Vaccine uptake in under 19s

NICE quality standard

Draft for consultation

September 2016

Introduction

This quality standard covers increasing vaccine uptake among children and young people aged under 19 in groups and settings that have low immunisation coverage. For more information, see the vaccine uptake in under 19s topic overview.

Why this quality standard is needed

The World Health Organization (WHO) defines immunisation is the process whereby a person is made immune or resistant to an infectious disease, typically by the administration of a vaccine. Vaccines stimulate the body's own immune system to protect the person against subsequent infection or disease.

Immunisation protects the individual and reduces the risk of others being exposed to infection. People who cannot be vaccinated also benefit from vaccination programmes through population or 'herd' immunity. For example, babies aged under 2 months, who are too young to be vaccinated, are at greatest risk of dying if they contract pertussis. However, these babies are protected from pertussis because older siblings, other children and pregnant women are routinely vaccinated against pertussis.

When levels of population immunity are high, infections may be eliminated from the country, as in the case of diphtheria in the UK. But if immunisation coverage is not maintained, the infection could return.

In the UK, vaccination coverage varies within and between regions. In most regions except London, uptake of vaccination against diphtheria, tetanus, pertussis, polio, haemophilus influenzae type b, meningococcal C and pneumococcal vaccines was over 90% in 2014/15 (Health and Social Care Information Centre. NHS immunisation

statistics: England 2014–15). Vaccination coverage against diphtheria, tetanus, pertussis and polio remains below the WHO target of at least 95 per cent: in 2014/15, only 81 of 149 local authorities achieved this level of coverage (Health and Social Care Information Centre. NHS immunisation statistics: England 2014–15).

National coverage of the first dose of the mumps, measles, rubella vaccine (MMR1) in England for children reaching their second birthday was 92% during the period October to December 2015 compared with 92.1% in the previous quarter (Public Health England. Cover of vaccination evaluated rapidly (COVER) programme 2015/16 quarterly data). Despite increases reported year on year up until 2013/14, MMR coverage in England is still below the WHO target of 'at least 95 per cent'[1] coverage.

An estimated 3 million children and young people aged 18 months to 18 years may have missed either their first or second MMR vaccination. The potential exposure of so many children and young people to the measles virus means that there is a risk of a large outbreak. Measles can lead to serious complications and can be fatal.

The following groups of children and young people are at risk of not being fully immunised:

- those who have missed previous vaccinations (because of parental choice or for other reasons)
- looked after children
- those with physical or learning disabilities
- children of teenage or lone parents
- those not registered with a GP
- younger children from large families
- children who are in hospital or have a chronic illness
- those from some minority ethnic groups
- those from non-English speaking families
- vulnerable children, such as those whose families are travellers, asylum seekers or are homeless.

[1] Health & Social Care Information Centre, NHS Immunisation statistics, England 2013-14, 2014

The quality standard is expected to contribute to improvements in the following outcomes:

- access to vaccination services
- uptake of vaccines
- incidence of vaccine preventable disease
- pertussis-related mortality in children and young people
- health-related quality of life
- incidence of human papilloma virus.

How this quality standard supports delivery of outcome frameworks

NICE quality standards are a concise set of prioritised statements designed to drive measurable improvements in the 3 dimensions of quality – safety, experience and effectiveness of care – for a particular area of health or care. They are derived from high-quality guidance, such as that from NICE or other sources accredited by NICE. This quality standard, in conjunction with the guidance on which it is based, should contribute to the improvements outlined in the following 2 outcomes frameworks published by the Department of Health:

- NHS outcomes framework 2016–17
- Public health outcomes framework for England, 2016–19.

