



Public Health
England



Department
of Health

NHS
England

MMR Action Plan

15 May 2013

About Public Health England

We are a new national executive agency formed in 2013 from a number of expert organisations in public health. Our status ensures we have operational autonomy and professional and scientific credibility.

We protect and improve the nation's health and wellbeing, and tackle health inequalities so that the poorest and most poorly benefit most.

We provide a nationwide, integrated public health service, supporting people to make healthier choices. We provide expertise, information and intelligence to public health teams based in local authorities and the NHS to secure the biggest improvements in the public's health.

Public Health England
133-155 Waterloo Road
Wellington House
London SE1 8UG
Tel: 020 7654 8000
<http://www.gov.uk/phe>
[@PHE_uk](#)

Prepared by: [Immunisation Department, Public Health England](#)

For queries relating to this document, please contact: Immunisation.Lead@phe.gov.uk

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Executive summary

This action plan sets out a comprehensive set of local and national actions to significantly increase MMR vaccine coverage among those most at risk. The key elements include:

- Raising general awareness of the dangers and consequences of not being vaccinated, and by so doing to persuade unvaccinated or under-vaccinated teenagers and young adults to seek vaccination from their GP.
- GP practices to actively identify those teenagers, young adults (and children) at risk by searching their databases for the un- or under-vaccinated and specifically offering them the vaccine. Screening and Immunisation Leads (SILs) and their teams will track that each practice is taking part and supporting / intervening as necessary to boost this part of the plan.
- SILs and DsPH to take a local view about the particularly vulnerable or low coverage groups, and to ensure that there are specific plans in place to identify the un- or under-vaccinated in these groups and to offer them vaccination in a way designed to have good uptake. SILs to confirm that these plans are in place and to report on progress.
- Establish comprehensive reporting processes to track progress.
- Maintain an ongoing communications campaign in support of the programme.

Background

Outbreaks of measles in England have been increasing in the last two years with an annual total of 1,920 confirmed cases in 2012, the highest annual figure since 1994. In the first quarter of 2013, 587 cases were confirmed in England. Cases have been spread across England, although the highest totals have been in the North West and North East. The key difference in the pattern of infection in 2013 is a high rate of cases in teenagers, which we have not experienced in previous years. Secondary schools provide an opportunity for rapid spread of infection, as has happened in Swansea. This age group is the most likely affected by the adverse publicity between 1998 and 2003.

The final target is that by 30th September 2013, we intend that at least 95% of young people aged 10 to 16 years will have received at least one dose of MMR. This figure is similar to the level now being achieved in younger children and should provide a level of herd immunity that will reduce transmission and spread of measles into other age groups.

An early intervention now may enable us to interrupt the transmission of measles and avoid large outbreaks such as that currently seen in Swansea. The absence of large outbreaks with rapid accumulation of cases will be a measure of the success of the programme alongside evidence of documented high levels of coverage in the 10 to 16 year old age group. The long-term intention is to return to a situation where indigenous transmission of measles is virtually eliminated. The actions proposed in this plan are an important step in reaching this objective.

Aim of the Plan

The aim is to urgently get the right people vaccinated in the right place by the right providers, through -

- generating demand for vaccination of young people between 10 and 16 years of age who remain under - or unvaccinated, through clear messaging to that group and wider. The highest priority group is young people who have never received any dose of MMR

and

- ensuring that services are in place to meet that demand – by finding ways to get GPs and local child health services to identify relevant individuals and actively offer catch-up vaccination proactively.

The Plan

- targets those young people most at risk, strongly recommending that they urgently seek vaccination
- recommends the use of patient registers, or other local resources to actively identify unvaccinated or under vaccinated individuals
- recommends a proactive offer of vaccination to any unimmunised or partially immunised young people between the ages of 10 and 16 years
- builds on and strengthens existing procedures and approaches that are known to be successful in maximising access to services (particularly for vulnerable or under-served groups) and hence uptake
- develops a targeted communication strategy actively reminding young people and their parents of the need to be vaccinated promptly.

