





Prenatal pertussis vaccine uptake surveys 2013/14

User guide for submitting data via the ImmForm website

About Public Health England

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Contents

1	Purpose of this document	4
2	Overview of the prenatal pertussis vaccination programme	5
3	Area team: screening and immunisation team guidance	6
4	GP practice guidance on data collection	9
5	Overview of the ImmForm website	. 17
6	Guide to submitting and reviewing data online	. 18
Аp	pendix A Prenatal pertussis vaccination programme background	. 25
•	pendix B Quick reference guide for GPs on collecting and submitting pertussis vaccination	
•	pendix C Quick reference guide for area teams on collating and submitting pertussis ccination survey data through ImmForm	. 29
Аp	pendix D Other guidance	. 31
Аp	pendix E NHS organisation code amendments	. 32
Аp	pendix F Key contacts	. 33

1 Purpose of this document

This document outlines guidance on the collection of data for the prenatal pertussis vaccination programme. This data collection is vital to:

- monitor the uptake of the programme,
- identify areas of low coverage, and
- inform public health actions.

To aid data collection from practices and reduce burden on area teams (ATs), a new data entry collection tool is now available on ImmForm for GPs and other vaccinating organisations. This tool can also be used to support payment calculations (although these cannot be submitted through ImmForm).

This document provides high-level guidance on the role of NHS England (NHSE) area teams, screening and immunisation teams (SITs) and GPs in the prenatal pertussis vaccination programme data collection process. Detailed guidance is also provided on how GP practices can submit vaccine coverage data, for review, collation and submission by ATs, via the ImmForm website.

NHSE ATs are responsible for commissioning the prenatal pertussis vaccination programme according to local needs. SITs within ATs are accountable for ensuring that local providers of services will deliver against the national service specification to meet agreed population uptake and coverage levels. Screening and immunisation leads (SILs) will need to ensure effective collection of accurate and timely data for the local monitoring of performance and for ensuring that submissions to central collections are carried out by the team.

This guidance differs from the previous version, which outlined how PCT immunisation co-ordinators could collate data from their GP practices and enter it through ImmForm.

This guidance includes:

- an overview of the prenatal pertussis vaccination programme (section 2)
- an overview of the role of screening and immunisation teams (section 3)
- an overview of the collection process and definitions of the data GPs need to collect (section 4)
- the pre-requisites for using the ImmForm website (section 5)
- details on how to submit and review the data on-line (<u>section 6</u>)
- further background on the programme (Appendix A)
- a guick reference guide to collecting and submitting data (Appendix B)
- links to other guidance (Appendix C)
- NHS organisation code amendments (<u>Appendix D</u>), and
- key contacts for this survey (Appendix E).

2 Overview of the prenatal pertussis vaccination programme

Background information on the prenatal pertussis vaccination programme is available at **Appendix A** and also in the Chief Medical Officer (CMO) letter at:

www.gov.uk/government/publications/whooping-cough-vaccination-programme-for-pregnant-women

and

https://www.gov.uk/government/publications/whooping-cough-vaccination-programme-for-pregnant-women-extension-to-2014

Please note that following feedback from the field and further investigation of the recording capabilities of GP IT systems, the denominator and numerator definitions have changed to those specified in sections 4.2 and 4.3 below. **This guidance document supersedes the detail in the CMO letter.**

Data collected through ImmForm are monitored, validated and analysed by Public Health England (PHE). The collection of data allows:

- monitoring the progress of the temporary vaccination programme by the Department of Health (DH), PHE and NHSE,
- assessment by the DH, PHE and NHSE of the delivery and continuation of the programme post March 2013,
- identification of areas where coverage is low,
- provision of epidemiological data to allow assessment of the impact of the programme,
- provision of information to the public and ministers.

3 Area team: screening and immunisation team guidance

3.1 Role of screening and immunisation teams

AT SITs will commission the immunisation programme according to local needs and will be responsible for uptake data collections. Previously, PCT immunisation co-ordinators were responsible for collating uptake data from GPs and manually entering it on the ImmForm website. With the introduction of the new data entry tool, GPs can now submit their data directly via ImmForm. SITs can then review this data which is automatically collated and enter it onto the AT prenatal pertussis survey on ImmForm. Detailed instructions on how ATs can review and submit collated data are at section 6. SILs are encouraged to promote the use of the data entry tool to ensure accurate and timely data returns.

3.2 ImmForm data collection frequency and dates

There will be two surveys – one data entry tool for GPs and one for the ATs to collate the data – entered by GPs using the data entry tool, as one final figure for the month. The two pertussis surveys will run concurrently for the financial year 2013/14. Each monthly survey opens on the first day of each month, for the previous month's data. The GP data entry tool will be open for 15 working days and the AT pertussis survey will be open for 17 working days (i.e. adjustments will be made for weekends and public holidays)

3.3 Review of the collection

At the end of each survey period, SITs should ensure that all their GPs have entered their data on ImmForm or returned their figures directly to them. SITs can check data entered on ImmForm by going into the 'Pertussis vaccine uptake for pregnant women DATA ENTRY TOOL – 2013/14' to view the data entered by their GPs for the survey month. All GPs registered for each individual AT are listed on the form. If they do not appear, please contact the ImmForm helpdesk with the details of the missing practice so it can be added on. The SIT coordinator can then check the data/query it with GPs if necessary. Further information on reviewing data can be found in section 6.2 below.