Tables 1 and 2 show the outcomes, overarching indicators and improvement areas from the frameworks that the quality standard could contribute to achieving

Table 1 NHS outcomes framework 2016–17

Domain	Overarching indicators and improvement areas
1 Preventing people from dying prematurely	***Overarching indicators*** 1a Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare i Adults ii Children and young people 1c Neonatal mortality and stillbirths ***Improvement areas*** **Reducing mortality in children** 1.6 i Infant mortality* ii mortality and stillbirths

5 Treating and caring for people in a safe environment and protecting them from avoidable harm	***Overarching indicators*** *5a Deaths attributable to problems in healthcare* *5b Severe harm attributable to problems in healthcare* ***Improvement areas*** **Improving the safety of maternity services** 5.5 Admission of full-term babies to neonatal care **Improving the culture of safety reporting** 5.6 Patient safety incidents reported
Alignment with Public Health Outcomes Framework * Indicator is shared Indicators in italics in development	

Table 2 Public health outcomes framework for England 2016–2019

Domain	Objectives and indicators
3 Health protection	***Objective*** The population's health is protected from major incidents and other threats, whilst reducing health inequalities ***Indicators*** 3.03 Population vaccination coverage
4 Healthcare public health and preventing premature mortality	***Objective*** Reduced numbers of people living with preventable ill health and people dying prematurely, whilst reducing the gap between communities ***Indicators*** 4.1 Infant mortality* 4.3 Mortality rate from causes considered preventable** 4.8 Mortality rate from a range of communicable diseases, including influenza
Alignment with NHS Outcomes Framework * Indicator is shared ** Indicator is complementary	

Safety and people's experience of care

Ensuring that care is safe and that people have a positive experience of care is vital in a high-quality service. It is important to consider these factors when planning and delivering services relevant to vaccine uptake in under 19s.

Coordinated services

The quality standard for vaccine uptake in under 19s specifies that services should be coordinated across all relevant agencies encompassing the whole vaccination pathway. A person-centred, integrated approach to providing services is fundamental

to ensuring high levels of complete vaccination in children and young people aged under 19.

The Health and Social Care Act 2012 sets out a clear expectation that the care system should consider NICE quality standards in planning and delivering services, as part of a general duty to secure continuous improvement in quality. Commissioners and providers of health and social care should refer to the library of NICE quality standards when designing high-quality services. Other quality standards that should also be considered when choosing, commissioning or providing a high-quality immunisation service are listed in related quality standards.

Resource impact considerations

NICE quality standards should be achievable by local services. The potential resource impact is considered by the quality standards advisory committee, drawing on resource impact work for the source guidance. Organisations are encouraged to use the costing statement and template for the NICE guideline on immunisations to help estimate local costs.

Training and competencies

The quality standard should be read in the context of national and local guidelines on training and competencies. All healthcare professionals working with children and young people aged under 19 and involved in the immunisation pathway should have sufficient and appropriate training and competencies to deliver the actions and interventions described in the quality standard. Quality statements on staff training and competency are not usually included in quality standards. However, recommendations in the development source on specific types of training for the topic that exceed standard professional training are considered during quality statement development.

Role of families and carers

Quality standards recognise the important role families and carers have in supporting vaccination for children and young people under 19.

List of quality statements

Statement 1. Children and young people who do not attend their immunisation are followed-up with a recall invitation and a phone call or text message.

Statement 2. Children and young people receiving a vaccination have it recorded in their GP record, their personal child health record and in the child health information system.

Statement 3. Young offenders have their immunisation status checked on entry into the secure setting and are offered any outstanding vaccinations.

Statement 4. Children and young people are offered vaccination as soon as it is known that they have missed a routine childhood vaccination.

Statement 5. (developmental) Children and young people have their vaccination status checked at key educational stages.

Questions for consultation

Questions about the quality standard

Question 1 Does this draft quality standard accurately reflect the key areas for quality improvement?

Question 2 Are local systems and structures in place to collect data for the proposed quality measures? If not, how feasible would it be for these to be put in place?

Question 3 Do you have an example from practice of implementing the NICE guideline that underpins this quality standard? If so, please submit your example to the NICE local practice collection on the NICE website. Examples of using NICE quality standards can also be submitted.

Question 4 Do you think each of the statements in this draft quality standard would be achievable by local services given the net resources needed to deliver them? Please describe any resource requirements that you think would be necessary for

any statement. Please describe any potential cost savings or opportunities for disinvestment.

Questions about the individual quality statements

Question 5 For draft quality statement 1: Do you agree with the focus of this quality statement on recall invitations? Please give reasons for your opinion.

Question 6 For draft quality statement 3: Do you agree with the focus of this quality statement on young offenders instead of other at-risk groups? Please give reasons for your opinion.

