



Prenatal pertussis vaccine uptake surveys 2014

Reference guide for an automated collection via the ImmForm website

This collection has received approval from the Burden Assessment and Advice Service (BAAS) – formerly Review of Central Returns Steering Committee (ROCR) ROCR/0R/2175/001MAND

About Public Health England

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Change history

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1 Purpose of this document

This document provides information regarding the automatic extraction of vaccination data from GP IT systems for the prenatal pertussis vaccination programme 2014/15. Following numerous requests from GP practices and area teams, the new *Prenatal pertussis vaccination programme* 2014/15 – sentinel collection was designed to reduce the burden of manual data collection on GP practices and NHS England by extracting GP IT system data and uploading them to ImmForm via GP IT suppliers.

This document provides reference information on the role of NHS England area teams (ATs), screening and immunisation teams (SITs) and general practitioners (GPs) in the prenatal pertussis vaccination programme data collection process.

NHS England ATs are responsible for commissioning the prenatal pertussis vaccination programme according to local needs. SITs within NHS England ATs are accountable for ensuring that local service providers will deliver against the national service specification. Screening and immunisation leads (SILs) need to ensure that effective collection of accurate and timely data is in place for local monitoring of performance data and for submission to central collections.

This guidance supersedes the previous version, which referred to the survey for this programme that required manual data entry, as well as the *Quick reference guide for GPs* on collecting and submitting pertussis vaccination survey data.

The Optional GP practice payment tool for the prenatal pertussis vaccination programme was set up to collect data that NHS England area teams and NHS commissioning regions can use to calculate GP payments if required. Please be advised that this tool is optional and not all NHS England area teams or NHS commissioning regions are using it as they may have an alternative collection method in place. If you are unsure whether you need to complete this tool, please contact your NHS England area team or NHS commissioning region who can advise you further (see section 4.10.9).

2 Overview of the prenatal pertussis vaccination programme

The Chief Medical Officer (CMO) announced the establishment of the *Temporary programme of pertussis (whooping cough) vaccination of pregnant women* in September 2012: www.gov.uk/government/publications/whooping-cough-vaccination-programme-for-pregnant-women

On 16 July 2014, the Joint Committee on Vaccination and Immunisation (JCVI) advised the Department of Health (DH) that the whooping cough (pertussis) vaccination programme for pregnant women should continue for a further five years:

https://www.gov.uk/government/news/continuation-of-whooping-cough-vaccination-programme-in-pregnancy-advised.

For the most up-to-date information on the prenatal pertussis vaccination programme, please refer to the pertussis chapter in the Green Book.

Following feedback from the field, and further investigation of the recording capabilities of GP IT systems, the denominator and numerator definitions have been changed to those specified in sections 4.2 and 4.3 below. This guidance document supersedes the detail in the CMO letter as well as the *Prenatal pertussis vaccine uptake survey 2013/14*.

Data collected through ImmForm are monitored, validated and analysed by Public Health England (PHE). This data collection allows DH, PHE and NHS England to:

- monitor the implementation of this vaccination programme
- identify areas where coverage is low
- provide epidemiological data used to assess the impact of the programme, and
- provide information to the public and ministers.

3 Area team: Screening and immunisation team guidance

3.1 Role of screening and immunisation teams (SITs)

Area team SITs will commission the immunisation programme according to local needs. SITs within NHS England ATs are accountable for ensuring that local service providers will deliver against the national service specification. SILs need to ensure that effective collection of accurate and timely data is in place for local monitoring of performance data and for submission to central collections.

From April 2014, data for the prenatal pertussis collection will be automatically uploaded by GP IT suppliers to ImmForm following the collection schedule. SITs can review this data for their AT.

3.2 Automated ImmForm data collection frequency and dates

The collections will be run by the GP IT supplier as a series of automatic queries utilising a monthly extract examining the preceding calendar month. Allowances must be made for the relevant data items to be recorded and, therefore, the collection window does not commence until the 21st day of the month in which the extract is taken i.e. April data will be extracted on 21 May. Adjustments will be made for weekends and public holidays.

3.3 Data collection

The collection of prenatal pertussis vaccine uptake is mandatory under the terms of the BAAS licence (ROCR/OR/2175/001MAND). The change to an automated collection in April 2014 significantly reduces the burden of this collection on the NHS.

SITs should communicate with GPs through their routine channels, the importance of taking reasonable steps to ensure that the patient records of all pregnant women in their practice have the following fields completed in order to capture as many women as possible in the collection:

- the date and type of delivery,
- the administration of any pertussis vaccination,
- whether the delivery was premature at a gestation of less than 28 weeks, and
- whether the woman has declined to be vaccinated.