3.4 Data entry

Once the data has been reviewed (and collated if not submitted by GPs through ImmForm), the SIT will need to submit the total figures for their AT under the' Pertussis vaccine uptake for pregnant women – 2013/14 AREA TEAM' survey (this is covered in section 6 below).

3.5 Dataset to be submitted to ImmForm

An illustration of the monthly dataset is shown below. The blue fields are mandatory (i.e. SITs will not be able to submit data without all blue fields being complete).

No. of pregnant women with an estimated date of delivery (EDD) in the survey month	No. of pregnant women with an estimated date of delivery (EDD) in the survey month that received a dose of Repevax® on or after week 28 of their pregnancy	% Uptake (calculated)
х	Υ	Z
Comments (optional)		

To calculate vaccine uptake (Z) we require a count of all eligible women – 'X' (the denominator), and a count of all eligible women that received a dose of Repevax® – 'Y' (the numerator).

Key

- The blue fields are enterable items that must be provided by ATs.
- The 'Comments' field in green is optional and may be left blank or used by the AT to submit a comment.
- The grey field is not enterable and is calculated automatically.

3.6 Data collection

The collection of prenatal pertussis vaccine uptake is mandatory under the terms of the ROCR Licence (ROCR/OR/2175/001MAND).

Use of the GP data entry tool to review payment data is not mandatory but may greatly assist with the data collection and payment process.

3.7 Local variation

AT SITs can commission GP practices to provide the vaccination service, although some may commission midwifery services as well where appropriate. It is important that, where women are vaccinated by alternate providers, such as maternity departments, records should be passed rapidly to the relevant GP practice and entered onto the GP system.

Women will be entitled to NHS services in accordance with their GP registration (or their area of residence should they not be registered with a GP). GP delivery for the vaccination programme is recommended (with an option to involve midwives where appropriate).

3.8 How collected data will be used

These data will allow DH, NHSE and PHE to:

- monitor vaccine uptake in a timely manner.
- in the longer term to evaluate the effectiveness of prenatal pertussis vaccination against disease in infants to inform the continuation/cessation of the programme.

3.9 Publishing the data

Collated monthly data will be published by PHE.

3.10 Questions and answers for AT screening and immunisation tea

3.10.1 The data collection is not specified in the National Enhanced Service Specification (NES). Does my AT SIT need to ask GPs to collect it?

Yes. The NES specification that was agreed, provides payment for compiling risk registers, call and recall for the offer of immunisation and reporting to support the processing of payments. While it had been hoped that such reporting could have been used for the dual purpose, it has not been possible in view of the developed surveillance mechanisms. The NES denominator is unsuitable for public health monitoring as women are in the target population for some time and can be vaccinated at any time from 28 weeks which can lead to difficulties in data interpretation. For public health monitoring of immunisation coverage a fixed date and/or event is needed as a basis for the measurement, in this case EDD.

3.10.2 Can I see how my AT is doing in comparison with others?

Yes. An anonymous bar graph report will be available on the ImmForm website, see section 6.3.2. This function will be accessible on the main survey menu page. You will be able to see your own AT in relation to other ATs (anonymously).

3.10.3 Can this data be used to help NHSE performance manage prenatal pertussis vaccination?

Yes. NHSE are encouraged to examine uptake rates and identify the differences in terms of completion rates and access. Closer examination of data may help prioritise action needed to improve uptake rates. ATs may wish to use local indicators and targets to help monitor services and quality.

3.10.4 We are an AT SIT, how do I submit data?

Detailed instructions on how an SIT can submit its data is given in section 6.

4 GP practice guidance on data collection

4.1 Identifying the eligible cohort

From 1 October 2012, the temporary prenatal pertussis vaccination programme has offered the pertussis-containing vaccine Repevax® to all pregnant women at or past week 28 of their pregnancy. As part of the programme, GP practices need to identify the eligible cohort through patient records.

4.2 Determining the denominator

GPs will have identified those women in their practice who are eligible for vaccination. The monthly denominator to be reported is the number of pregnant women with an EDD in that month. GPs should record the EDD through the patient's electronic health record. This denominator is different from that outlined in the CMO letter from 26 September 2012 and this document supersedes that definition.

4.3 Determining the numerator

The monthly numerator is the number of women identified in the denominator defined in 4.2 above who received a dose of Repevax® before the EDD and at or after week 28 of their pregnancy. This numerator is different from that outlined in the CMO letter from 26 September 2012 and this document supersedes that definition.

It is important that, where women are vaccinated by alternate providers, such as maternity departments, records should be passed rapidly to the relevant GP practice and entered on to the GP system.

Data searches should be for read codes for pertussis-containing vaccine (see section 3.7) given at or after week 28 of the woman's pregnancy. This will prevent incorrectly reporting data on pertussis-containing vaccine doses given as a child or prior to week 28 of pregnancy.

The monthly return should only include in the numerator doses given to women in the GP's denominator. If a woman is the responsibility of a GP, but receives her dose at a service (e.g. maternity) outside the GP, her GP record should be updated and she should be included in the numerator for the GP.

4.4 Data collection and collation options

The collection of prenatal pertussis vaccine uptake is mandatory under the terms of the ROCR Licence (ROCR/OR/2175/001MAND).

