



UK Health  
Security  
Agency

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

## Winter season 2022 to 2023

ImmForm survey user guide for GP practices and local NHS England immunisation  
leads and flu coordinators

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# 1. Introduction

This guidance is aimed at NHS teams and data providers involved in the national influenza vaccination programme to support them in uploading their data onto ImmForm, and to give a comprehensive overview of the seasonal influenza vaccine uptake survey in GP registered patients. It is intended to be used as a reference guide rather than to be read in its entirety. It is updated every year to ensure any changes to the data collection are documented and circulated to stakeholders before the start of the season.

The influenza vaccination programme for 2022 to 2023 was announced in the annual flu letter, which was jointly issued to the NHS by the Department of Health and Social Care (DHSC), NHS England and UK Health Security Agency (UKHSA). The [document](#), dated 22 April 2022 and updated on 22 July 2022 sets out the operational arrangements and planning for the forthcoming winter season.

The influenza chapter, [chapter 19](#), of the Green Book (Immunisation against infectious disease) provides guidance on the influenza vaccine programme and detailed information about the way that available flu vaccines should be administered (target groups, dosages, contraindications, precautions, adverse reactions, vaccine supplies and so on).

An updated [flu vaccination patient leaflet](#) is also available explaining how individuals can protect themselves against flu each winter and why it is important for those who are at increased risk from flu to be immunised. It also incorporates the latest information on who should have the vaccine and why.

[Provisional headline \(national\) data](#) from the weekly sentinel survey of automated GP practices will be published in the UKHSA weekly influenza report.

Provisional [monthly data, the end-of-season reports and data tables for past and present seasons](#) can be found online.

# 1. Data collection and reporting responsibilities

The 2 GP practice collections (main and child) consist of 6 monthly (retrospective) surveys (September, October, November, December, January and February) and a weekly sentinel survey (for automated data only) from all GP practices in England.

In 2022 to 2023, there will be a monthly survey for September and February similarly to to last year.

The monthly and weekly surveys collect the same data, but the monthly data is more complete as we allow manual data entries from GP practices (and those acting on behalf of GP practices). GP practices do not manually enter data for the weekly survey as this is automated and acts as an almost 'real time' system for frontline staff to monitor the influenza vaccination programme in their locality.

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

NHS teams will be expected to report on the performance and outcome of the immunisation programme as part of the responsibilities that NHS England has agreed for the seasonal flu programme under a Section 7A agreement with the Secretary of State for Health. Flu leads should ensure that arrangements are in place for the collection and provision of data on immunisations to support the local and national monitoring of the delivery of the programme and flu vaccine uptake (see the [annual flu letter](#)).

Commissioners are responsible for ensuring vaccine uptake data is provided by each GP practice. They are also reminded, when commissioning services for vaccinations given in settings outside of a GP practice (for example, in community pharmacies or antenatal clinics), that the details of the vaccinations should be provided to the patient's registered GP practice and recorded on their electronic clinical record in a timely manner. This is important for clinical reasons (such as any adverse events) and also means that these vaccinations will be included in the vaccine uptake data collections.

In addition, local teams will explore ways of linking midwifery services with GP practices so midwives can raise awareness of the flu vaccine among pregnant women and can administer the flu vaccine at antenatal visits through patient group directions. If arrangements are put in

place where midwives administer the flu vaccine, it is important that the patient's GP practice is informed so their records can be updated accordingly and included in vaccine uptake data collections.

## Use of data – public health objective

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

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

## 2. Data submissions

### How the data will be collected

#### Weeklys

The weekly sentinel data collection allows almost 'real time' monitoring of the vaccination programme at a national level from week ending 11 September 2022 to week ending 29 January 2023 (week 36 2022 to week 4 2023 – see section on ['Data collection and publication timetable'](#) for the weekly survey collection dates) covering on average over 90% of GP practices in England.

Data is uploaded using automated XML bulk upload or web service only therefore manual data entries are not required. Automated data uploads will include all fields of the survey.

#### Monthlys

The 'all practice' monthly data collection consists of 6 monthly returns for all vaccinations up to the end of September, October, November, December 2022, January and February 2023. The monthly data collection allows both automated and manual uploads. Automated uploads are the same as the weekly surveys and will generally include all data items.

Any GP practice that has a failed automatic upload should complete the mandatory fields manually (see [Main GP flu survey: manual entry \(mandatory fields\)](#)). All manual entries whether at GP practice level (including updates and overwriting of data) should take place within the stipulated survey deadlines for respective editing periods (see section on ['Data collection timetable'](#)) to ensure their data is included for that month's official statistics.

In 2022 to 2023, there will be an additional monthly data submission to capture vaccinations given up to 28 February 2023. The February collection was added in 2017 to 2018 as an experimental collection to assess how much more data would be collected in that month to account for data returning from outside the practice and later in-practice vaccinations. The February collection was able to give a more accurate national representation of the uptake rates and therefore has been adopted for our end-of-season figures.

Note: No paper or fax submissions will be accepted by the national flu team.

## Automated data returns and GP system suppliers

Automated data returns are submitted directly to our web-based platform, ImmForm, from GP system suppliers (GPSS) on behalf of GP practices. In order for us to receive an automated upload, practices must ensure that their automated extractions have been activated. If you are unsure if your automated extractions have been activated, please contact your GP system supplier. The following suppliers will be providing automated uploads: EMIS Health, TPP (SystemOne) and Vision (formerly INPS).

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

GP practices should log into ImmForm to see if their data is being uploaded regularly. One way to verify whether the data for your practice is being automatically extracted is to check the weekly survey. If your practice data is being populated there, then it should be the same for the monthly survey. Please contact your GP system supplier if your data does not appear by the end of the month.

Please ensure that any technical difficulties are resolved before the final survey, as this should be as comprehensive as possible.

We will post updates on the News Item section of ImmForm throughout the season to show the 'Monthly GP System Supplier Upload Status', which lists which data has been provided from each supplier, as well as any unexpected delays in receiving data.

## PRIMIS tools and services

The PRIMIS team are contracted to provide the SNOMED CT code specifications for this collection and to complete a quality assurance process. The code specification should not be used for payment purposes. Any call or recall lists generated should always be reviewed by a clinician.