This plan sets out the national framework. Local teams will be expected to produce plans that will apply the national framework in order to maximise local action.

Alongside this additional activity, it will be important to ensure that the routine programme of offering MMR at one year and a second dose three years later is maintained and improved upon where possible.

Ongoing local surveillance may reveal the need to expand the focus of the catch-up activity outside the 10–16 year age group. Where this is identified by area teams, appropriate local action may need to be taken.

Target groups for communication

There are three main target groups:

- children and young people between the ages of 10 to 16 years who have never been vaccinated or who have only had one dose of MMR (with the emphasis on the first group)
- parents and guardians of the children and young people (as there is evidence that parents influence young people of this age to present for vaccination)
- health professionals who will be offering MMR vaccine to the target group (and who should also make sure that they are protected against measles).

It will also be important to ensure that school staff have adequate information and are encouraged to be included in any local activity.

Employers should ensure that health care professionals who are caring for patients have evidence of immunity as outlined in the Green Book (<http://immunisation.dh.gov.uk/gb-complete-current-edition/>).

Nationally the cohort of under-vaccinated individuals is up to one million individuals. The **primary** focus of this programme is the unvaccinated 10 – 16 year old age group which accounts for about one third of the million. On average this may be around 30- 40 young people per practice although this number will vary across practices according to previous uptake. A further third of the million are 10-16 year olds who have had only one MMR vaccination. These two groups will be actively targeted by this programme for priority vaccination **before** September 2013. The remaining third fall outside these age defined priority groups. When they are aged 16 and over, a mechanism for reimbursement is being established.

Local action and timings

Area teams in partnership with PHE Centres and DsPH have been developing local plans to undertake the following actions:

1. Identification of children at risk

The first priority is to identify children aged 10-16 years (born 1997-2003) who have not received any MMR vaccination; those who have received a single dose are a lower priority. **This activity should largely be complete by the end of May.** The vaccination status of all 10-16 year olds should have been checked and accurately recorded and updated in GP systems **by mid June** at the latest. There should therefore be a flexible approach to identifying individuals for vaccination. Identification of children at risk could be undertaken using one or more of the following mechanisms:

- search of GP records to identify the children in these age groups who did not receive MMR at the routine age (between 1998-2008) or in the catch-up programme in 2008
- extraction of data from the local Child Health Information System
- writing to parents of all school age children and asking them to check their Parent Held Record (the “red-book”)
- E-mail or text message to parents of all school age children and asking them to check their Parent Held Record (the “red-book”)

If an approach based on schools is used then the target group should be school years 5-11, aiming to protect those who are at secondary school or will be attending secondary school next academic year. A school based approach (for example using the flyer and ‘pupil post’) should aim to deliver flyers to the relevant children **by mid June at the latest.** The flyer for schools can be ordered through http://www.orderline.dh.gov.uk/ecom_dh/public/home.jsf

Current data systems for children above the age of five years are less accurate than those in younger children, particularly for families who have moved GPs or areas after this age.

Although a record of a vaccination given is unlikely to be wrong, previous experiences suggests that 30-50% of children who appear to be unvaccinated will have actually received vaccination. Area teams should liaise with local providers and local Child Health Departments to understand the accuracy of local systems and therefore to choose the most appropriate mechanism for this exercise. Contractual arrangements to undertake this identification process need to be in place so that:

- a. Unvaccinated children aged 10 to 16 should be identified and have had at least one dose of MMR **by the end of June** and be fully vaccinated **by the end of July**.
- b. Children aged 10 to 16 who have already received one dose of MMR should be identified **by the end of June** and have had the second dose of MMR **by the end of July**.
- c. Data on vaccines given in this programme should be shared with the local CHIS on a weekly basis using the standard vaccination and immunisation unscheduled appointment forms. This activity should be complete **by the end of August**.
- d. A single interim activity report is submitted by **15th May**
- e. A one-off information gathering exercise from general practice takes place **at the end of May** (note - under discussion with the BMA General Practitioners Committee) prior to the commencement of ImmForm uptake collections.
- f. Providers are required to monitor and report activity information to NHS England area team on a monthly basis as part of the enhanced service.

