



Public Health  
England

# **Seasonal influenza vaccine uptake data collection: GP patients 'All practices' survey (England)**

## **Season 2013/14**

ImmForm survey user guide for GP practices and area  
team immunisation leads/flu co-ordinators

## About Public Health England

Public Health England's mission is to protect and improve the nation's health and to address inequalities through working with national and local government, the NHS, industry and the voluntary and community sector. PHE is an operationally autonomous executive agency of the Department of Health.

This collection received approval as a MANDATORY collection from the Review of Central Returns (ROCR) steering committee under licence ROCR/OR/0113/007PMAND

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# 1. Introduction

## 1.1 Information materials for the influenza vaccination programme 2013/14

The influenza immunisation programme for 2013/14 was announced in the annual flu letter jointly issued to the NHS, by the Department of Health (DH), NHS England (NHSE) and Public Health England (PHE), dated 5 June 2013 (Gateway reference 00157), which can be accessed at:

[www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/207008/130613\\_Flu\\_Letter\\_v\\_29\\_Gateway\\_GW\\_signed.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/207008/130613_Flu_Letter_v_29_Gateway_GW_signed.pdf)

In addition, on behalf of the DH, NHS E and PHE, the 'Flu Plan: Winter 2013 to 2014' was published on 26 July 2013, setting out operational arrangements and planning for the forthcoming winter season. This can be accessed at:

[www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/225457/Flu\\_plan\\_Winter\\_2013\\_to\\_2014.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/225457/Flu_plan_Winter_2013_to_2014.pdf)

PHE has published an updated version of the influenza chapter (chapter 19) of the Green Book (*Immunisation against infectious disease*), to take account of recent developments relating to influenza. The chapter provides guidance on the influenza vaccine programme and detailed information about the way that available flu vaccines should be administered (target groups, dosages, contraindications, precautions, adverse reactions, vaccine supplies, etc).

The updated chapter published 11 September 2013 is now available at:

[www.gov.uk/government/publications/influenza-the-green-book-chapter-19](http://www.gov.uk/government/publications/influenza-the-green-book-chapter-19).

An updated flu vaccination patient leaflet is also available explaining how individuals can protect themselves against flu each winter and why it is important for those who are at increased risk from flu to be immunised. It also incorporates the latest information on who should have the vaccine and why, including (the newly added) healthy two- and three-year-old children. This leaflet can be accessed at:

[www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/253474/The\\_flu\\_vaccination\\_winter\\_2013\\_to\\_2014\\_A5\\_v2\\_8W.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/253474/The_flu_vaccination_winter_2013_to_2014_A5_v2_8W.pdf)

Finally, following these publications the national PHE influenza immunisation monitoring team wrote to all area team immunisation leads/flu co-ordinators in late September, confirming details of the forthcoming data collection including: information on survey start and end dates, inclusion of two- and three-year-olds in the national programme, the ImmForm dataset requirement, the PRIMIS READ code specification for 2013/14 and pregnancy recording. This letter and accompanying attachments are available at

[www.gov.uk/government/publications/seasonal-influenza-vaccine-uptake-gp-patient-survey-data-collection-2013-to-2014](http://www.gov.uk/government/publications/seasonal-influenza-vaccine-uptake-gp-patient-survey-data-collection-2013-to-2014).

## 2. Data collation and reporting

### 2.1 ROCR approval for collection of data from NHS

The 2013/14 influenza vaccine uptake (GP patient survey) data collection has been approved by the Review of Central Returns (ROCR) Steering Committee under licence reference ROCR/OR/0113/007/PMAND. This is for a part mandatory collection for four monthly (retrospective) surveys (October, November, December and January) from GP practices and NHSE area teams (ATs) (part mandatory because some fields are mandatory and some fields are optional, but all GP practices are required to submit the mandatory data each month). The licence expiry date for this collection is 2 September 2014. For further information about this licence please contact [rocr@hscic.gov.uk](mailto:rocr@hscic.gov.uk).

The ROCR team is keen to receive feedback on central data collections from the colleagues who complete/submit returns. In particular, around the length of time data collections take to complete and any issues, suggested improvements or duplication of data collections. Feedback can be submitted to ROCR using an online form to be found towards the bottom of the web page:

[www.hscic.gov.uk/media/9548/Data-Collection-Feedback-form/xls/Data\\_Collection\\_Feedback\\_form.xls](http://www.hscic.gov.uk/media/9548/Data-Collection-Feedback-form/xls/Data_Collection_Feedback_form.xls)

### 2.2 Area teams: screening and immunisation leads/flu co-ordinators (SILs/SIMs/SICs)

NHSE ATs will be expected to report on the performance and outcome of the immunisation programme as part of the responsibilities that NHSE has agreed for the seasonal flu programme under a Section 7A agreement with the Secretary of State for Health. AT leads must assure that arrangements are in place to ensure the collection and provision of data on immunisations support the local and national monitoring of the delivery of the programme<sup>1</sup> and flu vaccine uptake (see page 6 in the annual flu letter).<sup>2</sup>

Commissioners are responsible to ensure vaccine uptake data is provided by each GP practice. They are also reminded when commissioning services for vaccinations given in settings other than a GP practice (e.g. community pharmacies or antenatal clinics), and that the details of the vaccinations are provided to the patient's registered practice and are recorded on their electronic clinical record in a timely manner. This is important for clinical

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<sup>1</sup> NHS England area teams and/or CCGs acting on behalf of area teams will need to ensure that the contracts for the flu immunisation programme continue to ensure that GPs and other providers are obliged to provide the relevant data returns. [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/127322/Primary-Medical-Services-Directed-Enhanced-Services-Directions-2013.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/127322/Primary-Medical-Services-Directed-Enhanced-Services-Directions-2013.pdf)

<sup>2</sup> Annual flu letter available at [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/207008/130613\\_Flu\\_Letter\\_v\\_29\\_Gateway\\_GW\\_signed.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/207008/130613_Flu_Letter_v_29_Gateway_GW_signed.pdf)

reasons (such as any adverse events) and also means that these vaccinations will be included in the vaccine uptake data collections.

In addition, NHSE ATs will explore ways of linking midwifery services with GP practices so midwives can raise awareness of the flu vaccine among pregnant women and could administer the flu vaccine at antenatal visits through patient group directions. If arrangements are put in place where midwives administer the flu vaccine, it is important that the patient's GP practice is informed so their records can be updated accordingly, and included in vaccine uptake data collections (see page 14 in the annual flu letter).

## 2.3 Eligible GP patient groups recommended to receive flu vaccination (including extension of the routine programme to all two- and three-year-olds)

The survey and dataset for 2013/14 has been modified to include all two- and three-year-olds, including in at-risk groups, eligible for the nasal flu vaccine being introduced this year. All GP practices in England are to offer immunisation to all registered patients aged two and three years (but not four years or older) on 1 September 2013 (i.e. date of birth on or after 2 September 2009 and on or before 1 September 2011).

As this is a new universal flu programme, practices are encouraged to ensure that uptake of flu vaccine in two- and three-year-old children is as high as possible. This is important in order to maximise the health benefits that the extended programme is expected to bring.

Only one dose of nasal vaccine is needed, unless the child is in a risk group (see the [algorithm](#), page 203 in chapter 19 on 'Influenza', of the Green Book; which summarises the advice on the influenza vaccination for winter 2013/14).

Note that some children are contraindicated for the nasal vaccine, in which case they should be offered the inactivated flu vaccine.

Cumulative data on trivalent influenza vaccinations in the GP registered population in England between 1 September 2013 and 31 January 2014 (inclusive) in the following eligible groups.<sup>3</sup>

**Patients aged 65 years and older.** Denominator is defined by patient age at 31 March 2014 (this fits with the policy, i.e. all those aged 65 years or older by the 31 March 2014 are eligible to receive vaccine in the 2013/14 vaccination programme).<sup>4</sup>

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<sup>3</sup> For further description and detail regarding patient groups eligible for flu vaccine see Annex A p. 9 in the annual flu letter at [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/207008/130613\\_Flu\\_Letter\\_v\\_29\\_Gateway\\_GW\\_signed.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/207008/130613_Flu_Letter_v_29_Gateway_GW_signed.pdf)

<sup>4</sup> See 'Birth Date Ranges' available at: [www.gov.uk/government/publications/seasonal-influenza-vaccine-uptake-gp-patient-survey-data-collection-2013-to-2014](http://www.gov.uk/government/publications/seasonal-influenza-vaccine-uptake-gp-patient-survey-data-collection-2013-to-2014)

**Patients in the following clinical risk groups** aged six months to under 65 years:<sup>5</sup>

- chronic respiratory disease
- chronic heart disease
- chronic kidney disease stages 3 to 5
- chronic liver disease
- chronic neurological disease – stroke, transient ischaemic attack, long-term hereditary/degenerative disease of the central nervous system including multiple sclerosis and cerebral palsy (note, all neurological disease is collected together, i.e. no separation of stroke, transient ischaemic attack as was done in some historic surveys)
- diabetes (no separate collection of data for diabetics on medication as was done in some historic surveys)
- immunosuppression.

**Pregnant women** (collected separately from the clinical risk groups specified above).

The denominator is defined as all women (both healthy and in another clinical risk group) pregnant or becoming pregnant (in the first, second or third trimesters) as diagnosed by a medical professional (e.g. GP or midwife) during the period 1 September 2013 to 31 January 2014 (ie all those becoming pregnant before 1 September 2013 and still pregnant during any of the period 1 September 2013 to 31 January 2014, and all those becoming pregnant during 1 September 2013 to 31 January 2014). This is the same as last season.

