Best Practice Guidance for General Practices:

Childhood Immunisations

Toolkit for use in General Practice

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Best Practice Guidance for General Practices: Childhood Immunisations

**New-born baby registration:**

After a baby is born, baby to be registered at GP surgery by parents- please follow below:

* An appointment for the baby’s 6-8 week check and 8 week immunisations should be booked.
* If the surgery run childhood immunisation clinics, then the baby should be booked into one of these (for 8 weeks of age) if an appointment cannot be made for 8 weeks as the childhood immunisation clinics are full then consideration for a standard practice nurse clinic appointment should be made (so that the baby has their immunisations following the UK schedule).

**New patient registration 0-16 year olds**

Registration forms completed. Email addresses should be obtained on the registration form. Registration form should have a document for parents to complete their child’s immunisation history. (See Useful Documents 3)

Alternatively, when parents return with the registration form admin to take photocopy of the immunisation history. This is particularly important for children who transfer in from abroad.

The history should then be reviewed by the Practice Nurse(PN) who will contact the parents to book an appointment for any catch up immunisations required.

**For new registrations from within the UK**

Someone who is knowledgeable with the immunisation schedule needs to follow up all the new 0-16 year olds registrations to ensure the history is obtained has been reviewed, uploaded onto child’s medical record (using the appropriate coding) and an appointment made for catch up immunisations if required.

Practice to send immunisation history to Child Health (CHIS) once reviewed and translated.

**For overseas registrations**

Book an appointment with a PN (who administers childhood immunisations) at registration. This should be a double appointment in which the parent should bring the child’s vaccination documentation with them.

* Vaccinations that have been given abroad should be inputted onto patient notes with the exact dates and a copy of their vaccination documentation should be taken and scanned onto their notes
* If child is up to date with their childhood immunisations, then parent should be reminded of the UK schedule (leaflets to be given) and told when their child is next due their immunisations (see Useful Documents 1)
* If the child is not up to date with their childhood immunisations, then book an appointment with the PN who should inform parents about the UK schedule and the importance of following this schedule whilst living in the UK. The PN should then book an immunisation catch-up using the ‘vaccination of individuals with uncertain or incomplete immunisation status’ (see Useful Documents 4)
* Notify Health Visiting (HV) team of transfer in via their generic NHS Net email account and add an alert to child and parent’s records if their immunisations are not up to date.
* Refer to NHS Choices which has a translation option to give parents more information about what immunisations their child requires.

**Immunisations Entered onto GP System:**

* PN to input childhood immunisations given onto childhood immunisation template located on Vison/ EMIS/ Synergy/ System 1
* The **correct** coding for childhood immunisations should be inputted onto the child’s records (see Useful Documents 5)
* If child has had immunisations abroad the exact dates (or at least the month and year) should be inputted onto GP system. *NB: it is not acceptable to just scan in their documentation as this will not pull through to Open Exeter*

**Families who decline childhood Immunisations:**

* PN or GP to discuss and document reasons for decline and the importance of immunisations for protecting their child.
* Signpost parents to the Vaccine Knowledge Project Website. An evidence based site produced by Oxford University. It has lots of useful information such as ingredients and FAQ’s. Also available free as an APP

<http://www.ovg.ox.ac.uk/vaccine-knowledge-home>

* Offer Immunisation information leaflets. Order via DH Orderline: <https://www.orderline.dh.gov.uk/ecom_dh/public/home.jsf> - This would be part of the role of the immunisation lead for the practice.
* Risks of children not being immunised should be highlighted to parents
* Patient notes should be updated to state which vaccines are declined using correct read codes
* Parents to sign refusal form, upload onto the patient’s medical records and copy sent to Child Health. (see Useful Documents 6)

***Inform parents their child can restart the immunisation schedule at any time***

**Use every opportunity to check children’s immunisation status; for example, when attending the surgery for a flu vaccine. Make Every Contact Count.**

**Booking and reminding of childhood immunisations:**

**Cohort 1 (1st, 2nd, 3rd baby immunisations):**

8 week immunisations to be booked at the same time postnatal review is booked.