The provider may also be required to submit additional information as may be requested by NHS England, PHE and the DH.

Where general practices decline to take part in this programme area teams will need to have alternative arrangements for identifying and vaccinating those adolescents registered at such practices.

By 30th September 2013, we intend that at least 95% of young people aged 10 to 16 years will have received at least one dose of MMR. These plans may need to be accelerated if the epidemiology of measles in England changes.

2. Offering MMR vaccine to children at risk

Those children identified above should then be given an opportunity to receive vaccination. Area Teams are responsible for ensuring contracts are in place to undertake this vaccination, to ensure locally held vaccine supplies are sufficient and accessible and to collect data on those vaccinated as part of the programme. Vaccine supplies are procured nationally and stocks should be ordered through **ImmForm**.

Vaccinations may be delivered using one or more of the following mechanisms:

- making an appointment for children to receive vaccination with their general practices
- undertaking specific vaccination clinics in schools where deemed locally appropriate

- undertaking specific vaccination clinics in other settings (e.g. community pharmacies, local hospitals, shopping centres, outreach to vulnerable and underserved groups, etc).
- Area Teams with Public Health England and local Directors of Public Health will review the catch up campaign's effectiveness **at the end of June 2013** and consider if concurrent, alternative services are required (e.g. community drop in clinics, arrangements with pharmacies). These will be implemented following the same procedure as targeting vulnerable groups

The current GP contract includes provision for the immunisation of unvaccinated and under-vaccinated children under 16 years. Clinics should be provided at times suitable for teenage children including weekends and evenings. The imminent summer holidays may provide a suitable period for scheduling sessions for those not yet vaccinated. In order to use staff resources most efficiently, sessions at schools could be built around other school nursing services, as the numbers requiring vaccination may be quite small. It is important that catch-up vaccination is completed, **at the latest**, before the autumn term, to reduce the risk of outbreaks in schools. It is more important and may be easier to get unvaccinated individuals vaccinated once than to get those who had already received one dose to attend for a second dose.

Contracts should be in place as soon as possible, as the need is urgent and by early **June 2013 at the very latest**.

Plans should be in place so vaccination can be undertaken as soon as possible and completed by the beginning September 2013 at the very latest.

3. Improve and sustain the current MMR programme

Although the immediate need is to provide MMR catch-up of older children, it is important to ensure that the current high levels of MMR uptake in the routine programme are maintained or improved. This will ensure that future cohorts are well protected to prevent future outbreaks. Area teams will need to:

- use the opportunity at transfer to secondary school to actively check MMR status and follow up inadequately vaccinated individuals with vaccination in school or referral to the GP. School nurses have access to young people as they leave primary school and make the transition to high school, when they review the child's health records including immunisation status. School nurses can follow up missed immunisations and offer catch-up vaccinations to all 11-year-olds. Contracts should be in place for this to happen from school year 2014/15.
- implement active ascertainment of MMR status at the time of HPV vaccination in girls and offer MMR vaccination where needed. Contracts should be in place for this to happen from school year 2014/15.
- at the 14 yr old Td/IPV booster vaccination, to strengthen the reminder and positively ascertain MMR status and offer catch up vaccination. This is already in place in many areas and will be strengthened and formalised. Contracts should be in place in all areas for this to happen during school year 2013/14.

- ensure continued high coverage of the first and second doses of MMR at the routine recommended ages.
- have local plans in place, assured through PHE centres and NHS England area teams and DsPH, to implement and report on the above actions, and to have specific approaches to under-vaccinated communities.
- the Immunisation Programme Board and NHSCPHEG will keep the delivery of plans and their impact under review and the DH team will keep ministers informed.
- PHE are managing this as a level 3 Incident requiring national co-ordination, supported by weekly SitRep, regular teleconferences with SILs and multi-agency oversight.