GPs should take reasonable steps to ensure that the medical records of all pregnant women in their practice have the following fields completed:

- · the EDD field, and
- date of receipt of a pertussis-containing vaccine at or after week 28 of pregnancy, regardless of the setting where the vaccine was administered.

Please note that the EDD field should be used to record the EDD, it should not be used to record the date the EDD was entered with the EDD then entered as free text.

Cross-boundary working is a common practice within the NHS, and GPs will already have processes for sharing information when people move from one GP to another.

4.5 Data entry

Manually entering the data on-line via the ImmForm website is covered in detail in section 7. Please note that data can now be entered on ImmForm by GP practice using the GP DATA ENTRY TOOL.

4.6 Read codes

There are existing read codes to support the administration of Repevax®, across all versions of the terminology.

For the vaccine itself (for example):

 Read V2 and CTV3: n45q. | REPEVAX suspension for injection 0.5ml prefilled syringe

Additionally, there are codes for the vaccination procedure, for example:

- Read V2: '65I8.' | Low dose diphtheria, tetanus, five component acellular pertussis and inactivated polio vaccination
- CTV3: 'XaK4w' | Low dose diphtheria, tetanus, five component acellular pertussis and inactivated polio vaccination
- SNOMED CT: '414620004' | Low dose diphtheria, tetanus, five component acellular pertussis and inactivated polio vaccination (procedure)

However, to ensure a more complete data capture when extracting data on pertussis immunisation it may be advisable to use the higher hierarchical level codes for pertussis immunisation if available, as well as the codes above, such as:

- Read V2: '65I.' | DTP (triple)+polio vaccination
- CTV3: '65I.' | Diphtheria, pertussis and tetanus triple and polio vaccination (please note that 'XaK4w' above does not fall into this set so you will need to search for both).
- SNOMED CT: '170399005' | Pertussis vaccination (procedure)

4.7 Dataset to be submitted to ImmForm

An illustration of the monthly dataset is shown below. The blue fields are mandatory (i.e. GPs will not be able to submit data without all blue fields being completed).

No. of pregnant women with an estimated date of delivery (EDD) in the survey month	No. of pregnant women with an estimated date of delivery (EDD) in the survey month that received a dose of Repevax® on or after week 28 of their pregnancy	% Uptake (calculated)
X	Y	Z
Comments (optional)		

To calculate vaccine uptake (Z) we require a count of all eligible women – 'X' (the denominator), and a count of all eligible women that received a dose of Repevax® – 'Y' (the numerator).

Key

- The blue fields are enterable items that must be provided by GPs.
- The 'Comments' field in green is optional and may be left blank or used by the GP to submit a comment.
- The grey field is not enterable and is calculated automatically.

4.8 Optional datasets that can be submitted to ImmForm

An additional benefit of using the GP tool is that it allows GPs and other services e.g. maternity services, to also record cumulative doses given in the financial year to inform payments (although these cannot be submitted through ImmForm).

An illustration of the monthly dataset is shown below. The orange fields are optional.

Denominator (cumulative) – number of pregnant patients (reaching 28 weeks). This is the count of all pregnant women on the contractors register who reach week 28 of their pregnancy since the start of the financial year (1 April 2013). Women who reach week 28 of their pregnancy but were no longer pregnant by the time a vaccination was arranged should still be included in the denominator, as they were eligible at some point in time.	Numerator (cumulative) – number of pregnant patients vaccinated with Repevax®. The count of all those within the denominator who were vaccinated with Repevax® at or after week 28 of pregnancy and before giving birth.	No. pregnant women vaccinated in the survey month (calculated).
X	Υ	Z
Comments (optional)		

4.9 ImmForm data collection frequency and dates

Quarterly surveys will continue to run for financial year 2013/14.

Each quarterly survey opens on the first day of the month, for the previous three months' data. It will be open for 15 working days (i.e. adjustments will be made for weekends and public holidays).

Survey month		JUL	AUG	SEP	ОСТ	NOV	DEC
		2013	2013	2013	2013	2013	2013
Data should be provided on		01-Jul-13	01-Aug-13	01-Sep-13	01-Oct-13	01-Nov-13	01-Dec-13
vaccinations to pregnant whose EDD	women	to	to	to	to	to	to
between the following dates		31-Jul-13	31-Aug-13	30-Sep-13	31-Oct-13	30-Nov-13	31-Dec-13
	Area	1 October to 23 October 2013			2 January to 24 January 2014		
Start and	team	(17 working days)			(17 working days)		
end dates for each monthly survey	GPs	Pertussis Tool will open at the start of each month and all will remain open until the 21 October 2013			Pertussis Data Entry Tool will open at the start of each month and all will remain open to GPs until the 22 January 2014		
		(15 working days)			(15 working days)		

Notes

- 1. All surveys are from the start of the calendar month (inclusive)
- 2. Each survey includes data up until the survey month end (inclusive)
- 3. The survey collection start date starts on the first working day of the month following the survey quarter
- 4. Note that these survey collection dates supersede those stated in the CMO letter.

4.10 Timely return of data

Accurate and complete data on the number of pregnant women in the denominator and the number of doses administered need to be returned in a timely manner, to indicate how well the programme is being implemented.

4.11 Ensuring data quality

Each GP is responsible for the quality of the data they submit. In order to help GPs submit accurate data there is in-built validation on the ImmForm website on-line entry forms. This includes a check that the numerator is always less than or equal to the denominator and that these two fields are entered as integers.