**Children aged two to three years.** The denominator defined as children aged two or three years but not four years or older on 1 September 2013. Thus all children in this age range are included irrespective of whether they are in a clinical risk group.

**People in long-stay residential or homes.** Vaccination is recommended for people living in long-stay residential care homes or other long-stay care facilities where rapid spread is likely to follow introduction of infection and cause high morbidity and mortality. This does not include, for example, prisons, young offender institutions or university halls of residence.

**Carers.** This will apply to those that meet the definition of a carer<sup>6</sup> and are vaccinated solely by virtue of being a carer, so not in a clinical risk group, not aged 65 or over and not pregnant.

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<sup>5</sup> The 'Summary of patients in one or more at-risk group(s)' category on ImmForm excludes otherwise healthy pregnant women (i.e. without other risk factors) and healthy carers. It should only contain patients in one or more of the clinical risk groups and if a patient is in more than one risk group, they are only counted once.

<sup>6</sup> Further detail in section 2.5



## 2.4 Refusals

The survey does not collect data on those who decline the offer of a vaccination but is based on actual vaccines administered (the numerators) not vaccines offered with the denominators being all those eligible to receive vaccine (by various groupings and age bands), including those that are not vaccinated for whatever reason.

## 2.5 Carers

The survey collects data on carers who fit the criteria set out in the annual flu letter, who are under 65 years of age, who are not pregnant and who do not fall into a clinical risk group. However, this data is optional, so GP practices can choose not to provide it if they wish. The current definition of a carer is:

‘Those who are in receipt of a carer’s allowance, or those who are the main carer or the carer of an elderly or disabled person whose welfare may be at risk if the carer falls ill.’<sup>7</sup>

## 2.6 Residential homes

The source of data is from GP practice systems only; we will only be collecting data from GP practices. If residents’ vaccination details are recorded on GP practice systems then the data will be collected as part of the overall collection provided the details of these vaccinations are recorded on GP practice clinical systems. So it is important that the details of the vaccinations are provided to the patient’s registered practice and are recorded on their electronic clinical record in a timely manner. This is important for clinical reasons (such as any adverse events) and also means that these vaccinations will be included in the vaccine uptake data collections.

## 2.7 Vaccine uptake data and GP payments

Regarding GP payments/reimbursements, the ImmForm survey collecting vaccine uptake data is only a snapshot of currently registered GP patients vaccinated at the time of data extraction/end of the influenza season. The collection of data is intended to measure vaccine uptake and not designed nor implemented to calculate GP payments.

The data will therefore exclude vaccinations that are eligible for payments, such as for patients who have received the vaccine but have subsequently died, patients who have since moved and joined another practice elsewhere and ‘temporary’ patients who may have received the vaccine but were not registered on the date of data extraction. Note, the data will likewise include vaccinations given by other healthcare providers (if the electronic record is updated accordingly), for which the GP practice is not able to claim payments.

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<sup>7</sup> This should be given on an individual basis at the GP’s discretion in the context of other clinical risk groups in their practice

Questions concerning GP payments should be directed to NHSE as this is the responsible lead on GP payments. Email: [england.immunisation@nhs.net](mailto:england.immunisation@nhs.net).

## 2.8 Survey collection

Vaccine uptake data will be collected via the ImmForm website on vaccinations administered from 1 September 2013 to end 31 January 2014 inclusive. All data is cumulative (i.e. total vaccinations administered from 1 September 2013 to the end of the month/week in question).

The data collection will comprise:

1. A weekly sentinel survey from approximately two-thirds or more of GP practices, using automated XML bulk upload or web service only. This allows almost 'real time' monitoring of the programme at a national level from week ending 8 September 2013 to week ending 26 January 2014.
2. Four monthly surveys from all practices (i.e. automatic and manual submissions) on vaccinations up to end October, end November, end December and end January (with collection starting from November 2013 through to February 2014), to provide more complete data.

These more complete data allow assessment of the progress of programmes locally. For this purpose, the data need not be detailed for the October, November and December surveys, therefore, for those submitting their data manually, they need only submit the mandatory data items, namely:

- those aged 65 years and older
- those aged six months in clinical risk groups excluding pregnant women
- pregnant women
- children aged two or three years.

The January 2014 (final survey data) should be a detailed all practice survey, as comprehensive as possible, so it will be requested that those that submit their data manually complete the optional data fields as well as the mandatory ones, wherever possible.

The data is further aggregated by those aged:

- six months to under 65 years
- six months to under two years
- two years to under 16 years
- 16 years to under 65 years age bands

in one or more of the clinical risk groups and individually for each clinical risk group. Denominators are defined by the patient age on the date of extraction.

## 2.9 Denominators

GP practices are asked to provide vaccine uptake data on the number of patients registered on the date of data extraction that fall within each defined eligible group (the denominator), and the number of those vaccinated within each group (the numerator). This means denominator fluctuations will occur as patients join and leave the practice, reach the age of six months, become pregnant, have a change in their clinical status (i.e. joining or leaving a clinical risk group), have a change in carer status or die during the data collection campaign.

Furthermore, the denominator (number of registered patients) includes within it, patients who have been offered the vaccine but refused it, as the uptake rate is measured against the overall eligible population. Data on the number of people that refused the vaccine is not collected in the vaccine uptake survey therefore, data providers should not adjust their figures if a patient refused the vaccine.

Denominators for pregnant women are further delineated by those not in a clinical risk group ('healthy' pregnant women) and those in one or more clinical risk group(s). The denominators should include women who lose their pregnancy for whatever reason and those that give birth during the period 1 September 2013 to 31 January 2014. Thus denominators for pregnant women could be regarded as over-inclusive as they may include women that become eligible (as more women becoming pregnant over time) and then ineligible (women no longer pregnant but were eligible and are not removed) before they can be vaccinated.

READ codes need to be selected that code for women confirmed by a medical professional as pregnant. However, no READ codes would be required for loss/termination of pregnancy or birth for the data collection, although they are relevant to clinicians when scheduling and administering the vaccinations.<sup>8</sup> It is important that clinical records for those that were pregnant but then ceased to be pregnant before 1 September 2013 are updated, such that they are not included in the denominators, thus artificially inflating the denominators.

In addition, general practices should be encouraged to review their clinical records for pregnant women as well as for other clinical risk groups to maintain their accuracy and liaise with community midwives to ensure accurate and timely recording of pregnant women by the practice.<sup>9</sup>

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<sup>8</sup> See pp16-17 in the 'Seasonal influenza vaccine uptake reporting specification 2013/14' produced by PRIMIS available on their website at this link;

[www.primis.nottingham.ac.uk/documents/information/Seasonal\\_Flu\\_LQD\\_Specification\\_V5.0.5\\_20130917\\_FINAL\\_1.1.pdf](http://www.primis.nottingham.ac.uk/documents/information/Seasonal_Flu_LQD_Specification_V5.0.5_20130917_FINAL_1.1.pdf)

<sup>9</sup> GPs will need to check their patient database throughout the flu season in order to identify women who are not pregnant at the start of the immunisation programme but become pregnant during the winter. GPs should also review their records of pregnant women before the start of the immunisation programme to ensure that women who are no longer pregnant are not called for vaccination (unless they are in other clinical risk groups) and so that they can measure the uptake of flu vaccine by pregnant women accurately. Please note, the GP patient survey only collects data to end of January. However, pregnant women (and other eligible patients) may continue to be vaccinated up to the end of March 2014.

## 2.10 Other people who may be included and/or excluded based on eligibility criteria

The 'All patients' category applies to all patients registered at the practice (including those in clinical risk groups, who are pregnant or who are carers), on the date of data extraction (denominator) and all those recorded as vaccinated with influenza vaccine (numerator). Although household contacts of the immunocompromised can be considered for vaccination, there is no clear, consistent way of classifying and identifying these individuals. Therefore, they cannot be included as a distinct group in the survey although any vaccinations given to this group will be included in the 'All patients' count on ImmForm.

Similarly, those vaccinated where a GP exercises clinical judgement that do not fall within a designated clinical risk group(s) will also be counted under the 'All patients' criteria. The 'All patients' criteria may also include people vaccinated privately or as part of their employers occupation health programme, when a record of these vaccinations has been entered onto a GP's system.

The data will exclude patients that were vaccinated, but are now no longer registered at the GP practice (for example, because they have changed practice or died).

The data will exclude the prison population, unless they were registered with a GP practice at the time of data extraction and their vaccination details were recorded on their electronic record.

It will be assumed that vaccinations given in other settings by other healthcare providers (e.g. pharmacies, special clinics such as antenatal care, residential homes and private or occupational health vaccinations) will be recorded onto GP systems in a timely manner. This is essential for maintaining the individual's clinical record but also ensures a clear auditable trail to the original source of any data and will avoid double counting for the vaccine uptake survey. It may be that for some vaccinations where recording onto a GP system is difficult or slow, for example, vaccinations of travelling communities or homeless or where patients are not registered; recording of these vaccinations may be missed by the survey, although this is undesirable.

Remember that patients who are vaccinated, but have not had their electronic patient record updated by the time of data extraction, will be excluded.

Likewise the data will include patients vaccinated by another healthcare provider if a record of the vaccination has been correctly entered onto a GP's system in time.

### 3. ImmForm dataset requirement

The dataset requirement for the influenza vaccine uptake collection 2013/14 is available in PDF format at [www.gov.uk/government/publications/seasonal-influenza-vaccine-uptake-gp-patient-survey-data-collection-2013-to-2014](http://www.gov.uk/government/publications/seasonal-influenza-vaccine-uptake-gp-patient-survey-data-collection-2013-to-2014).