Question 7 For draft quality statement 4: Do you think the statement should focus on a specific immunisation? Please give reasons for your opinion.

Question 8 For draft developmental statement 5: Does this reflect an emergent area of cutting-edge service delivery? If so, does this indicate outstanding performance only carried out by a minority of providers that will need specific, significant changes to be put in place, such as redesign of services? Can you provide any examples of current practice in this area?

Quality statement 1: Recall systems

Quality statement

Children and young people who do not attend their immunisation appointment are followed-up with a recall invitation and a phone call or text message.

Rationale

Recall invitations, followed up with phone calls or text messages, increase the likelihood that the appointment will be rebooked, often by the parent or carer, and the child or young person will be immunised.

Quality measures

Structure

a) Evidence of local arrangements to ensure that children and young people who do not attend their immunisation appointment are followed-up with a recall invitation after a missed appointment.

Data source: Local data collection.

b) Evidence of local arrangements to ensure that children and young people who do not attend their immunisation appointment are followed-up with a phone call or text message after a missed appointment.

Data source: Local data collection.

Process

a) Proportion of children and young people who do not attend their immunisation appointment who are followed-up with a recall invitation after a missed appointment.

Numerator – the number in the denominator who are followed-up with a recall invitation after a missed appointment.

Denominator – the number of children and young people who do not attend an immunisation appointment.

Data source: Local data collection.

b) Proportion of children and young people who do not attend their immunisation appointment who are followed-up with a phone call or text message.

Numerator – the number in the denominator who are followed-up with a phone call or text message.

Denominator – the number of children and young people who do not attend an immunisation appointment.

Data source: Local data collection.

Outcome

Vaccine uptake in under 19s.

Data source: Local data collection and COVER programme.

What the quality statement means for service providers, healthcare professionals and commissioners

Service providers (such as GP practices and school health services) ensure that systems are in place for children and young people to be followed-up with a recall invitation and a phone call or text message after a missed immunisation appointment.

Healthcare professionals (such as health visitors, school nurses, GPs and practice nurses) ensure that they follow-up children and young people who have missed an immunisation appointment with a recall invitation and a phone call or text message.

Commissioners (such as clinical commissioning groups and NHS England) ensure that they commission services that make sure children and young people are followed-up with a recall invitation and a phone call or text message after a missed immunisation appointment. The CHIS system can be used for tracking non-attendances and generating recall invitations.

What the quality statement means for children, young people, parents and carers

Children and young people who have missed an appointment for an immunisation are contacted by their health visitor, nurse or doctor to arrange another appointment.

Source guidance

- Immunisations: reducing differences in uptake in under 19s (2009) NICE guideline (PH21), recommendation 1

Equality and diversity considerations

Healthcare professionals should consider the literacy levels and the first language of children and young people and their families when issuing recall invitations. In some cases, a telephone call may be preferable to a letter or text message.

Consideration should also be given to the best method for communicating with transient communities, such as travellers and the homeless, who don't have a permanent address and contact details.

Question for consultation

Do you agree with the focus of this quality statement on recall invitations? Please give reasons for your opinion.

Quality statement 2: Recording vaccinations

Quality statement

Children and young people receiving a vaccination have it recorded in their GP record, their personal child health record and in the child health information system.

Rationale

Accurate recording of vaccinations allows services to monitor uptake rates in their area; this can help when planning for future population immunisation programmes and appointment requirements. It aids the timely administration of vaccinations to children and young people and supports the use of call–recall systems. Information sharing is more likely when healthcare professionals are confident that the vaccination data are up to date.

Quality measures

Structure

a) Evidence of local arrangements to ensure that children and young people receiving a vaccination have it recorded in their GP record.

Data source: Local data collection.

b) Evidence of local arrangements to ensure that children and young people receiving a vaccination have it recorded in their personal child health record.

Data source: Local data collection.

c) Evidence of local arrangements to ensure that children and young people receiving a vaccination have it recorded on the child health information system.

Data source: Local data collection.

Process

a) Proportion of children and young people receiving a vaccination who have it recorded in their GP record.

