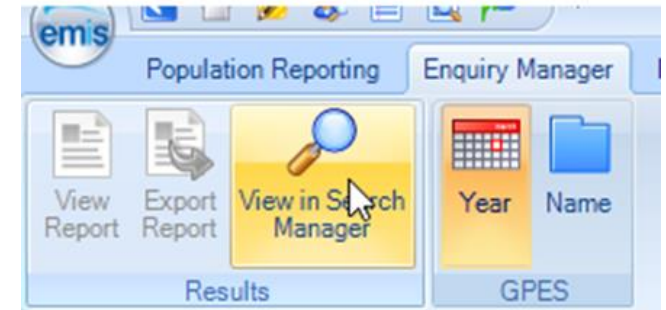
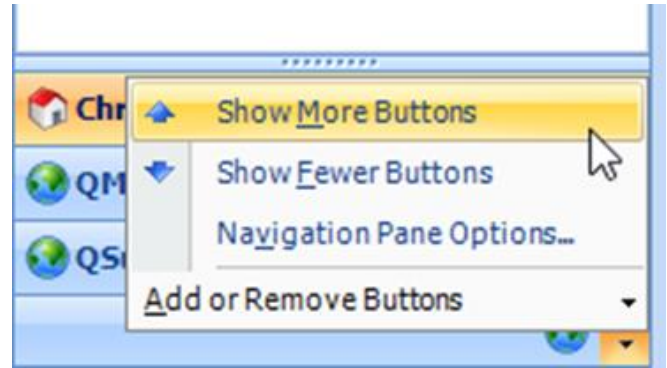
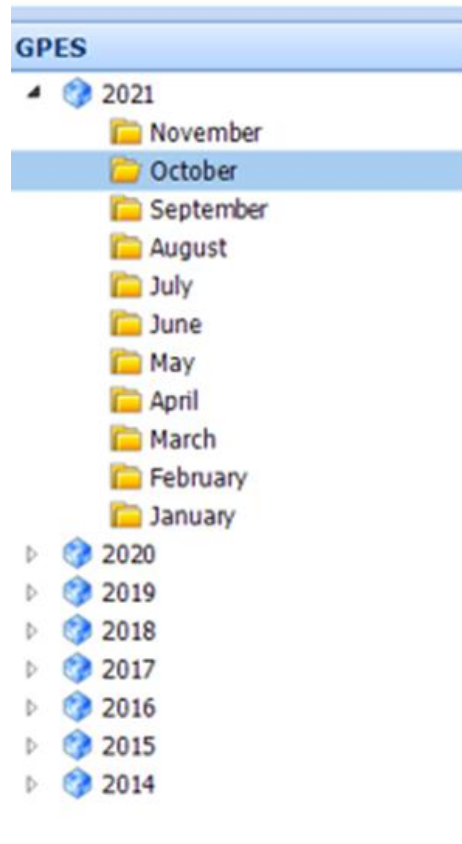
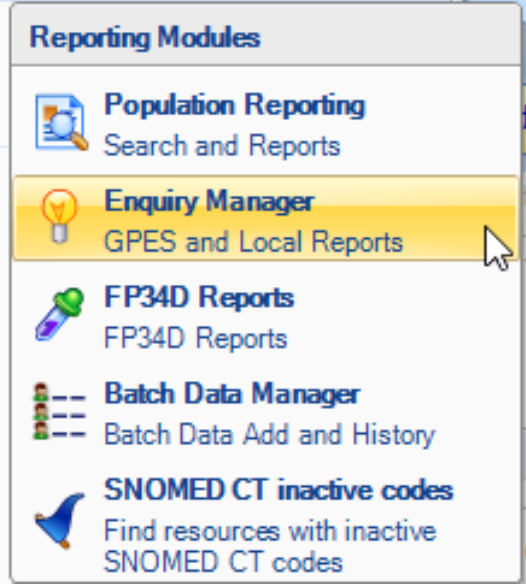
- £10.06 per dose administered paid monthly (automated GPES extraction for CQRS)
- 80% coverage required on MMR, 6-in-1, rotavirus, PCV, Men B, Hib/Men C to keep the monies received
- Under 50% coverage – full monies to be repaid
- 50-79% coverage – sliding scale of clawback

- The arrangements shown above were announced in March 2020 with a promise that ‘the detailed methodology will be published later in the year once agreed between NHSE, NHSI and GPC England’. This has not happened, so we do not know the exact parameters and cannot help you gauge where you are at.
- They calculated that this new system will mean more practices will get paid (as in the old DES there was no payment if coverage – Hexa, MMR, MenC at 2, DTaP/IPV at 5- under 70%, and 90% was required for full payment)