Please ensure you have also read and understood the logical validation rules in conjunction with the dataset requirement (also available to access from the same web link above and is provided in appendix 13.1 at the end of this document).

We ask that every GP practice in England completes the 26 mandatory fields as required (this includes for those entering a manual submission; Question 1: 'How did you extract data from your practice computer?' and Question 2: 'Name of GP software supplier?'). In addition, we also anticipate that the optional dataset will be completed by those practices that have access to the semi/fully automated extraction and upload facilities available to them.

The dataset collected reflects the eligible groups set out in the annual flu letter as best as possible, however, this may not necessarily match the criteria exactly.<sup>10</sup>

Flu vaccine uptake dataset requirement for 2013/14 collection	(A) Number of patients registered on day of extraction.	(B) Number of patients within A that have received the flu vaccine since 1 September 2013	Vaccine uptake (%) calculated by system
<i>Mandatory data items to complete:</i>			
<b>ALL PATIENTS</b>			
Aged 65*and over	A1 mandatory	B1 mandatory	
Aged 6 months to under 2 years	A2 mandatory	B2 mandatory	
Aged 2 years to under 16 years	A3 mandatory	B3 mandatory	
Aged 16 to under 65*	A4 mandatory	B4 mandatory	
<b>SUMMARY OF PATIENTS IN ONE OR MORE AT-RISK GROUP(S) (EXCLUDING 'HEALTHY' PREGNANT WOMEN AND CARERS)</b>			
Aged 6 months to under 2 years	A5 mandatory	B5 mandatory	
Aged 2 years to under 16 years	A6 mandatory	B6 mandatory	
Aged 16 to under 65*	A7 mandatory	B7 mandatory	

<sup>10</sup> For example, vaccine uptake data may not reflect inclusion of certain sets of patients with particular underlying clinical illnesses (see sections 2.9 / 2.10 for further detail).

Flu vaccine uptake dataset requirement for 2013/14 collection	(A) Number of patients registered on day of extraction.	(B) Number of patients within A that have received the flu vaccine since 1 September 2013	Vaccine uptake (%) calculated by system
<b>PREGNANT WOMEN</b>			
Pregnant and NOT IN a clinical risk group	A8 mandatory	B8 mandatory	
Pregnant and IN a clinical risk group	A9 mandatory	B9 mandatory	
<b>AGE 2 YEARS (BIRTH COHORT: 2 SEPTEMBER 2010 - 1 SEPTEMBER 2011)</b>			
Aged 2	A10 mandatory	B10 mandatory	
Aged 2 and IN a clinical risk group	A11 mandatory	B11 mandatory	
<b>AGE 3 YEARS (BIRTH COHORT: 2 SEPTEMBER 2009 - 1 SEPTEMBER 2010)</b>			
Aged 3	A12 mandatory	B12 mandatory	
Aged 3 and IN a clinical risk group	A13 mandatory	B13 mandatory	
<i>Optional data items to complete:</i>			
<b>PATIENTS WITH CHRONIC HEART DISEASE</b>			
Aged 6 months to under 2 years	A14	B14	
Aged 2 years to under 16 years	A15	B15	
Aged 16 to under 65*	A16	B16	
<b>PATIENTS WITH CHRONIC RESPIRATORY DISEASE</b>			
Aged 6 months to under 2 years	A17	B17	
Aged 2 years to under 16 years	A18	B18	
Aged 16 to under 65*	A19	B19	
<b>PATIENTS WITH CHRONIC KIDNEY DISEASE</b>			
Aged 6 months to under 2 years	A20	B20	
Aged 2 years to under 16 years	A21	A21	
Aged 16 to under 65*	A22	A22	
<b>PATIENTS WITH CHRONIC LIVER DISEASE</b>			
Aged 6 months to under 2 years	A23	B23	
Aged 2 years to under 16 years	A24	B24	
Aged 16 to under 65*	A25	B25	

Flu vaccine uptake dataset requirement for 2013/14 collection	(A) Number of patients registered on day of extraction.	(B) Number of patients within A that have received the flu vaccine since 1 September 2013	Vaccine uptake (%) calculated by system
<b>PATIENTS WITH DIABETES</b>			
Aged 6 months to under 2 years	A26	B26	
Aged 2 years to under 16 years	A27	B27	
Aged 16 to under 65*	A28	B28	
<b>PATIENTS WITH IMMUNOSUPPRESSION</b>			
Aged 6 months to under 2 years	A29	B29	
Aged 2 years to under 16 years	A30	B30	
Aged 16 to under 65*	A31	B31	
<b>PATIENTS WITH CHRONIC DEGENERATIVE NEUROLOGICAL DISEASE (INCLUDING STROKE/TIA, CEREBRAL PALSY OR MS)</b>			
Aged 6 months to under 2 years	A32	B32	
Aged 2 years to under 16 years	A33	B33	
Aged 16 to under 65*	A34	B34	
<i>Optional data items to complete:</i>			
<b>Carers**</b>			
Aged under 65 not at-risk who fulfil the 'carer' definition	A35	B35	

\* '65 and over' is defined as those 65 and over on 31 March 2014 (i.e. born on or before 31 March 1949). 'Under 65' is defined as those under 65 on 31 March 2014 (i.e. born on or after 1 April 1949). For all other age band ranges are defined by the patient age on the date of extraction – see 'Birth date ranges'

\*\* Those who are in receipt of a carer's allowance, or those who are the main carer for an elderly or disabled person whose welfare may be at risk if the carer falls ill. This should be given on an individual basis at the GP's discretion in the context of other clinical risk groups in their practice.

See appendix 13.1 for logical validation rules.

## 4. READ codes

### 4.1 Use of READ codes for flu vaccination

The READ code specification is for vaccine uptake monitoring purposes only. It is important that it is NOT used for recall or payment purposes.<sup>11</sup>

READ codes are primarily used for data collection purposes to extract vaccine uptake data for patients who fall into one or more of the designated clinical risk groups. The codes identify individuals at risk, and therefore eligible for flu vaccination. However, it is important to note that there may be some individuals with conditions not specified in the recommended risk groups for vaccination, who may be offered influenza vaccine by their GP based on clinical judgement and according to advice contained in the flu letter and Green Book, and thus are likely to fall outside the listed READ codes.

Where a GP has exercised their clinical judgement in administering vaccine outside the use of READ codes, these immunisations will only get picked up by ImmForm as a vaccination for a given risk group if the individual's electronic patient record has been updated to include an appropriate READ code from the specification (i.e. if an appropriate READ code is assigned to the patient's record). If, however, individuals are not categorised by risk group by one or more of the specified READ codes on the electronic record, they are not recorded as an at-risk patient by ImmForm. Their vaccination will be included in ImmForm data as a vaccination of a 'not at-risk' patient only, not by a particular risk group.

PRIMIS was commissioned to provide the clinical risk group READ code 'Seasonal influenza vaccine uptake reporting specification 2013/14' for this season. The final version has been published and is available from the PRIMIS website at

[www.primis.nottingham.ac.uk/index.php/news/hot-news/849-flu-uptake-spec-13-14](http://www.primis.nottingham.ac.uk/index.php/news/hot-news/849-flu-uptake-spec-13-14).

### 4.2 Recording act of administering vaccine provided by another healthcare provider

There are READ codes to record the act of administering seasonal flu vaccine on GP systems provided by another healthcare provider (e.g. midwife or pharmacist). This will vary, depending on which coding system a particular GP IT system uses. Patients vaccinated by another healthcare provider are included in the ImmForm data, but the practice should not be able to claim vaccination payments for them.

Data providers should therefore check the 'Influenza vaccination uptake monitoring query set code change log' for updates on relevant READ codes also available to view on the PRIMIS website at: [www.primis.nottingham.ac.uk/index.php/news/hot-news/849-flu-uptake-spec-13-14](http://www.primis.nottingham.ac.uk/index.php/news/hot-news/849-flu-uptake-spec-13-14).

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<sup>11</sup> See section 4.3 for further detail below



### 4.3 Pregnancy recording

PRIMIS has provided guidance on coding pregnant women and vaccinations of pregnant women in the collection of vaccine uptake data on pages 34-36 in the READ code specification.

READ codes will need to be selected that code for women confirmed by a medical professional as pregnant. However, no READ codes would be required for loss/termination of pregnancy or birth for the data collection, although they are relevant to clinicians when scheduling and administering the vaccinations.<sup>12</sup> It is important that clinical records for those that were pregnant but then ceased to be pregnant before 1 September 2013 are updated, such that they are not included in the denominator, thus artificially inflating the denominator. Practices will need to review their clinical records for pregnant women (as well as for other clinical risk groups) to maintain their accuracy.

The pregnancy groups include patients who may have been eligible for a period of time but are no longer eligible. Due to the complications around recording pregnancy, other methods should be used if practices wish to identify patients who are at risk and require vaccination. Any results should be subject to clinical review.

### 4.4 READ codes and GP payments

Please note the READ code specification is for vaccine uptake monitoring purposes only. It is not used for recall or payment purposes (see page 1 of the PRIMIS document). As stated earlier, the ImmForm data collection is based on a 'snapshot' of currently registered GP patients vaccinated at the time of data extraction. The data is intended to measure vaccine uptake and not to be used to calculate GP payments. Patients vaccinated at a practice who have subsequently died or are no longer registered at the practice, are excluded from the ImmForm data, although the practice should still be eligible to claim vaccination payments for these vaccinations.