Numerator – the number in the denominator who have their vaccination recorded in their GP record.

Denominator – the number of children and young people receiving a vaccination.

Data source: Local data collection.

b) Proportion of children and young people receiving a vaccination who have it recorded in their personal child health record.

Numerator – the number in the denominator who have their vaccination recorded in their personal child health record.

Denominator – the number of children and young people receiving a vaccination.

Data source: Local data collection.

c) Proportion of children and young people receiving a vaccination who have it recorded on the child health information system.

Numerator – the number in the denominator who have their vaccination recorded on the child health information system.

Denominator – the number of children and young people receiving a vaccination.

Data source: Local data collection and NHS Immunisation statistics.

Outcome

a) Vaccine uptake in children and young people.

Data source: Local data collection.

b) Timely administration of vaccines to children and young people.

Data source: Local data collection.

c) Information sharing on vaccine status of children and young people.

Data source: Local data collection.

What the quality statement means for service providers, healthcare professionals and commissioners

Service providers (such as GP practices and school health services) ensure that systems are in place to record vaccinations of children and young people in their GP record, their personal child health record and the child health information system when the vaccination is given.

Healthcare professionals (such as GPs, practice nurses and school nurses) ensure that the vaccinations of children and young people are recorded in the GP records, the personal child health record and the child health information system when the vaccination is given.

Commissioners (such as clinical commissioning groups and NHS England) ensure that they commission services that have systems for recording vaccinations when they are given.

What the quality statement means for children, young people, parents and carers

Children and young people have every vaccination recorded in their GP's record and their personal child health record (often shortened to 'PCHR' or 'the red book') or, for older children, a record of vaccinations that can be kept by the child or their parents or carers. Every vaccination is also recorded in the child health information system (a record of the healthcare received by every child in England, often shortened to CHIS).

Source guidance

- Immunisations: reducing differences in uptake in under 19s (2009) NICE guidelines (PH21), recommendation 2

Definitions of terms used in this quality statement

GP record

Every time a person visits an NHS service in England, a record is created or updated. This record is held in their GP practice and contains all the clinical

information about the care the person has received. It enables every healthcare professional involved at different stages of the person's care to have access to their medical history, including allergies, operations or tests, medicines and immunisations. Based on this information, healthcare professionals can make judgements about the person's care. [Adapted from NHS Choices and expert opinion]

Child health information system (CHIS)

CHIS is a patient administration system that provides a clinical record for individual children and supports a variety of activities related to child health, including universal services for population health and support for statutory functions. It identifies registered eligible children, sends out lists to GP practices and sends appointments directly to patients. [Public health functions to be exercised by NHS England (2013) NHS England and expert opinion]

One of the primary objectives of CHIS is to ensure standardised and accurate data and information to support the commissioning and delivery of child health services. This means providing a service that delivers a comprehensive local record of a child's public health (screening, immunisation and other health protection or health improvement interventions) and of their community-based healthcare. [Child health information systems: information requirements and output specifications (2015) Public Health England]

Personal child health record (PCHR)

The PCHR, also known as the 'red book' is a record of the health history of children aged under 5 years. It is held by the child's parents or carers. The PCHR also provides information on the UK childhood vaccination schedule. Children older than 5 years may have a different patient-held vaccination record. [NICE full guideline on immunisations: reducing differences in uptake in under 19s, and expert opinion]

Quality statement 3: Checking immunisation status of young offenders

Young offenders have their immunisation status checked on entry into the secure setting and are offered any outstanding vaccinations.

Rationale

Young offenders are less likely to be fully immunised against infectious diseases. Having their immunisation status checked when they enter a secure setting can identify any gaps in immunisation history. By identifying missed vaccination and offering the outstanding vaccination the coverage within the setting can be increased.

Quality measures

Structure

a) Evidence of local arrangements to ensure that young offenders have their immunisation status checked on entry into a secure setting.

Data source: Local data collection.

b) Evidence of local arrangements to ensure that young offenders in secure settings are offered outstanding vaccinations.

Data source: Local data collection.

Process

a) Proportion of young offenders in secure settings who have their immunisation status checked on entry.

Numerator – the number in the denominator who have their immunisation status checked on entry.