UKHSA has also commissioned PRIMIS to write a parallel call or recall SNOMED CT code specification for use in GP practice, this has been shared with GP system suppliers and should

be available for use in practice. For any queries, related to the implementation of call or recall templates in GP practice, please contact your GP system supplier in the first instance.

## Vaccine uptake data and GP practice payments

The ImmForm survey collecting vaccine uptake data is designed to measure vaccine uptake at a specific point in time and, as such, it is not suitable to use this data for GP practice payment purposes. Questions concerning GP practice payments should be directed to NHS England as this is the responsible lead on GP practice payments (email: [england.immunisation@nhs.net](mailto:england.immunisation@nhs.net)).

Vaccine uptake data collected in this data collection aims to look at vaccine uptake in the current population and therefore will not include all vaccinations that would be eligible for payment. For example, patients who have received the vaccine but have subsequently died, patients who have since moved and joined another practice elsewhere and 'temporary' patients who may have received the vaccine but were not registered on the date of data extraction will all be vaccinations that are eligible for payment but are not included in this survey.

The data will likewise include vaccinations given by other healthcare providers (if the electronic record is updated accordingly) for which the GP practice is not able to claim payments.

Vaccinations of those with morbid obesity (defined as BMI of 40 and above) with no other recognised risk factor will attract a payment under the direct enhanced services (DES) in 2019 to 2020<sup>1</sup>. Many patients will already be eligible due to complications of obesity that place them in another risk category<sup>2</sup>.

## Equality data and vaccine uptake

This data collection is designed to measure vaccine uptake at a specific point in time. The following equality data has been captured in this data collection as experimental cohorts, since

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<sup>1</sup> [General Medical Services \(GMS\) contract](#) effective from 1 April 2019

<sup>2</sup> Please consult [Chapter 19](#) of the Green book for guidance.



these have been shown to influence vaccine uptake<sup>3,4</sup>. Ethnicity for those aged 6 months to under-65 and in a clinical risk group, and all pregnant women<sup>5</sup>. Those aged 65 and over, and all patients aged 16 to under-65 are broken down by gender.

These experimental cohorts are published aggregated at national level in our annual report.

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<sup>3</sup> Green HK and others. 'Phased introduction of a universal childhood influenza vaccination programme in England: population-level factors predicting variation in national uptake during the first year, 2013/14' Vaccine 2015: 33, pages, 2620 to 2629

<sup>4</sup> Tessier E and others. 'Population-level factors predicting variation in influenza vaccine uptake among adults and young children in England, 2015/16 and 2016/17' Vaccine 2019: 36, pages 3231 to 3238

<sup>5</sup> Ethnicity data is collected using the NHS standard, 2001 Census categories.

### 3. Data collection timetable

For further details on ImmForm dataset requirements, see the full data set with the other [guidance notes](#).

#### Survey start and end dates – monthly

The collection will comprise 6 ‘all practice’ (that is, automated and manual submissions) monthly surveys for all cumulative data from 1 September 2022 to the end of each survey month. Data submitted should be for all vaccinations administered from 1 September 2022 until the end of the survey month, and not just on vaccinations given since the previous month’s survey.

**Table 1: Collection schedule for the monthly surveys**

Survey month	Data up to date	Survey start date	GP system supplier submit end date	Final submission date for all users (Survey end date)
September	Friday 30 September 2022	Saturday 1 October 2022	Tuesday 11 October 2022	Tuesday 18 October 2022
October	Monday 31 October 2022	Tuesday 1 November 2022	Wednesday 9 November 2022	Wednesday 16 November 2022
November	Wednesday 30 November 2022	Thursday 1 December 2022	Friday 9 December 2022	Wednesday 14 December 2022
December	Saturday 31 December 2022	Sunday 1 January 2023	Wednesday 11 January 2023	Monday 16 January 2023
January	Tuesday 31 January 2023	Wednesday 1 February 2023	Thursday 9 February 2023	Tuesday 14 February 2023

Survey month	Data up to date	Survey start date	GP system supplier submit end date	Final submission date for all users (Survey end date)
February	Tuesday 28 February 2023	Wednesday 1 March 2023	Thursday 9 March 2023	Tuesday 14 March 2023

## Survey start and end dates – weekly

We will be operating the same weekly collection from a sentinel group of GP practices (which usually accounts for over 70% of practices) where GP system suppliers extract automated data on their behalf. This will begin from week 36 (week ending 11 September 2022) until week 4 (week ending 29 January 2023)<sup>6</sup>.

No manual data entries are required for the weekly sentinel survey.

The weekly aggregate vaccine uptake data will be published in the UKHSA weekly influenza report, on the UKHSA website throughout the flu season.

**Table 2: Collection schedule for the weekly surveys**

Week number	Week ending	GP system supplier submit end date
36	Sunday 11 September 2022	Tuesday 13 September 2022
37	Sunday 18 September 2022	Tuesday 20 September 2022
38	Sunday 25 September 2022	Tuesday 27 September 2022
39	Sunday 2 October 2022	Tuesday 4 October 2022
40	Sunday 9 October 2022	Tuesday 11 October 2022
41	Sunday 16 October 2022	Tuesday 18 October 2022

<sup>6</sup> It is recognised that uptake in September will be low at first and will depend on vaccine availability.

<b>Week number</b>	<b>Week ending</b>	<b>GP system supplier submit end date</b>
42	Sunday 23 October 2022	Tuesday 25 October 2022
43	Sunday 30 October 2022	Tuesday 1 November 2022
44	Sunday 6 November 2022	Tuesday 8 November 2022
45	Sunday 13 November 2022	Tuesday 15 November 2022
46	Sunday 20 November 2022	Tue 22 November 2022
47	Sunday 27 November 2022	Tue 29 November 2022
48	Sunday 4 December 2022	Tue 6 December 2022
49	Sunday 11 December 2022	Tuesday 13 December 2022
50	Sunday 18 December 2022	Tuesday 20 December 2022
51	Sunday 25 December 2022	Wednesday 28 December 2022
52	Sunday 1 January 2023	Tuesday 3 January 2023
1	Sunday 8 January 2023	Tuesday 10 January 2023
2	Sun 15 January 2023	Tuesday 17 January 2023
3	Sun 22 January 2023	Tuesday 24 January 2023
4	Sun 29 January 2023	Tuesday 31 January 2023

## 4. GP patient groups eligible for flu vaccination

Data is collected for the following defined eligible groups (denominator)<sup>7</sup> and the number of those vaccinated within each group (the numerator). The following is only for GP patients and does not cover the full scope of the programme. Read the [annual flu letter](#) for full details of the national flu immunisation programme.

