Influenza vaccine uptake survey
(GP patient ‘All practices’ monthly collection)

Season 2012/13

ImmForm user guide for
GP practices and PCT flu coordinators

This collection has been approved as Mandatory by the Review of Central Returns Steering Committee (ROCR) under licence ROCR/OR/0113/FT6/005PMAND

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<tr>
<td>AUTHOR</td>
<td>FATEHA BEGUM</td>
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Influenza vaccine uptake 2012/13 (GP Patients)

ImmForm User Guide for GP Practices and PCT Flu Coordinators

DH INFORMATION READER BOX

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Document Purpose: Gathering DATA

Gateway Reference: 18386

Title: ImmForm User Guide for GP practices and PCT Flu coordinators - Influenza Vaccine Uptake (GP Patients) Survey 2012/13

Author: Department of Health / Health Protection Agency

Publication Date: 14 Nov 2012

Target Audience: PCT CEs, SHA CEs, Local Authority CEs, GPs

Circulation List

Description: This document provides technical guidance and instruction for GP practices and PCT flu coordinators on the submission of influenza vaccine uptake data to the Influenza (GP Patients) Vaccine Uptake Survey for England 2012/13. This collection has received approval from the Review of Central Returns Steering Committee (ROCR) - ROCR/OR/0113/FT6/005PMAND


Superseded Docs: ImmForm User Guide for GP practices and PCTs, Influenza Vaccine Uptake survey for England 2011/12

Action Required: Submission of mandatory data for 65+, under 65 at-risk and pregnant women. Some data items such as individual risk group data by age are optional to submit.

Timing: Please see covering letter to all PCTs from Fateha Begum (HPA) published 3rd September 2012, for data collection submission dates.

Contact Details: Fateha Begum
- Influenza vaccine uptake monitoring programme
- Department of Health (DH) and Health Protection Agency (HPA)

  influenza@hpa.org.uk

  http://immunisation.dh.gov.uk/

For Recipient's Use
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1 Introduction

In 2012/13 seasonal influenza vaccine uptake data will continue to be collected on eligible GP patient groups recommended to receive flu vaccination.

Cumulative vaccine uptake data will be collected via the Department of Health (DH) ImmForm website on vaccinations administered from 1 September 2012 to end 31 January 2013 inclusive. The data collection will comprise four monthly surveys from all practices for October, November, December and January, with collection starting from November 2012 through to February 2013. In addition, a weekly sentinel survey will collect vaccine uptake data from approximately two thirds or more of GP practices, using automated XML upload only.

1.1 Information materials for the influenza vaccination programme 2012/13

The influenza vaccination programme for 2012/13 was set out in the CMO letter to the NHS dated 8 May 2012 (Gateway reference 17488), which can be accessed at the following link:

www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Professionalletters/DH_133888

In addition, the DH has set out operational arrangements and planning for the 2012/13 winter flu season in its ‘Seasonal Flu Plan’ dated 3 May 2012 (Gateway reference 17489), which can also be accessed from the DH website at the following link:


An updated version of the influenza chapter (chapter 19) of the Green Book (‘Immunisation against infectious disease’) was published on 24 August 2012 and is available to download at the following link:


The DH has also produced a flu vaccination leaflet for 2012/13 that helps explain how individuals can protect themselves against flu this coming winter and why it is important for those at increased risk from flu, to get immunised. This leaflet can be accessed from the DH website at the following link:

www.immunisation.dh.gov.uk/flu-vac-leaflet-winter-201213/

Following these publications, the vaccine uptake dataset requirement (including collection schedule and birth date ranges), the XML specification and the PRIMIS Read code specification for 2012/13, were all published in August 2012 on the DH website and can be downloaded at this link:

Finally, in September 2012 the HPA wrote to all PCT flu and immunisation coordinators confirming details of the forthcoming data collection including information on survey start and end dates, the dataset requirement, guidance on recording pregnancy and READ codes. This letter is available to access from the DH website at the following link:

2 General questions and answers

2.1 Is it mandatory to provide the data?

The collection of seasonal influenza vaccine uptake data is a vital part of influenza surveillance in England and provides important information to assist with the implementation of the flu vaccination campaign, locally, regionally and nationally.

The 2012/13 influenza vaccine uptake (GP patient survey) data collection has been approved by the Review of Central Returns Steering Committee (ROCR) under licence reference ROCR/OR/0113/FT6/005/PMAND. This is for a part mandatory collection for four monthly surveys (November, December, January and February), from GP practices and PCTs (part mandatory because some fields are mandatory and some fields are optional, but ALL GP practices are required to submit the mandatory data each month). The licence expiry date for this collection is 28 August 2013. For further information about this licence please contact rocr@ic.nhs.uk.

The ROCR team are keen to receive feedback on central data collections from the colleagues who complete/submit returns. In particular, around the length of time data collections take to complete and any issues, suggested improvements or duplication of data collections. Feedback can be submitted to ROCR using an online form: www.ic.nhs.uk/webfiles/Services/ROCR/Data%20Collection%20Feedback%20Template.xls

2.2 Are vaccine uptake data being collected from carers of disabled or elderly people?

We are collecting data on carers who fit the criteria set out in the CMO’s letter, who were under 65 years, not pregnant and who do not fall into one of the other disease categories. However these data are optional, so GP Practices can choose not to provide them if they wish. The current definition of a carer is:

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

2.3 Are uptake data being collected from other sources (e.g. residential homes)?

The source of data is from GP practice systems only; we will only be collecting data from GP practices. If residents’ vaccination details are recorded on GP practice systems then the data will be collected as part of the overall collection provided the details of these vaccinations are recorded on GP practice clinical systems.
It will be assumed that vaccinations given in other settings by other healthcare providers (e.g. pharmacies, special clinics such as antenatal care) will be recorded onto GP systems in a timely manner. This is essential for maintaining the individual’s clinical record but also ensures a clear auditable trail to the original source of any data and will avoid double counting for the vaccine uptake survey. It may be that for some vaccinations where recording onto a GP system is difficult or slow, for example vaccinations of travelling communities or homeless or where patients are not registered; recording of these vaccinations may be missed by the survey, although this is undesirable.