Local and regional teams will also be supported through the integrated communications plan outlined in this document.

National actions

Initial actions

It is necessary to respond rapidly to any outbreaks that may arise in England, to media interest sparked by the situation in Swansea, and to the publication of measles case data on 25 April. Public and professional communications have been put in place, as services are ready to meet demand (notwithstanding the necessity to respond locally on a reactive and opportunistic basis).

The publication of the quarterly measles data (on 25th April 2013) enabled us to emphasise the message that measles cases are increasing; it is not just a harmless disease and any individuals who are unvaccinated should urgently arrange to receive at least one dose of MMR. Those who have only had a single dose should also arrange to complete the course.

PHE Communications, the National Immunisation Teams in Health Protection Division of PHE and NHS England Operations Directorate have produced a range of communications and materials issued on or before 25th April:

- A briefing note to all PHE centres including regional figures and template for regional press releases and key messages, including Q&A document for local/regional spokespeople.
- **Q & As for local authority officers**
- **An urgent communication from NHS England to Area Team Directors**, copying to Regional Team Directors and Chief Operating Officers of CCGs outlining the expected proactive response and action plan and the national catch-up programme to increase MMR vaccination uptake in children and teenagers requiring immediate action.
- **A CMO letter to all GPs**

- A draft letter to DsPH, accompanied by local figures was included for onward cascade from PHE Centres
- Template letters for GPs, school nurses, local A&E etc to be sent out from the Area Team Screening and Immunisation Leads, alerting them to the national data release and ensuring that they are well prepared for questions from members of the public about measles. All the template letters can be accessed at: <https://www.gov.uk/government/organisations/public-health-england/series/MMR-catch-up-programme-2013#template-letters>
- A nationally produced measles flyer for schools is available alongside template letters for distribution through “pupil-post” explaining the situation to pupils and their parents, advising them to seek vaccination if needed. The Department for Education is aware of this initiative.

Finance and resources

There is sufficient vaccine in national stocks to support this additional work. Although overall numbers of unvaccinated or partially vaccinated young people are high, the workload within individual practices should be manageable.

The vaccines due under the childhood vaccination and immunisation additional service are detailed in Part 2 of Annex B of Statement of Financial Entitlements. This sets out the types of vaccines and immunisations to be offered and the circumstances when due under the terms of the additional service.

For MMR this includes the provision of an offer of vaccination for any

‘persons who have attained the age of 6 years but not the age of 16 years who have not received two doses of the MMR vaccine or whose immunisation history is incomplete or unknown are to be offered one or two doses (whichever is clinically appropriate), to ensure that he completes the two-dose schedule necessary to offer satisfactory protection against measles, mumps and rubella has been administered.’

In addition to vaccinating the unvaccinated or partially vaccinated 10 to 16 year olds, plans for reaching vulnerable/hard to reach groups may be needed at local level.

Data collection and local assurance

Teams led by SILs at local level should assure themselves that practices are ordering additional supplies of MMR vaccine to prepare for the national programme. This will provide a useful indicator of action taken by general practices until such time as any vaccine uptake data is available.

Such data can be accessed through the ImmForm system to which all SILs and their teams can subscribe.

ImmForm provides access to a range of vaccine uptake surveys throughout the year such as:

- Pertussis for pregnant women
- MMR 10 to 16 year old catch-up
- Rotavirus
- Shingles
- HPV

It is also possible to run reports on the childhood vaccines ordered within the Area Team. These can be grouped by CCG and can also be listed individually for each practice/pharmacy.