Due to the changing GP registered population, the denominators will fluctuate as patients join and leave the practice for reasons such as: age, becoming pregnant, having a change in their clinical status (for example, joining or leaving a clinical risk group), having a change in carer status or dying during the data collection period. The data will also exclude the prison population, unless they were registered with a GP practice at the time of data extraction and their vaccination details recorded on their GP record.

Patients who are vaccinated but have not had their GP record updated by the time of data extraction, will not be included in the collection. Likewise, the data extraction will only include patients vaccinated outside the practice if the information has been returned and inputted correctly into the patient's GP record.

For detailed information about administering flu vaccine, consult [chapter 19](#) of the Green Book.

Patients in the following clinical risk groups aged 6 months to under 65 years should be considered to receive flu vaccinations:<sup>8</sup>

- chronic heart disease
- chronic respiratory disease
- chronic kidney disease stages 3 to 5

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<sup>7</sup> For further description and detail regarding patient groups eligible for flu vaccine see Appendix A in the [Annual Flu Letter](#).

<sup>8</sup> The 'Summary of patients in one or more at-risk group(s)' category on ImmForm excludes otherwise healthy pregnant women (that is, without other risk factors) and healthy carers. It should only contain patients in one or more of the clinical risk groups and if a patient is in more than one risk group, they are only counted once.

- chronic liver disease
- diabetes
- immunosuppression due to disease or treatment
- chronic neurological disease (see below for more details)
- asplenia or dysfunction of the spleen
- morbid obesity (BMI  $\geq 40$ ) AND in one or more clinical risk group(s)
- morbid obesity (BMI  $\geq 40$ ) with NO other clinical risk group(s)
- learning disabilities (including those with severe learning disabilities)

Note: Patients in more than one clinical risk group will be counted once when looking at all patients in a clinical risk group aged 6 months to under 65.

When offering vaccination to people with chronic neurological disease, including those with stroke and transient ischemic attack, clinicians should offer immunisation, based on individual assessment, to clinically vulnerable individuals including those with cerebral palsy, learning difficulties (including severe learning disabilities), multiple sclerosis and related or similar conditions; or hereditary and degenerative disease of the nervous system or muscles; or severe neurological disability (note all neurological disease collected together, that is, there's no separation of stroke and transient ischaemic attack, and so on).

Patients are further delineated by the following age bands as defined by their age on the date of extraction:

- 6 months to under 2 years
- 2 years to under 5 years
- 5 years to under 16 years
- 16 years to under 65 years

Therefore, these denominators are relative to the date when the information is extracted from the practice computer systems. However, patients aged 16 to under 65 years are defined by their age on 31 March 2023.

For the purpose of reporting vaccination coverage of patients with morbid obesity, adults and children are categorised using different criteria. Adults are classified on the basis of a BMI  $\geq 40$ , children are classified using their last recorded BMI percentile code.

Please note, the GP patient survey only collects data to end of February 2023. If, however, it is a late flu season or newly at-risk patients are present (for example, pregnant women who may

not have been pregnant at the beginning of the vaccination period) they may continue to be vaccinated up until the end of March 2023.

## People who may be eligible for flu vaccination but not in a clinical risk group

Where a clinician exercises clinical judgement to vaccinate a patient who does not fall into a designated clinical risk group(s), this patient will be counted under the 'All patients' criteria.

For example, household contacts of the immunocompromised patients can be considered for vaccination. However, there is no clear, consistent way of classifying and identifying these individuals. Therefore, they cannot be included as a distinct group in the survey and so any vaccinations given to this group will be included in the 'All patients' category.

The 'All patients' category may also include people vaccinated privately or as part of their employer's occupational health programme (including social care workers), when a record of these vaccinations has been entered onto a GP record.

The 'All patients' category applies to all patients registered at the practice (including those in clinical risk groups, who are pregnant or who are carers) on the date of data extraction. Therefore, this provides us with an overall vaccine uptake rate for 'all patients' registered at the GP practice at that point in time.

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

The denominator is defined as all women pregnant or becoming pregnant (both healthy and in one or more clinical risk group or groups) in the first, second or third trimester as diagnosed by a medical professional, for example a GP or midwife during the collection period. The collection period is 1 September 2022 to 28 February 2023 for weekly and monthly submissions. Those becoming pregnant before 1 September 2022 and still pregnant during any of the period 1 September 2022 to 28 February 2023 for weekly and monthly submissions and all those becoming pregnant during 1 September 2022 to 28 February 2023.

Denominators include women who lose their pregnancy for whatever reason and those that give birth during the period 1 September 2022 to 28 February 2023 for weekly and monthly submission. Thus, denominators could be regarded as over-inclusive as they may include

women that become eligible and then ineligible before they can be vaccinated. Equally, the number vaccinated may be underestimated due to the availability of vaccinations outside of the GP practice and the lag time taken for those vaccinations to return to the GP record.

SNOMED CT codes need to be selected for women confirmed by a medical professional as pregnant. However, no codes would be required for loss or termination of pregnancy or birth for the data collection, although they are relevant to clinicians when scheduling and administering the vaccinations. It is important that the clinical records for those that were pregnant but then ceased to be pregnant before 1 September 2022 are updated, such that they are not included in the denominators, thus artificially inflating the denominators. In addition, general practices should liaise with community midwives to ensure accurate and timely recording of pregnant women by the practice.

We record pregnant women denominators this way in order to track the total eligible population of pregnant women during the flu season and so are able to provide information for vaccine supply.

In order to measure flu vaccine uptake in pregnant women more accurately, practices should review clinical records at the start of the season for those that were pregnant but then ceased to be pregnant before 1 September 2022 to ensure that patients are not included and called for vaccination (unless they are in other clinical risk groups).

It is important that GP practices continue to check their patient database throughout the flu season to identify women who are not pregnant at the start of the immunisation programme but become pregnant during the winter. GP practices should also be encouraged to liaise with community midwives, to ensure accurate and timely recording of pregnant women vaccinated outside the practice.