For manual submission, where Primary Care Trusts (PCTs) have separated into commissioning and delivery functions, it is the responsibility of the commissioning function of the PCT to ensure that data are provided by each GP practice.

2.4 Is data being collected on those that decline the offer of a vaccination?

The survey is based on actual vaccines administered (the numerators) not vaccines offered with the denominators being all those eligible to receive vaccine (by various groupings and age bands), including those that are not vaccinated for whatever reason.

2.5 Vaccine uptake data as a SNAPSHOT of data – not to be used for GP payments

It is important to note that the ImmForm survey collecting seasonal influenza vaccine uptake data is ONLY a snapshot of currently registered GP patients vaccinated at the time of data extraction/end of the influenza season. The data is intended to measure vaccine uptake and NOT to be used to calculate GP payments. The data will exclude vaccinations that are eligible for payments, such as for patients who have received the vaccine but have subsequently died, patients who have since moved and ‘temporary’ patients that may have received the vaccine but were not registered on the date of data extraction. Patients that are vaccinated, but have not had their electronic patient record updated by the time of data extraction, will also be excluded.

Data will also include vaccinations given by other healthcare providers (if the electronic record is updated accordingly), for which the GP practice are not able to claim payments for.

The data will exclude the prison population, unless they were registered with a GP practice at the time of data extraction and their vaccination details were recorded on their electronic record.
3 Survey dataset requirement 2012/13

The dataset requirement for the influenza vaccine uptake collection 2012/13 is available from the DH Immunisation website in PDF format at

We ask that every GP practice in England completes the 20 mandatory fields as required (this includes for those entering a manual submission; Question 1: ‘How did you extract data from your practice computer?’ and Question 2: ‘Name of GP Software Supplier?’). In addition we also anticipate that the optional dataset will be completed by those practices that have access to the semi/fully automated extraction and upload facilities available to them.

The dataset collected reflects the eligible groups set out in the CMO letter as best as possible, however this may not necessarily match the criteria exactly.

Please note that vaccine uptake data may not reflect inclusion of certain sets of patients with particular underlying clinical illnesses (see further information in section 4 ‘Denominators and Read Codes’).

Please note the validation rules below in 3.1 that will be applied to the data to ensure only logically valid data can be submitted.

<table>
<thead>
<tr>
<th>Flu vaccine uptake dataset requirement for 2012/13 collection</th>
<th>(A) Number of patients registered on day of extraction.</th>
<th>(B) Number of patients within A that have received the Flu vaccine since 1st September 2012</th>
<th>Vaccine uptake (%) calculated by system</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mandatory data items to complete:</td>
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<tr>
<td>All patients</td>
<td></td>
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<tr>
<td>Aged 65* and over</td>
<td>A1 mandatory</td>
<td>B1 mandatory</td>
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<tr>
<td>Aged 6 months to under 2 years</td>
<td>A2 mandatory</td>
<td>B2 mandatory</td>
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<tr>
<td>Aged 2 years to under 16 years</td>
<td>A3 mandatory</td>
<td>B3 mandatory</td>
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<tr>
<td>Aged 16 to under 65</td>
<td>A4 mandatory</td>
<td>B4 mandatory</td>
<td></td>
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<tr>
<td>Summary of patients in one or more at risk group(s) (excluding 'healthy' pregnant women and carers)</td>
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<tr>
<td>Aged 6 months to under 2 years</td>
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</tr>
<tr>
<td>Aged 2 years to under 16 years</td>
<td>A6 mandatory</td>
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</tr>
<tr>
<td>Flu vaccine uptake dataset requirement for 2012/13 collection</td>
<td>(A) Number of patients registered on day of extraction.</td>
<td>(B) Number of patients within A that have received the Flu vaccine since 1st September 2012</td>
<td>Vaccine uptake (%) calculated by system</td>
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<td>------------------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Aged 16 to under 65</td>
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<td>Pregnant and NOT IN a clinical risk group</td>
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<tr>
<td>Pregnant and IN a clinical risk group</td>
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<td>B9 mandatory</td>
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<td>Optional data items to complete:</td>
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<tr>
<td>Patients with Chronic Heart Disease</td>
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<td></td>
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<tr>
<td>Aged 6 months to under 2 years</td>
<td>A11</td>
<td>B11</td>
<td></td>
</tr>
<tr>
<td>Aged 2 years to under 16 years</td>
<td>A12</td>
<td>B12</td>
<td></td>
</tr>
<tr>
<td>Aged 16 to under 65</td>
<td>A13</td>
<td>B13</td>
<td></td>
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<tr>
<td>Patients with Chronic Respiratory Disease</td>
<td></td>
<td></td>
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<tr>
<td>Aged 6 months to under 2 years</td>
<td>A14</td>
<td>B14</td>
<td></td>
</tr>
<tr>
<td>Aged 2 years to under 16 years</td>
<td>A15</td>
<td>B15</td>
<td></td>
</tr>
<tr>
<td>Aged 16 to under 65</td>
<td>A16</td>
<td>B16</td>
<td></td>
</tr>
<tr>
<td>Patients with Chronic Kidney Disease</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Aged 6 months to under 2 years</td>
<td>A17</td>
<td>B17</td>
<td></td>
</tr>
<tr>
<td>Aged 2 years to under 16 years</td>
<td>A18</td>
<td>A18</td>
<td></td>
</tr>
<tr>
<td>Aged 16 to under 65</td>
<td>A19</td>
<td>A19</td>
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<tr>
<td>Patients with Chronic Liver Disease</td>
<td></td>
<td></td>
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<tr>
<td>Aged 6 months to under 2 years</td>
<td>A20</td>
<td>B20</td>
<td></td>
</tr>
<tr>
<td>Aged 2 years to under 16 years</td>
<td>A21</td>
<td>B21</td>
<td></td>
</tr>
<tr>
<td>Aged 16 to under 65</td>
<td>A22</td>
<td>B22</td>
<td></td>
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Influenza vaccine uptake 2012/13 (GP Patients)
ImmForm User Guide for GP Practices and PCT Flu Coordinators