If you are not registered on ImmForm for your Area Team, please either:

- a) Register online by clicking on this link (or copy and paste into your web browser)
https://adobeformscentral.com/?f=NhbHOJeqINU*uqJO4frT4Q
- b) Or email the following details to the ImmForm HelpDesk (helpdesk@immform.org.uk)
 - Your name
 - Your NHS email (no personal email address)
 - Your Area Team Code
 - Your preferred contact telephone or mobile number

For further help using ImmForm, please contact the Helpdesk between 9am and 5pm on helpdesk@immform.org.uk or call on 0844 376 0040.

In addition to local assurance, and as a precursor to quantitative data collection and evaluation of the progress of the campaign in June, NHS England has asked Area Teams to report on quality information outlining the engagement of primary care and the target population with the campaign. The template should be completed via the following link:

<https://www.hpa-surveys.org.uk/TakeSurvey.aspx?SurveyID=82K1mm6K>

The reporting template is also attached for information at Annex C.

ImmForm MMR Uptake Data Collection

Monthly and weekly MMR uptake collections will commence from June 2013 on ImmForm. Data will be taken automatically from GP practices whose IT supplier is either EMIS, INPS, TPP, iSoft and Microtest. In addition, EMIS have confirmed they will be able to provide retrospective monthly data commencing March 2013. This retrospective data will help to assess the effectiveness of the 10 to 16 year old MMR catch-up campaign across EMIS practices. The data being collected is shown in the table in Annex B.

Data collected through this system should be used for performance management of individual practices but may not be made publicly available in such a way as to identify those practices. For practices that are not covered by the ImmForm collection alternative arrangements must be made to assess practice performance, for instance via Child Health Information Systems.

Organisational responsibilities

PHE and NHS England have developed this national action plan in consultation with DH. PHE will work with NHS England to identify at-risk groups and individuals at local level.

NHS England Area teams have the responsibility to commission and performance manage delivery of this programme supported by PHE. SILs will work with their screening and immunisation managers and coordinators to ensure that local services are fully engaged. Area team commissioners should liaise with SILs and use their local networks to put in place any actions needed to assure the delivery of the programme.

PHE will provide the evidence and clear advice, and NHS England will conduct negotiations with GPs and put contracts in place where needed with GPs and other providers as appropriate.

PHE has developed this plan along with the proposed communication plan and has shared these with NHS England. NHS England has produced guidance for commissioning the necessary services, incorporating these plans (published 25 April 2013).

PHE will develop an evaluation of the adolescent programme that will

- collate and analyse existing data sources
- audit the quality of immunisation records held in primary care and CHIS
- explore the impact of the programme on primary care workload and HCW engagement

to validate the impact of the programme and to identify any actions that need to be taken in the longer term.

The Director of Immunisation, on behalf of the DH, will provide assurance that the proposed national framework is fit for purpose and will lead communications with ministers, supported by the national Immunisation Policy team.

DsPH will provide local leadership - being available to give messages to the public explaining the public health issue and the services that are in place to enable immunisation. DsPH and LAs (who have a duty to respond to public health incidents) can support community and schools engagement with the uptake programme, providing advice to the CCGs and actively encouraging primary care participation. DsPH will engage with local councillors, children's services and other services for young adults to ensure support for the programme.

Conclusion

A three-phased approach is in place including the following elements:

- an urgent, targeted communication strategy pushing unvaccinated young people towards primary care or other appropriate providers commenced on 25th April and continuing through to the end of September
- a rapid programme to identify and vaccinate un-vaccinated and partially vaccinated 10-16 year olds completed by the end of August at the latest
- a sustained intervention over the longer term that will strengthen current routine approaches and specifically target vulnerable and underserved populations.

Annex A

Measles communication strategy

This communications strategy will support the MMR catch-up programme outlined above. The first stage was a news-led call to action to stimulate take-up of the MMR vaccine by unvaccinated and partially vaccinated children, alongside digital communications activity which included the launch of the 'Get Vaccinated England' Facebook page. Radio fillers encouraging MMR uptake have also been playing across the commercial and public service broadcasting networks in the weeks since the launch.

Audience

The three target groups identified in the action plan – children and young people aged 10-16, their parents and guardians, health professionals.