The PHE team will also run quality checks, querying uptake figures that appear significantly higher or lower than other GPs, or are inconsistent with previous returns.

4.12 Questions and answers for GPs

4.12.1 Why are there two vaccine data collections for this programme?

The purposes of the two data collections are different: one is for monitoring coverage (set out in the CMO letter), the other for GP payments (set out in the NHS Deputy Chief Executive letter), and the two sets of data will be submitted in different ways.

The current system for vaccine uptake data collection was briefly outlined in the letter 'Temporary programme of pertussis (whooping cough) vaccination of pregnant women' sent by the Chief Medical Officer, Professor Dame Sally C Davies on 26 September 2012. The denominator was defined as 'The number of women delivering a live infant (28 weeks and over) in the survey month' in the PCT. The numerator was 'The number of women delivering a live infant (28 weeks and over) in the survey month who received a dose of Repevax®'. Following feedback from the field and further investigation of the recording capabilities of GP IT systems, the denominator and numerator definitions have changed to those specified above (see 4.2 and 4.3).

Additionally, the letter 'Commissioning the pertussis (whooping cough) vaccination programme for pregnant women' sent by David Flory CBE Deputy NHS Chief Executive outlined the data collection required for National Enhanced Service (NES) payments, as such:

X. Providers will monitor and report activity information via the locally approved AT form on a monthly basis to be submitted by the deadline notified by the AT. The activity information shall include:

- a) A denominator 'Number pregnant patients (28 weeks and over)' which is the count of all pregnant women on the contractors register who reach or were already at week 28 of their pregnancy from the start of the programme, updated periodically. Women who reached or were already at week 28 of their pregnancy but were no longer pregnant by the time a vaccination was arranged should still be included in the denominator, as they were eligible at some point in time as per paragraph 9.1.
- b) A numerator 'Number vaccinated with Repevax®' which is the count of all those within the denominator that were vaccinated with Repevax®.

4.12.2 Is it mandatory for GPs to provide the data?

Yes. See section 4.4 above.

4.12.3 Can I amend data after I have entered it?

Yes, but you can only do this during the period the survey is open (see 4.9).

4.12.4 Can I see a summary of the data submitted and the calculated uptake?

Yes, once you have typed data into the fields, the uptake expressed as a percentage will be calculated and displayed next to it. If you alter the data, the uptake will be recalculated. You can go back to this page in the survey form to view your figures, even once the survey is closed.

4.12.5 Are data being collected on the number of people that decline the offer of a prenatal pertussis vaccination?

No. Experience with other immunisation campaigns indicates these data are not reliable since they are not nationally representative.

PHE does not collect consent data for immunisation programmes. Instead, PHE uses targeted research to investigate why uptake is low. This is a tried and tested process that has been used for previous immunisation programmes.

4.12.6 Can I send paper returns?

The data will be reviewed, collated and submitted to the final survey by the local AT. Use of the GP data entry tool is recommended to allow quick and easy submission of data to the local AT. ATs may accept data returns in a different format but this will need to be discussed directly with them. However, since 2005, NHS policy for transfers of data within the NHS is for data to be sent electronically.

i. What happens if a woman changes GP – under which GP's denominator/numerator should she be recorded?

The GP practice where she is registered when she is due should be the one that includes her in the denominator.

ii. Are we correct in assuming that for the monthly return we just count pregnant women at or over week 28 of their pregnancy in the practice?

Only women with their estimated date of delivery within the survey month should be included in the denominator and numerator. Refer to paragraphs 4.2 and 4.3

iii. Do we need to include patients that have died during the programme?

If the woman died during the course of the month they should be excluded from the denominator and therefore excluded from the numerator.

4.12.7 What if a GP vaccinated a pregnant woman in April, but her EDD is not until May. Do we include her in the denominator and numerator for the April data?

No. She should be included in the denominator and numerator for the month when her EDD falls. So in this case it would be the May data set (collected in June).

4.12.8 Do women who miscarry before their EDD get included in the denominator/ numerator?

Women who have reached week 28 of their pregnancy are eligible for vaccination and should therefore be included in the denominator and numerator (if vaccinated) in the month when they reach their EDD. In the unfortunate event of a lost pregnancy (past 28 weeks) the woman should still be counted in the month of their EDD as they were eligible for vaccine and should have been vaccinated.

4.12.9 What are 'News items'?

The *News items* section of the ImmForm website (left hand side of the home page) is where we can post timely information to particular users about matters arising. Please check this section regularly, as we will post important messages here for GPs and ATs regarding this and other surveys.

5 Overview of the ImmForm website

The ImmForm website is used, amongst other things, to submit prenatal pertussis vaccine uptake data. Detailed guidance on a number of common functions of ImmForm has been developed and is listed below along with links to the ImmForm Helpsheets.

