



Vaccine uptake in under 19s

Quality standard

Published: 2 March 2017

www.nice.org.uk/guidance/qs145

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This standard is based on PH21.

This standard should be read in conjunction with QS65, QS19, QS128, QS141 and QS156.

Quality statements

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

Statement 2 Children and young people identified as having missed a childhood vaccination are offered the outstanding vaccination.

Statement 3 Children and young people receiving a vaccination have it recorded in their GP record, the child health information system (CHIS) and in their personal child health record.

Statement 4 Children and young people have their immunisation status checked at specific educational stages.

Statement 5 Young offenders have their immunisation status checked on entry into a secure setting and are offered any outstanding vaccinations.

NICE has developed guidance and a quality standard on patient experience in adult NHS services (see the NICE pathway on [patient experience in adult NHS services](#)), which should be considered alongside these quality statements.

Other quality standards that should be considered when commissioning or providing immunisation services include:

- [Hepatitis B \(2014\) NICE quality standard 65](#)

A full list of NICE quality standards is available from the [quality standards topic library](#).

Quality statement 1: Recall invitations

Quality statement

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

Rationale

Children and young people who are due to have a vaccination should receive an invitation to an appointment. If they do not attend the appointment, a written recall invitation and phone call or text message increase the likelihood that the appointment will be rebooked, and that 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 written recall invitation.

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.

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 written recall invitation.

Numerator – the number in the denominator who are followed up with a written recall invitation.

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

Immunisation after a recall invitation in under 19s.

Data source: Local data collection and COVER programme.

What the quality statement means for different audiences

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

Healthcare professionals (for example, 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 written recall invitation and a phone call or text message. Healthcare professionals should record if parents or carers have decided not to immunise their child and the reasons for this decision.

Commissioners (for example, clinical commissioning groups and NHS England) ensure that they include in contracts and service specifications the requirement for services to make sure children and young people are followed up with a written recall invitation and a phone call or text message after a missed immunisation appointment. The child health information system (CHIS) can be used for tracking non-attendances and generating recall invitations.

Children and young people who have missed an appointment for an immunisation and, if appropriate, their parents or carers, 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 or carers 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 do not have a permanent address and contact details.

Quality statement 2: Offering outstanding vaccinations

Quality statement

Children and young people identified as having missed a childhood vaccination are offered the outstanding vaccination.

Rationale

When a child or young person is found to have missed a vaccination, it is important that healthcare professionals discuss the importance of, and any concerns about, the outstanding vaccination with the child or young person and, if appropriate, their parents or carers. Doing this can increase immunisation coverage in the population and provide protection against disease for the child or young person.

Quality measures

Structure

Evidence of local arrangements to ensure that children and young people identified as having missed a childhood vaccination are offered the outstanding vaccination.

Data source: Local data collection.

Process

a) Proportion of children and young people identified as having missed a childhood vaccination who are offered the outstanding vaccination.

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

Denominator – the number of children and young people identified as having missed a childhood vaccination.

Data source: Local data collection.

b) Proportion of children and young people identified as having missed a childhood vaccination who are offered a referral to a service where they can receive an outstanding 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 identified as having missed a childhood vaccination.

Data source: Local data collection.

Outcome

Immunisation after identification of missed immunisation appointments in under 19s.

Data source: Local data collection and COVER programme.

What the quality statement means for different audiences

Service providers (for example, hospitals, GP practices and walk-in centres) ensure that systems are in place for children and young people who are identified as having missed a childhood vaccination to be offered the outstanding vaccination or referral to a service that can give the vaccination.

Healthcare professionals ensure that when they identify children and young people who have missed a childhood vaccination, they offer the vaccination or refer the child or young person to a service that can give the vaccination.

Commissioners (for example, clinical commissioning groups and NHS England) ensure that services are available to identify children and young people who have missed a childhood vaccination, and offer the vaccination or refer the child or young person to a service that can give the vaccination.

Children and young people who are found to have missed a 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 some children may arrive in the UK without vaccination records, and vaccination schedules in other countries may be different from the current UK programme. Healthcare professionals should ensure they get as much information as possible from the child or young person and/or parent or carer about their immunisation history and offer outstanding vaccinations. They should also identify differences in the UK programme with the country of origin of the child or young person.

Healthcare professionals should also be aware that children and young people from vulnerable groups, such as homeless, travellers, young offenders, refugees and those who are HIV positive, are at increased likelihood of having missed previous vaccinations. Healthcare professionals should ensure they get as much information as possible from the child or young person and/or parent or carer about their immunisation history and offer outstanding vaccinations.

Quality statement 3: Recording vaccinations

Quality statement

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

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.

Quality measures

Structure

a) Evidence of local arrangements to ensure that children and young people receiving a vaccination have it recorded electronically 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 on the CHIS.

Data source: Local data collection.

c) 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.

Process

Proportion of children and young people receiving a vaccination who have it recorded on their GP record and personal child health record.

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

record and personal child health record.

Denominator – the number of children and young people receiving a vaccination identified as receiving one by CHIS.