Due to the complications of recording pregnancy, other methods should be used if practices wish to identify patients who are at risk and require vaccination. We understand that the delivery codes are usually the most accurate for determining pregnancy. Any recall lists should be subject to clinical review.

In the past, some GP system suppliers were using last menstrual period (LMP) or estimated delivery date (EDD) as markers for pregnancy and using this as a basis for vaccination. However, there are many reasons why LMP may be entered, for example coil insertion, radiology safety and so on. And both LMP and EDD dates may change over time as a result of irregular bleeds or early pregnancy bleeds, without the clinical record being updated.



Therefore, we do not recommend LMP or EDD be used for call or recall purposes. Please ensure when pregnant women are called for vaccination that LMP or EDD are NOT used and consult your GP system supplier to help ensure that patients who are genuinely pregnant are offered vaccination.

## Patients aged 65 years and older

Denominator is defined by patient age at 31 March 2023 (this fits with the policy, namely that all those aged 65 years or older on the 31 March 2023 are eligible to receive vaccine in the 2022 to 2023 vaccination programme).

## People in long-stay residential homes

Vaccination is recommended for people living in long-stay residential care homes or other long-stay care facilities where rapid spread is likely to follow introduction of infection and cause high morbidity and mortality. This does not include prisons, young offender institutions or university halls of residence (although those registered with their GP practice at the time of data extraction would be included in the survey).

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

## Social care and hospice workers

NHS England recommended vaccination for frontline health and social care workers in 2018. In 2022 to 2023, vaccination for social care and hospice workers that offer direct patient or client care will continue to be available through community pharmacy or their registered general practice. This scheme is intended to complement, not replace, any established occupational health schemes that employers have in place to offer the flu vaccination to their workforce.

The eligible groups include health and social care staff employed by a registered residential care or nursing home or domiciliary care provider, as well as health and care staff employed by a voluntary managed hospice provider, who are directly involved in the care of vulnerable patients at increased risk from exposure to influenza. In this case vulnerable patients means patients in a clinical risk group for flu or who are aged 65 years and over.<sup>9</sup> For the 2020 to 2021 season, the eligible groups have been expanded to include those health and social care workers, such as personal assistants, employed through direct payment and/or personal health budgets to deliver domiciliary care to patients and service users and this will remain the same in the 2022 to 2023 season.

## Carers

The current definition of carers is:

“Those who are in receipt of Carers’ Allowance, or those who are the main carer or the carer of an elderly or disabled person whose welfare may be at risk if the carer falls ill.”

Vaccination should be given on an individual basis at the clinician's discretion in the context of other clinical risk groups in their practice. We recognise that there are young people with carer responsibilities that will not fall into this definition.

However, these carers may be included in the survey if there is a carers’ code assigned to the patient record, as there was no lower age limit in the data specification to exclude those too young to be in receipt of Carers’ Allowance. For this reason, we now record patients who are under 16 years of age and have a carer code assigned. In the future, the continued expansion of the universal child vaccination programme will include all children aged 2 to 17 years and therefore include any young carers not currently in receipt of carer’s allowance.

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<sup>9</sup> ‘Extension of NHS seasonal influenza vaccination to social care workers and staff in the voluntary managed hospice sector’. [Letter from Professor Stephen Powis](#), 11 September 2018 (viewed 1 December 2022)

## Vaccination given by other healthcare provider

Data collected on vaccinations given by other healthcare providers are broken down by the following:

- school
- pharmacies
- other healthcare settings

As there are no Read codes for being vaccinated in a school setting, it is presumed that all patients who are of school age who have been recorded as being given vaccinations by 'other healthcare provider' in their GP record, are in fact vaccinated within schools unless a specific 'vaccinated within a pharmacy setting' code has been recorded.

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

## Refused or declined

The survey allows for data to be submitted regarding vaccines refused or declined by patients. The denominator is the GP-registered population and therefore will include patients who have been offered the vaccine but refused, as the uptake rate is measured against the overall eligible population. Therefore, data providers should not adjust their figures if a patient refuses or declines the vaccine.

## Children aged 2 and 3 years

In 2022 to 2023, GP practices will only be vaccinating preschool children who are aged 2 and 3 years old on the 31 August 2022. However, depending on the local commissioning arrangements, GP practices may vaccinate any child up to the age of 9 rising to 11 but not 12-year-olds, on 31 August 2022, as part of a catch-up session if the child has missed their vaccination via the main mode of delivery (usually school based). All children in these age ranges are included irrespective of whether they are in a clinical risk group or not.

All primary school-aged children and year 7 to year 9 children and additionally for 2022 to 2023 year 8 to 9 children (date of birth on or after 1 September 2008 and on or before 31 August 2018), will be vaccinated via a school-based programme for the 2022 to 2023 season.