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<sup>12</sup> See pp16-17 in the 'Seasonal influenza vaccine uptake reporting specification 2013/14' produced by PRIMIS available at [www.primis.nottingham.ac.uk/documents/information/Seasonal\\_Flu\\_LQD\\_Specification\\_V5.0.5\\_20130917\\_FINAL\\_1.1.pdf](http://www.primis.nottingham.ac.uk/documents/information/Seasonal_Flu_LQD_Specification_V5.0.5_20130917_FINAL_1.1.pdf)

## 5. Data collection timetable

### 5.1 Survey start and end dates – monthly

The collection will comprise four ‘All practice’ (i.e. automated and manual submissions) monthly surveys for all cumulative data from 1 September 2013 to end of each survey month. The first full monthly all practice survey will take place in November for all vaccinations administered to end of 31 October 2013, the second in December for all vaccinations administered to end of 30 November 2013, the third in January for all vaccinations administered to end of 31 December 2013 and the final collection will take place in February for all vaccinations administered to end of 31 January 2014.

Data submitted should be for all vaccinations administered from 1 September 2013 until the relevant month end, and not just on vaccinations given since the previous month’s survey.

The collection schedule<sup>13</sup> for the monthly surveys is shown below:

<b>GP Practices Monthly Surveys collection dates</b>					
<b>Survey Month</b>	<b>For data covering vaccinations administered up to date</b>	<b>Survey Start Date</b>	<b>XML Bulk Upload Submit Date</b>	<b>GP Survey End Date</b>	<b>AT Survey End Date</b>
<b>October</b>	Thu 31/10/2013	Fri 01/11/2013	Mon 11/11/2013	Tue 12/11/2013	Thu 14/11/2013
<b>November</b>	Sat 30/11/2013	Mon 02/12/2013	Tue 10/12/2013	Wed 11/12/2013	Fri 13/12/2013
<b>December</b>	Tue 31/12/2013	Thu 02/01/2014	Fri 10/01/2014	Mon 13/01/2014	Wed 15/01/2014
<b>January</b>	Fri 31/01/2014	Mon 03/02/2014	Tue 11/02/2014	Fri 14/02/2014	Wed 19/02/2014

Please note the ‘AT survey end date’ will also apply to any clinical commissioning group (CCG) immunisation co-ordinator submitting data for a GP practice on behalf of an NHS England area team.

### 5.2 Notes accompanying the monthly collection schedule

See appendix 13.2.

### 5.3 Survey start and end dates – weekly

We will be operating the same weekly collection as last season, from a sentinel group of GP practices (which usually accounts for at least two-thirds or so practices) where GP IT software suppliers extract automated data on their behalf.

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<sup>13</sup> Please note, the collection schedule in this version has been updated to take account of an extension to the survey end dates for GPs and ATs (as of 07/11/13) for the collection months October, November and December.

GP practices and NHSE ATs will not be directly involved in the collection of this data (other than authorising the collection, which they would already have done for the monthly collections), as it is an automated process. It is anticipated that only those suppliers that have automated upload capability (i.e. XML bulk upload or web service) will provide weekly data on behalf of their participating practices.

The weekly automated collection will begin from week 35 (week ending 1 September 2013) until week 4 (week ending 26 January 2014). The weekly aggregate vaccine uptake data will be published in the PHE weekly flu bulletin, which will be published on the PHE website throughout the flu season.

The collection schedule for the weekly surveys is as follows:

<b>Weekly Sentinel (Bulk or Web service upload)</b>		
<b>Week No.</b>	<b>Data up to Date</b>	<b>Submit Date</b>
35	Sun 01/09/2013	Mon 02/09/2013
36	Sun 08/09/2013	Mon 09/09/2013
37	Sun 15/09/2013	Mon 16/09/2013
38	Sun 22/09/2013	Mon 23/09/2013
39	Sun 29/09/2013	Mon 30/09/2013
40	Sun 06/10/2013	Mon 07/10/2013
41	Sun 13/10/2013	Mon 14/10/2013
42	Sun 20/10/2013	Mon 21/10/2013
43	Sun 27/10/2013	Mon 28/10/2013
44	Sun 03/11/2013	Mon 04/11/2013
45	Sun 10/11/2013	Mon 11/11/2013
46	Sun 17/11/2013	Mon 18/11/2013
47	Sun 24/11/2013	Mon 25/11/2013
48	Sun 01/12/2013	Mon 02/12/2013
49	Sun 08/12/2013	Mon 09/12/2013
50	Sun 15/12/2013	Mon 16/12/2013
51	Sun 22/12/2013	Mon 23/12/2013
52	Sun 29/12/2013	Mon 30/12/2013
1	Sun 05/01/2014	Mon 06/01/2014
2	Sun 12/01/2014	Mon 13/01/2014
3	Sun 19/01/2014	Mon 20/01/2014
4	Sun 26/01/2014	Mon 27/01/2014

## 5.4 Notes accompanying the weekly collection schedule

See appendix 13.3.

## 6. Data submissions

### 6.1 How will the data be collected?

No paper, email or fax submissions will be accepted.

For the weekly sentinel survey, we are expecting data from only GP practices that are with a GP IT supplier that has the capability to extract data automatically. The automated data uploads generally include all data items.

For the monthly 'All practices' survey we are expecting both automated and manual data returns. For those submitting the data manually, we expect all GP practices to complete the mandatory data items, but they may choose not to submit data for the optional data items until the final survey in February (this is because we would require a more complete and comprehensive submission for all dataset items in the final month for all cumulative vaccinations administered since 1 September 2013). All manual entry whether at GP or NHSE AT/CCG level (including updates and overwrite of data) should take place within stipulated survey deadlines for respective editing periods (see section 5.1 for monthly survey collection dates).

The main contact for the flu lead or co-ordinator sitting at NHSE AT or CCG level will be shown on the ImmForm website on the survey form covering page. For guidance and support with submitting data and/or undertaking the vaccination campaign in your clinic, contact your NHSE AT/CCG flu lead or co-ordinator in the first instance, who should be able to provide assistance with the data collection process for your practice before the survey begins.

### 6.2 GP IT suppliers

For automated data returns, we expect automated bulk upload and/or web service submissions direct to ImmForm from GP practices who have engaged a GP IT supplier that has the capability to extract the data automatically on their behalf. They include for the weekly sentinel survey the following GP IT suppliers: EMIS (LV/WEB platforms), INPS (Vision) and TPP (System One). For the monthly surveys they include the following GP IT suppliers: EMIS (LV/Web platforms), INPS (Vision), Microtest and TPP (System One).

CSC (formerly iSoft) and QMS (Quality Medical Solutions) will not be providing any automated data extracts.

It is important to remind GP practices that have or are changing IT suppliers to turn off the automated extraction from their 'old' system and turn it on for their 'new' system. This is because there have been some instances in the past, where automatically uploaded data from their 'old' supplier has been submitted after the data from their 'new' system and it has been overwritten.

## 6.3 PRIMIS tools and services

PRIMIS will be providing a data upload service via their CHART tool for those GP practices that use the CHART library and online tools as well as MIQUEST query sets for an automated extraction. Data providers who are already registered on the PRIMIS website will also need to ensure they have signed up to the 'PRIMIS Hub membership scheme' in order to access these tools and services from [www.primis.nottingham.ac.uk/index.php/home](http://www.primis.nottingham.ac.uk/index.php/home).

PRIMIS have also produced an audit tool for the 2013/14 seasonal influenza vaccination uptake survey. The audit tool will be available to download from Friday 18 October. Users will now be able to download the audit tool by using the 'Check for updates' link within the CHART tool. There is no requirement to login to the PRIMIS Hub to download the audit: simply open CHART, click the 'Check for updates' link and install.

Users can contact the PRIMIS flu helpdesk on 0115 846 6320, which will be available to all users, between 10am and 2pm, during the collection windows, regardless of PRIMIS Hub membership status. An email helpdesk service will also be available throughout the flu season via: [flu.helpdesk@primis.nottingham.ac.uk](mailto:flu.helpdesk@primis.nottingham.ac.uk).

Please note emails will only be responded to between 10am and 2pm during the collection windows. For more information contact PRIMIS at [www.primis.nhs.uk/index.php/contact-us](http://www.primis.nhs.uk/index.php/contact-us).

## 6.4 Advice for EMIS users

**EMIS PCS:** GP practices that use EMIS PCS and extract their vaccine uptake data by running searches in Population manager, should take note of the following information confirmed by EMIS: In PCS-WAN and LAN, vaccine uptake searches will run once a month, and usually take place at the beginning of every month. PCS users should wait until the third of the month before running their queries and uploading their data. This should ensure that the data is up to date for the preceding month.

**EMIS LV and EMIS WEB:** For your practice's data to be automatically extracted and submitted to ImmForm for the GP patient flu 2013/14 survey you will need to activate your QSurveillance system on your EMIS system. Instructions on how to set this up can be found on the QSurveillance website, under the topic 'Consenting and activating QSurveillance in EMIS Web?' and 'EMIS LV' at [www.qsurveillance.org/QSurveillance/Practice\\_Information.html](http://www.qsurveillance.org/QSurveillance/Practice_Information.html).

## 6.5 When will the automated returns appear on the website?

We have asked the participating software suppliers to send this data to us as close to the submission start date as possible. Automated uploads are anticipated to show on the website within a few days of each of the monthly XML bulk upload date agreed for suppliers (see section 5.1 for survey deadlines). Data is processed overnight and should be visible the following day.

NOTE: The 'XML bulk upload Submit Date' also includes the data upload service from PRIMIS via their CHART tool. Automated uploads will never appear on ImmForm in the first couple of days of the survey opening, as the data needs to be validated.

Please contact your GP supplier direct if your data does not appear two days before the close of the survey.