National PHE PR and marketing activity – next steps

- To complement the media activity, we are running a feature-led PR programme over the course of the programme, designed to expand our breadth and depth of coverage received to date. This will involve the use of media medic-led content and case-study led features for daytime TV and consumer magazines relevant to the target audience.
- A measles leaflet will be available for GP practices and Local Authorities to order via Prolog at http://www.orderline.dh.gov.uk/ecom_dh/public/home.jsf
- PHE will issue an embargoed monthly press releases from Thursday 30 May onwards, with the latest monthly measles figures and some form of update on the catch-up programme (details TBC). Press releases will be PHE led with supporting statements from DH and NHS E.
- Spokespeople will be made available from each leading organisation for pre-recorded and live interviews around these data launches.

Local PHE media activity and stakeholder engagement

Each PHE Centre will issue a local press release and spokespeople will also be identified and briefed to support DsPH with local media bids.

Each PHE Centre communications team will also provide every Local Authority with an updated targeted media handling and briefing pack to help them communicate targeted messages to the population they serve.

Digital and social media

The successful Facebook page will continue to be monitored and supported by PHE www.facebook.com/getvaccinatedEngland.

NHS Choices will continue to be a source for general PHE, NHS E and DH messages of for measles and MMR

Following trending on twitter with #gettheMMR, PHE will continue to push tweets including this hashtag with partners.

DH will upload a Q&A onto the DH pages of the .gov website with Prof David Salisbury on measles and MMR

Evaluation

A comprehensive evaluation of all PR and marketing activity to date is being undertaken and will be presented to the incident team at the end of May so that the communications strategy can be reviewed and adjusted if necessary.

Annex B

Age (by date of birth)	Number registered on date of extraction (denominator)	Number NOT vaccinated with any doses of MMR on date of extraction	Percentage NOT vaccinated with any doses of MMR on date of extraction (calculated)	Number vaccinated with only 1 dose of MMR on date of extraction	Percentage vaccinated with only 1 dose of MMR on date of extraction (calculated)	Number vaccinated with 2 doses of MMR on date of extraction
Becoming 2 (born 1st Sep 2010 to 31st Aug 2011 inclusive)	A	A0	$A0/A \times 100$	A1	$A1/A \times 100$	A2
Becoming 3 (born 1st Sep 2009 to 31st Aug 2010 inclusive)	B	B0	$B0/B \times 100$	B1	$B1/B \times 100$	B2
Becoming 4 (born 1st Sep 2008 to 31st Aug 2009 inclusive)	C	C0	$C0/C \times 100$	C1	$C1/C \times 100$	C2
Becoming 5 (born 1st Sep 2007 to 31st Aug 2008 inclusive)	D	D0	$D0/D \times 100$	D1	$D1/D \times 100$	D2
Becoming 6 (born 1st Sep 2006 to 31st Aug 2007 inclusive)	E	E0	$E0/E \times 100$	E1	$E1/E \times 100$	E2
Becoming 7 (born 1st Sep 2005 to 31st Aug 2006 inclusive)	F	F0	$F0/F \times 100$	F1	$F1/F \times 100$	F2
Becoming 8 (born 1st Sep 2004 to 31st Aug 2005 inclusive)	G	G0	$G0/G \times 100$	G1	$G1/G \times 100$	G2
Becoming 9 (born 1st Sep 2003 to 31st Aug 2004 inclusive)	H	H0	$H0/H \times 100$	H1	$H1/H \times 100$	H2
Becoming 10 (born 1st Sep 2002 to 31st Aug 2003 inclusive)	I	I0	$I0/I \times 100$	I1	$I1/I \times 100$	I2
Becoming 11 (born 1st Sep 2001 to 31st Aug 2002 inclusive)	J	J0	$J0/J \times 100$	J1	$J1/J \times 100$	J2
Becoming 12 (born 1st Sep 2000 to 31st Aug 2001 inclusive)	K	K0	$K0/K \times 100$	K1	$K1/K \times 100$	K2
Becoming 13 (born 1st Sep 1999 to 31st Aug 2000 inclusive)	L	L0	$L0/L \times 100$	L1	$L1/L \times 100$	L2
Becoming 14 (born 1st Sep 1998 to 31st Aug 1999 inclusive)	M	M0	$M0/M \times 100$	M1	$M1/M \times 100$	M2
Becoming 15 (born 1st Sep 1997 to 31st Aug 1998 inclusive)	N	N0	$N0/N \times 100$	N1	$N1/N \times 100$	N2
Becoming 16 (born 1st Sep 1996 to 31st Aug 1997 inclusive)	O	O0	$O0/O \times 100$	O1	$O1/O \times 100$	O2
Becoming 17 (born 1st Sep 1995 to 31st Aug 1996 inclusive)	P	P0	$P0/P \times 100$	P1	$P1/P \times 100$	P2
Becoming 18 (born 1st Sep 1994 to 31st Aug 1995 inclusive)	Q	Q0	$Q0/Q \times 100$	Q1	$Q1/Q \times 100$	Q2
TOTAL (Calculated)	R (Sum A:Q)	R0 (Sum A0:Q0)	$R0/R \times 100$	R1 (Sum A1:Q1)	$R1/R \times 100$	R2 (Sum A2:Q2)