Different scenarios – different results

	Denominator	Numerator	%	Description
COVER Q2 21/22 12m	1147	1021	89	Becoming 12m in the quarter /Hexa
COVER Q2 21/22 24m	1112	1018	92	Becoming 24m in the quarter /Hexa
COVER Q2 21/22 5y	1071	992	93	Becoming 5y in the quarter /Hexa
COVER EOY 20/21 12m	4145	3685	89	Becoming 12m in the year /Hexa
COVER EOY 20/21 24m	4049	3774	93	Becoming 24m in the year /Hexa
COVER EOY 20/21 5y	3813	3564	90	Becoming 5y in the year /Hexa
QOF Q2 21/22	4059	2823	70	Becoming 8m in the year /DTaP by 8m
QOF EOY 20/21 *	4234	3656	86	Becoming 8m in the year /DTaP by 8m
DES Q2 21/22 *	4004	3613	90	Aged 2 but not 3 on last day of the quarter /Hexa
Made up (similar to COVER 24m) *	4139	3705	90	Aged 1 but not 2 on last day of the quarter /Hexa
Made up *	1259	1139	90	Aged 8m but not 1y /Hexa

GPES - CQRS



Core standards

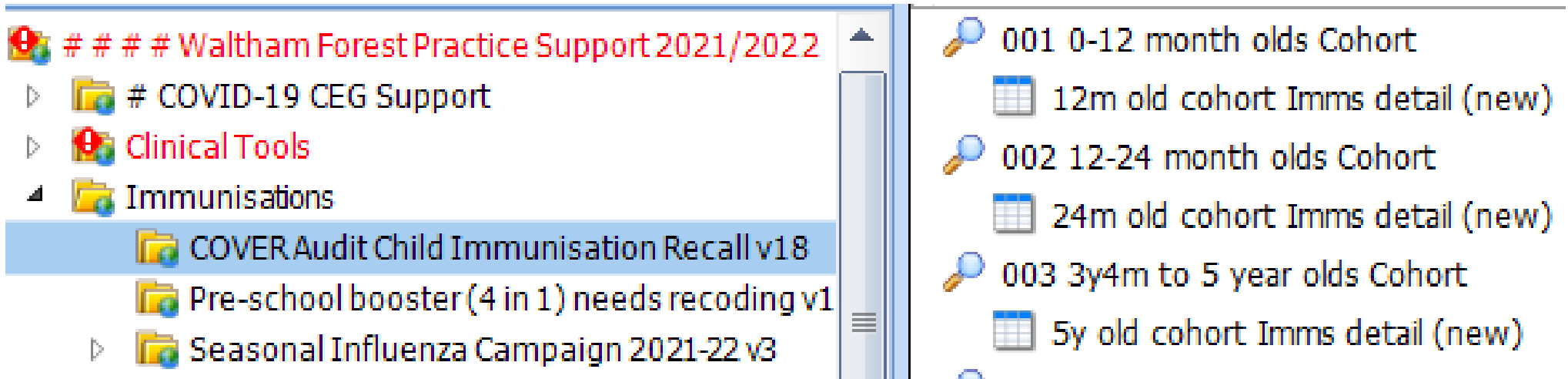
- A named lead for vaccination services
- Provision of appointments
- Standards for call, recall, opportunistic offer to be met
- Participation in nationally agreed catch-up campaigns
- Standards for record keeping

Call/recall standards

- Initial call – preferably with a pre-booked appointment (and info on how to change it)
- Second invitation in case of non response
- Third contact to be made by a healthcare professional by telephone or face to face
- Flags in clinical system to allow opportunistic approach for those who remain unvaccinated
- CHIS has started to do the 1st and 2nd invites by text message

CEG Call/recall reports

Export the line reports and search for gaps



The image shows a file explorer window on the left and a list of reports on the right. The file explorer is titled '# # # # Waltham Forest Practice Support 2021/2022' and contains the following folders:

- # COVID-19 CEG Support
- Clinical Tools
- Immunisations
 - COVER Audit Child Immunisation Recall v18
 - Pre-school booster (4 in 1) needs recoding v1
 - Seasonal Influenza Campaign 2021-22 v3

The list of reports on the right includes:

- 001 0-12 month olds Cohort
 - 12m old cohort Imms detail (new)
- 002 12-24 month olds Cohort
 - 24m old cohort Imms detail (new)
- 003 3y4m to 5 year olds Cohort
 - 5y old cohort Imms detail (new)

CEG Call/recall tool preview



APL Childhood Immunisations Tool

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Select Clinical System

EMIS

SystemOne

Press to locate CSV file



Press START to see patients list



Export to xlsx



RESET to clear



Date of last run: 24/Sep/2021

Filters

Age Band All age band < 8 weeks 8 weeks 12 weeks 16 weeks 1 year 2 years 3y 4m

Status Due this week <= 1 week overdue > 1 - 4 weeks overdue > 4 weeks overdue

Incomplete Vaccination 6-in-1 Rotavirus HepB risk MenB PCV MMR Hib/MenC Flu 4-in-1

Filtered patients = 3 [Reset Filters](#)

Warnings Key	Legend
1 st Due – first dose due this week	Due
Check record – unusual data, check clinical record	1w Overdue
1-4w Overdue – overdue by more than 1 week but < 4	1-4w Overdue
2 nd 4+w Overdue – second dose overdue by > 4 weeks	4+w Overdue
Catch-up – use UKHSA algorithm	Hexa Catch-up
Done too young – vaccinated before recommended age	Done too young
Too old – vaccination no longer indicated at this age	Done too soon
Declined/Contra – vaccine declined or contraindicated	Declined/Contra
Done too soon – vaccinated without the recommended gap between doses	

Full Name	Patient Reference no.	DOB	Age	Sex	6-in-1	Rotavirus	MenB	PCV	MMR	HIB/MenC	4-in-1 pre-school booster	Flu routine only	High risk HepB
Duffy Duck	Mr	01-Sep-21	9w	Male	#1 1w Overdue	#1 1w Overdue	#1 1w Overdue						
Betty Boop	Miss	01-Sep-21	9w	Female	#1 1w Overdue	#1 1w Overdue	#1 1w Overdue						
Wilma Fintstone	Miss	02-Sep-21	9w	Female	#1 1w Overdue	#1 1w Overdue	#1 1w Overdue						

CEG Call/recall tool preview



APL Child Immunisation Tool



Patient Information

Full Name	Betty Boop	Patient Ref #	7
Date of Birth	01/09/2021	Age (in completed years/months/weeks)	9w
Gender	Female	Registration Date	17/09/2021
Ethnicity	Ethnicity missing - contact parents to ask and add to medical record		

6-in-1/Hexa component vaccines		Date given	Age at Event
Hepatitis B	#1 1w Overdue		
Haemophilus Influenzae B	#1 1w Overdue		
Diphtheria	#1 1w Overdue		
Tetanus	#1 1w Overdue		
Pertussis/Whooping Cough	#1 1w Overdue		
Polio	#1 1w Overdue		

Rotavirus vaccine		Date given	Age at Event
Rotavirus	#1 1w Overdue		

← BACK

Useful Links

[Routine vaccination schedule](#)

[Catch-up \(uncertain or incomplete status\) schedule](#)

[Patient Group Directions: Vaccinations](#)

[Green Book](#)

Leaflets for parents whose first language is not English

[PHE/NHS immunisation leaflets](#)

Useful for hesitancy discussions

[FAQs about vaccines](#)

[Vaccine ingredients](#)

[Stories about people affected by infectious diseases \(short films\)](#)

[General info about vaccines \(includes info about individual vaccines; e.g. MMR, rotavirus, flu, etc.\)](#)

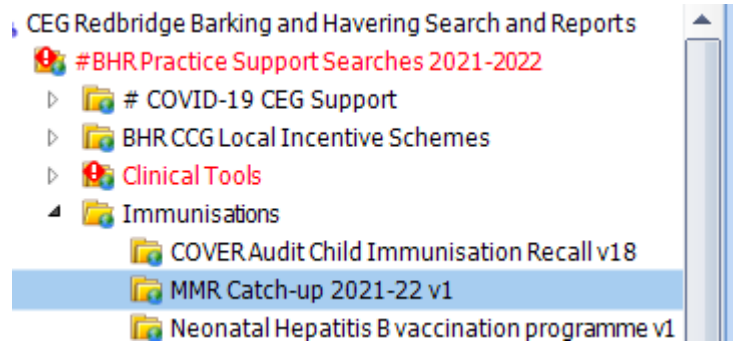
Professional Resources

Non routine schemes

- MMR catch up,
- Hep B vaccination for infants born of Hep B positive mothers,
- Routine imms (including DTPol at 12-13 if missed at school),
- HPV for Boys and girls aged between 14 and 25 years who have not been vaccinated under the schools' programme,
- MenACWY for those patients who may have missed the school programme (14<25) and those (19<25 years) who are attending University for the first time