The survey automated extraction timings are as follows:

Weekly flu survey:

- we normally receive data files from GP suppliers on a Monday or Tuesday
- the data is then validated and then loaded into ImmForm
- the weekly data will therefore normally be visible on ImmForm on a Wednesday or Thursday

Monthly flu survey:

- suppliers have up to seven working days to submit their monthly data
- once the data is validated it will be loaded into the ImmForm survey
- the monthly data will therefore normally be visible on ImmForm on the day after it is received

GPs should check ImmForm to see if their data is being uploaded regularly and also the 'News items' section, for any updated bulletins about unexpected delays in receiving data. One way to verify to see whether the data for your practice is being automatically extracted is to check the weekly sentinel survey. If your practice data is being populated here, then it should be the same for the monthly 'All practices' survey.

## 7. ImmForm website

### 7.1 Background

The ImmForm website ([www.immform.dh.gov.uk](http://www.immform.dh.gov.uk)) is the system used by the NHS and PHE to collect data on vaccine uptake for immunisation programmes and provide vaccine ordering facilities for the NHS. ImmForm is easy to access, is password protected, and allows GP practices and NHS England area teams to submit, analyse and review their vaccine uptake data. For further information on ImmForm, please see ImmForm Helpsheet 0: 'What is ImmForm?' available at: [www.gov.uk/government/collections/immform](http://www.gov.uk/government/collections/immform).

### 7.2 Service hours

The service hours for ImmForm are 8am to 6pm Monday to Friday (except bank holidays). The website is usually available outside of these hours, but may be unavailable at any time outside of these hours, without notice, for essential maintenance. Several ImmForm 'helpsheets' are available, including troubleshooting, how to register and helpdesk at: [www.gov.uk/government/collections/immform](http://www.gov.uk/government/collections/immform).

Data providers should also monitor the 'News items' section of the website where timely information about flu surveys and important messages for GP practices or AT [SIL] co-ordinators will be posted as and when necessary.

### 7.3 Helpdesk

The ImmForm Helpdesk can be contacted via telephone on 0844 376 0040 or by emailing [helpdesk@immform.org.uk](mailto:helpdesk@immform.org.uk). However, please note that not all queries should go to the support team. For example, queries about specific surveys should go to other dedicated mailboxes; queries about vaccine deliveries should go to the distributors.

Please see 'Helpsheet 6 – Contact points' for more information, available at: [www.gov.uk/government/collections/immform](http://www.gov.uk/government/collections/immform).

### 7.4 Accessing ImmForm

The ImmForm reporting website can be accessed via [www.immform.dh.gov.uk](http://www.immform.dh.gov.uk) using existing logins and passwords. Currently ImmForm is designed and tested to work with Internet Explorer only; you must use Internet Explorer to access ImmForm.



## 7.5 How do I obtain login details for ImmForm?

Most GP practices and NHSE ATs/CCGs are already registered on ImmForm for providing vaccine uptake data for seasonal flu and other surveys and therefore should have a valid organisational account login and password. If you have forgotten your current password, you should use the password reminder option available on the log in page (see screenshot above).

For more information about how to register and use ImmForm, please refer to the following ImmForm helpsheets published at: [www.gov.uk/government/collections/immform](http://www.gov.uk/government/collections/immform).

Please make sure you are entering the password correctly, as it is case sensitive. Please ensure there are no spaces after or before the password, especially if you copy and paste in the password.

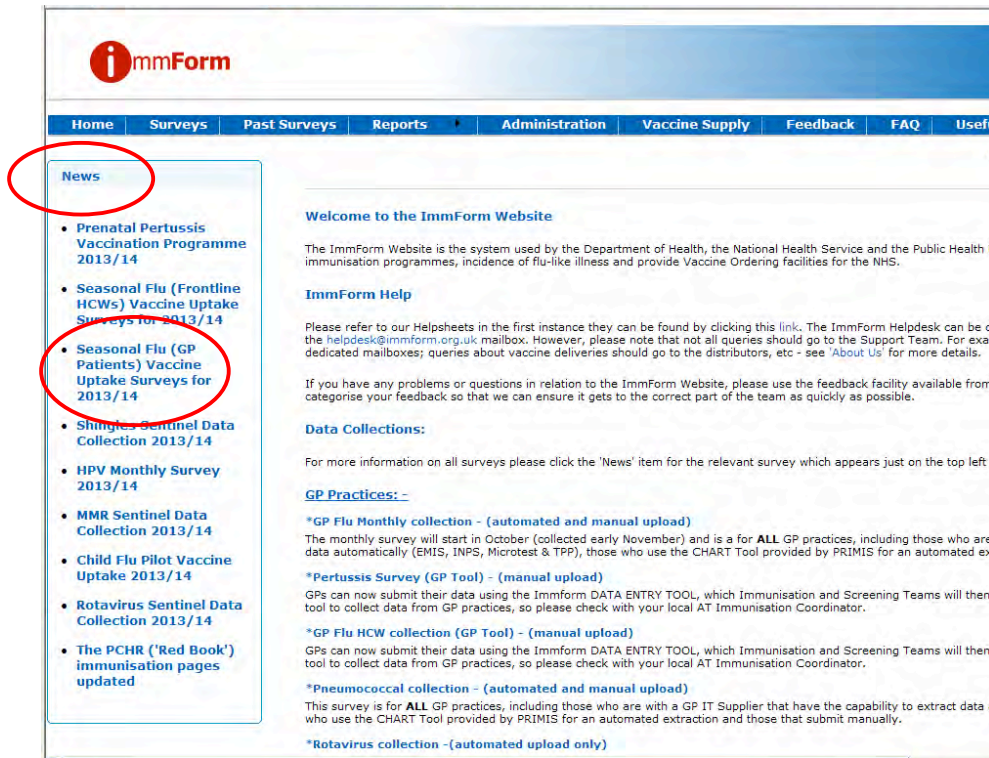
If you are still encountering problems with log in then you should contact the ImmForm helpdesk team via email on [helpdesk@immform.org.uk](mailto:helpdesk@immform.org.uk) or telephone on 0844 376 0040.

## 7.6 'News items' and FAQs section(s) on ImmForm

The 'News items' is a section of the website that enables us to post timely information, to data providers/users about arising matters. Please keep an eye on this section as we will post important messages up here for NHSE AT/CCG flu co-ordinators and GP practices regarding the survey and/or in response to other relevant queries (see below).



Influenza vaccine uptake (GP Patients) data collection 2013/14:  
ImmForm survey user guide for GP practices and area teams



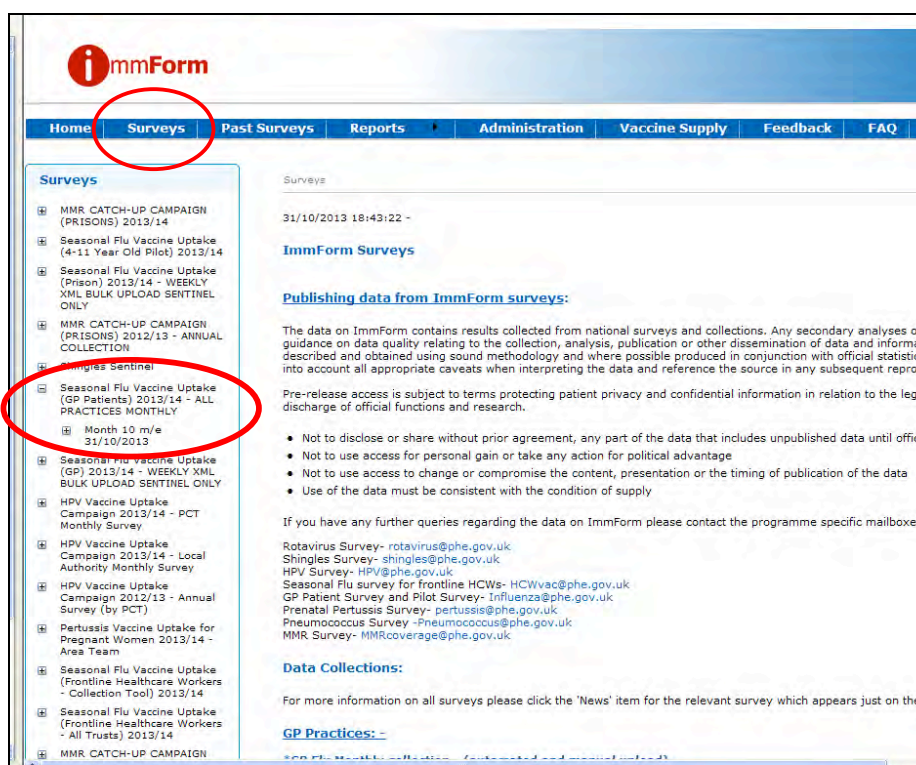
The 'FAQs' (frequently asked questions) on the dark blue toolbar at the top is always there and answers the most common questions.



## 8. Submitting data on ImmForm

### 8.1 Manual entry I – selecting the correct survey

Once you have successfully logged into the ImmForm website, you will need to select the correct survey. Click on ‘Surveys’ from the top dark-blue menu bar shown in the screenshot below. Select your organisation code, under the survey (and relevant collection month) you wish to provide data for, in this case the ‘Seasonal flu vaccine uptake (GP patients) 2013/14 – ALL PRACTICES MONTHLY’.



To submit data or view and/or amend data click on ‘Submit/Amend/View survey data’ (in the screenshot below HPA is the organisation shown but this will be your GP practice or NHSE AT organisation code, whichever is relevant).