Denominator – the number of young people entering secure settings.

Data source: Local data collection.

b) Proportion of young offenders in secure settings who are identified as having gaps in their immunisation history offered outstanding vaccinations.

Numerator – the number in the denominator who are offered outstanding vaccinations.

Denominator – the number of young people entering secure settings who are identified as having gaps in their immunisation history.

Data source: Local data collection.

Outcome

Immunisation coverage in young offenders.

Data source: Local data collection.

What the quality statement means for service providers, healthcare professionals and commissioners

Service providers (such as GP practices and community trusts) ensure that systems are in place for healthcare professionals to check the immunisation status of young offenders at the time of entry to a secure setting and offer them any outstanding vaccinations.

Healthcare professionals (such as nurses) ensure that they check the immunisation status of young offenders at the time of entry to a secure setting and offer them any outstanding vaccinations.

Commissioners (such as NHS England) ensure that they commission services that make sure healthcare professionals check the immunisation status of young offenders at the time of entry to the secure setting and offer them any outstanding vaccinations.

What the quality statement means for young people and their parents or carers

Young people going into a secure setting have their vaccination records checked and are offered any outstanding vaccinations.

Source guidance

- Immunisations: reducing differences in uptake in under 19s (2009) NICE guidelines (PH21), recommendation 5

Question for consultation

Do you agree with the focus of this quality statement on young offenders instead of other at-risk groups? Please give reasons for your opinion.

Quality statement 4: Offering outstanding vaccinations

Quality statement

Children and young people are offered vaccination as soon as it is known that they have missed a routine childhood vaccination.

Rationale

When a child or young person is found to have an outstanding vaccination, it is important that healthcare professionals discuss the importance of, and any concerns about, the vaccination with the child or young person and, if appropriate, their parents or carers. They should offer them the vaccination immediately or refer them to a service that can provide it. Doing this can increase immunisation coverage in the population and provide protection against disease for the child or young person. Healthcare professionals should make use of every opportunity to check a child or young person's immunisation status.

Quality measures

Structure

Evidence of local arrangements to ensure that children and young people are offered vaccination as soon as it is known that they have missed a routine childhood vaccination.

Data source: Local data collection.

Process

a) Proportion of children and young people who are offered vaccination as soon as it is known that they have missed a routine childhood vaccination.

Numerator – the number in the denominator who are offered vaccination.

Denominator – the number of children and young people who are known to have missed a routine childhood vaccination.

Data source: Local data collection.

b) Proportion of children and young people who are offered a referral to a service where they can receive an outstanding vaccination as soon as it is found that they have missed a routine childhood vaccination.

Numerator – the number in the denominator who are offered a referral to a service where they can receive an outstanding vaccination.

Denominator – the number of children and young people who are found to have missed a routine childhood vaccination.

Data source: Local data collection.

Outcome

Vaccine uptake in under 19s.

Data source: Local data collection and COVER programme.

What the quality statement means for service providers, healthcare professionals and commissioners

Service providers (such as hospitals, GP practices and walk-in centres) ensure that systems are in place for children and young people to be offered vaccination or referral to a service that can give the vaccination as soon as it is known that they have missed a routine childhood vaccination.

Healthcare professionals (such as GPs, practice nurses, health visitors and paediatricians) ensure that when they identify children and young people who have missed a routine childhood vaccination, they offer the vaccination or refer the child or young person to a service that can give the vaccination.

Commissioners (such as clinical commissioning groups and NHS England) ensure that they commission services that make sure that when they identify children and young people who have missed a routine childhood vaccination, they offer the vaccination or refer the child or young person to a service that can give the vaccination.

What the quality statement means for children, young people, parents and carers

Children and young people who are found to have missed a routine vaccination are offered the vaccination straight away, or referred to a service that can give them the vaccination.

Source guidance

- Immunisations: reducing differences in uptake in under 19s (2009) NICE guideline (PH21), recommendation 1

Equality and diversity considerations

Healthcare professionals need to be aware that children, young people and their parents or carers who do not speak English may need an interpreter. In addition, some children may arrive in the UK without vaccination records, and vaccination schedules in other countries may be different from the current UK programme.