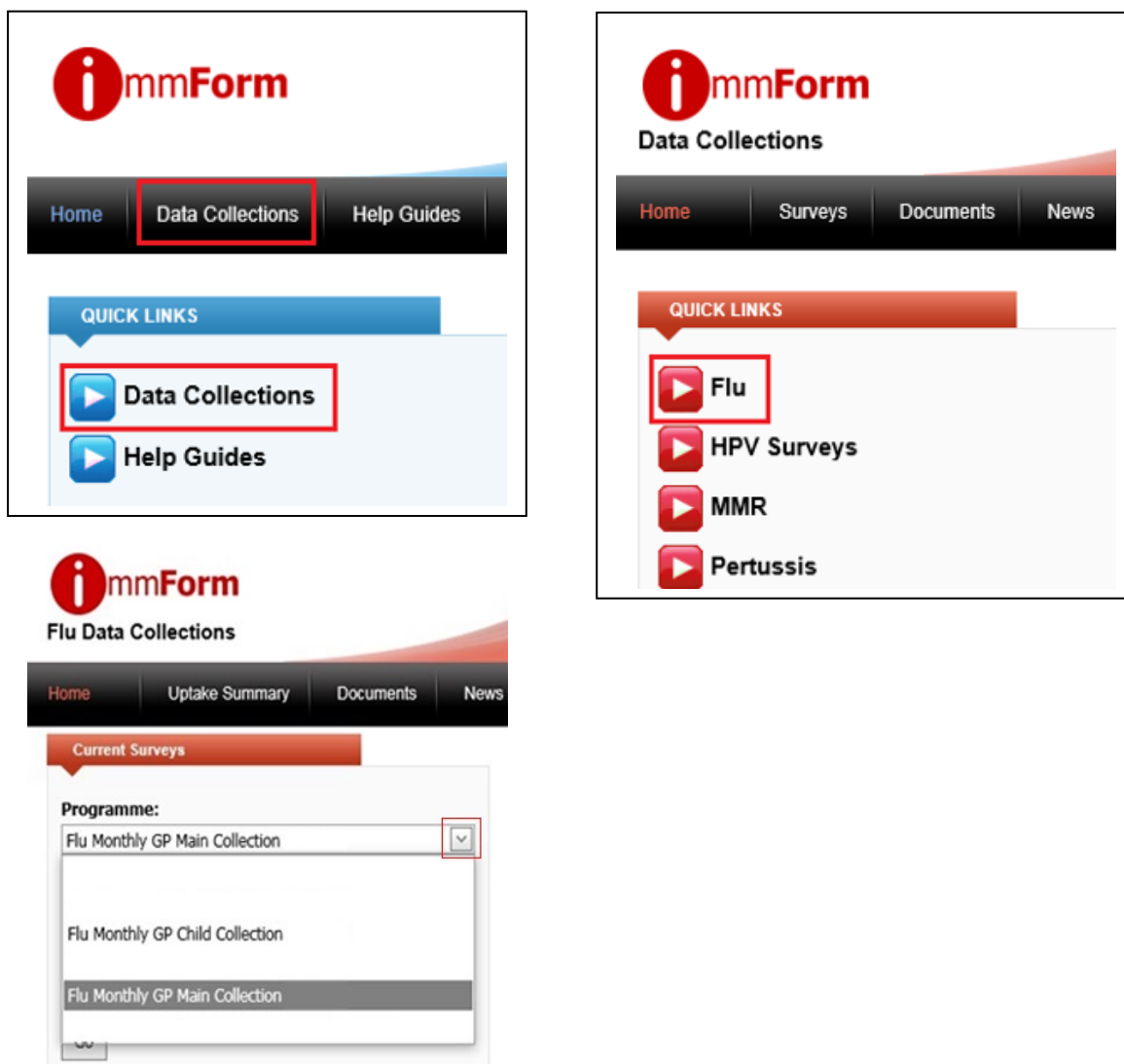
Further details of the ['Seasonal influenza vaccination uptake survey in primary school aged children'](#) can be found online.

It is presumed that all patients who are of school age who have been recorded as being given vaccinations by 'other healthcare provider' in their GP record, are in fact vaccinated within schools unless a specific 'vaccinated within a pharmacy setting' code has been recorded. As with all vaccinations given outside the GP practice, we assume that vaccinations will be recorded on the GP record in a timely manner.

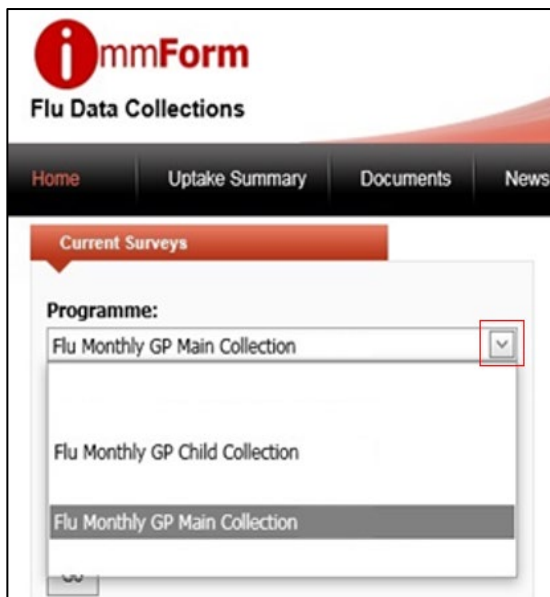
## 5. Data sets: submitting data on ImmForm manual entry

### Selecting the correct survey

Once you have logged into the ImmForm website, you will need to select the correct survey. Click 'Data Collections' in the black toolbar at the top, then the blue 'Data Collections' button. This opens a list of surveys. Select 'Flu' from the list.



Select the survey you want, in this case the 'Flu Monthly GP Main Collection 2022 to 2023' or 'Flu Monthly GP Child Collection 2022 2023', then the collection month you wish to provide data for and your organisation code under the survey.



Note that during the campaign, as each survey month opens and closes, the page will default to the current month's survey. To view data entered for another month, click on the previous months listed in the 'Survey' dropdown menu.

After selecting the survey, click 'Go' to see a list of organisations attached to your role. To submit data or view and/or amend data, click on your organisation name.

Flu Data Collections

DataCollectionManager@immform.org.uk : Sign Out My Details
Helpdesk 0844 376 0040

Home Documents News

Summary Report :

**Programme:** Flu Monthly GP Main Collection

**Survey:** Month/ Year of survey

**Organisation:** Organisation Name

Show in Excel
 Click here to switch table axis

Other Reports

**Reporting Hierarchy:** Organisations For Survey Group

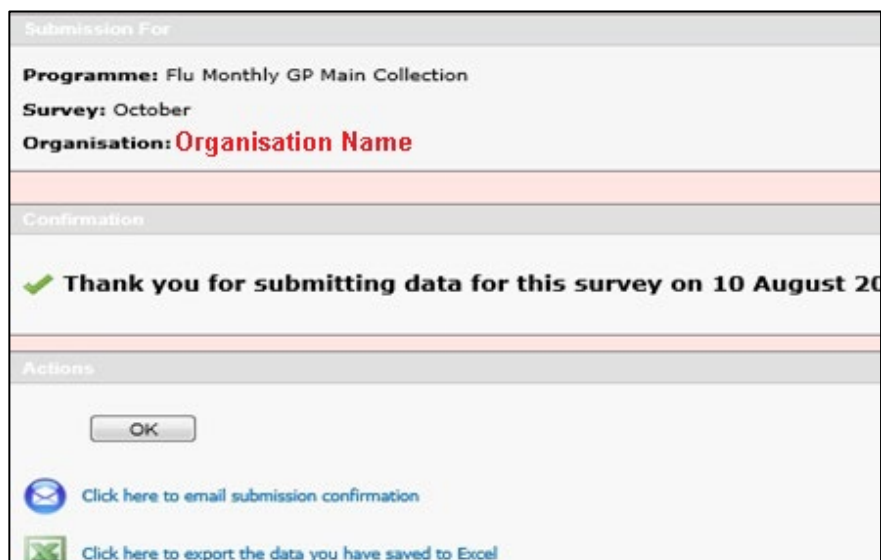
- Datasource Quality Assurance Report
- List organisations that have yet to respond
- Discrepancy Report
- Child Report