During the campaign as each survey month opens and closes, the option to view any data entered for any specific month can be accessed by clicking on any of the blue links under 'Other surveys'. Select the appropriate month as necessary (the page defaults to the current month's survey).

Confirm your organisation details are correct and click on 'Next' as shown below (for the purpose of presenting an example, organisation details in the screenshots have been blacked out).

The screenshot shows a web browser window with the following content:

- Page title: **Seasonal Flu Vaccine Uptake (GP Patients) 2013/14 - ALL PRACTICES MONTHLY**
- Sub-header: **Month 10 m/e 31/10/2013**
- Section: **To view or amend this survey:**
- List of instructions:
  - Click 'Next'
  - Answer the on-screen questions
  - Press 'Submit'
- Text: **You will see a confirmation screen once the amendments have been successfully recorded.**
- Text: **For any support queries please contact** [redacted]
- Text: **Email Address:** [redacted]
- Text: **Telephone No:** [redacted]
- Text: **ImmForm User Guides for this survey and other relevant guidance are published at <https://www.gov.uk/government/organisations/health-england/series/immunisation#publications>**
- Text: **If you have any queries concerning the data collection process or content for this survey, contact [influenza@phe.gov.uk](mailto:influenza@phe.gov.uk).**
- Text: The ROCR team are keen to receive feedback on central data collections from the colleagues who complete/submit returns. In particular, around the length of time to complete and any issues, suggested improvements or duplication of data collections. Feedback can be submitted to ROCR using this form: [https://www.hscic.gov.uk/media/9548/Data-Collection-Feedback-form/xls/Data\\_Collection\\_Feedback\\_form.xls](https://www.hscic.gov.uk/media/9548/Data-Collection-Feedback-form/xls/Data_Collection_Feedback_form.xls)
- Buttons: **Next** (circled in red) and **Cancel**

## 8.2 Manual entry II – the data entry screen

The data entry screen for manual entry and edit, for the 2013/14 survey is shown in the example screenshot below. Questions 1, 2 and 3 are mandatory sections that must be completed for a successful submission. If you have not filled in one of the mandatory questions, the system will not allow you to submit the data.

You must complete all mandatory fields.

**Seasonal Flu Vaccine Uptake (GP Patients) 2013/14 - ALL PRACTICES MONTHLY**  
**Month 10 m/e 31/10/2013**

To record any changes you make to this form, press the submit button

**1. How did you extract data from your practice computer?**

**Mandatory Field**

- Did not use CHART or MIQUEST. Typed or changed data directly into the website
- Used CHART and typed data directly into website
- Used MIQUEST and typed data into the website
- XML bulk upload from EMIS

**2. Name of GP Software Supplier?**

**Mandatory Field**

- EMIS
- INPS (Vision)
- ISOFT Synergy
- ISOFT Premiere
- MICROTTEST
- TPP
- Other

If other, please specify

**3. Seasonal Flu vaccine uptake summary data.**

**Mandatory Fields**

	(A) Number of Patients registered on day of extraction.	(B) Number of patients within A that have received the Flu vaccine since 1st September 2013	Vaccination system
<b>All Patients</b>			
Aged 65+ and over	<input type="text"/>	<input type="text"/>	--
Aged 6 months to under 2 years	<input type="text"/>	<input type="text"/>	--
Aged 2 years to under 16 years	<input type="text"/>	<input type="text"/>	--
Aged 16 to under 65*	<input type="text"/>	<input type="text"/>	--
<b>Summary of patients in one or more at-risk group(s) [excluding 'healthy' pregnant women &amp; carers]</b>			
Aged 6 months to under 2 years	<input type="text"/>	<input type="text"/>	--
Aged 2 years to under 16 years	<input type="text"/>	<input type="text"/>	--
Aged 16 to under 65*	<input type="text"/>	<input type="text"/>	--
<b>Pregnant Women</b>			
Pregnant and NOT IN a clinical risk group	<input type="text"/>	<input type="text"/>	--
Pregnant and IN a clinical risk group	<input type="text"/>	<input type="text"/>	--
<b>Aged 2 years (Birth Cohort: 2 September 2010 - 1 September 2011)</b>			
Aged 2 and NOT IN a clinical risk group	<input type="text"/>	<input type="text"/>	--
Aged 2 and IN a clinical risk group	<input type="text"/>	<input type="text"/>	--
<b>Aged 3 years (Birth Cohort: 2 September 2009 - 1 September 2010)</b>			
Aged 3 and NOT IN a clinical risk group	<input type="text"/>	<input type="text"/>	--
Aged 3 and IN a clinical risk group	<input type="text"/>	<input type="text"/>	--

4. Seasonal Flu vaccine uptake individual clinical risk group data

Optional Fields

	(A) Number of Patients registered on day of extraction.	(B) Number of patients within A that have received the Flu vaccine since 1st September 2013	Vacc syst
<b>Patients with Chronic Heart Disease</b>			
Aged 6 months to under 2 years	<input type="text"/>	<input type="text"/>	--
Aged 2 years to under 16 years	<input type="text"/>	<input type="text"/>	--
Aged 16 to under 65 <sup>†</sup>	<input type="text"/>	<input type="text"/>	--
<b>Patients with Chronic Respiratory Disease</b>			
Aged 6 months to under 2 years	<input type="text"/>	<input type="text"/>	--
Aged 2 years to under 16 years	<input type="text"/>	<input type="text"/>	--
Aged 16 to under 65 <sup>†</sup>	<input type="text"/>	<input type="text"/>	--
<b>Patients with Chronic Kidney Disease</b>			
Aged 6 months to under 2 years	<input type="text"/>	<input type="text"/>	--
Aged 2 years to under 16 years	<input type="text"/>	<input type="text"/>	--
Aged 16 to under 65 <sup>†</sup>	<input type="text"/>	<input type="text"/>	--
<b>Patients with Chronic Liver Disease</b>			
Aged 6 months to under 2 years	<input type="text"/>	<input type="text"/>	--
Aged 2 years to under 16 years	<input type="text"/>	<input type="text"/>	--
Aged 16 to under 65 <sup>†</sup>	<input type="text"/>	<input type="text"/>	--
<b>Patients with Diabetes</b>			
Aged 6 months to under 2 years	<input type="text"/>	<input type="text"/>	--
Aged 2 years to under 16 years	<input type="text"/>	<input type="text"/>	--
Aged 16 to under 65 <sup>†</sup>	<input type="text"/>	<input type="text"/>	--
<b>Patients with Immunosuppression</b>			
Aged 6 months to under 2 years	<input type="text"/>	<input type="text"/>	--
Aged 2 years to under 16 years	<input type="text"/>	<input type="text"/>	--
Aged 16 to under 65 <sup>†</sup>	<input type="text"/>	<input type="text"/>	--
<b>Patients with Chronic Neurological Disease (including Stroke/TIA, Cerebral Palsy or MS)</b>			
Aged 6 months to under 2 years	<input type="text"/>	<input type="text"/>	--
Aged 2 years to under 16 years	<input type="text"/>	<input type="text"/>	--
Aged 16 to under 65 <sup>†</sup>	<input type="text"/>	<input type="text"/>	--

5. Seasonal Flu vaccine uptake for Carers

Optional Fields

<b>Carers</b>			
Aged under 65 <sup>†</sup> not at-risk who fulfil the 'carer' definition	<input type="text"/>	<input type="text"/>	--
	Provide if readily available.	Provide if readily available.	

Comments (Optional)

<sup>\*</sup> Those who are in receipt of a carer's allowance, or those who are the main carer for an elderly or disabled person whose welfare may be at risk if the carer falls ill. This should be given on a in the context of other clinical risk groups in their practice.

<sup>†</sup> "65 and over" is defined as those 65 and over on 31 March 2013 (ie born on or before 31 March 1948). "Under 65" is defined as those under 65 on 31 March 2013 (ie born on or after 1 April 1948). "65 and over" and "Under 65" are defined by the patient age on the date of extraction - see Birth Date Ranges.

Audit Records

Date of Action User Action

Click on the Submit button to save your survey details and then wait for a confirmation message.

Click on 'Submit' at the bottom of the page once all data has been entered.

You will then get a confirmation message if the entry was successful. However, where errors have occurred, instructions regarding the fields requiring further attention will be shown by a red asterisk next to the data item that is in error. Should there be an anomaly with the data entered, the system will alert you to the fields that failed the data validation checks and therefore will require amending.

Once the data is accepted a page confirming the successful entry is displayed.

### 8.3 Data validation errors

There may be several reasons why the data validation errors occur. The error message will indicate what the problem is. For example:

‘There has been a problem submitting your survey data. The following problems have been encountered:

All patients aged 65 and over vaccinated must be less than or equal to All patients aged 65 and over registered. Please amend this value.

Patients with chronic heart disease aged 6 months to under 2 years registered must be less than or equal to total at-risk patients aged 6 months to under 2 years registered. Please amend this value.

Please provide a value for All patients aged 6 months to under 2 years vaccinated’

The affected fields are highlighted with a red asterisk, as shown in the example below:

2. Your flu vaccine uptake return.

	(A) Number of Patients registered on day of extraction.	(B) Number of patients within A that have received the Flu vaccine between 1st Sept and end of previous month	Vaccine Uptake is calculated by the system
<b>All Patients</b>			
Aged 65 and over	100	180 *	180
Aged 6 months to under 2 years	10	2 *	20
Aged 2 years to under 16 years	100	10	10
Aged 16 to under 65	500	100	20
<b>Summary of patients in one or more at-risk group(s)</b>			
Aged 6 months to under 2 years	1	1	100
Aged 2 years to under 16 years	15	10	66.7
Aged 16 to under 65	50	30	60
<b>Patients with Chronic Heart Disease</b>			
Aged 6 months to under 2 years	2 *	0	0
Aged 2 years to under 16 years	1	1	100
Aged 16 to under 65	10	5	50

## 9. Reviewing and editing data

### 9.1 Amending data after it has been entered

You can return to the data entry screen and update or edit information that you may have previously entered, or was submitted on your behalf by automated upload, provided you do this within the submission and editing window period while it is still open.