Question for consultation

Do you think the statement should focus on a specific vaccination? Please give reasons for your opinion.

Quality statement 5 (developmental): Checking immunisation status at key educational stages

Developmental quality statements set out an emergent area of cutting-edge service delivery or technology currently found in a minority of providers and indicating outstanding performance. They will need specific, significant changes to be put in place, such as redesign of services or new equipment.

Quality statement

Children and young people have their immunisation status checked at key educational stages.

Rationale

Checking the immunisation status of children and young people at key educational stages can identify gaps in vaccination. For children aged under 5 years, a member of the Healthy Child Programme team can check the child's immunisation status through the personal child health record or the 'red book'. This can be done in conjunction with childcare or education staff at key stages such as when a child joins a preschool children's centre or starts primary school. For children and young people aged 5–19 years, immunisation checks can be done by school nursing teams or GP practices when the child or young person transfers to a new school or further educational setting.

Quality measures

Structure

Evidence of local arrangements to ensure that children and young people have their immunisation status checked at key educational stages.

Data source: Local data collection.

Process

a) Proportion of children aged under 5 years who have their immunisation status checked at preschool entry by a member of the Healthy Child Programme team.

Numerator – the number in the denominator who have their immunisation status checked at preschool entry by the Healthy Child Programme team.

Denominator – the number of children aged under 5 years.

Data source: Local data collection and the Healthy Child Programme.

b) Proportion of children aged 4–5 years who have their immunisation status checked at school entry.

Numerator – the number in the denominator who have their immunisation status checked at school entry.

Denominator – the number of children aged 4–5 years entering school.

Data source: Local data collection.

c) Proportion of children and young people aged 5–19 years who have their immunisation status checked when they transfer to a new school.

Numerator – the number in the denominator who have their immunisation status checked when they transfer to a new school.

Denominator – the number of children and young people aged 5–19 years transferring to a new school.

Data source: Local data collection.

d) Proportion of young people aged under 19 years who have their immunisation status checked at college entry.

Numerator – the number in the denominator who have their immunisation status checked at college entry.

Denominator – the number of young people aged under 19 years entering college.

Data source: Local data collection.

Outcome

Vaccine uptake in children and young people.

Data source: Local data collection and COVER programme.

What the quality statement means for service providers, healthcare professionals and commissioners

Service providers (such as preschools, primary schools, secondary schools and colleges) ensure that systems are in place for children and young people to have their immunisation status checked at key educational stages.

Healthcare professionals (such as nurses, health visitors and school nurses) ensure that they check the immunisation status of children and young people at key educational stages.

Commissioners (such as local authorities, clinical commissioning groups and NHS England) ensure that they commission services that make sure children and young people have their immunisation status checked at key educational stages.

What the quality statement means for children, young people, parents and carers

Children and young people have their vaccination records checked by a health visitor or nurse at key stages of their education, such as when they start at a new preschool, school or college.

Source guidance

- Immunisations: reducing differences in uptake in under 19s (2009) NICE guidelines (PH21), recommendation 4

Definitions of terms used in this quality statement

Key educational stages

These include entry to preschool, primary school, secondary school and college, as well as when changing or leaving schools. [Adapted from NICE guideline on immunisations, recommendation 4]

Equality and diversity considerations

Healthcare professionals need to be aware that children, young people and their parents or carers who do not speak English may need an interpreter.

Question for consultation

Does this reflect an emergent area of cutting-edge service delivery? If so, does this indicate outstanding performance only carried out by a minority of providers that will need specific, significant changes to be put in place, such as redesign of services? Can you provide any examples of current practice in this area?

Status of this quality standard

This is the draft quality standard released for consultation from 1 September to 29 September 2016. It is not NICE's final quality standard on immunisation uptake in under 19s. The statements and measures presented in this document are provisional and may change after consultation with stakeholders.

Comments on the content of the draft standard must be submitted by 5pm on 29 September 2016. All eligible comments received during consultation will be reviewed by the quality standards advisory committee and the quality statements and measures will be refined in line with the quality standards advisory committee's considerations. The final quality standard will be available on the NICE website from February 2017.