Have 6-8 week post-natal check with GP followed by 8 week baby immunisations

12 week appointment made at 8 week appointment by Practice Nurse

16 week appointment made at 12-week appointment by Practice Nurse

***Where available text reminders to be sent prior to each set of immunisations***

**Cohort 2 (12 months):**

Child Health Department to send auto-schedule reminder letter for parent to book appointment at GP surgery to parent 2 weeks prior to immunisations being due.

Or

GP surgery to send out reminder letter and text to parent 2 weeks prior to immunisations being due

**Cohort 3 (3 years 4 months):**

Child Health Department to send auto-schedule reminder letter to parent 2 weeks prior to immunisations being due.

Or

GP surgery to send out reminder letter and text parent 2 weeks prior to immunisations being due

**Text Message Reminders:**

* Where possible, text reminder to be sent to patient 24 hours prior to appointment:

*“Appointment reminder: DATE TIME with NAME at NAME of GP. If you can no longer attend please reply CANCEL”*

**Missed immunisation appointments (Diagram 1):**

**No Response**

**Response**

Appointment attended, next appointment booked

Appointment DNA’d

No response to letter (within 2 weeks)

Send 2nd chaser letter

No response to letter (within 2 weeks)

Send 3rd chaser letter

No response to letter (within 2 weeks)

**Follow Hard to Reach Guidance Below**

Send1st chaser letter

No response to letter (within 2 weeks)

No response to letter (within 2 weeks)

No response to letter (within 2 weeks)

Send 2nd chaser letter

Send 3rd chaser letter

Appointment made and attended, next appointment booked

Send 1st chaser letter

Book another appointment within 2 weeks

**Telephone follow- up by Surgery – Up to 3 attempts**

**Hard to Reach Families**

When repeated efforts have been made to contact families and there has been no successful contact (Diagram 1above):

* An alert should be added to the patient/parents notes stating that they are a non-responder for vaccinations. This should alert practitioners to remind patients if they attend surgery for another reason.
* Inform health visitor team
* Review patient/family records. Have they seen recently in surgery? Consideration should be made for de-registration if the child/ family has not responded and they have not been active within the GP surgery for 1 year. – check if another family now registered at practice as living at same address.

**Training:**

All staff involved in childhood immunisation services should be appropriately trained (NICE, 2009). It is recommended they complete competency standards as outlined below. In order to ensure the ongoing delivery of high quality, safe and effective immunisation programme that achieves a high uptake, it is important that all practitioners involved in immunisation have a high level of knowledge and are confident in immunisation policy and procedures. To gain this they need to receive comprehensive foundation training, regular updates, supervision and support with the aim of confidently competently and effectively promoting and administering vaccinations.

* <https://www.rcn.org.uk/professional-development/publications/pub-005336>
* <https://www.nice.org.uk/.../competency-framework-for-health-professionals-using-patient-group-directives>
* <https://www.gov.uk/government/collections/immunisation#immunisation-training-resources-for-healthcare-professionals>

The National Minimum Standards and Core Curriculum for Immunisation Training has been extensively revised and published in February 2018. This is a very useful handbook. Everyone involved in immunisation is encouraged to read these revised training standards and make use of the Competency Assessment Tool contained in Appendix A of this document

<https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/679824/Training_standards_and_core_curriculum_immunisation.pdf>

All staff should keep themselves up to date with current news and updates regarding vaccines by reading the Vaccine Update Newsletter available <https://www.gov.uk/government/publications/vaccine-update-issue-274-january-2018>

Staff also need to be familiar and confident working with patient group directives (PGD’s) and with the cold chain policy. The lead nurse needs to monitor staff compliance in these areas.