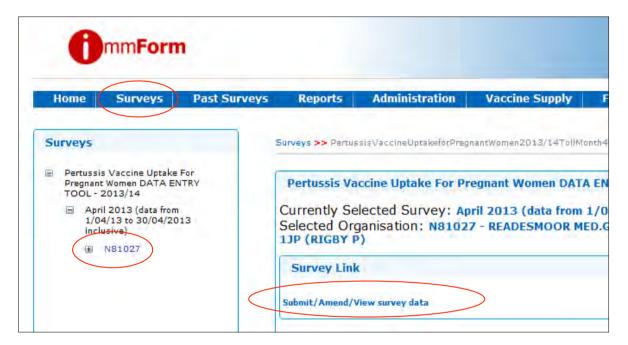
For more information about how to use ImmForm, please refer to the following help sheets by going to:

- Helpsheet 0: What is ImmForm?
- Helpsheet 1: The ImmForm Helpdesk
- Helpsheet 2: System requirements
- Helpsheet 3: Troubleshooting
- Helpsheet 6: Contact points
- Helpsheet 8: How to register
- Helpsheet 9: Changes to ImmForm registration details
- Helpsheet 10: Passwords

6 Guide to submitting and reviewing data online

6.1 GP entering a return

- Log in to the ImmForm website at www.immform.dh.gov.uk
- Click on the 'Surveys' tab found on the top toolbar, the GP menu will look similar to
 the screen shot shown below. Other surveys may be listed below or above the
 pertussis survey so please make sure you select the correct survey.



6.1.1 Select the Pertussis vaccine uptake for pregnant women DATA ENTRY TOOL – 2013/14 and the specific month

Click on your organisational code for the relevant prenatal pertussis vaccination monthly survey as appropriate. In the example above, the monthly survey is highlighted and the April survey selected.

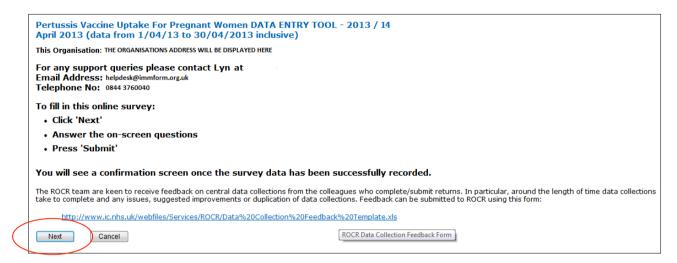
6.1.2 Select the 'Submit/Amend/View survey data' option

To submit data or view and/or amend data you have already posted, click on 'Submit/Amend/View survey data'



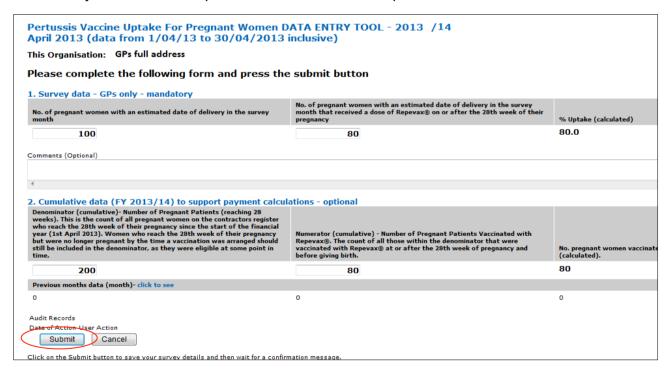
6.1.3 Survey covering page

Once you click on 'Submit/Amend/View survey data' link, the surveys covering page will display as shown below. This page will display your organisation's address and provide detail of how to proceed. Click 'Next' to proceed to the survey form.

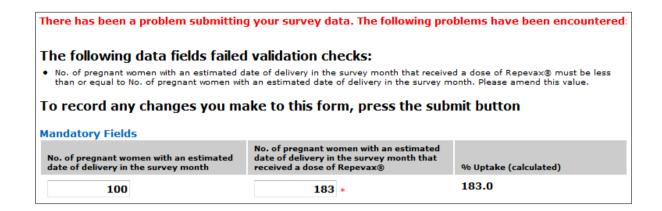


6.1.4 Survey form for GP practices

The data entry form will then open as shown below. Complete the data fields, as described.

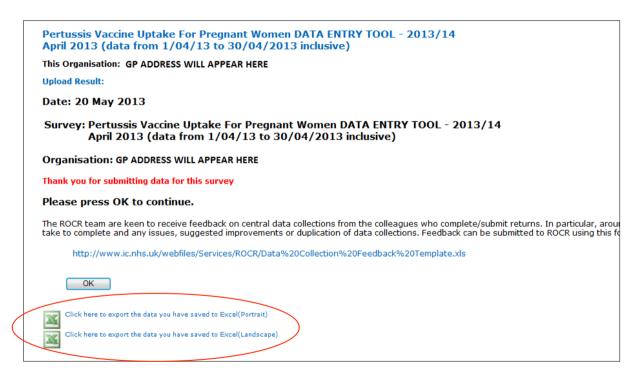


For the optional cumulative data, you can view the previous month's figure to check that the cumulative figure is correct by clicking on 'click to see' (above). After entering the required numbers, click on the 'Submit' button at the bottom of the screen. You should then get a confirmation message but where errors have occurred, instructions regarding the fields requiring further attention will be shown, as follows:



6.1.5 Submission confirmation page

It is here that you have the option of extracting the data you submitted to Excel, using the 'Click here to export the data you have saved to Excel' link. This can be done in either a 'Portrait' or 'Landscape' layout.



When data is successfully submitted, the form will save details of the date, time and the e-mail address of the contact that submitted data for audit purposes as shown below.