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<th>(A) Number of patients registered on day of extraction.</th>
<th>(B) Number of patients within A that have received the Flu vaccine since 1st September 2012</th>
<th>Vaccine uptake (%) calculated by system</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients with Diabetes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aged 6 months to under 2 years</td>
<td>A23</td>
<td>B23</td>
<td></td>
</tr>
<tr>
<td>Aged 2 years to under 16 years</td>
<td>A24</td>
<td>B24</td>
<td></td>
</tr>
<tr>
<td>Aged 16 to under 65</td>
<td>A25</td>
<td>B25</td>
<td></td>
</tr>
<tr>
<td>Patients with Immunosuppression</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aged 6 months to under 2 years</td>
<td>A26</td>
<td>B26</td>
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</tr>
<tr>
<td>Aged 2 years to under 16 years</td>
<td>A27</td>
<td>B27</td>
<td></td>
</tr>
<tr>
<td>Aged 16 to under 65</td>
<td>A28</td>
<td>B28</td>
<td></td>
</tr>
<tr>
<td>Patients with Chronic Degenerative Neurological Disease (including Stroke/TIA, Cerebral Palsy or MS)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aged 6 months to under 2 years</td>
<td>A32</td>
<td>B32</td>
<td></td>
</tr>
<tr>
<td>Aged 2 years to under 16 years</td>
<td>A33</td>
<td>B33</td>
<td></td>
</tr>
<tr>
<td>Aged 16 to under 65</td>
<td>A34</td>
<td>B34</td>
<td></td>
</tr>
</tbody>
</table>

Optional data items to complete:

| Carers**                                                      |                                                     |                                                                                 |                                      |
| Aged under 65 not at-risk who fulfil the 'carer' definition   | A38                                                 | B38                                                                             |                                      |

* "65 and over" is defined as those 65 and over on 31 March 2013 (i.e. born on or before 31 March 1948). "Under 65" is defined as those under 65 on 31 March 2013 (i.e. born on or after 1 April 1948). For all other age band ranges are defined by the patient age on the date of extraction (see ‘birth date ranges’ for both the monthly and weekly surveys available on the DH website at: www.immunisation.dh.gov.uk/flu-vac-uptake-gp-pats-surv-2012-13/).

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

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

1. Figures entered for the number of vaccinations administered (column B), must be less than or equal to the number of patients registered in the group for which the figure is being entered (column A).

2. ‘All Patients’ is a count of all registered patients, including those in clinical risk groups, or who are pregnant or who are carers. Each patient should only be counted once.

3. Figures entered in the section ‘Summary of patients in one or more at-risk group(s) (excluding ‘healthy’ pregnant women and carers)’, must be less than or equal to the corresponding fields for ‘All Patients’.

4. Patients may appear in more than one risk group. This means that it is possible that the total people in risk groups might be more than the total people at risk. However, people that appear in more than one risk group should only be counted once in the ‘Summary of patients in one or more at-risk group(s)’.

5. For the field ‘Pregnant and NOT IN a clinical risk group’, ‘the Number of patients registered on day of extraction’ should usually be less than the number of ‘All Patients – Aged 16 to under 65’ MINUS the number of ‘Summary of patients in one or more at-risk group(s) (excluding ‘healthy’ pregnant women and carers) – Aged 16 to under 65’.

6. For the field ‘Pregnant and NOT IN a clinical risk group’, the ‘Number of patients within A that have received the flu vaccine since 1st September 2012’ (column B) should usually be less than the total of the number of patients vaccinated for ‘All Patients – Aged 16 to under 65’ MINUS the number of ‘Summary of patients in one or more at-risk group(s) (excluding ‘healthy’ pregnant women and carers) – Aged 16 to under 65’.

7. For the field ‘Pregnant and IN a clinical risk group’ the ‘Number of patients registered on day of extraction’ should usually be less than the number of ‘Summary of patients in one or more at-risk group(s) (excluding ‘healthy’ pregnant women and carers) – Aged 16 to under 65’.

8. For the field ‘Pregnant and IN a clinical risk group’ the ‘Number of patients within A that have received the flu vaccine since 1st September 2012’ should usually be less than the number of patients vaccinated for ‘Summary of patients in one or more at-risk group(s) (excluding ‘healthy’ pregnant women and carers) – Aged 16 to under 65’.
Data providers are given a validation error message if pregnant women are higher than the 16 to under 65 age band but will allow data providers to confirm and submit the data if they wish. It is accepted that some pregnancies occur in the under 16s so the validation check is a warning ONLY

9. Numbers entered by age bands for each of the optional fields (i.e. individual clinical risk group(s) must always be less than or equal to the corresponding fields for ‘Summary of patients in one or more at-risk group(s)’.

