



# HPA Reporting - England

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## Introduction

For practices in England, reports that need to be sent to the Health Protection Agency (HPA) Immform service can now be sent electronically without any practice intervention. This option is to be initially used to send the Seasonal Flu Vaccine Uptake Report 2011/12.

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## What do I need to do?

To be able to send HPA Reports electronically, you must complete the following:

- **Install this update (LAN Practices)** - You must install this facility from [http://www.inps4.co.uk/my\\_vision/vua/cfh](http://www.inps4.co.uk/my_vision/vua/cfh). This software will be included in a future DLM release.

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**Important** – Mail Gateway must be running to install this facility.

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- **VES Practices** – This change will be applied to your system by the support team, therefore no action is needed.
- **Leave Mail Gateway running on reporting days** – with at least one scheduled run due. The reports have to go as a scheduled run; they are not picked up by a manual **Run Now**.
- **Check Clinical Audits are run daily** – see [How to Set up a Daily Generation of Audits](#) on page 3.

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**Important** – This is a new version of HPA Reporting, and it should be installed by all practices that require electronic HPA Reporting. It installs over the old version of HPA Reporting with no problems.

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## Seasonal Flu Uptake Report

The HPA Seasonal Flu Reports are manually submitted according to a schedule set by the HPA. Vision automatically takes the results of the two (seasonal and pandemic) flu vaccine uptake audits from Clinical Audit and sends the report to HPA Immform without any user intervention.

### The Report Data Extraction

Providing you have set Clinical Audit to run daily, the flu audit group is generated daily, regardless of the HPA reporting schedule. After each Clinical Audit generation, relevant data is compiled into an intermediate file.

**Note** - If you do not have daily and monthly Clinical Audit generation enabled, these reports will not be produced. There is no method for manually creating and submitting them electronically. (See "How to Set up a Daily Generation of Audits" on page 3).

Each of the required reports are compiled from this intermediate file on the days set by the relevant report schedule. The report is automatically sent to the Immform web service as part of the Mail Gateway process. You must run Mail Gateway on the reporting days (or soon thereafter) to submit the report.

**Note** - Please allow up to three days for the results to appear on the website.

## Report Schedule for 2011/12

### Weekly Sentinel Reporting

Week No	Data up to Date	Submit Date	Week No	Data up to Date	Submit Date
35	04/09/2011	05/09/11	46	20/11/11	21/11/11
36	11/09/11	12/09/11	47	27/11/11	28/11/11
37	18/09/11	19/09/11	48	04/12/11	05/12/11
38	25/09/11	26/09/11	49	11/12/11	12/12/11
39	02/10/11	03/10/11	50	18/12/11	19/12/11
40	09/10/11	10/10/11	51	25/12/11	28/12/11
41	16/10/11	17/10/11	52	01/01/12	03/01/12
42	23/10/11	24/10/11	1	08/01/12	9/01/12
43	30/10/11	31/10/11	2	15/01/12	16/01/12
44	06/11/11	07/11/11	3	22/01/11	23/01/12
45	13/11/11	14/11/11	4	29/01/11	30/01/12



Weekly data is collected on a Monday or up to midnight on the previous Sunday. The exception is where the Monday falls on a Bank Holiday, so collection is deferred to the first working day.

### Monthly Survey Reports

Survey Month	Data up to Date	Submit Date Range
October	Mon 31/10/11	01-09/11/11
November	Wed 30/11/11	01-09/12/11
December	Sat 31/12/11	01-11/01/12
January	Tue 31/01/12	03-09/02/12

**Note** – The figures for October must be submitted manually as they are prior to this install.

### Multi Practices

A multi-practice means a single Vision data set being shared by more than one GP partnership. The creation of a report for each practice that uses the system is **not** supported. Only one report per Vision system will be created.