**Key Resources to Respond to Immunisation Enquiries**

* Online “Immunisation against infection disease” known as the Green Book [www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book](http://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book)
* Oxford Vaccine Group **Vaccine Knowledge Project.** Independent information about vaccines and infectious diseases. It provides clear information on complex topics backed up with references to high quality research. This is a useful tool to signpost parents to. www. http:://vk.ovg.ox.ac.uk This can also be downloaded as a free app.
* Immunisation Resources on government website

[www.gov.uk/government/collections/immunisation](http://www.gov.uk/government/collections/immunisation)

**Contact Details for Immunisation Advice**

Practice nurses can use the Public Health England advice line [TVHPTimms@phe.gov.uk](mailto:TVHPTimms@phe.gov.uk) or telephone 0344 2253861 (opt4, opt1). Ideally, enquiries should be submitted by email and a written response will be provided within 48 hours. Please provide as much detail as possible however remember not to include any patient identifiable information within the email

Urgent enquiries may be submitted by telephone and they are transferred by the Thames Valley Health Protection Team on the number above. (see Useful Documents 2)

**Cold Chain Incidents**

Enquiries regarding cold chain incidents, vaccine supply issues, service specifications and programme changes should be submitted to screening and immunisation team Screening and Immunisation Team at NHS E, South Central. Contact details: [England.tvatpublichealth@nhs.net](mailto:England.tvatpublichealth@nhs.net) tel: 01138 248042

**PGD enquiries** should be submitted to [England.southcentral-pgd@nhs.net](mailto:England.southcentral-pgd@nhs.net)

**Travel vaccine enquiries** should be submitted to NATHNAC tel: 0203 4475943

website: http:://travelhealthpro.org.uk

**Immunisation Lead**

Within each surgery a clinician, preferably someone who administers childhood immunisations and who is knowledgeable in this area should be designated as childhood immunisation lead. The lead would be responsible for:

* Ensuring all practice nurses are trained and up to date with childhood immunisations
* Ensure immunisations are entered correctly onto patient records, following the correct coding
* Ensure all Practice Nurses are following childhood immunisation best practice guidance.
* Delegate or follow up on children with overdue immunisations who are non-engagers
* Ensure that someone within the administration team is running monthly searches to find babies missing immunisations or due routine immunisations (*following booking and reminding of childhood immunisations)*
* Engage with Child Health
* Responsible for ordering vaccines

**Vaccine Ordering**

Register on ImmForm website <https://portal.immform.dh.gov.uk/Logon.aspx?returnurl=%2f>

Registration is linked to the organisation you work for and gets sent to your line manager for approval.

Once registration is set up:

Log in using the username and password emailed to you

1. Add new order
2. Child and Adult Vaccines (Nasal flu is a separate category)
3. There is then a list of all the available vaccines, select the vaccines required and the amount required and click “Add to Order”. Some vaccines come in packs of 10, the website will ask you to clarify how many single doses you want to order when selecting these items to prevent over ordering.
4. When finished click complete order and add any delivery instructions. Email confirmation will be sent of your order
5. Each surgery has a usual delivery day. This needs to be considered when reordering vaccines.
6. Someone with cold chain training must be available to accept the delivery and record the stock when putting into the fridge.

**Monitoring – (usually done by member of administration team)**

Open Exeter reports should be downloaded monthly and any gaps within the report showing children missing immunisations should be updated with the correct dates (from patient notes), if they have been given. If the gaps in the reports are not updated this will reflect on the surgeries immunisation uptake figures.

Every month these reports should be uploaded to CHART.

Please be aware Child Health have no access to Open Exeter and therefore rely on CHART uploads and paper submissions from surgeries

**Child Health Requests**

Child Health Department produce quarterly reports for Public Health England based on the information uploaded/ inputted into CHART. Without this information the uptake figures will be submitted as they are, showing any gaps as missing and the uptake percentage being reflected negatively.