10. Denominators should be defined by their age on date of extraction, but for the upper limit of the ‘16 to under 65’ age band and for the ‘aged 65 and over’ age band; they should be defined by their age at 31 March 2013 (this reflects all those aged 65 years or older by the 31 March 2013 are eligible to receive the flu vaccine in the 2012/13 vaccination programme). The 6 month age band is defined by age on the date of extraction.

11. Carers should not be greater than the total patients or less than the total patients at risk.
4 Denominators

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

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

The data should include patients vaccinated by another healthcare provider if a record of that vaccination is entered onto a GP’s system. The data should exclude patients that were vaccinated, but are no longer registered at the practice (e.g. because they have changed practice or died).

All data are cumulative (i.e. total vaccinations administered from 1 September 2012 to the end of the month/week in question).

Please note: GP practices who have or are changing IT suppliers, need to ensure they turn off the automated extraction from their ‘old’ system and turn it on for their ‘new’ system. This is because we have had some instances in the past, where bulk upload data from their ‘old’ supplier has been submitted after the data from their ‘new’ supplier and it has been overwritten.

4.1 All patients

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

Similarly, those vaccinated where a GP exercises clinical judgement that do not fall within a designated clinical risk group(s), will also be counted under the ‘All patients’ criteria. The ‘All patients’ category may also include people vaccinated privately or as part of their employers occupation health programme, when a record of these vaccinations has been entered onto a GP’s system.
4.2 **65 years and over**

Denominators for those aged under 65 years are defined by their age on date of extraction, but for those aged 65 years or older, they are defined by their age at 31 March 2013 (see ‘birth date ranges’ for both the monthly and weekly surveys in the dataset requirement available on the DH website at: [www.immunisation.dh.gov.uk/flu-vac-uptake-gp-pats-surv-2012-13/](http://www.immunisation.dh.gov.uk/flu-vac-uptake-gp-pats-surv-2012-13/))

4.3 **Summary of at-risk group**

The ‘Summary of patients in one or more at-risk group(s)’ excludes otherwise healthy pregnant women (i.e. without other risk factors) and healthy carers, it should only contain patients in one or more of the clinical risk group(s) and if a patient is in more than one risk group, they are only counted ONCE.

4.4 **Pregnant women**

Pregnant women are defined as all women pregnant or becoming pregnant (in the first, second or third trimesters) as diagnosed by a medical professional (e.g. GP or midwife) during 1 September 2012 to 31 January 2013 (i.e. all those becoming pregnant before 1 September 2012 and still pregnant during 1 September 2012 to 31 January 2013 and all those becoming pregnant during 1 September 2012 to 31 January 2013). This is the same as last season.

Denominators for pregnant women are further delineated by those not in a clinical risk group (‘healthy’ pregnant women) and those in one or more clinical risk group(s). The denominators should include women who lose their pregnancy for whatever reason and those that give birth during 1 September 2012 to 31 January 2013. Thus denominators for pregnant women could be regarded as over-inclusive as they may include women that become eligible and then ineligible for vaccination (i.e. individuals who were pregnant at some point on or after 1 September 2012, who were then no longer pregnant due to termination, miscarriage, or birth) before they could be vaccinated. Thus the denominator will increase as more women become pregnant over time, but those that are no longer pregnant but were eligible, are NOT removed.

The numerator(s) are defined as women in these groups (whether combined as all pregnant women or delineated separately as ‘healthy’ or at-risk) that received flu vaccine during the period 1 September 2012 to 31 January 2013.

4.5 **Carers**

For ‘Carers’, this will apply to those that meet the definition of a carer and are vaccinated solely by virtue of being a carer (i.e. they are not in a clinical risk group, not aged 65 or over and they are not pregnant).
5 READ codes

PRIMIS were commissioned to provide the clinical risk group ‘Seasonal Influenza Vaccine Uptake Reporting Specification’ for 2012/13. The final version was published in July 2012 and is available from the PRIMIS website at www.primis.nottingham.ac.uk/index.php/home

The specification is also published on the DH Immunisation website at the following link:

5.1 Use of READ Codes for flu vaccination

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

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

5.2 Pregnancy recording

READ Codes will need to be selected that code for women confirmed by a medical professional as pregnant. However no READ Codes would be required for loss/termination of pregnancy or birth for the data collection, although they are relevant to clinicians when scheduling and administering the vaccinations. It is important that clinical records for those that were pregnant but then ceased to be pregnant before 1 September 2012 are updated, such that they are not included in the denominator, thus artificially inflating the denominator. Practices will need to review their clinical records for pregnant women (as well as for other clinical risk groups) to maintain their accuracy.
The pregnancy groups include patients who may have been eligible for a period of time but are no longer eligible. Due to the complications around recording pregnancy, other methods should be used if practices wish to identify patients who are at risk and require vaccination. Any results should be subject to clinical review.