Data source: Local data collection and NHS public health functions agreement 2016–17, requirement 3.19.

Outcome

a) Accurate planning for future population immunisation programmes and appointment requirements.

Data source: Local data collection.

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

Data source: Local data collection.

What the quality statement means for different audiences

Service providers (for example, GP practices) ensure that systems are in place to record vaccinations of children and young people in their GP record, the CHIS and their personal child health record when the vaccination is given. The recording should be done electronically on the GP record and the CHIS.

Healthcare professionals (for example, GPs, health visitors, practice nurses and school nurses) ensure that the vaccinations of children and young people are recorded in the GP records, the CHIS and the personal child health record when the vaccination is given. The recording should be done electronically on the GP record and the CHIS.

Commissioners (for example, clinical commissioning groups and NHS England) ensure that they commission services that have systems for recording vaccinations when they are given. The recording should be done electronically on the GP record and the CHIS.

Children and young people have every vaccination recorded in their GP's record, their personal child health record (often shortened to 'PCHR' or 'the red book') and the child health information system. The child health information system is 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 guideline 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. The childhood seasonal influenza vaccination is not required to be recorded on CHIS.

[Public health functions to be exercised by NHS England (2013) NHS England and expert opinion]

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.

[NICE guideline on immunisations, and expert opinion]

Quality statement 4: Checking immunisation status at specific educational stages

Quality statement

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

Rationale

Checking the immunisation status of children and young people at specific educational stages can identify gaps in vaccination. For children aged under 5 years, a healthcare professional, usually the health visitor, can check the child's immunisation status through the personal child health record or the 'red book'. This can be done together 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 to 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 specific 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 health visitor.

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 to 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 to 5 years entering school.

Data source: Local data collection.

c) Proportion of children and young people aged 4 to 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 to 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 further educational setting entry.

Numerator – the number in the denominator who have their immunisation status checked at further educational setting entry.

Denominator – the number of young people aged under 19 years entering a further educational setting.

Data source: Local data collection.

Outcome

a) Identified children and young people in education with gaps in vaccination history.

Data source: Local data collection.

b) Vaccine uptake in children and young people.

Data source: Local data collection and [COVER](#) programme.

What the quality statement means for different audiences

Service providers (for example, school nursing teams and child health teams) work with preschools, primary schools, secondary schools and further educational settings to ensure that children and young people have their immunisation status checked at specific educational stages.

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

Commissioners (for example, local authorities, clinical commissioning groups and NHS England) ensure that they have school nursing services and child health teams who have specifications that require children and young people's immunisation status to be checked at specific educational stages.

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

Source guidance

[Immunisations: reducing differences in uptake in under 19s \(2009\) NICE guideline PH21, recommendation 4](#)

Definitions of terms used in this quality statement

Specific educational stages

These include entry to preschool, primary school, secondary school and further educational settings as well as when changing schools.

[Adapted from NICE's guideline on [immunisations](#), recommendation 4]

Quality statement 5: Checking immunisation status of young offenders and offering outstanding vaccinations

Quality statement

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

Rationale

Young offenders are less likely to be fully immunised against infectious diseases than the general population. Having their immunisation status checked when they enter a secure setting can identify any gaps in their immunisation history. By identifying missed vaccinations and offering the outstanding vaccinations, coverage in secure settings 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 identified as having gaps in their immunisation history who are offered outstanding vaccinations.

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

Denominator – the number of young people entering secure settings 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 different audiences

Service providers (for example, prison medical services, 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 (for example, 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. The immunisation status can be checked by asking the young offender and liaising with their GP practice.

Commissioners (for example, NHS England and Public Health England) ensure that they commission services that check the immunisation status of young offenders at the time of entry to a secure setting and offer them any outstanding vaccinations.

Young people moving into a secure setting (such as a secure children's home or a young offender institution) have their vaccination records checked and are offered any outstanding vaccinations.

Source guidance

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

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.

Information about [how NICE quality standards are developed](#) is available from the NICE website.

See [quality standard advisory committees](#) on the website for details of standing committee 4 members who advised on this quality standard. Information about the topic experts invited to join the standing members is available on the [quality standard's webpage](#).

This quality standard has been incorporated into the NICE pathway on [immunisation for children and young people](#).

NICE has produced a [quality standard service improvement template](#) to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

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.

Improving outcomes

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

- national recording of vaccines
- financial benefit for NHS.

It is also expected to support delivery of the Department of Health's outcome frameworks:

- [NHS outcomes framework 2016–17](#)
- [Public health outcomes framework for England 2016–19](#).

Resource impact

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.

Diversity, equality and language

During the development of this quality standard, equality issues were considered and [equality assessments](#) are available.

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.

ISBN: 978-1-4731-2375-5

Endorsing organisation

This quality standard has been endorsed by Department of Health and Social Care, as required by the Health and Social Care Act (2012)

Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have

agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- British Infection Association
- Meningitis Now
- Royal College of Nursing
- Royal College of Paediatrics and Child Health
- Institute of Health Visiting
- Royal College of General Practitioners