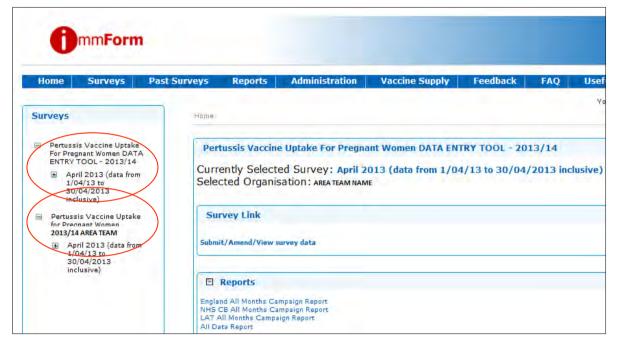
6.2 Area team entering a return

The area team will need to collate and review the data that GPs/vaccinating organisations entered on the 'Pertussis vaccine uptake for pregnant women DATA ENTRY TOOL – 2013/14' and make one submission under the AT survey form 'Pertussis vaccine uptake for pregnant women 2013/14 – Area team'.

6.2.1 How to collect data from GPs

If GPs in an AT have been encouraged to use the ImmForm collection tool, the ATs can collect the data from the 'Pertussis vaccine uptake survey for pregnant women DATA ENTRY TOOL – 2013/14'.

The data will be broken down by AT to CCG to GP level. ATs can then review data submitted and amend data entered at GP level the DATA ENTRY TOOL while the survey is open. ATs can then collate the data and make one submission under area team pertussis survey.



6.2.2 Viewing other months' data

After the first survey, a new survey menu will be available where you will be able to select the appropriate month if necessary – in the example below. The survey can be changed by clicking on any of the blue links under 'Switch to another survey'.



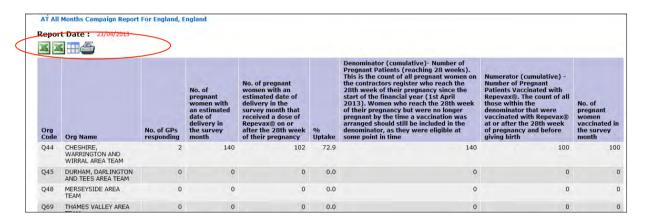
6.2.3 Select the 'Submit/Amend/View survey data' option

To view and/or amend data supplied by GPs click on 'Submit/Amend/View survey data'.



6.2.4 Review data

The data entered by GPs should then be shown. Data can be exported to Excel via the drill down menu as shown below.



6.2.5 Area teams survey covering page

Once you have reviewed the data entered through the GP data entry tool, you can return to the survey page and use the **Pertussis vaccine uptake for pregnant women 2013/14 – area team** survey to submit the collated data.

Click the 'Submit/Amend/View survey data' link.

Confirm that the correct month and service are selected and click on 'Next', or click on 'Cancel' to return to previous page.

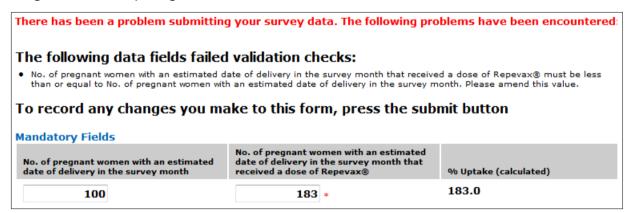


6.2.6 Area teams survey form

You will then see the data entry form as below where the collated data for the AT can be entered. Click the 'Submit' button when the data has been entered.

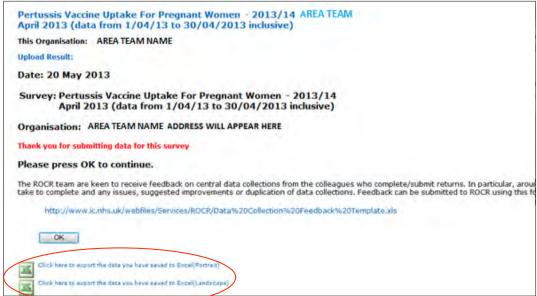


You should then get a confirmation message but where errors have occurred, instructions regarding the fields requiring further attention will be shown, as follows:

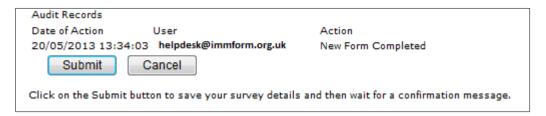


6.2.7 Submission confirmation page

It is here that you have the option of extracting the data you submitted to Excel, using the 'Click here to export the data you have saved to Excel' link. This can be done in either a 'Portrait' or 'Landscape' layout.



When data is successfully submitted the form will save details of the date, time and the e-mail address of the contact that submitted data for audit purposes as shown below.



6.3 Reports available to ATs

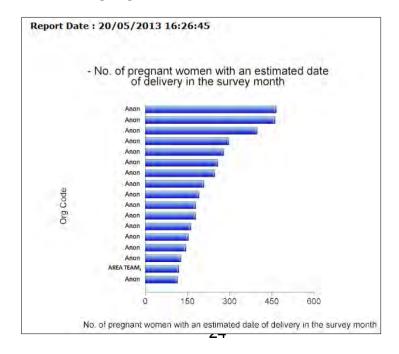
6.3.1 AT or CCG reports available to view

ATs can either click the 'Submit/Amend/View survey data' option to view the drill down reports or click on the 'Reports' option on the 'Pertussis vaccine uptake for pregnant women' survey. Both methods will allow the ATs to view the data entered, however, by clicking the 'Submit/Amend/View survey data' option will allow ATs to drill down to CCG level then to GP level.