PRIMIS has provided guidance on coding pregnant women and vaccinations of pregnant women in the collection of vaccine uptake data on pages 38-40 in the READ Code specification. The guidance is also available to download separately from the PRIMIS website at the following link:

5.3 READ codes and GP payments

Please note the READ code specification is for vaccine uptake monitoring purposes only. It is NOT used for recall or payment purposes (see page 2 of the PRIMIS document). As stated earlier, the ImmForm data collection is based on a ‘snapshot’ of currently registered GP patients vaccinated at the time of data extraction. The data is intended to measure vaccine uptake and NOT to be used to calculate GP payments. Patients vaccinated at a practice that have subsequently died or are no longer registered at the practice, are EXCLUDED from the ImmForm data, although the practice should still be eligible to claim vaccination payments for these vaccinations.

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

Some examples are below:

<table>
<thead>
<tr>
<th>Code Type</th>
<th>Where Given</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>READ Code (V2 5-byte)</td>
<td>given by the GP practice</td>
<td>65E..</td>
</tr>
<tr>
<td>READ Code (V2 5-byte)</td>
<td>given by other healthcare provider</td>
<td>65E2</td>
</tr>
<tr>
<td>READ Code (CTV3)</td>
<td>given by the GP practice</td>
<td>XaLK4</td>
</tr>
<tr>
<td>READ Code (CTV3)</td>
<td>given by other healthcare provider</td>
<td>XaPyT</td>
</tr>
</tbody>
</table>
6  Data collection timetable

6.1  Survey start and end dates

The collection will comprise four ‘all practice’ (i.e. automated and manual submissions) monthly surveys for all cumulative data from 1 September 2012 to end of each survey month. The first full monthly all practice survey will take place in November for all vaccinations administered to end of 31 October 2012, the second in December for all vaccinations administered to end of 30 November 2012, the third in January for all vaccinations administered to end of 31 December 2012 and the final collection will take place in February for all vaccinations administered to end of 31 January 2013.

Data submitted should be on vaccinations given from 1 September 2012 until the relevant month end, and not just on vaccinations given since the previous month’s survey.

The data will be collected via the ImmForm website. No paper, e-mail or fax submissions will be accepted.

The collection schedule is shown below. Dates for each monthly survey are as follows:

<table>
<thead>
<tr>
<th>Survey Month</th>
<th>For data covering vaccinations administered up to date</th>
<th>Survey Start Date</th>
<th>XML Bulk Upload Submit Date</th>
<th>GP Survey End Date</th>
<th>PCT Survey End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>October</td>
<td>Wed 31/10/12</td>
<td>Thu 01/11/12</td>
<td>Fri 09/11/12</td>
<td>Fri 09/11/12</td>
<td>Tue 13/11/12</td>
</tr>
<tr>
<td>November</td>
<td>Fri 30/11/12</td>
<td>Mon 03/12/12</td>
<td>Tue 11/12/12</td>
<td>Tue 11/12/12</td>
<td>Thu 13/12/12</td>
</tr>
<tr>
<td>December</td>
<td>Mon 31/12/12</td>
<td>Wed 02/01/13</td>
<td>Thu 10/01/13</td>
<td>Thu 10/01/13</td>
<td>Mon 14/01/13</td>
</tr>
<tr>
<td>January</td>
<td>Thu 31/01/13</td>
<td>Fri 01/02/13</td>
<td>Mon 11/02/13</td>
<td>Thu 14/02/13</td>
<td>Tue 19/02/13</td>
</tr>
</tbody>
</table>

6.2  Notes accompanying the MONTHLY collection schedule

1. Start date for monthly collections is always the 1st working day of the following month.

2. The data for all surveys (whether collected weekly or monthly) are cumulative (as per previous seasons) i.e. from 1st September 2012 to end of each survey month (i.e. 31/10/2012, 30/11/2012, 31/12/2012 and 31/01/2013 respectively) or from 1st September 2012 to the end of the previous week, ending each Sunday (WEEKLY).
3. The GP end date for the monthly surveys (except January) is 7 working days (inclusive) after the start date, reflecting the need to have these data available quickly to allow interventions in the programme if necessary. The PCT end date is an additional 2 working days after the GP end date. PCTs will have access during this period to submit or amend data on behalf of their practices. XML uploads are required by 7 working days, to give enough time for data providers to collect and collate the data, but also give time for GP practices to view the data before the survey closes.

4. The GP end date for the January survey is 10 working days (inclusive) after the start date, allowing more time to collate and submit the final data. The PCT end date for January is an additional 3 working days after the GP end date. XML uploads are required by 7 working days, to give enough time for data providers to collect and collate the data, but also give time for GP practices to view the data before the survey closes.

5. GP Practices and PCTs will still be able to view and amend the month-based surveys submitted data up until their respective end dates for each month.

6.3 Weekly sentinel collection

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

GP IT suppliers include EMIS (LV/WEB), CSC (formerly known as iSoft), TPP and INPS. GP practices and PCTs will not be directly involved in the collection of these data (other than authorising the collection, which they would already have done for the monthly collections), as it is an automated process. It is anticipated that only those suppliers that have automated upload capability (i.e. XML bulk upload or web service) will provide weekly data on behalf of their participating practices.