3.4 Local variation

SITs can commission GP practices to provide the vaccination service, and some may commission midwifery services as well, where appropriate. It is important that, where women are vaccinated by alternative providers, such as maternity departments, records are shared rapidly with the relevant GP practice and entered onto the patient's record.

Women are 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).

3.5 How will data collected be used?

These data will allow DH, NHS England and PHE to:

- monitor vaccine uptake in a timely manner, and
- evaluate the effectiveness of the prenatal pertussis vaccination to protect against disease in infants and inform future programme policy.

3.6 Publishing the data

Collated quarterly data will be published by PHE and will be available on the GOV.UK website.

4 GP practice guidance

4.1 Identifying the eligible cohort

All pregnant women at or past week 28 of their pregnancy are eligible for the pertussis vaccine.

As part of the programme, GP practices need to identify the eligible cohort through patient records.

4.2 Determining the denominator

The denominator is the number of women who delivered, at more than 28 weeks gestation in the target month.

GPs should record the date and type of delivery, the pertussis vaccination or if the patient declined or refused the vaccination on the patient's record. It is also important to record if the delivery was before 28 weeks.

This denominator is different from that used in the manual vaccine uptake collection prior to April 2014 and from that outlined in the CMO letter from 26 September 2012. This document supersedes the definitions outlined in these documents.

4.3 Determining the numerator

The numerator is the number of these women who received a pertussis-containing vaccine in the 14 weeks prior to delivery. It is recommended that the vaccine is administered between 28 and 38 weeks of gestation; the timeframes for data extraction reflect the likely pattern of vaccine administration allowing for deliveries up until 42 weeks gestation.

The number of women included the denominator who declined pertussis vaccination, (and did not subsequently receive it), will also be counted so it is also important to record whether the woman has declined vaccination. Only patients who explicitly refused or declined the pertussis vaccination can be coded as refused/declined. Patients who do not attend their appointment should not be coded as refusals unless explicitly stated.

The numerator definition is different from that used in the manual vaccine uptake collection prior to April 2014 and from that outlined in the CMO letter from 26 September 2012. This document supersedes the definitions in those documents.

It is important that, when women are vaccinated by alternative providers, such as maternity departments, records are shared promptly with the GP practice and entered onto the patient record. These women should be included in the numerator for the GP practice.

4.4 Data collection and collation options

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

GPs should note that in order for patients to be included in the collection, it is important to ensure that they have:

- given birth in the calendar month,
- · have been given the vaccination at or after 28 weeks of gestation, and
- have had their GP records correctly updated prior to the data being extracted on the 21st of the following month with the following information:
 - · the date and type of delivery,
 - the administration of any pertussis-containing vaccination,
 - · whether the delivery was premature at a gestation of less than 28 weeks, and
 - whether the woman has declined to be vaccinated.

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 Automated data extraction

The prenatal pertussis collection is an automatic data extraction from GP IT systems with the following suppliers participating:

- EMIS (Web),
- TPP (System One),
- INPS (Vision), and
- Microtest.

The automated data extraction is only collected from GP practices whose IT supplier is listed above and who have activated the automated data extraction service. GPs should contact their IT supplier to obtain details on how to set up this service.

It is important to remind practices who have recently changed GP IT suppliers, or are in the process of doing so, to turn off the automated extraction from their 'old' system and activate it for the 'new' one. There have been some instances where data from an 'old' supplier was submitted after data from a 'new' supplier and this was then overwritten.

Practices that have migrated from EMIS LV to EMIS Web need to ensure that they have reactivated their automated collections once the transfer is completed.

4.6 Read codes

PHE has commissioned PRIMIS to create a READ code specification for this collection, which can be found on the PRIMIS website at:

www.nottingham.ac.uk/primis/tools/specifications/pertussis.aspx

4.7 Dataset to be submitted to ImmForm

An illustration of the monthly dataset is shown below.

ImmForm uploads the data that is extracted by the GP IT Supplier and loads it into the following form:

Pertussis Pregnant Women Coverage Programme 2014/15							
<survey 6<="" month="" th=""><th>e.g. April 2014 (data from 1/0</th><th>04/14 to 30/04/14 inclus</th><th>sive)></th></survey>	e.g. April 2014 (data from 1/0	04/14 to 30/04/14 inclus	sive)>				
1. Datasource: How did you extract data from your practice computer? (Mandatory)							
BulkUpload-EMIS	Upload-EMIS						
BulkUpload-INPS							
BulkUpload-Microtest							
BulkUpload-TPP							
WebService-EMIS							
WebService-Microtest							
WebService-TPP							
WebService-INPS							
2. Name of GP Software Supplier? (Optional)							
EMIS-LV							
EMIS-Web							
INPS (Vision)							
MICROTEST							
TPP							
3. Vaccine uptake (Mandatory)							
No. of women who delivered in the survey month at more than 28 weeks gestational age (Denominator)	No. of pregnant women who delivered after 28 weeks gestational age in the survey month that received a dose of pertussis containing vaccine in the preceding 14 weeks (Numerator 1)	No. of women declining pertussis vaccination in the fourteen weeks prior to delivery who have not been vaccinated (Numerator 2)	% Uptake (calculated)				
Α	В	С	D =A/B X 100				