MMR Catch-up enhanced service

Children aged 10 and 11 on 1 September in the preceding financial year	Call/recall
Aged 6 up to those born in 1970	Opportunistic
Born before 1970	Only give MMR if the patient requests it and they are considered to be at high risk of exposure



- Children aged 10 or 11 years on 1 September 2020
 - 1.- Priority: unvaccinated
 - Not declined
 - 2.- Partially vaccinated
 - Not declined

- Check if the child still lives in your catchment area
- Check whether you have a full coded record of their immunisations
- You should make three approaches – the third invitation should be a telephone or face-to-face contact by a healthcare professional. If no success, inform the school nursing service.

Neonatal Hepatitis B vaccination

Payment for 2nd dose (at 8w, at least 4w after the 1st dose), and completing dose with blood test (at 1y, b/t within 4w of vaccination)

The image shows a file explorer window with the following structure:

- CEG Redbridge Barking and Havering Search and Reports
 - #BHR Practice Support Searches 2021-2022
 - # COVID-19 CEG Support
 - BHR CCG Local Incentive Schemes
 - Clinical Tools
 - Immunisations
 - COVER Audit Child Immunisation Recall v18
 - MMR Catch-up 2021-22 v1
 - Neonatal Hepatitis B vaccination programme v1**
 - Pre-school booster (4 in 1) needs recording v1

Search filters on the right:

- Babies under 2 years of age at risk of hepatitis B - mother positive
- Hep B at risk immunisation details
- HepB +ve females with pregnancy code in the last 2 years

809201000000102 | Mother hepatitis B positive

Pages	Hepatitis B vaccine for at risk infants - Resources	
Current Schedule	Professional resource written by PHE Patient leaflet (different languages)	
Past or Overseas Imms	Hepatitis B vaccination for new born babies at risk	
Hep B Neonatal	<input type="checkbox"/> Mother is Hep B positive	No previous entry
Invitations	<input type="checkbox"/> Anti HepB Ig given 16-Nov-2021 	No previous entry
Declined/Hesitancy	<input type="checkbox"/> Full consent for immunisation	No previous entry
Contraindications	At Birth	
Ethnicity	<input type="checkbox"/> ** 1st hepatitis B junior vaccination 16-Nov-2021 	No previous entry
Resources	At 4 weeks	
Version Control	<input type="checkbox"/> ** 2nd hepatitis B junior vaccination 16-Nov-2021 	No previous entry
	At 8 weeks	
	<input type="checkbox"/> 1st DTaP/IPV/Hib/HepB vaccination 16-Nov-2021 	No previous entry
	At 12 weeks	
	<input type="checkbox"/> 2nd DTaP/IPV/Hib/HepB vaccination 16-Nov-2021 	No previous entry
	At 16 weeks	
	<input type="checkbox"/> 3rd DTaP/IPV/Hib/HepB vaccination 16-Nov-2021 	No previous entry
	At 12 Months Old	
	<input type="checkbox"/> ** 3rd hepatitis B junior vaccination 16-Nov-2021 	No previous entry
	<p>Testing for HBsAg at one year of age will identify any babies for whom this intervention has not been successful and who have become chronically infected with Hepatitis B, and will allow them to be referred for assessment and any further management. This testing can be carried out at the same time as the third dose of Hep B Junior is given.</p>	

SCID screening and immunisations

- Serious combined immunodeficiency. Very rare – 16 babies per year in England.
- Should not have live vaccinations
- Part of newborn blood spot test at 5 days
- Check Red Book and/or spot test results letter before 8wk vaccines
- Results:
 - SCID suspected >>> DO NOT GIVE ROTAVIRUS
 - SCID not suspected
 - Test declined
 - Test not offered
- CHIS working on data flows

What can practices do?

- Use the Childhood Immunisations CEG template
- Check and record vaccinations at registration point
- Record vaccinations given by other providers promptly
- Ensure dates entered are correct
- Ask parents to bring the Red Book to appointments
- Give out personalised vaccination schedules at the first opportunity
- Give information about the personal benefits of vaccination
- Follow up DNAs promptly
- Provide suitable appointments, make it easy to book and to reschedule
- Use a recall system
- Collaborate with PCNs and with local community leaders

