NICE National Institute for Health and Care Excellence

NICE quality standard

Vaccine uptake in under 19s

Quality standard
Published: 2 March 2017
Last updated: 17 May 2022

www.nice.org.uk/guidance/qs145

Contents

This standard is based on NG218.

This standard should be read in conjunction with QS65, QS19, QS128, QS141, QS156 and QS190.

Quality statements

Statement 1 Children and young people who do not attend their vaccination appointment are followed up using the preferred method of contact specified in their record.

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

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 within 7 days of arrival into a secure setting and are offered any outstanding vaccinations.

Quality statement 1: Follow-up invitations

Quality statement

Children and young people who do not attend their vaccination appointment are followed up using the preferred method of contact specified in their record.

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 follow-up communication using the method of contact (such as letters, texts, emails or phone calls) preferred by them or, if appropriate, their parents or carers, will increase the likelihood that the appointment will be rebooked, and that the child or young person will be vaccinated.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Process

a) Proportion of children and young people who have up-to-date medical records that include preferred methods of contact.

Numerator – the number in the denominator who have up-to-date medical records that include preferred method of contact.

Denominator – the number of children and young people.

Data source: No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

b) Proportion of children and young people who do not attend their vaccination appointment who are followed up.

Numerator – the number in the denominator who are followed up.

Denominator – the number of children and young people who do not attend their vaccination appointment.

Data source: No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

Outcome

Vaccination coverage in under 19s.

Data source: The COVER programme features quarterly data on vaccination coverage for children aged up to 5 years in the UK.

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 using the preferred method of contact specified in their record after a missed vaccination appointment. GP practices have up-to-date records that include the child or young person's preferred methods of contact.

Healthcare professionals (for example, health visitors, school nurses, GPs and practice nurses) ensure that they follow up children and young people who have missed a vaccination appointment using the preferred method of contact specified in their record. Healthcare professionals should record if parents or carers have decided not to vaccinate their child and the reasons for this decision.

Commissioners (for example, clinical commissioning groups, integrated care systems 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 using the

preferred method of contact specified in their record after a missed vaccination appointment. The child health information system (CHIS) can be used for tracking non-attendances and generating recall invitations.

Children and young peoplewho have missed a vaccination appointment and, if appropriate, their parents or carers, are contacted using their preferred methods (such as a letter, text, email or phone call) by their health visitor, nurse or doctor to arrange another appointment.

Source guidance

Vaccine uptake in the general population. NICE guideline NG218 (2022), recommendations 1.2.8 and 1.3.14

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 people experiencing homelessness 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 childhood vaccinations are offered the outstanding vaccinations.

Rationale

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

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

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

Data source: No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by provider organisations, for example from service pathways or protocols.

Process

a) Proportion of children and young people identified as having missed childhood

vaccinations who are offered the outstanding vaccinations.

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

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

Data source: No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

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

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

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

Data source: No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

Outcome

Vaccination coverage in under 19s.

Data source: The COVER programme features quarterly data on vaccination coverage for children aged up to 5 years in the UK including: tuberculosis, diphtheria tetanus and pertussis (DTaP); polio (IPV); Haemophilus influenzae type b (Hib); measles, mumps and rubella (MMR); rotavirus; pneumococcal conjugate vaccine (PCV); meningitis B; and meningitis C. The Quality and Outcomes Framework (QOF) features annual data on DTaP for babies up to 8 months, MMR for children up to 18 months, DTaP and IPV boosters and MMR up to 5 years.

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 childhood vaccinations to be offered outstanding vaccinations or referral to a service that can give the vaccinations.

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

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

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

Source guidance

Vaccine uptake in the general population. NICE guideline NG218 (2022), recommendations 1.2.6, 1.2.13, 1.3.14, 1.3.16, 1.3.35 and 1.3.38

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 vaccination 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 people experiencing homelessness, 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 vaccination 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 vaccination 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

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

Evidence of local arrangements to ensure that children and young people receiving a vaccination have it recorded electronically in their GP record, the CHIS and in their personal child health record.