Using the quality standard

Quality measures

The quality measures accompanying the quality statements aim to improve the structure, process and outcomes of care in areas identified as needing quality improvement. They are not a new set of targets or mandatory indicators for performance management.

We have indicated if current national indicators exist that could be used to measure the quality statements. If there is no national indicator that could be used to measure a quality statement, the quality measure should form the basis for audit criteria developed and used locally.

See how to use quality standards for further information, including advice on using quality measures.

Levels of achievement

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, NICE recognises that this may not always be

appropriate in practice, taking account of safety, choice and professional judgement, and therefore desired levels of achievement should be defined locally.

NICE's quality standard service improvement template helps providers to make an initial assessment of their service compared with a selection of quality statements. It includes assessing current practice, recording an action plan and monitoring quality improvement. This tool is updated monthly to include new quality standards.

Using other national guidance and policy documents

Other national guidance and current policy documents have been referenced during the development of this quality standard. It is important that the quality standard is considered alongside the documents listed in development sources.

Diversity, equality and language

During the development of this quality standard, equality issues have been considered and equality assessments are available.

Good communication between health, public health and social care practitioners and children and young people, and their families or carers (if appropriate), is essential. Treatment, care and support, and the information given about it, should be both age-appropriate and culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. Children and young people, and their families or carers (if appropriate), should have access to an interpreter or advocate if needed.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

Development sources

Further explanation of the methodology used can be found in the quality standards process guide.

Evidence sources

The document below contains recommendations from NICE guidance that were used by the quality standards advisory committee to develop the quality standard statements and measures.

- Immunisations: reducing differences in uptake in under 19s (2009) NICE guideline (PH21)

Policy context

It is important that the quality standard is considered alongside current policy documents, including:

- Public Health England (2016) Immunisation collection
- Public Health England (2016) Vaccine uptake guidance and the latest coverage data
- Health and Social Care Information Centre (2015) NHS immunisation statistics 2014/15
- NHS England (2015) Childhood seasonal influenza vaccination programme 2015/16
- NHS England (2015) Vaccination and immunisations programmes 2015/16
- Public Health England (2015) Vaccination of individuals with uncertain or incomplete immunisation status
- NICE (2014) Improving access to health and social care services for people who do not routinely use them (NICE local government briefing 14)
- Public Health England (2014) The Green Book
- Public Health England (2014) Immunisation: migrant health guide
- Public Health England (2013) Immunisation and screening national delivery framework and local operating model
- Public Health England (2013) Rotavirus vaccination programme for infants

Definitions and data sources for the quality measures

- Public Health England (2016) Cover of vaccination evaluated rapidly (COVER) programme 2015/16 quarterly data

- NICE (2009) Immunisations: reducing differences in uptake in under 19s (NICE guideline PH21)

Related NICE quality standards

Published

- Hepatitis B (2014) NICE quality standard 65

Future quality standards

This quality standard has been developed in the context of all quality standards referred to NICE, including the following topics scheduled for future development:

- Premature mortality
- Community engagement: effective strategies for behaviour change
- Community pharmacy: promoting health and wellbeing
- Hepatitis C
- Influenza
- Population health programmes
- Primary prevention: population and community based primary prevention strategies, including the role of A&E, at different stages of the life course
- Programme management: effective ways to run public health programmes to generate a change in behaviour
- School based interventions: health promotion and mental wellbeing
- Vulnerable populations: strategies for tackling inequalities

The full list of quality standard topics referred to NICE is available from the quality standards topic library on the NICE website.

Quality standards advisory committee and NICE project team

Quality standards advisory committee

This quality standard has been developed by quality standards advisory committee 4. Membership of this committee is as follows:

Miss Alison Allam

Lay member

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About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

The methods and processes for developing NICE quality standards are described in the quality standards process guide.

This quality standard will be incorporated into the NICE pathway on immunisation for children and young people.

NICE produces guidance, standards and information on commissioning and providing high-quality healthcare, social care, and public health services. We have agreements to provide certain NICE services to Wales, Scotland and Northern Ireland. Decisions on how NICE guidance and other products apply in those countries are made by ministers in the Welsh government, Scottish government, and Northern Ireland Executive. NICE guidance or other products may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

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