Note that you cannot amend the survey after the end of your respective data entry window. You should ensure that all necessary amendments and changes to data submissions are made within the edit window period that has been set for each monthly survey (see section 5.1 for collection survey end dates).

Once the data entry screen has been updated, click on 'Submit' to confirm the data.

AT/CCG flu leads or co-ordinators have an extra window of submission a few days after the GP deadline, either to submit data on behalf of GPs who failed to submit by their own deadlines or to perform a final review of the survey data already submitted. NHSE ATs have read-write access during this period and may enter/amend data on behalf of practices.

GP practices should still check and/or query any data automatically uploaded and if necessary request their NHSE AT SILs/SIMs or SICs to amend any anomalies found (should this be outside the GP data entry window period), on their behalf.

GPs who identify errors with their data (whether it was manually entered or via an automated upload) after their survey end date has passed, should immediately notify their NHSE AT/CCG flu co-ordinator(s) as soon as an anomaly is identified. This is to enable NHSE ATs/CCGs enough time to be able to amend any errors or inconsistencies before the editing window period closes for them.

### 9.2 Exporting data into Excel

After entering data, data providers can retain a copy of the data that they have submitted. There are links that exports the data into Excel, please see below. Click on it to open or save the file.

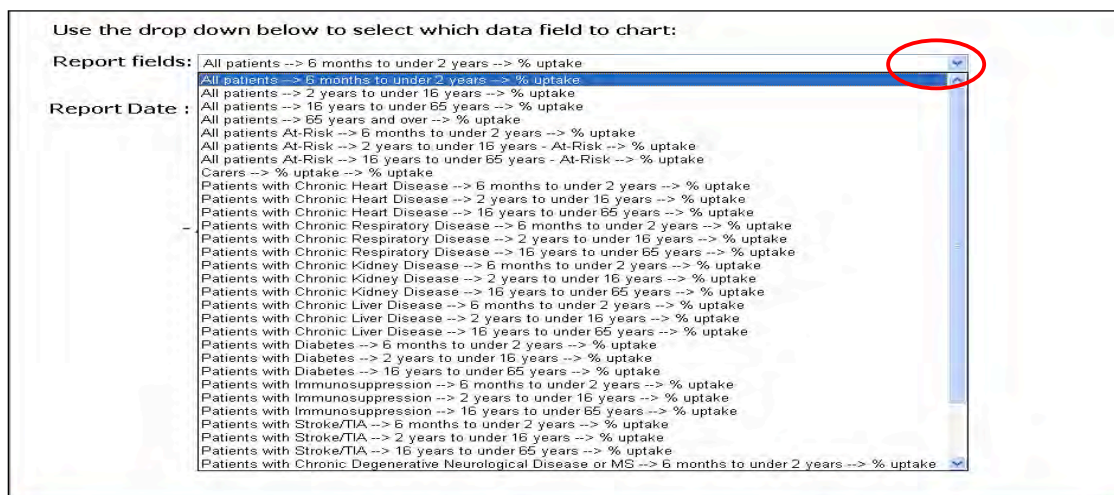


The Excel export has been provided to facilitate local printing. We recommend that you do not try to print directly from the ImmForm website as we are unable to control any potential problems centrally from the website, due to the wide variations in local browser and printer configurations.

### 9.3 Anonymous comparison report

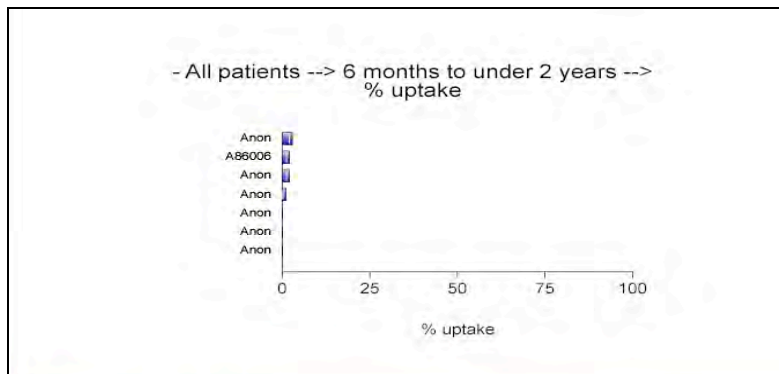
Organisations are able to view their uptake performance via bar chart that shows this in relation to other practices/NHSE ATs (anonymously). You will be able to view uptake rates for each cohort group and by geographical area. There is a link to access the anonymous comparison report, available when you have submitted the data.

Use the drop down list to view a particular report either by age, risk or by both:



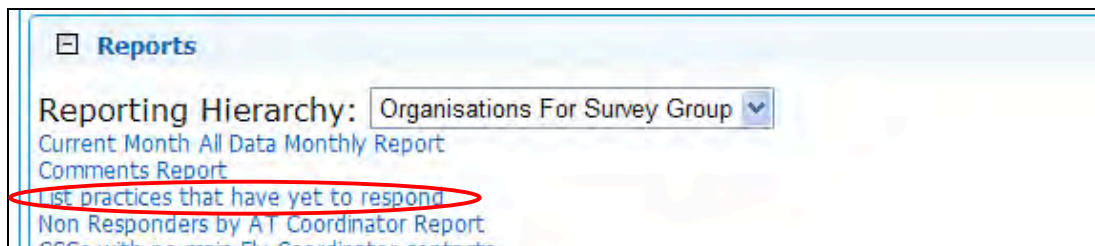
Once you have chosen to view percentage vaccine uptake in a particular category, the system will then produce the required report by bar chart as seen in the example below.





### 9.4 Non-responder report

NHSE ATs/CCGs also have the opportunity to see which GP practices have already entered data or have failed to respond to the survey, by running non-responder reports any time before the data entry window closes (see example screen shot below showing at PHE level), allowing for follow-up of any outstanding data that needs to be submitted.



NHSE ATs/CCGs can also view uptake rates by age and risk groups as shown by tabs on the screenshot below.

Response Summary		Summary of Flu Vaccine Uptake %											
Org Code	Org Name	No. of practices	No. of forms completed	% of practices responding	65 and over	Under 65 (all Patients)	Under 65 (at-risk only)	Pregnant and NOT IN a clinical risk group	Pregnant and IN a clinical risk group	All Pregnant Women	Aged 2 and NOT IN a clinical risk group	Aged 2 and IN a clinical risk group	Age 2

## 10. Publication of uptake data

### 10.1 Use of data – public health objective

The routine collection of influenza immunisation uptake data is essential to provide robust and timely information about this immunisation programme. Collection of this data allows the assessment of the implementation of the influenza immunisation programme and uptake of vaccine, and information that can be used locally, regionally and nationally to assess the progress of the programme.

Vaccine uptake data collections are therefore a high priority within public health policy, as they measure the effectiveness of vaccination programmes, which are a key preventative aspect of protecting the public from infectious disease and public health threats (such as a flu pandemic). The data is also valuable for further analysis and evaluation for epidemiological or modelling studies.

### 10.2 Weekly, monthly and final end of campaign figures

Provisional headline (national) data from the weekly sentinel survey of automated GP practices will be published in the PHE weekly influenza report, available to view at [www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/SeasonalInfluenza/EpidemiologicalData/03influsweeklyreportpdfonly](http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/SeasonalInfluenza/EpidemiologicalData/03influsweeklyreportpdfonly).

Provisional national, AT, CCG and local authority (in the final survey) level data will be published monthly (from the monthly collection(s)) on the 'Immunisation'/'Vaccine uptake coverage' web pages at [www.gov.uk/government/collections/immunisation](http://www.gov.uk/government/collections/immunisation) and [www.gov.uk/government/collections/vaccine-uptake](http://www.gov.uk/government/collections/vaccine-uptake).

The data will show uptake for those aged 65 years and over, those aged under 65 years in a clinical at-risk, all two-year-olds (including in at-risk groups), All three-year-olds (including in at-risk groups) and pregnant women.

A final end of campaign report will be published on the GOV.UK website once the data have been collected and validated by PHE, following final closure of the influenza vaccine uptake campaign on ImmForm.

## 11. Troubleshooting tips

Please ensure you have read the ImmForm helpsheets (accessible via the PHE GOV.UK website at [www.gov.uk/government/collections/immform](http://www.gov.uk/government/collections/immform)) before contacting the helpdesk team, as most problems are generally resolved by referring to the relevant helpsheet.

### 11.1 Unable to enter data because survey is read-only

If this message comes up it means that the (GP) data entry window has not opened yet (i.e. you are trying to enter data before the current month ends) or has ended (i.e. it is more than seven/nine working days from the start of the month).

Data cannot be entered by the GP after the seventh working day for the October survey and after the tenth working day for the January survey (final collection run in February). The NHSE AT/CCG has access for an additional two days after the GP end date for the October survey and three working days after the GP end date for the January survey.

### 11.2 The flu survey is not visible

Please check you are using the correct URL, that you are accessing ImmForm during service hours and that you are using Internet Explorer (see the [ImmForm Helpsheets](#) for more information).