From June 2013, Area Team user registered on ImmForm will be able to view this uptake data aggregated by their Area Team and CCGs. They will also be able to view data for their GP practices. GP Practices will be able to see data for their practice. Further ImmForm reports are planned (release date tbc) that will compare current MMR uptake with the previous year's uptake.

Annex C

NHS ENGLAND AREA TEAM MMR INFORMATION TEMPLATE 8 MAY 2013

Area Teams are asked to complete the template in order to give a 'sense-check' of how the MMR catch-up campaign is progressing, since the initial announcement in April 2013. Completion by Area Team will enable NHS England to assure Secretary of State and Department of Health that the campaign is progressing at an adequate pace, prior to the set up of adequate infrastructures for the collection of more robust quantitative data. Area Teams are asked to lead on the gathering of information and should not ask GP Practices to complete. Please return via the online survey and any queries to Sandra Anglin by email to s.anglin@nhs.net by **15 May 2013**.

TASK	COMMENTS	
Communications		
What types of communication channels did the Area Team use to promote the MMR campaign in your area? Print media, local radio, social media, leaflets etc.	Describe examples of media What supplementary commissioning actions started and good news stories linked to the elements A (urgent communication) and B (identification and invitation) of the campaign?	
Enhance Contracts		
No. of GP Practices that have signed up to MMR Temporary Service , has contracting with GPs been 'ok', any issues, if gaps what proportion of population is missing	No. of GP Practices signed up	Contracting Issues and Gaps and proportion
% Engagement of GPs $\frac{\text{No of GPs signed up} \times 100}{\text{Total no. of GPs}}$ Please include formulae figures		
Any initial feedback on requests for vaccinations in groups outside of 10 to 16 years age range		

Capacity Building	
Has your Area Team increased or plan to increase capacity for the MMR campaign eg how many extra clinics set up, and/ or what plans do you have?	
Are there any particular vulnerable groups or underserved populations covered by AT (Element C of Campaign – targeting vulnerable group)? And what plans or measures have you put in place to improve access for these groups?	
At risk population	
Percentage of the patient population with access to GP based service i.e $\frac{\text{registered list size of (x)}}{\text{total patient population}} \times 100$ Please include formulae figures	
Further in-depth knowledge about the MMR Catch-Up Campaign in your Area Team - Indication from informal practice feedback on the size of the task to vaccinate 'at risk' 10 to 16 year olds and how this varies between practices (and those outside the 10 – 16 age range)	
Any other comments, trends you would like to report from your Area Team	

Thank you for your co-operation