6.3.2 Anonymous comparison report – AT survey

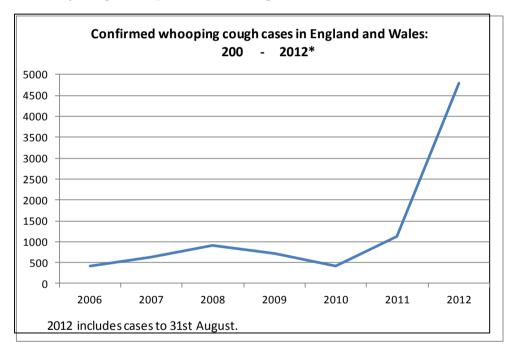
ATs will be able to compare their prenatal pertussis vaccine uptake anonymously with others ATs in their NHS commissioning region.

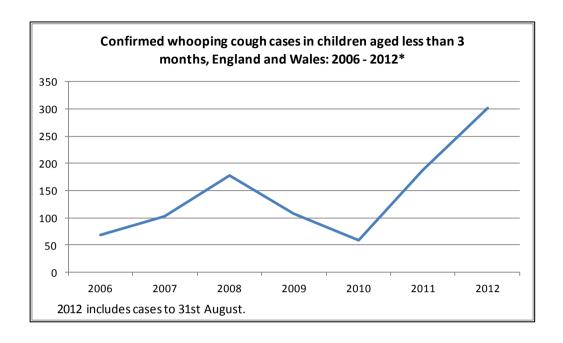


Appendix A Prenatal pertussis vaccination programme background

The routine childhood immunisation programme has been very effective in reducing the overall numbers of cases of pertussis. Before the introduction of routine pertussis immunisation in the 1950s, large epidemics occurred every three to five years that affected up to 150,000 people and contributed to about 300 deaths each year in the UK. In comparison, from 2002 to 2011 there were on average 800 cases of pertussis with over 300 babies needing admission to hospital and four babies dying each year in England and Wales.

However, there has been a considerable increase in pertussis activity in the UK starting in mid-2011. The current national outbreak is the largest seen in the UK for over a decade. The greatest numbers of cases are in adolescents and young adults but the highest rates of disease are in infants less than three months of age. The latter are at highest risk of complications and death and are too young to be protected through routine vaccination.





The Joint Committee on Vaccination and Immunisation (JCVI) advised that a temporary programme of immunisation of women in later stages of pregnancy be implemented. The purpose of the programme is to boost antibodies in the vaccinated women in late pregnancy, so that pertussis-specific antibodies are passed from the mother to her baby. This aims to protect the infant before routine immunisation can be started at eight weeks of age.

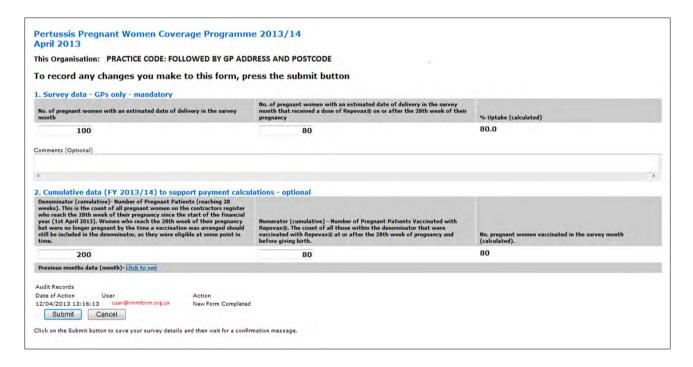
The advice of JCVI is available at:

http://transparency.dh.gov.uk/category/minutes-2/jcvi-minutes/

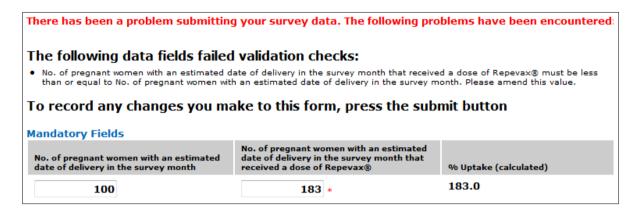
The JCVI advice was accepted and the prenatal pertussis vaccination programme was announced on 27 September 2012, and since this date pertussis vaccination should be offered to all pregnant women who reach or were already at week 28 of their pregnancy, unless immunisation is contraindicated.

Appendix B Quick reference guide for GPs on collecting and submitting pertussis vaccination survey data

- Login to IMMFORM on <u>www.immform.dh.gov.uk</u>
- Choose survey 'Pertussis vaccine uptake for pregnant women DATA ENTRY TOOL – 2013/14'
- Confirm the survey month
- Select 'Submit/Amend/View survey data' option
- You will then see the data entry form as below. Complete the form online (see below)
- Complete the data fields, as described.
- For the optional cumulative payment data, you can view the previous month's figure to check that the cumulative figure is correct by clicking on 'click to see'.
- After entering the required numbers, click on the 'Submit' button at the bottom of the screen.