4.8 ImmForm data collection frequency and dates

Each survey opens on the 21st of each month and is open for seven working days. Adjustments will be made for weekends and public holidays. Please see the collection schedule below for the dates of each monthly survey:

MONTH	DATA UP TO DATE	SURVEY START DATE	XML BULK UPLOAD END DATE
APRIL 2014	Wed 30/04/2014	Wed 21/05/2014	Mon 02/06/2014
MAY 2014	Sat 31/05/2014	Sat 21/06/2014	Tue 01/07/2014
JUNE 2014	Mon 30/06/2014	Mon 21/07/2014	Fri 01/08/2014
JULY 2014	Thu 31/07/2014	Thu 21/08/2014	Mon 01/09/2014
AUGUST 2014	Sun 31/08/2014	Sun 21/09/2014	Wed 01/10/2014
SEPTEMBER 2014	Tue 30/09/2014	Tue 21/10/2014	Mon 03/11/2014
OCTOBER 2014	Fri 31/10/2014	Fri 21/11/2014	Mon 01/12/2014
NOVEMBER 2014	Sun 30/11/2014	Sun 21/12/2014	Thu 01/01/2015
DECEMBER 2014	Wed 31/12/2014	Wed 21/01/2015	Mon 02/02/2015
JANUARY 2015	Sat 31/01/2015	Sat 21/02/2015	Mon 02/03/2015
FEBRUARY 2015	Sat 28/02/2015	Sat 21/03/2015	Wed 01/04/2015
MARCH 2015	Tue 31/03/2015	Tue 21/04/2015	Fri 01/05/2015

4.9 Ensuring data quality

Each GP is responsible for the quality of the data held on their GP IT system. The essential fields that need to be completed for this collection are:

- the date and type of delivery,
- the administration of any pertussis-containing vaccination,
- whether the delivery was premature at a gestation of less than 28 weeks, and
- whether the woman has declined to be vaccinated.

Women without a date of delivery entered into their patient record will not be included in the denominator (and therefore not included in the numerator).

The PRIMIS pertussis vaccination in pregnancy recording advice can be accessed at www.nottingham.ac.uk/primis/tools/specifications/pertussis.aspx

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

4.10 Questions and answers for GPs

4.10.1 When will automatically extracted data appear on the website?

Automated uploads (via GP IT suppliers) are required within seven working days (inclusive) of the start of the data collection period. This is in order to give enough time for GP IT suppliers to collect and submit the data to ImmForm (see section <u>4.8</u>). Data from bulk uploads are normally visible on ImmForm within two working days following receipt of the data.

Please refer to the 'Monthly GP IT supplier uploads' news item on the ImmForm website for information on when we expect to receive data from GP IT suppliers and confirmation of when the data has been uploaded on ImmForm.

4.10.2 Why is data collected via the ImmForm system?

The automated collection was designed to improve data management and reduce the burden of data collection on GP practices and area teams. ImmForm is a web-based system with a centralised database and there are no direct transmission links between GP practices and PHE. This central database allows GPs, CCGs, ATs and PHE to link into the same system. After the XML bulk upload window passes, each area team can log on to ImmForm and view the GP data for their area only.

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

Yes. Once the data has been uploaded onto ImmForm, you will be able to see the submitted data and calculated uptake.

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

Yes. Only patients who specifically refused or declined the pertussis vaccination can be coded as refused/declined. Patients who do not attend their appointment should not be coded as refusals unless explicitly stated.

4.10.5 What happens if a woman changes GP – in which practice denominator should she be included?

The GP practice where she is registered when she gives birth should be the one that includes her in the denominator (and therefore she would also be included in the numerator).

4.10.6 What are 'News items'?

The *News items* section on ImmForm (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.

4.10.7 Why is my monthly data missing?

Automated uploads will never appear on ImmForm in the first couple of days of the survey opening, as the data needs to be validated first. Please contact your GP Supplier if your data does not appear by the end of the collection period.

Only GP practices who use the following GP IT suppliers **and** have activated the automated extractions can participate in sentinel collections:

- EMIS Web
- INPS (Vision)
- TPP (System One)
- Microtest

Practices who have migrated from EMIS LV to EMIS Web need to ensure that they have reactived their automated collections once the transfer is completed.