The weekly automated collection will begin from week 35 (week ending 2 September 2012) until week 04 (week ending 27 January 2013).
The collection schedule for the weekly surveys is as follows:

<table>
<thead>
<tr>
<th>Week No.</th>
<th>Data up to date</th>
<th>Submit Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>35</td>
<td>Sunday, 2 September 12</td>
<td>Monday, 3 September 12</td>
</tr>
<tr>
<td>36</td>
<td>Sunday, 9 September 12</td>
<td>Monday, 10 September 12</td>
</tr>
<tr>
<td>37</td>
<td>Sunday, 16 September 12</td>
<td>Monday, 17 September 12</td>
</tr>
<tr>
<td>38</td>
<td>Sunday, 23 September 12</td>
<td>Monday, 24 September 12</td>
</tr>
<tr>
<td>39</td>
<td>Sunday, 30 September 12</td>
<td>Monday, 1 October 12</td>
</tr>
<tr>
<td>40</td>
<td>Sunday, 7 October 12</td>
<td>Monday, 8 October 12</td>
</tr>
<tr>
<td>41</td>
<td>Sunday, 14 October 12</td>
<td>Monday, 15 October 12</td>
</tr>
<tr>
<td>42</td>
<td>Sunday, 21 October 12</td>
<td>Monday, 22 October 12</td>
</tr>
<tr>
<td>43</td>
<td>Sunday, 28 October 12</td>
<td>Monday, 29 October 12</td>
</tr>
<tr>
<td>44</td>
<td>Sunday, 4 November 12</td>
<td>Monday, 5 November 12</td>
</tr>
<tr>
<td>45</td>
<td>Sunday, 11 November 12</td>
<td>Monday, 12 November 12</td>
</tr>
<tr>
<td>46</td>
<td>Sunday, 18 November 12</td>
<td>Monday, 19 November 12</td>
</tr>
<tr>
<td>47</td>
<td>Sunday, 25 November 12</td>
<td>Monday, 26 November 12</td>
</tr>
<tr>
<td>48</td>
<td>Sunday, 2 December 12</td>
<td>Monday, 3 December 12</td>
</tr>
<tr>
<td>49</td>
<td>Sunday, 9 December 12</td>
<td>Monday, 10 December 12</td>
</tr>
<tr>
<td>50</td>
<td>Sunday, 16 December 12</td>
<td>Monday, 17 December 12</td>
</tr>
<tr>
<td>51</td>
<td>Sunday, 23 December 12</td>
<td>Monday, 24 December 12</td>
</tr>
<tr>
<td>52</td>
<td>Sunday, 30 December 12</td>
<td>Monday, 31 December 12</td>
</tr>
<tr>
<td>1</td>
<td>Sunday, 6 January 13</td>
<td>Monday, 7 January 13</td>
</tr>
<tr>
<td>2</td>
<td>Sunday, 13 January 13</td>
<td>Monday, 14 January 13</td>
</tr>
<tr>
<td>3</td>
<td>Sunday, 20 January 13</td>
<td>Monday, 21 January 13</td>
</tr>
<tr>
<td>4</td>
<td>Sunday, 27 January 13</td>
<td>Monday, 28 January 13</td>
</tr>
</tbody>
</table>

6.4 Notes accompanying the WEEKLY collection schedule

1. Weekly data generally collected on a Monday for data up to midnight on the previous Sunday. The exceptions are where the Monday (or Tuesday) falls on a Bank Holiday, so is deferred a day or two (there are no instances of this for 2012/13).

2. Where the weekly end date and the monthly end date coincide, weekly bulk upload data providers need only provide the weekly file, as we will be able to use the same files for weekly and monthly data (there are no instances of this for 2012/13).

3. Vaccine uptake data is measured from 1 September 2012. The weekly collections will start in September (although it is recognised that uptake will be low at first and will depend on vaccine availability).
7 How will the data be collected?

7.1 GP IT suppliers

EMIS (LV platform/ EMIS WEB), CSC (formerly iSoft), Microtest, TPP (The Phoenix Partnership) and INPS will again be providing automated bulk upload and/or automated submissions from their practices direct to ImmForm.

PRIMIS will be providing a data upload service via their CHART tool; the CHART library and online tools including MIQUEST query sets, will be provided to aid this collection. Data providers who are already registered on the PRIMIS website will also need to ensure they sign up to the ‘PRIMIS Hub membership scheme’ in order to access these tools and services at the following link:

www.primis.nottingham.ac.uk/index.php

For more information you can contact PRIMIS via their website at www.primis.nhs.uk/index.php/contact-us

7.2 When will automatically extracted data appear on the website?

We have asked the participating software suppliers to send these data to us as close to the submission start date as possible. Automated uploads are anticipated to show on the website within a few days of each of the monthly XML bulk upload date agreed for suppliers (the deadline is seven working days – see 6.2); data are processed overnight and should be visible the following day.

GP practices should still check and/or query any data automatically uploaded and request their PCT Flu coordinator(s) to amend any anomalies found, within their defined editing period.
8 ImmForm website

8.1 Accessing ImmForm

The data will be collected through the DH ImmForm website, which can be accessed via [www.immform.dh.gov.uk](http://www.immform.dh.gov.uk) using existing logins and passwords, as used for the Pneumococcal (PPV) vaccine uptake and other surveys.

The service hours for ImmForm are 8:00 am to 6:00 pm Monday to Friday (except Bank Holidays). The website is usually available outside of these hours, but may be unavailable at any time outside of these hours, without notice, for essential maintenance. Several ImmForm ‘help sheets’ are available, including troubleshooting, how to register, helpdesk etc. at the following link: [www.immunisation.dh.gov.uk/immform-helpsheets](http://www.immunisation.dh.gov.uk/immform-helpsheets)

The ImmForm website provides a secure platform for vaccine uptake data collection for several immunisation surveys, including the GP Patients seasonal influenza vaccine uptake collection. The website is hosted and managed by the Department of Health (DH). ImmForm is easy to access, is password protected, and allows GP practices and PCTs to submit, analyse and review their vaccine uptake data.