Summary
65 and Over
All Patients
Pregnant Women
At Risk Groups
Gender
Ethnicity

**Datasource**

Org Code	Org Name	Response Summary			Summary of Flu Vaccine Uptake %					
		No. of practices	No. of forms completed	% of practices responding	65 and over	Under 65 (all Patients)	Under 65 (at-risk only)	Pregnant and NOT IN a clinical risk group	Pregnant and IN a clinical risk group	All Pregnant Women
Org. Code	Organisation Name	2171	34	1.6	0.0	0.0	0.0	0.0	0.0	0.0

Where errors have occurred, a red asterisk will appear next to the fields that failed the data validation checks and require amending (see section on '[Data validation errors](#)', below). Once you have entered the data, click 'Submit' at the bottom of the page and, if successful, a confirmation page will be displayed, as below.



The screenshot shows a web form titled 'Submission For'. It contains the following information:

- Programme:** Flu Monthly GP Main Collection
- Survey:** October
- Organisation:** Organisation Name

Below this is a 'Confirmation' section with a green checkmark icon and the text: 'Thank you for submitting data for this survey on 10 August 2023'.

At the bottom is an 'Actions' section with an 'OK' button, a link with an envelope icon to 'Click here to email submission confirmation', and a link with an Excel icon to 'Click here to export the data you have saved to Excel'.

If you require assistance filling in the form you can click on the '?' that appears on the top left-hand side of the survey form. This opens the survey help popup that contains information and contact details of the local team who should be able to help you fill out the form. If you have any further queries about the survey, contact: [influenza@ukhsa.gov.uk](mailto:influenza@ukhsa.gov.uk)

## Data validation errors

There may be several reasons why data validation errors occur. The error message will appear at the top of the form (as in the screenshot below). It indicates what the problem is and the affected fields. A change must be made in order to correct the data error and allow you to submit the GP practice's data.

In the example below, the denominator for the 65 and over group (number of patients registered) is smaller than the numerator (number of patients vaccinated), that is, there are more people vaccinated than there are people to vaccinate. To correct this error, the number of patients vaccinated needs to either be less than or equal to the number of patients registered. In this case there are 2 patients registered and therefore the number vaccinated needs to either be less than 2 or equal to 2 (where vaccine uptake rate is 100%).

Submission For

**Programme:** Flu Monthly GP Main Collection

**Survey:** October


**Organisation:** YOUR ORGANISATION NAME

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Survey Form


**The following data fields failed validation checks:**

- Aged 65 and over - vaccinated must be less than or equal to Aged 65 and over - registered. Please amend this value.

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

**1. Seasonal Flu Vaccine Uptake Summary Data (Mandatory)**

Summary Data	(A) Number of Patients registered on day of extraction.	(B) Number of patients within (A) that have received the Flu vaccine since 1st September 2017	Vaccine Uptake (%)	(C) Number of patients refused/declined vaccine (Optional)	(D) Number of patients who received the Flu vaccine in school (Optional)	(E) Number of patients who received the Flu vaccine in pharmacies (Optional)	(F) Vaccination given in any other healthcare settings (Optional)
All patients 							
Aged 65 and over*	2	3 *	150.0		n/a		

If a data validation error appears and it is not obvious how to fix it, you can use the question mark button  to search for help with the form. Alternatively, you can contact:

[influenza@ukhsa.gov.uk](mailto:influenza@ukhsa.gov.uk)

Please ensure that all mandatory fields are completed, otherwise you will not be able to submit the data.



## Main GP flu survey: manual entry (mandatory fields)

1. Seasonal Flu vaccine uptake summary data (mandatory)			
Summary data	(A) Number of Patients registered on day of extraction.	(B) Number of patients within (A) that have received the Flu vaccine since 1 September 2022	Vaccine Uptake (%) calculated by the system
<b>All Patients</b>			
Aged 65 and over			
Aged 6 months to under 2 years			
Aged 2 years to under 5 years			
Aged 5 years to under 16 years			
Aged 16 to under 50 years			
Aged 50 to under 65 years			
<b>Summary of patients in one or more at-risk group(s) (excluding 'healthy' pregnant women, those with morbid obesity with no other clinical risk group and carers)</b>			
Aged 65 and Over			
Aged 6 months to under 2 years			
Aged 2 years to under 5 years			
Aged 5 years to under 16 years			
Aged 16 to under 50 years			
Aged 50 to under 65 years			
<b>Pregnant Women</b>			
Pregnant and NOT IN a clinical risk group			
Pregnant and IN a clinical risk group			

## Child GP flu survey: manual entry (mandatory fields)

<b>1. Seasonal Child GP Flu vaccine uptake summary data (mandatory fields)</b>			
<b>Summary data</b>	<b>(A) Number of Patients registered on day of extraction.</b>	<b>(B) Number of patients within (A) that have received the Flu vaccine since 1 September 2022</b>	<b>Vaccine Uptake (%) calculated by the system</b>
<b>Age 2 years (Birth Cohort: 1 September 20XX to 31 August 20XX)</b>			
<b>Aged 2 and NOT in a clinical risk group</b>			
<b>Aged 2 and IN a clinical risk group</b>			
<b>Age 3 years (Birth Cohort: 1 September 20XX to 31 August 20XX)</b>			
<b>Aged 3 and NOT in a clinical risk group</b>			
<b>Aged 3 and IN a clinical risk group</b>			

## GP flu survey: data validation rules for mandatory fields

1. 'All patients' is a count of all registered patients, including those in clinical risk groups, or who are pregnant or who are carers. Each patient should only be counted once.
2. Figures entered in the section 'Summary of patients in one or more at-risk group(s) (excluding 'healthy' pregnant women and carers)' must be less than or equal to the corresponding fields for 'All patients'.
3. Patients may appear in more than one risk group. This means that it is possible that the total patients in all individual risk groups might be more than the total patients in the at-risk summary. However, people that appear in more than one risk group should only be counted once in the 'Summary of patients in one or more at-risk groups'.
4. For the section 'Pregnant and NOT IN a clinical risk group', the 'Number of patients within 'A' that have received the flu vaccine since 1 September 2022' should usually be less than the total of the number of patients vaccinated for 'All patients – aged 16 to under 65' minus the number of 'Summary of patients in one or more at-risk group(s) (excluding 'healthy' pregnant women and carers) – aged 16 to under 65'.
5. For the field 'Pregnant and in a clinical risk group' the 'Number of patients within 'A' that have received the flu vaccine since 1 September 2022' should usually be less than the number of patients vaccinated for 'Summary of patients in one or more at-risk group(s) (excluding 'healthy' pregnant women and Carers) – aged 16 to under 65'.