4.10.8 If my monthly data is missing, can I add it manually?

No. This survey is now automated and there is no provision for manual data entry. The automated collection has been created to reduce burden on the NHS.

4.10.9 What is the Optional GP practice payment tool – prenatal pertussis vaccination programme collection?

The Optional GP practice payment tool for the prenatal pertussis vaccination programme was set up to collect data that NHS England area teams and NHS commissioning regions can use to calculate GP payments if required.

The payment tool will remain open until 31 March 2015.

Please be advised that this tool is optional and not all NHS England area teams or NHS commissioning regions are using it as they may have an alternative collection method in place. If you are unsure whether you need to complete this tool, please contact your NHS England area team or NHS commissioning region who can advise you further.

For GP practices **outside London**, all queries regarding payments should be directed to your screening and immunisation coordinator or your area team.

For **London GP practices**, all enquiries for pertussis contracting, commissioning and controls assurance should be directed to immunisation-submissions.london@nhs.net

Please refer to the *Optional GP practice payment tool – prenatal pertussis vaccination programme 2013/14/15* News item on the ImmForm home page for further information.

5 Overview of the ImmForm website

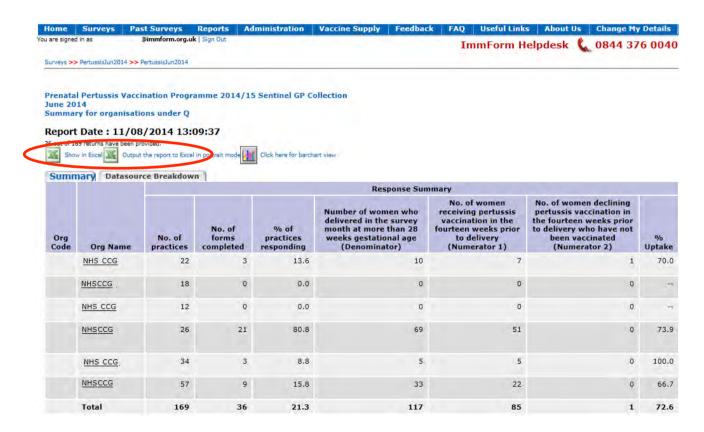
The ImmForm website is used, amongst other things, for the automated *Prenatal pertussis vaccination programme 2014/15 – sentinel collection*. Detailed guidance on a number of common functions of ImmForm has been developed and is listed below along with links to the ImmForm Helpsheets.

For more information about how to use ImmForm, please refer to the following helpsheets 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

Appendix A. Quick reference guide for area teams to view pertussis vaccination survey data

- Login to ImmForm at www.immform.dh.gov.uk.
- Choose survey 'Prenatal Pertussis Vaccination Programme 2014/15 Sentinel GP Collection'.
- Confirm the survey month.
- Select 'Submit/Amend/View survey data' option.
- You will then see the data entry form with figures as below.
- There is the option of extracting the data you submitted to Excel, using the 'Show in Excel' / 'Output the report in Excel in portrait' link.



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

Appendix B. Generic guidance

- DH guidance on consent is given at: www.gov.uk/government/organisations/department-of-health. Search for consent.
- More information on vaccine issues can be found in the monthly Vaccine Update newsletter published by PHE: 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 the Information Security Management NHS Code of Practice: http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/
 http://www.dh.gov.uk/en/
 PublicationsAndGuidance/DH 074142.
- Guidance on the NHS Information Governance Guidance on Legal and Professional Obligations:
 - http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_079616

Appendix C. NHS organisation code amendments

ImmForm uses NHS organisation codes to uniquely identify ATs and GP practices. Therefore, it is vital that we are notified of any changes, ideally in advance of any changes being made.

ImmForm uses the Health and Social Care Information Centre (HSCIC) data: http://systems.hscic.gov.uk/data/ods/datadownloads/gppractice to map organisations to CCGs and ATs. For the purpose of data collections, ImmForm will map organisations as they appear on the HSCIC website and not where the organisation's contract sits.

GP practice organisation data is owned and generated by the NHS Prescription Service (NHS PS) and HSCIC publishes this organisation data quarterly. The NHS PS can be contacted on nhsba.prescriptioninformation@nhs.net or by calling 01912 035050 if you would like to make an amendment to a GP practice.

Appendix D. Key contacts

If you have any questions regarding the prenatal pertussis vaccination uptake data collection process, please contact your screening and 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 amend GP Practice contact details, please email the ImmForm team at helpdesk@immform.org.uk or call on 0844 376 0040.

Questions related to policy should be addressed to DH on-line at: www.gov.uk/government/organisations/department-of-health#org-contacts