8.2 What browser can I use to access ImmForm?

Currently ImmForm is designed and tested to work with Internet Explorer only; you must use Internet Explorer to access ImmForm.
8.3 **How do I obtain login details for ImmForm?**

Most GP Practices and PCT organisations are already registered on ImmForm for providing vaccine uptake data (for example for the Pneumococcal (PPV) uptake survey) and therefore should have a valid organisational account login and password. If you have forgotten your current password, you should use the password reminder option available on the log in page (see screenshot above).

For more information about how to register and use ImmForm, please refer to the following ImmForm help sheets published on the DH website at the following link: [www.dh.gov.uk/en/PublicHealth/Immunisation/immform/index.htm](http://www.dh.gov.uk/en/PublicHealth/Immunisation/immform/index.htm)

8.4 **I have a login and password, but still have problems – what do I do?**

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

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

8.5 **Who is the main PCT flu/immunisation coordinator?**

The PCT Flu coordinator is shown on the ImmForm website on the Survey Form covering page. For guidance and support with submitting data and/or undertaking the vaccination campaign in your clinic, contact your PCT Flu coordinator in the first instance. He/she should be able to provide assistance with the data collection process for your practice before the survey begins.

8.6 **News items and FAQs**

The News Items is a section of the website that enables us to post timely information, to data providers/users about arising matters. **Please keep an eye on this section** as we will post important messages up here for PCT coordinators and GP practices regarding the survey and/or in response to other relevant queries etc. (see below).
The ‘FAQs’ (frequently asked questions) on the dark blue toolbar at the top is always there and answers the most common questions we are asked.

8.7 Does ImmForm bypass the role of PCTs?

ImmForm does not bypass PCTs' usual communication or validation activities. It is simply a data collection tool that allows all users to submit, view and amend their data within their defined editing periods.

The system was designed to improve the management of the data collection process and reduce the burden of collecting this data on GP practices and PCTs. The web-based system is a centralised database, which allows GPs, PCTs, HPA and DH to link into the same system. Each PCT can log on to the web system and view the GP data relating to its own PCT only. During their own window period, PCTs have an opportunity to validate the GP data and amend as necessary.
9  Guide to submitting and reviewing data online

9.1  Submitting the data online

9.1.1  Entering data for the [All practices] monthly flu vaccine uptake survey

Once you have successfully logged in you will need to select the correct survey, click on ‘Surveys’ on the top menu bar. Select your organisation code, under the survey you wish to provide data for, in this case the Seasonal Flu Vaccine Uptake (GP patients) 2012/13 – ALL PRACTICES MONTHLY.

To submit data or view and/or amend data click on ‘Submit/Amend/View survey data’
During the campaign as each survey month opens and closes, the option to view any data entered for any specific month can be accessed by clicking on any of the blue links under ‘Switch to another survey’. Select the appropriate month as necessary (the page defaults to the current month’s survey in any case).

Confirm your organisation details are correct and click on Next as shown below (for the purpose of presenting an example, organisation details in the screenshots have been blacked out)
This is the data entry screen for 2012/13

YOU MUST COMPLETE ALL MANDATORY FIELDS. Click on ‘Submit’ at the bottom of the page once all data have been entered

1. How did you extract data from your practice computer?
   Mandatory Field
   - Did not use CHART or MIQUEST. Typed or changed data directly into the website
   - Used CHART and typed data directly into website
   - Used MIQUEST and typed data into the website

2. Name of GP Software Supplier?
   Mandatory Field
   - EMIS
   - INPS (Vision)
   - ISQF Synergy
   - ISQF Premier
   - MICROTEST
   - TPP
   - Other
   If other, please specify

3. Seasonal Flu vaccine uptake summary data.
   Mandatory Fields
<table>
<thead>
<tr>
<th></th>
<th>(A) Number of Patients registered on day of extraction.</th>
<th>(B) Number of patients within A that have received the Flu vaccine since 1st September 2012</th>
<th>Vaccine Up system</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Patients</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aged 65+ and over</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aged 6 months to under 2 years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aged 2 years to under 16 years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aged 16 to under 65</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Summary of patients in one or more at-risk group(s) [excluding ‘healthy’ pregnant women &amp; carers]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aged 6 months to under 2 years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aged 2 years to under 16 years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aged 16 to under 65</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pregnant Women</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pregnant and NOT IN a clinical risk group</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pregnant and IN a clinical risk group</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
You will then get a confirmation message but where errors have occurred, instructions regarding the fields requiring further attention will be shown. Should there be an anomaly with the data entered, the system will alert you to the fields that failed the data validation checks and therefore will require amending.

Once the data is accepted a page confirming the successful entry is displayed.
9.1.2 Can I see a summary of the submitted data and the calculated uptake?

Yes, once you have typed in data for a question and moved to the next field, the uptake percentage will be calculated and displayed next to it. If you alter the data, the uptake figure will be recalculated. Please refer to 9.2.3 for details on how to print out a copy of your data.

9.2 Reviewing and editing data

9.2.1 Amending your data after you’ve entered it

It is possible to return to the survey screen and update or edit information that you may have previously entered, or was submitted on your behalf by automated upload. Once the survey has been updated, click on ‘Submit’ to confirm the data.

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

PCT Coordinators have an extra window of submission a few days after the GP deadline, to perform a final review of the survey data submitted. PCTs have read-write access during this period and may enter/amend data on behalf of practices.