When information is requested by Child Health it is important to:

* Respond in a timely manner (1 week)
* Enter either the date immunisations were given, overdue or decline – please do not leave the boxes blank

Any further correspondence with Child Health can be made via their generic email address and telephone number:

[Scwcsu.immunisations@nhs.net](mailto:Scwcsu.immunisations@nhs.net)

0300 123 5412

**Useful Documents**

Where documents are regularly updated, web links have been provided. Copies that follow are up to date at the time of writing (February 2018)

**1.The Complete Routine Immunisation Schedule**

<https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule>



**2.Contact details for immunisation advice**

Thames Valley Health Protection Team



**3.My Child’s Immunisation History**

Useful tool for new registrations



**4.PHE Algorithm – Uncertain or Incomplete Immunisation Status**

<https://www.gov.uk/government/publications/vaccination-of-individuals-with-uncertain-or-incomplete-immunisation-status>



**5.Codes for inputting vaccinations**



**6.Vaccination refusal form**

Please contact Child Health for refusal forms for your area on [scwcsu.immunisations@nhs.net](mailto:scwcsu.immunisations@nhs.net)

**See below examples of refusal forms currently in use in Oxfordshire and Bucks (please note they are not up to date with current schedule but CHIS is aware)**

 

**Form for Unscheduled Immunisations**

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**Immunisation terms in multiple languages**

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**At Risk Countries – TB Updated version February 2018**

:<https://www.gov.uk/government/publications/tuberculosis-tb-by-country-rates-per-100000-people>

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**Best Practice Advice**

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**Top Tips**

* Staff ownership. Allocate a dedicated team member who oversees and monitors the immunisation programme, checks the immunisation status of new patient registrations and ensure invited for catch up if required.
* Provide training, support and updates for staff. Sign up for the regular PHE Vaccine Updates
* Have link to the Green Book on desktop
* Have tools accessible during appointments- UK schedule, TB At Risk Countries, Algorithm- uncertain or incomplete immunisation status, refusal forms, Vaccine Knowledge information etc.
* Signpost parents to Vaccine Knowledge site for evidence based up to date information. Produced by Oxford University. Particularly useful for vaccine hesitant parents
* Offer some flexible appointments including evening and Saturday mornings
* Send text reminders of appointments
* Telephone parents to remind of overdue immunisations and to book an appointment. Early evenings good as families tend to be at home.
* Work together with the health visitor to follow up hard to reach children
* Use EMIS searches to identify children due immunisations

Re run searches to identify those not attending

Those unregistered new-borns

New registrations requiring immunisation catch up.

* Review immunisation status of those children invited/attending for seasonal flu. **Make every contact count**
* Ensure children/families who have moved abroad are deregistered.

*Thanks to Lynn Nichols Church St Practice Wantage for the following tips*

* Immunisations from abroad need to be marked as “Non GMS” which is important when doing quarterly report system from Open Exeter as it needs to be correctly added.

* New Registrations-Check immunisation history for all under 18’s when they arrive. - Update Child Health with a print out.

* Child Health send out initial invites, but I check their weekly lists and keep a note of any overdue and send a further letter if no appt has been made. – I usually put a “manage” message on the Emis ribbon that shows as soon as you pick a patient, which alerts all to the fact that patient is overdue for whichever imms.

* I order all the necessary vaccines each week, for which we keep a min and max list against each item, so we never over order and stock is constantly turned around.

*Many thanks to Kris Chodyniecki Administrator Chipping Norton Health Centre for the information on running searches*

**Running searches to identify children requiring immunisations**

Many practices run regular searches to identify and target children with missing immunisations. See example below of process for EMIS users. Once these searches are set up reports are quick and easy to run off. The data analyst in the practice can set up and manage these searches.

**Process of age category searches for CURRENT missing immunisations**

**The following search criteria will give patient lists for;**

Children due their 1st immunisations (8week) but have not had them, up until they are 1-year-old.

Children due their 2nd immunisations (12 week) but have not had them up until they are 1-year-old.

Children due their 3rd immunisations (16 week) but have not had them up until they are 1-year-old.

Children due their 12 month immunisations but have not had them up until they are 2years old.

Children due their Pre-school immunisations (3yr 4month) but have not had them up until they are 5 years old.

**Aged 2 month to 12 month criteria for search**

**-Older or equal to 8 weeks and younger than 1 year**

**-1st DTaP/IPV/HIB/HEP B (F126), 1st Pneumococcal (657L), 1st Rotavirus (65D0), 1st Men B (65710).**

**EXCLUDE those who are in the age criteria and have HAD the immunisations.**

**The list you will be left with are those who are due the immunisations but have not had them.**

**Export the list to an excel file. Keep a record.**

Go into each individual record for the patients on the list. If they have an appointment booked, make a note of this, it is important to acknowledge that appointments were made, even if they go on to be cancelled or DNA’d, then they can be followed up.

