



Frequently Asked Questions

Childhood Immunisations and QOF

1. Are there any QOF or contract changes in 2024/25?

No changes to the QOF metrics or thresholds. There are new contractual requirements to:

- collaborate with CHIS
- improve recording of vaccination status (particularly those from overseas)
- use correct templates for recording the vaccines you administer
- maintain accurate and up-to-date patient vaccination records

It is not clear yet what these requirements will mean in practice as no technical specifications have been published so far.

2. I checked my excluded patients list in QOF for VI001 and there are children who have already had their third Hexa!

What this means is that they are up to date with their Hexa but they do not contribute to your QOF points because it was not given 'timely', that is by 8 months of age. The excluded list is not designed to be used as a recall list, that is what the CEG APL-Imms tool is for.

3. I checked my excluded patients list in QOF for VI001 and there are children who are not due their third Hexa yet because they only had their second a week ago.

This does happen, because of how the denominator is set up – it includes all children eligible for this metric in the whole year, not just those who are eligible at this precise moment. The excluded list is not designed to be used as a recall list, that is what the CEG APL-Imms tool is for.

4. I checked my excluded patients list in QOF for VI003 and there are children who have already had their pre-school boosters.

This could mean that:

- they have not had their pre-school boosters timely, or
- there is no record of their primary MMR
- their primary MMR was given too early (before their 1st birthday)

5. One of the children had a 4-in-1 at the right age but it is not being picked up in VI003.

If they were coded as 'Low dose diphtheria, tetanus, five component acellular pertussis and inactivated polio vaccination' you need to add a QOF compliant code such as 'Booster diphtheria, tetanus, acellular pertussis and inactivated polio vaccination'. We have a support search to help you find these cases.

6. A child with codes for mumps, measles and rubella vaccinations is not being picked up in QOF VI002.

That is because three separate codes for MMR are not allowed in the business rules.



- 7. A child's parents refuse the MMR vaccine because it contains gelatine.**
You can offer them Priorix which is free of porcine derived components.
- 8. A child comes from an area where they are given their second MMR at 18 months rather than 3 years 4 months, will it affect my QOF results?**
No, all QOF requires is that they have two doses of MMR between their first and fifth birthday.
- 9. A child was given their first MMR at 11 months, will it affect my QOF results?**
Yes, MMR doses before their first birthday do not count and should be repeated.
- 10. I have invited all my eligible children three times and recorded it. I have also recorded all those who have declined, but my QOF achievement is not going up.**
This is because, unlike in other QOF domains, there is no personalised care adjustment (PCA, formerly known as exception reporting) for childhood immunisations when they decline or fail to turn up following invitation.
- 11. How does the PCA for childhood immunisations work?**
In 2023/24, exception reporting was introduced for children who register too late to have their vaccinations timely. You do not have to do anything; they get automatically excluded from the denominator. However, if they register late but they are vaccinated already, they will still contribute to your achievement.
Examples of children who will be excluded from the denominator include amongst others: unimmunised children who become 5 months of age on the day they register, children registered after they reached 17 months of age who had not received their first MMR vaccine prior to registering, and under-vaccinated children who registered after their 5th birthday. For full details check pages 118-121 of the [QOF Guidance for 2024/25](#).
- 12. I have recorded that the parents do not want the vaccination, but I still get QOF pop-ups.**
This is because, unlike in other QOF domains, there is no personalised adjustment (exception reporting) for childhood immunisations declines and the pop ups reflect this. Also, NHSE wants these pop ups to remain in case further opportunistic discussions might result in the parents changing their minds. We do not design the pop ups, they are created and maintained by the clinical system suppliers. We recommend you are careful when acting on these pop ups, always check the record first so that you can adjust your message to each unique situation.
- 13. Is there any point in recording declines if they do not count for QOF?**
Yes, because it will inform how you talk to the parents if you contact them again. It will also help demonstrate you have tried. We also recommend that you use our template to record the reasons for declining so that you can analyse them at practice level.
- 14. Is there anything I can do to avoid missing the opportunity to get QOF points in childhood immunisations?**
A robust call/recall system using the CEG APL-Imms tool will help you vaccinate most children timely. You can also run CEG support searches (QOF Catch-up Children



Vaccinations) monthly; they are designed to focus your attention on children where you are about to lose your chance to get points. In coming months, we hope to offer you this facility within our APL-Imms tool.

15. Do vaccinations given abroad count for QOF?

Yes, most vaccinations given abroad count. If the vaccine is the same as the ones we give here, use the main page of the template, even if they are given at different ages. If the vaccine is not the same, you will find it in the 'Overseas vaccines' of our template. For example, if the child was given a 5-in-1 vaccination (DTaP/IPV/Hib) you can record it on the overseas page and it will count for QOF. Clinically, however, if you follow the UKHSA [algorithm](#) for vaccination of individuals with uncertain or incomplete immunisation status, they will still need to have Hep B vaccination.

It is important to remember that polio doses given as OPV in another country do NOT count as it is unlikely that they will protect against all 3 polio types. There is no specific SNOMED code to record them anyway so if you want to record them it should be in free text and they will not form part of their immunisation record.

16. I have improved my uptake and corrected coding issues and I still cannot see any QOF points.

You will not see any points unless you reach the lower threshold, which is quite high (89% for VI001, 86% for VI002, and 81% for VI003).

17. I am doing everything I can, but some parents will just not bring their children for vaccination or not at the right time. And because my cohort is relatively small, it takes just one child to make my percentage look awfully inadequate, let alone meet the targets.

This happens a lot across London and we need to make sure you are heard. We suggest that you use the template facility to record 'reasons for non vaccination' in the decline page of our CEG Childhood Immunisation template. You can then use our APL-Imms Excel output to collect those reasons. This will allow you to argue your case in front of CQC or NHSE.

Version 5.0. April 2024