

Pathway flowchart and FAQs: Referral to childhood immunisations coordinator (Waltham Forest and Newham practices only)

Baseline data from QOF searches 1 April 2024

Practices run CEG APL-Imms tool to identify decliners

Practices distinguish patients who are possibly worried about negative side effects or are unsure of the benefits of vaccination, from those who are absolute decliners

Patients who are possibly hesitant or unclear of the benefits - Practices **send a list** of these patients to the local imms coordinator, along with the name of a dedicated staff member and available appointment slots.

Code in the patient's record:
166281000000106 | Childhood immunisation enhanced services administration

Unable to contact patient – do **not** refer to imms coordinator.

Practices to contact patients **three times using different means** eg phone, letter, text, F2F, etc. Code as below and freetext type of contact:

185559001 | Child Imms – 1st call
185560006 | Child Imms – 2nd call
185561005 | Child Imms – 3rd call

Genuine refusals - do **not** refer to imms coordinator.

Practices to exception report on clear grounds of explicit written refusal and code in the patient's record:

183948000 | Refused procedure – patients wish

Local Imms coordinators contact patients to try and persuade and re-assure them about vaccination

Patient agrees to vaccination – Staff member to book an appointment at the practice within seven days.

Patient declines vaccination - exception report.

Practice to code:
429684009 | reason for non vaccination

EOY data from QOF searches 31 March 2025

CEG to provide the number of patients exception reported for absolute decliners, no contact, and referral to imms coordinator for patients who have declined (exception reporting will **not** remove patients from the QOF searches).

Can all patients be sent to the immunisation coordinators for exception reporting – decliners/non-responders?

No, for genuine refusals or uncontactable patients (i.e. patients who you have contacted at least three times by different methods with no response) **do not** refer to the coordinators, only refer those patients who are hesitant.

Are there any codes for hesitant patients that will correspond to exception reporting?

Yes, codes are in the CEG template and described within the CEG flowchart.

What template should be used to send patients to immunisation coordinators for exception reporting?

Childhood Immunisation CEG template '(RP) Childhood Immunisations CEG'

What information needs to be included on lists that are sent to the immunisation coordinators for exception reporting?

Protected appointment availability for coordinators to book appointments for those agreeing to be vaccinated, and contact details of a named person within the practice who can book the slots agreed.

How will the review process with the practice and immunisation coordinators be conducted?

Practice will use the CEG Childhood Imms tool '[APL-Imms](#)' to review patients who have declined, and only forward the list to the coordinators who the practice feel could be persuaded to be vaccinated.

Will exception reporting remove patients from QOF targets?

No, the exception reporting is purely for the Local Enhanced Service.

What code do we use if a parent declines? If they do decline, would the practice get paid for this?

Practices need to use the CEG template for correct coding. Payment will be based on improved QOF uptake, which will take into account exception reporting.

CEG searches are not available, are we using QOF searches? If yes, how would the payment work? How will they get exempted?

QOF searches will be used with additional support searches for those who have been exempted.

How do we monitor exception reporting?

CEG will provide a search, exception reporting will be monitored by the ICB, practice exception reporting levels may be audited by the ICB.

What constitutes sufficient evidence for informed dissent?

This is described within the CEG flowchart document.

How will this process reflect on payment for our practice?

Practice achievement levels will include appropriate exceptions and increase vaccinations due to the involvement of the immunisation coordinators, this will inform payment

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