Data source: No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by provider organisations, for example from service pathways or protocols.

Process

Proportion of children and young people identified as receiving a vaccination by the CHIS

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 identified as receiving a vaccination by the CHIS.

Data source: No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

Outcome

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

Data source: No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

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

Data source: No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

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, integrated care systems 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 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

Vaccine uptake in the general population. NICE guideline NG218 (2022), recommendations 1.1.1, 1.2.3, 1.2.6, 1.2.21 and 1.2.23 to 1.2.25

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 vaccinations. Based on this information, healthcare professionals can make judgements about the person's care. [Adapted from the NHS website and expert opinion]

Child health information system

The child health information system (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 (Department of Health and Social Care) and expert opinion]

Personal child health record

The personal child health record (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's guideline on vaccine uptake in the general population 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 (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

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

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

Data source: No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by provider organisations, for

example from service pathways or protocols.

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: No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

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: No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

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 4 to 19 years transferring to a new school.

Data source: No routinely collected national data for this measure has been identified.

Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

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: No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

Outcome

Vaccination coverage in under 19s.

Data source: The COVER programme features quarterly data on vaccination coverage for children aged up to 5 years in the UK.

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, integrated care systems 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

Vaccine uptake in the general population. NICE guideline NG218 (2022), recommendations 1.2.9 and 1.3.25

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

Quality statement

Young offenders have their immunisation status checked within 7 days of arrival 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

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

a) Evidence of local arrangements to ensure that young offenders have their immunisation status checked within 7 days of arrival into a secure setting.

Data source: No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by provider organisations, for example from service pathways or protocols.

b) Evidence of local arrangements to ensure that young offenders in secure settings are

offered outstanding vaccinations.

Data source: No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by provider organisations, for example from service pathways or protocols.

Process

a) Proportion of young offenders in secure settings who have their immunisation status checked within 7 days of arrival into a secure setting.

Numerator – the number in the denominator who have their immunisation status checked within 7 days of arrival into a secure setting.

Denominator – the number of young people entering secure settings.

Data source: No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

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: No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

Outcome

Immunisation coverage in young offenders.

Data source: No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals and

provider organisations, for example from patient records.

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 within 7 days of arrival into a secure setting and offer them any outstanding vaccinations.

Healthcare professionals (for example, nurses) ensure that they check the immunisation status of young offenders within 7 days of arrival into 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 Office for Health Improvement and Disparities) ensure that they commission services that check the immunisation status of young offenders within 7 days of arrival into 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 within 7 days of arrival and are offered any outstanding vaccinations.

Source guidance

Vaccine uptake in the general population. NICE guideline NG218 (2022), recommendation 1.2.9

Update information

May 2022: Changes have been made to align this quality standard with the updated NICE guideline on vaccine uptake in the general population. Statements 1 and 5 have been updated to reflect changes to the guidance. Statement 1 was amended to state that the preferred method of contact should be used for vaccination follow-up invitations and statement 5 was amended to include the timeframe of 7 days. Minor changes were made to statement 2, and links, definitions and source guidance sections have also been updated throughout.

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.

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, this may not always be appropriate in practice. Taking account of safety, shared decision-making, choice and professional judgement, desired levels of achievement should be defined locally.

Information about how NICE quality standards are developed is available from the NICE website.

See our webpage on quality standards advisory committees for details about our standing committees. Information about the topic experts invited to join the standing members is available from the webpage for this quality standard.

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 guidance and quality standards apply in England and Wales. Decisions on how they apply in Scotland and Northern Ireland are made by the Scottish government and Northern Ireland Executive. NICE quality standards may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

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 resource impact summary report for the source guidance to help estimate local costs.

Diversity, equality and language

Equality issues were considered during development and equality assessments for this quality standard are available. Any specific issues identified during development of the quality statements are highlighted in each statement.

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 (RCN)
- Royal College of Paediatrics and Child Health
- Institute of Health Visiting
- Royal College of General Practitioners (RCGP)