If they do not have an appointment booked add a ‘major alert’ (EMIS has these, unsure of other systems). This will ‘pop up’ when the child’s record is loaded. If the child is being seen for something other than their imms, the clinician seeing them can then remind the parent to book. Make a note that you have added an alert to the child’s record on your list.

Add an ‘alert note’ code ‘9B03’ to the child’s record with the wording from the ‘major alert’ added, this provides an audit trail for when the ‘major alert’ was added to the child’s record.

When the Practice Nurse immunises the child they should remove the ‘major alert’.

If the child remains un-immunised, they will drop onto the secondary search for children with incomplete immunisations after they reach 1 years old.

Keeping records of the patient’s alerts are being added to is vital, so they can be removed at a later date if they are no-longer relevant.

**The searches should be run on a regular basis so that the records are kept current.**

Breaking down the age groups and the individual immunisations into separate searches makes the data much easier to process.

**Aged 3 month to 12 month criteria for search**

-Older or equal to 12 weeks and younger than 1 year

**-2nd DTaP/IPV/HIB/HEP B (SE78), 2nd Rotavirus (65D1).**

**EXCLUDE those who are in the age criteria and have HAD the immunisations, as before.**

**Aged 4 month to 12 month criteria for search**

**-Older or equal to 16 weeks and younger than 1 year**

**-3rd DTaP/IPV/HIB/HEP B (TH31), 2nd Pneumococcal (657M), 2nd Men B (65711).**

**EXCLUDE those who are in the age criteria and have HAD the immunisations, as before.**

**Aged 12 month to 2 years criteria for search**

**-Older or equal to 12 months and younger than 2 years**

**-Hib/MenC (65B), 1st MMR (65M1), 3rd Pneumococcal/Booster (657N), 3rd MEN B (65712)**

**EXCLUDE those who are in the age criteria and have HAD the immunisations, as before.**

**Aged 3yrs 4 months to 5 years criteria for search**

**-Older or equal to 40 months and younger than 5 years**

**-4th Dipth, tet, pert, polio -Booster (65i8/9), 2nd MMR/Booster (65MC/b)**

**EXCLUDE those who are in the age criteria and have HAD the immunisations, as before.**

**Secondary age category searches for INCOMPLETE immunisations.**

The following search criteria will give patient lists for;

**Children aged 12 months to 2 years**

-Older or equal to 12 month and younger than 2 years

From this search create individual searches for 1st imms, 2nd imms, 3rd imms for this age group. As before EXCLUDE those who have had their imms and the lists remaining will be all children aged 1 to 2 who are missing any of the 1st three imms.

The previous (CURRENT) searches only looked at children up to 1 year missing these imms.

**Children aged 2 years to 5 years**

-Older or equal to 2 years and younger than 5 years

From this search create individual searches for 1st, 2nd, 3rd and 12 month imms for this age group. As before EXCLUDE those who have had their imms and the list remaining will be all children aged 2 to 4 who are missing any of the 1st three imms or their 12 month imms.

**Children aged 5 years to 6 years**

-older or equal to 5 years and younger than 6 years

From this search create individual searches for 1st, 2nd, 3rd, 12month and pre-school imms for this age group. As before EXCLUDE those who have had their imms and the list remaining will be all children aged 5 to 6 years who are missing any of their childhood immunisations.

More searches can be designed to find children over 6 who are missing immunisations, in the same way as above.

The children who are very overdue immunisations, or have INCOMPLETE immunisation records, should have alerts added to their records and the lead Practice Nurse should be consulted about how best to move forward with getting these children immunised. Letters to parent’s or a phone call from the lead Nurse to parent’s may be all that is necessary to book these children for their catch up programme. Adding a ‘major alert’ to the parent’s record’s, is another way to prompt conversation between clinician and parent about their child’s immunisation record.

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