**GPs should notify their PCT coordinator as soon as an anomaly is identified with the data submitted in order for them to have the time to be able to amend any errors or inconsistencies BEFORE the survey closes.**

9.2.2 The anonymous comparison report

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

Use the drop down list to view a particular report either by age, risk or by both:
Once you have chosen to view percentage vaccine uptake in a particular category, the system will then produce the required report by bar chart as seen in the example below:

PCTs can view uptake rates by age and risk groups as shown by tabs on the screenshot below:

PCTs also have the opportunity to see which practices have entered or failed to enter data, by running non-responder reports any time before the data entry window closes (see screen shot below) allowing for follow-up of any outstanding data which needs to be submitted.
9.2.3 **Export data into Excel: printing or analysing results**

After entering data, it is now possible for GPs to retain a copy of the data that they have submitted. There is a link that exports the data into Excel, please see below. Click on it to open or save the file.

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

9.3.1 What are the data used for?

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

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

9.3.2 When will the final data be published?

Provisional national (headline) data from the sentinel group of automated GP practices that allow bulk upload extraction of data is published weekly in the HPA weekly influenza report, available to view at the following link:
www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/SeasonalInfluenza/EpidemiologicalData/03influsweeklyreportpdfonly/

Provisional National, SHA and PCT level data will be published monthly (from the monthly collection(s)) on the Department of Health Immunisation web channel at the following link; http://immunisation.dh.gov.uk/

The data will show uptake for those aged 65 years and over, those aged under 65 years in a clinical at-risk and pregnant women.

A final end of campaign report will be published on the DH website with appropriate links from the HPA website, once the data have been collected and validated by the HPA, following final closure of the influenza vaccine uptake campaign on ImmForm
10 Troubleshooting tips

Please ensure you have read the ImmForm helpsheets (accessible via the DH website at http://immunisation.dh.gov.uk/immform-helpsheets/) before contacting the helpdesk team, as most problems are generally resolved by referring to the relevant helpsheet.

10.1 I cannot enter data because the survey is read-only

If this message comes up it means that the GP data entry window has not opened yet (i.e. you are trying to enter data before the current month ends) OR has ended (i.e. it is more than 9 working days from the start of the month). Data cannot be entered by the GP after the 9th working day for the October survey and after the 10th working day for the January survey. The PCT has access for an additional 2 days after the GP end date for the October survey and 5 working days after the GP end date for the January survey.

10.2 I cannot see the flu survey when I log on

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

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

10.3 When I press submit, a data validation error comes up

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

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

- All patients aged 65 and over Vaccinated must be less than or equal to All patients aged 65 and over Registered. Please amend this value.
- Patients with Chronic Heart Disease aged 6 months to under 2 years Registered must be less than or equal to Total At-Risk patients aged 6 months to under 2 years Registered. Please amend this value.
- Please provide a value for All patients aged 6 months to under 2 years Vaccinated
The affected fields are highlighted with a red asterisk, as shown in the example below:

If you have not filled in one of the mandatory questions, the system will not allow you to submit the data.

Note that question 1; ‘How did you extract data from your practice computer?’, question 2; ‘Name of GP Software Supplier and question 3 ‘vaccine uptake summary data’ are mandatory and must be completed before you can submit your data.

10.4 I cannot print my completed survey form

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

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

We have also experienced problems with some bulk upload data where there are duplicate practice codes, which we are unable to upload. We liaise with the suppliers to resolve these, but often the complication is where organisations have merged or split. In these cases, merged organisations should submit their data under a single organisational code. Split organisations should submit their data under separate organisational codes. Please also contact your suppliers or amend the organisational code on your system as appropriate and enable/disable automated extracts as appropriate.

We check the monthly and quarterly NHS Organisation Data Service (ODS) updates for changes to organisation codes (e.g. for new practices opening, or practices becoming dormant), but this is dependent on ODS being aware of changes. You should also notify the NHS Organisation Data Service (ODS) of any changes to your organisation. The best way to contact them is via the Exeter helpdesk Exeter.helpdesk@nhs.net 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:

www.connectingforhealth.nhs.uk/systemsandservices/data/ods/index_html/?searchterm=organisation%20Codes
12 Contacts

12.1 Influenza (GP patients) vaccine uptake survey

If you have any questions regarding the influenza (GP patient) vaccine uptake data collection content and process, please contact your PCT Flu Coordinator in the first instance. You can also use the feedback facility function on the ImmForm website or email influenza@hpa.org.uk

NOTE: Every attempt is made to respond to all queries received via the HPA 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 getting back to recipients. However, it is always best to email to ensure an adequate response is received.

12.2 Login/password reminders

If you have previously registered and used ImmForm, it is likely that your login will still be valid. You can request a password reminder directly from the ImmForm website. Alternatively to request passwords please email the ImmForm helpdesk team at helpdesk@immform.org.uk

12.3 ImmForm support and registering new contacts

For ImmForm website support, to register new contacts, and to provide general ImmForm feedback, please contact the ImmForm team via helpdesk@immform.org.uk

12.4 Influenza (HCWs) vaccine uptake survey

If you have any questions regarding the frontline healthcare workers (HCWs) vaccine uptake data collection process that are not addressed in the CMO letter and/or other guidance, please use the feedback email function on the ImmForm website or email HCWvac@hpa.org.uk

12.5 Immunisation policy queries

If you have specific queries regarding influenza immunisation policy or the uptake programme that are not addressed in the CMO letter or other published guidance; please submit your query to DH via the Ministerial Correspondence and Public Enquiries Unit at: www.dh.gov.uk/health/contact-dh

12.6 GP IT software supplier queries

PRIMIS can be contacted via their website at www.primis.nhs.uk

If you have any queries about other GP IT systems, including how to be included in automated bulk data uploads, please contact your GP IT Software supplier in the first instance.