Data providers are given a validation error message if the number of pregnant women is higher than the 16-to-under-65 age band but will allow data providers to confirm and submit the data if they wish. It is accepted that some pregnancies occur in the under-16s so the validation check is a warning only.

Those entering manual data are not required to enter optional fields. Please note that there are built-in validation rules for the optional fields. For any queries, please contact:

[influenza@ukhsa.gov.uk](mailto:influenza@ukhsa.gov.uk).

## Child GP flu survey: data validation rules for mandatory fields

1. 'All patients' is a count of all registered patients on 31 August including those in clinical risk groups. Each patient should only be counted once.
2. Patients in the 'All patients' and individual age groups who have been vaccinated will be less than or equal to the total number of patients registered in that cohort.

3. Patients in a clinical risk group and in the 'All patients' and individual age groups who are vaccinated will be less than or equal to the total number of patients registered in that cohort.

Those entering manual data are not required to enter optional fields. Please note that there are built-in validation rules for the optional fields. For any queries, please contact: [influenza@ukhsa.gov.uk](mailto:influenza@ukhsa.gov.uk)

## 6. Reviewing, editing, and downloading data on ImmForm

Please note that the flu vaccination data on ImmForm forms part of Official Statistics and therefore should not be shared or published in the public domain before the Official Statistics are available on the GOV.UK website.

If you are unsure whether you can share the data, and with whom, please email the national flu team for guidance at: [influenza@ukhsa.gov.uk](mailto:influenza@ukhsa.gov.uk)

### Amending data after it has been entered

You can return to the data entry screen and update or edit information that you may have previously entered, or that was submitted on your behalf by automated upload, provided you do this within the submission and editing period. You will not be able to amend the survey after the end of your respective data entry period ([see section on the data collection timetable](#)).

GP practices should still check and/or query any data that is automatically uploaded. GP practices who identify errors with their data (whether it was manually entered or via an automated upload) after their survey end date has passed, should notify their local flu co-ordinator(s).

### Exporting data into Excel



After entering data, data providers can retain a copy of the data that they have submitted. There are links that export the data into Excel. Look for the Excel icon (left) and then click on the relevant link to open or save the file.

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

## Non-responder reports

Local teams have the opportunity to see which GP practices have already entered data or have failed to respond to the survey, by running non-responder reports called 'List organisations that have yet to respond'. Running this report before the data entry period closes allows for follow-up of any outstanding data that needs to be submitted by the GP practice. You can find this option on the survey cover page.

☐ Reports

Reporting Hierarchy: Organisations For Survey Group ▼

[Anonymous Comparison Report](#)

[List organisations that have yet to respond](#)

## 7. Troubleshooting tips

Please read the ImmForm help sheets available via the 'Help Guides' tab on the ImmForm Home page before contacting the helpdesk team, as most problems are resolved by referring to the relevant help sheet.

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

If this message comes up it means that the data entry period has either not opened yet or has ended. You cannot make amendments and changes to data submissions outside the editing period that has been set for each monthly survey

See section on the ['Data collection timetable'](#).

### The flu survey is not visible

Please check you are using the correct URL, that you are accessing ImmForm during service hours and that you are using Internet Explorer version 8 or above.

If you still cannot see the GP flu survey, it may be to do with your access permissions and/or your GP practice is not registered. After checking that you have access for the correct organisation, if there is still a problem, please notify the ImmForm helpdesk via [helpdesk@immform.org.uk](mailto:helpdesk@immform.org.uk) or call 0207 183 8580 with full details.

The vaccine uptake summary tool has now been retired.

### Unable to print survey form

Some users have reported problems when trying to print completed survey forms. This is not something we can control centrally from the website. We have therefore provided users with the ability to output the saved data to Excel (see section on ['Exporting data into Excel'](#)).

## 8. ImmForm

### Background

[ImmForm](#) is the system used by the NHS and UKHSA to collect data on vaccine uptake for immunisation programmes and provide vaccine ordering facilities for the NHS. ImmForm is easy to access, password protected and allows GP practices and local integrated care board (ICB) to submit, analyse and review their vaccine uptake data.

### Service hours

ImmForm service hours are 9am to 5pm Monday to Friday (excluding bank holidays). Although the website is usually available outside these hours, essential maintenance can be conducted during this time and therefore the website may become unavailable without notice.

Several ImmForm 'help sheets' are available, including 'troubleshooting', 'how to register' and 'helpdesk' under the 'Help Guides' tab on the ImmForm home page.

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

### Helpdesk

The ImmForm helpdesk can be contacted via telephone on 0207 183 8580 or by emailing [helpdesk@immform.org.uk](mailto:helpdesk@immform.org.uk). However, please note that not all queries should go to the support team. For example, queries about specific surveys should go to other dedicated mailboxes, and queries about vaccine deliveries should go to the distributors.

See 'Help sheet - contact points' for more information, available via the 'Help Guides' tab on the ImmForm Home page.