Should you still not see the GP flu survey, it may mean a problem to do with your access permissions associated with your log-in and/or your GP practice is not registered. After making sure that you have logged in with the correct account for the organisation you are submitting data for, and there is still a problem, please notify the ImmForm helpdesk team via [helpdesk@immform.org.uk](mailto:helpdesk@immform.org.uk) or call on 0844 376 0040 with full details.

### 11.3 Unable to print survey form

Some users have reported problems when trying to print completed survey forms. This is not something we can control centrally from the website. We have therefore provided the ability to output the saved data to Excel.

## 12. Contacts

You are advised to contact your local NHSE AT immunisation lead/flu co-ordinator(s) and/or CCG immunisation co-ordinators (as appropriate) in the first instance.

Also check this user guide first, as the information contained will cover the majority of questions. Other formal correspondence such as tripartite letters may also answer your query.

Please make every effort to target the appropriate contact, as sending queries to the wrong contact results in delays. You can also use the feedback facility function on the ImmForm website, selecting the appropriate feedback category from the dropdown list. You can also refer to ImmForm helpsheet number 6; 'Contact points' available at:

[www.gov.uk/government/publications/contact-points-immform-helpsheet-6](http://www.gov.uk/government/publications/contact-points-immform-helpsheet-6).

### 12.1 Survey collection and content

For queries regarding survey data collection content and process not covered in official correspondence, or in this user guide, or addressed by your NHSE AT/CCG lead /co-ordinator in the first instance; email [influenza@phe.gov.uk](mailto:influenza@phe.gov.uk).

NOTE: Every attempt is made to respond to all queries received via the PHE mailbox as quickly as possible, but due to the usually large volume of calls and email queries received particularly at the start of the survey, there may be delays in responding. However, it is always best to email to ensure a response is received.

### 12.2 Log-in details/Password reminders/Registering new contacts

If you are previously registered and have used ImmForm, it is likely that your login details and password will still be valid. Remember you can also request a password reminder directly from the login page on ImmForm (see section 7.5 in this guide). To request a password to access the ImmForm website or changes to organisation codes, or contacts etc, please email the ImmForm helpdesk via [helpdesk@immform.org.uk](mailto:helpdesk@immform.org.uk).

If you need to register several users at once, please use the Excel spreadsheet template provided (see notes in the spreadsheet that indicate which roles provide which types of access to the survey and collection tool respectively). Please do not amend the layout of the spreadsheet, as it is used for automated uploading of registration details.

### 12.3 Website support and technical issues

For technical issues concerning the ImmForm website, please email the ImmForm helpdesk team via [helpdesk@immform.org.uk](mailto:helpdesk@immform.org.uk)

## 12.4 Policy

For queries regarding policy or general immunisation questions not addressed in the annual flu letter or the Green Book or other published guidance, please address them to the DH via the GOV.UK website at [www.info.doh.gov.uk/contactus.nsf/memo?openform](http://www.info.doh.gov.uk/contactus.nsf/memo?openform)

## 12.5 Immunisation implementation

For specific queries regarding new immunisation programmes (including questions relating to the new childhood flu pilot programme), general implementation issues and miscellaneous vaccination questions please email the PHE mailbox at [immunisation@phe.gov.uk](mailto:immunisation@phe.gov.uk)

## 12.6 Vaccine supply

Vaccine supply queries should be sent to [vaccinesupply@phe.gov.uk](mailto:vaccinesupply@phe.gov.uk)

## 12.7 Commissioning/GP payments

Queries on commissioning and/or GP Payments should be directed to NHSE via email to [england.immunisation@nhs.net](mailto:england.immunisation@nhs.net)

## 12.8 GP IT software suppliers

For queries regarding GP IT systems, including how to be included in automated bulk data uploads, please contact your GP IT Software supplier in the first instance. PRIMIS can be contacted via their website at [www.primis.nhs.uk](http://www.primis.nhs.uk) or the helpdesk [flu.helpdesk@primis.nottingham.ac.uk](mailto:flu.helpdesk@primis.nottingham.ac.uk)

## 12.9 Frontline healthcare workers' vaccine uptake survey

For questions regarding the frontline healthcare workers' vaccine uptake data collection process and content, please use the feedback facility function on the ImmForm website or email [hcwvac@phe.gov.uk](mailto:hcwvac@phe.gov.uk)

## 13. Appendices

### 13.1 Logical validation rules accompanying ImmForm dataset

The following logical validation rules will be applied to the data to prevent invalid data being submitted:

1. Figures entered for the number of vaccinations administered (column B), must be less than or equal to the number of patients registered in the group for which the figure is being entered (column A).
2. 'All patients' is a count of all registered patients, including those in clinical risk groups, or who are pregnant or who are carers. Each patient should only be counted once.
3. Figures entered in the section 'Summary of patients in one or more at-risk group(s) (excluding 'healthy' pregnant women and carers)', must be less than or equal to the corresponding fields for 'All patients'.
4. Patients may appear in more than one risk group. This means that it is possible that the total people in risk groups might be more than the total people at risk. However, people that appear in more than one risk group should only be counted once in the 'Summary of patients in one or more at-risk group(s)'.
5. For the field 'Pregnant and NOT IN a clinical risk group', 'the Number of patients registered on day of extraction' should usually be less than the number of 'All patients – aged 16 to under 65' minus the number of 'Summary of patients in one or more at-risk group(s) (excluding 'healthy' pregnant women and carers) – aged 16 to under 65'.
6. For the field 'Pregnant and NOT IN a clinical risk group', the 'Number of patients within A that have received the flu vaccine since 1 September 2013' (column B) should usually be less than the total of the number of patients vaccinated for 'All patients – aged 16 to under 65' minus the number of 'Summary of patients in one or more at-risk group(s) (excluding 'healthy' pregnant women and carers) – aged 16 to under 65'.
7. For the field 'Pregnant and IN a clinical risk group' the 'Number of patients registered on day of extraction' should usually be less than the number of 'Summary of patients in one or more at-risk group(s) (excluding 'healthy' pregnant women and carers) – aged 16 to under 65'.
8. For the field 'Pregnant and IN a clinical risk group' the 'Number of patients within A that have received the flu vaccine since 1 September 2013' should usually be less than the number of patients vaccinated for 'Summary of patients in one or more at-risk group(s) (excluding 'healthy' pregnant women and carers) – aged 16 to under 65'.

Data providers are given a validation error message if pregnant women are higher than the 16 to under 65 age band but will allow data providers to confirm and submit the data if

they wish. It is accepted that some pregnancies occur in the under 16s so the validation check is a warning only.

9. Numbers entered by age bands for each of the seasonal flu optional fields (i.e. individual clinical risk group(s) in Section 4) must always be less than or equal to the corresponding fields for 'Summary of patients in one or more at-risk group(s)' in Section 3.
10. Denominators should be defined by their age on date of extraction, but for the upper limit of the '16 to under 65' age band and for the 'aged 65 and over' age band, they should be defined by their age at 31 March 2014 (this fits with the policy, i.e. all those aged 65 years or older by the 31 March 2014 are eligible to receive vaccine in the 2013/14 vaccination programme). The six-month age band is defined by age on the date of extraction.
11. New fields added children aged two to three years. The denominator defined as children aged two or three years but not four years or older on 1 September 2013. Thus all children in this age range are included irrespective of whether they are in a clinical risk group or not. Age two years (Birth cohort: 2 September 2010 to 1 September 2011) and age three years (Birth cohort: 2 September 2009 to 1 September 2010).
12. Carers should not be greater than the total patients or less than the total patients at risk.

### 13.2 Notes accompanying monthly collection schedule

1. The start date for monthly collections is always the first working day of the following month.
2. The data for all surveys (whether collected weekly or monthly) are cumulative (as per previous seasons) i.e. from 1 September 2013 to end of each survey month (i.e. 31/10/2013, 30/11/2013, 31/12/2013 and 31/01/2014 respectively) or from 1 September 2013 to the end of the previous week, ending each Sunday (weekly).
3. The GP end date for the monthly surveys (except January) is seven working days (inclusive) after the start date, reflecting the need to have the data available quickly to allow interventions in the programme if necessary. The AT end date is an additional two working days after the GP end date. NHSE ATs will have access during this period to submit or amend data on behalf of GP practices.

XML uploads are required by seven working days, to give enough time for data providers to collect and collate the data, but also give time for GP practices to view the data before the survey closes.

The GP end date for the January survey is ten working days (inclusive) after the start date, allowing more time to collate and submit the final data. The NHSE AT end date for January is an additional three working days after the GP end date. XML uploads are required by seven working days, to give enough time for data providers to collect and collate the data, but also give time for GP practices to view the data before the survey closes.

4. GP practices and NHSE ATs will still be able to view and amend the month-based surveys submitted data up until their respective end dates for each month.

### 13.3 Notes accompanying weekly collection schedule

1. Vaccine uptake data is measured from 1 September 2013. The weekly collections will start in September (although it is recognised that uptake will be low at first and will depend on vaccine availability).
2. It is anticipated that only those suppliers that have automated upload capability (i.e. XML bulk upload or web service) will provide weekly data on behalf of their participating practices.
3. Weekly data generally collected on a Monday for data up to midnight on the previous Sunday. The exceptions are where the Monday (or Tuesday) falls on a bank holiday, so is deferred a day or two (there are no instances of this for 2013/14).
4. It is proposed that suppliers will submit data by noon one-and-a-half working days following day of when a weekly collection period ends (i.e. typically by noon every Tuesday).
5. Where the weekly end date and the monthly end date coincide, weekly bulk upload data providers need only provide the weekly file, as we will be able to use the same files for weekly and monthly data (there are no instances of this for 2013/14).