 You should then get a confirmation message but where errors have occurred, instructions regarding the fields requiring further attention will be shown, as follows:



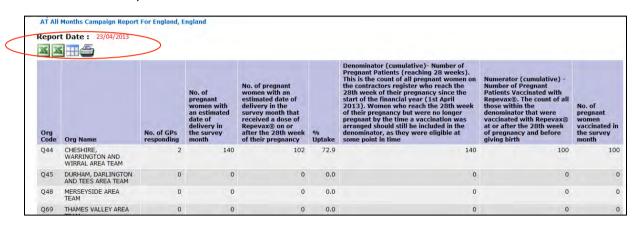
Once the data is accepted, a page confirming the successful entry is displayed. It is
here that you have the option of extracting the data you submitted to Excel, using the
'Click here to export the data you have saved to Excel' link. This can be done in
either a 'Portrait' or 'Landscape' layout.



For website login issues, please call the Immform Team on 0844 376 0040 or email helpdesk@immform.org.uk.

Appendix C Quick reference guide for area teams on collating and submitting pertussis vaccination survey data through ImmForm

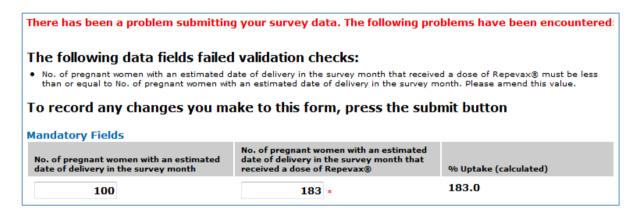
- Login to ImmForm on <u>www.immform.dh.gov.uk</u>
- Choose survey 'Pertussis vaccine uptake for pregnant women DATA ENTRY
 TOOL 2013/14' to review the data entered by GPs in the AT
- Confirm the survey month you would like to view the data for
- Select 'Submit/Amend/View survey data' option then use the drill down option to view/review the data entered by GPs
- Data can be exported to Excel via the drill down menu as shown below.



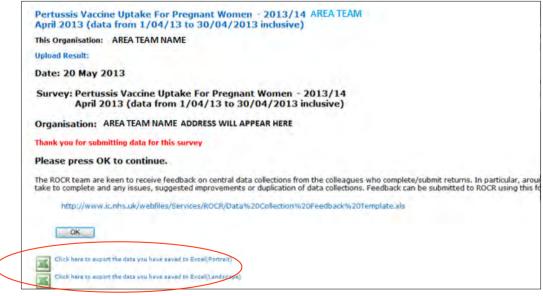
- Once ATs collate the data from the 'DATA ENTRY TOOL' they will need to enter the data under the 'Pertussis vaccine uptake for pregnant women 2013/14 – Area team' survey
- Choose the survey 'Pertussis vaccine uptake for pregnant women 2013/14 –
 Area team'.



- Confirm the survey month you would like to submit data for then click on the 'Submit/Amend/View survey data' option
- You will then see the data entry form and complete the form online (see above)
- After entering the required numbers, click on the 'Submit' button at the bottom of the screen.
- You should then get a confirmation message but where errors have occurred, instructions regarding the fields requiring further attention will be shown, as follows:



Once the data is accepted, a page confirming the successful entry is displayed. It is
here that you have the option of extracting the data you submitted to Excel, using the
'Click here to export the data you have saved to Excel' link. This can be done in
either a 'Portrait' or 'Landscape' layout.



For website login issues, please call the Immform Team on 0844 376 0040 or email helpdesk@immform.org.uk

Appendix D Other guidance

The following guidance is available:

- DH guidance on consent is given at <u>www.gov.uk/government/organisations/department-of-health/</u> and search for consent
- More information on vaccine issues can be found in the monthly newsletter www.gov.uk/government/organisations/public-health-england/series/vaccine-update
- Any queries on vaccine procurement, storage or distribution should be emailed to vaccinesupply@phe.gov.uk
- Guidance on information security management NHS Code of Practice: http://www.dh.gov.uk/en/PublicationsPublicationsPublicationsPolicyAndGuidance/DH 074142
- Guidance on NHS information governance guidance on legal and professional obligations: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH 079616
- Any queries about the prenatal pertussis vaccination programme should be made online at www.gov.uk/government/organisations/department-of-health#org-contacts

Appendix E NHS organisation code amendments

ImmForm uses NHS organisation codes to identify uniquely ATs and GP practices. Therefore, it is vital that we are notified of any changes, ideally in advance of any changes being made. You should also notify the NHS Organisation Data Service (ODS).

The best way to contact them is via the Exeter helpdesk <u>exeter.helpdesk@hscic.gov.uk</u> or on 01392 251289 or on the address below.

Organisation Data Service

NHS Connecting for Health

Hexagon House

Pynes Hill

Rydon Lane

Exeter

Devon

EX2 5SE

For more information follow the link below:

http://systems.hscic.gov.uk/data/ods

Appendix F Key contacts

If you have any questions regarding the prenatal pertussis vaccination uptake data collection process, please contact your AT immunisation coordinator in the first instance. You can also use the feedback facility function on the ImmForm website or email pertussis@phe.org.uk.

To request passwords and/or amendments made to GP contact/practice details, please email the ImmForm team at helpdesk@immform.org.uk or call on 0844 376 0040.

If you have any questions related to policy, please address these to DH on-line at www.gov.uk/government/organisations/department-of-health#org-contacts