### Accessing ImmForm

[ImmForm](#) can be accessed online using existing logins and passwords. Currently, ImmForm is designed and tested to work with Google Chrome and Internet Explorer. You must use Internet

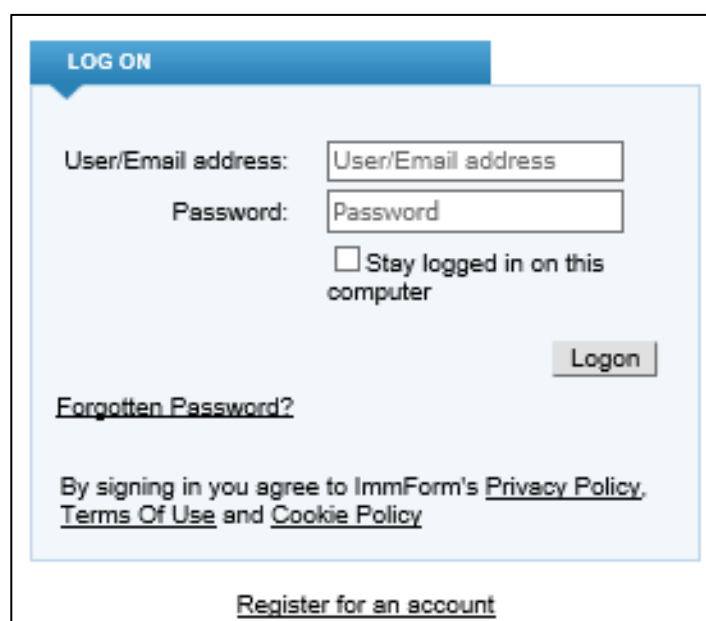


Explorer version 11 to access ImmForm. Only those who require flu vaccine uptake data for operational purposes will be given access to ImmForm. For all other data requests, please email: [influenza@ukhsa.gov.uk](mailto:influenza@ukhsa.gov.uk)

## How to obtain login details for ImmForm

Most GP practices and local teams are already registered on ImmForm for providing vaccine uptake data for seasonal flu and other surveys and therefore should have a valid organisational account login and password. If you have forgotten your current password, you should use the password reminder option available on the login page (see screenshot below). Only those who require access to the data for operational purposes will be given access to the site directly.

The password is case sensitive so make sure you enter it correctly. Make sure there are no spaces after or before the password, especially if you're copying and pasting it from elsewhere.



LOG ON

User/Email address:

Password:

☐ Stay logged in on this computer

Logon

[Forgotten Password?](#)

By signing in you agree to ImmForm's [Privacy Policy](#), [Terms Of Use](#) and [Cookie Policy](#)

[Register for an account](#)

If you are still having problems logging in, email the ImmForm helpdesk team on: [helpdesk@immform.org.uk](mailto:helpdesk@immform.org.uk) or call them on: 0207 183 8580.

## 9. Read codes and SNOMED CT codes

### Read codes and SNOMED CT codes and how we use them

Read codes and SNOMED CT codes are different coded thesauruses of clinical terms used in GP practice IT systems. These sets of codes are commonly referred to as clinical terminologies (CTs). These CTs are used in all parts of the NHS to record patient information in a standardised way. Our team uses them primarily for data collection purposes to extract vaccine uptake data for patients who fall into one or more of the designated clinical risk groups.

Our code specifications are written and reviewed by PRIMIS on a regular basis in line with the needs of the flu vaccination programme. More information on PRIMIS can be found on the [PRIMIS website](#).

The code specifications help us identify patients who have an at-risk code assigned to their GP record in order to extract the data for the survey. However, it is important to note that there may be some individuals with conditions not specified in the code specifications, who may be offered influenza vaccine by their GP based on clinical judgement.

The specification includes a section for call and recall purposes, but it should not be used for payment purposes.

### Read codes to SNOMED CT codes – what is changing

SNOMED CT codes are an international standard of clinical terms that will replace Read codes as the information standard in the NHS. This change to SNOMED CT codes will be taking effect in GP IT systems now, although users may not have noticed any changes to the user interface.

However, all GP IT systems should be using just SNOMED CT codes as of last year. The data extraction specification for the GP flu programme will be dual coded in Read and SNOMED CT codes until the transition has been fully completed. The Immunisation and Countermeasures department (includes the national flu team) are conducting a bridging study to ensure that our

data is robust and we can spot any potential problems in the data due to the transition over to SNOMED CT.

The continued rollout of the SNOMED CT international standard across healthcare data will improve interoperability of health systems. As clinical codes are updated and improved, any changes will be reflected in the latest PRIMIS specifications, please ensure you contact PRIMIS directly for access to these to ensure appropriate useage and version control. Please continue to use data on ImmForm, but please note the provisional status of all the in-season data as per previous years.

General information on [SNOMED CT](#) can be found online.

More information regarding the [SNOMED CT Implementation in Primary Care](#) can be found online.

## 10. Useful contacts

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

Also check this user guide first, as it should cover the majority of questions. Try to target the appropriate contact, as sending queries to the wrong contact results in delays.

### Survey collection and content

For queries about survey data collection content and process not covered in official correspondence, or in this user guide, or addressed by your Local lead/co-ordinator, email: [influenza@ukhsa.gov.uk](mailto:influenza@ukhsa.gov.uk).

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

### Login details, password reminders and registering new contacts

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

### Website support and technical issues

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

### Immunisation implementation

For clinical queries about immunisation programmes and the Green Book, email: [Immunisation.Lead@ukhsa.gov.uk](mailto:Immunisation.Lead@ukhsa.gov.uk)

For specific queries about new immunisation programmes and miscellaneous vaccination questions please email: [immunisation@ukhsa.gov.uk](mailto:immunisation@ukhsa.gov.uk)

## Vaccine supply

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

## Commissioning or GP practice payments

For queries about commissioning or GP practice payments, email NHS England on: [england.immunisation@nhs.net](mailto:england.immunisation@nhs.net)

## GP system suppliers

For queries about GP IT systems, including how to be included in automated bulk data uploads, contact your GP system supplier in the first instance.

## Frontline healthcare workers' vaccine uptake survey

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

## Childhood flu vaccine uptake survey (school delivery)

For queries about the new universal childhood flu vaccine uptake data collection process and content, or queries about the childhood flu vaccine pilot areas, email: [ChildFluvac@ukhsa.gov.uk](mailto:ChildFluvac@ukhsa.gov.uk)

## National weekly flu report

Queries about data supplied in the national weekly flu and COVID-19 surveillance report should be addressed to: [Respiratory.Lead@ukhsa.gov.uk](mailto:Respiratory.Lead@ukhsa.gov.uk)

## About the UK Health Security Agency

The [UK Health Security Agency](#) is an executive agency, sponsored by the [Department of Health and Social Care](#).

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For queries relating to this document, please contact: [influenza@phe.gov.uk](mailto:influenza@phe.gov.uk)

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