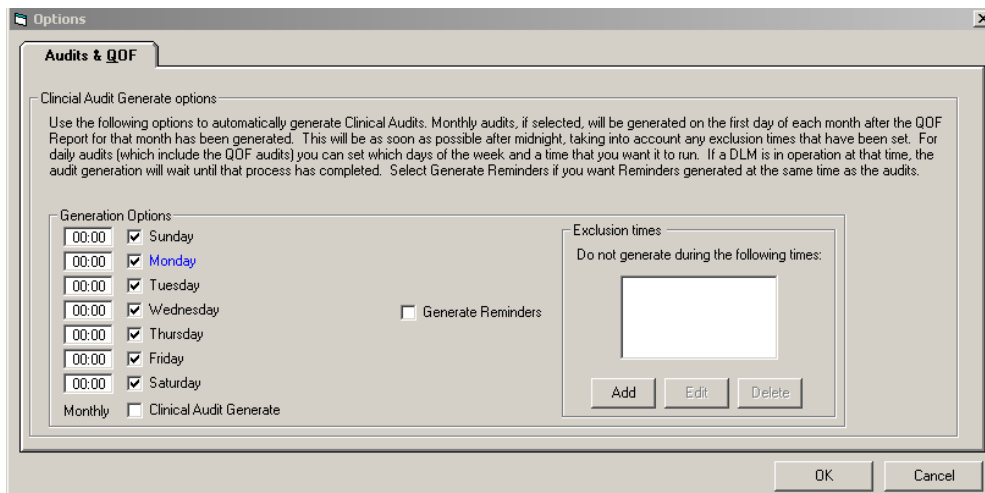
### Manual Reporting

Practices can continue to submit data manually if they do not want Vision to do this automatically. You will be able to use this web site to view the numbers for each period submitted by Vision.

## How to Set up a Daily Generation of Audits

To change the day and/or time of the daily Clinical Audit generation:

1. From **Vision Front Menu – Messaging – GP Communicator**, select **Tools - Options**.
2. Click on **Audits & QOF**.



Options – Audits & QOF

- **Days** - Every day of the week ticked in the left-hand pane, indicates a daily generation of audits. Today is highlighted in blue. Remove ticks to stop a generation on that day, ie Sunday.
- **Times - LAN practices only** see times as well, defaulting to midnight. Midnight is the usual time when the monthly QOF reports normally runs so should be free. You can edit any of these times **but be aware of clashes with other timed processes such as backup.**
- **Monthly Clinical Audit Generate** - If this is ticked, then the normal monthly generation of all clinical audits will take place after the nGMS audit generation.
- **Generate Reminders** – Tick if you want reminders generated at audit generation.
- **Exclusion times: Do not generate during the following times** - Use **Add** to add the times that you do NOT want to generate the audits (for example, enter 0200, press the Tab key, 0400, **OK**). The times you enter will be shown in **Mail Gateway** under the **Generation** tab. Click **OK**.

This can avoid clashes of the QOF monthly reports with backup or other scheduled activities. We recommend that the QOF reports are always run **after** backup. Normally they would start to process as soon after midnight on the first day of the month. If this is your backup time, then you need to add in the backup period, plus any other scheduled activity, leaving plenty of time for these to clear before the QMAS process can start.

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## Pregnancy Searches Explained

The following is an explanation of pregnancy searches in the HPA Seasonal Flu Uptake Reporting from Department of Health and PRIMIS+

"Data on flu vaccinations of pregnant women are being collected as part of the 2011/12 survey of flu vaccinations of GP patients via the ImmForm website for Public Health duties and NOT for payment, targets or recalls. Monitoring vaccine uptake in this group is particularly challenging for a number of reasons, including:-

- The dynamic nature of the group with women continually entering and leaving the group.
- The number of Read codes that could be used to classify pregnancy.
- The inconsistent use, and timing of use, of Read codes to declassify women following birth or loss of pregnancy.

For the purposes of monitoring uptake, the denominator (i.e. the number eligible for vaccination) is defined as:

All women pregnant on 31st August 2011 (this includes anyone that has a pregnancy/miscarriage/TOP code recorded from 1st January where the latest code is a pregnancy code).

All women becoming pregnant from 1st September 2011 (this includes any patients that have a pregnancy code recorded from 1st September to 31st January - no miscarriage/Top codes are taken into account)

Furthermore, we have become aware that because there is no "consistent" system in place to remove women from the denominator following birth or loss of pregnancy, women who are no longer pregnant by 1 September 2011 may be picked in error and included in the denominator.

Consistent in this context means that in some cases, the information of a miscarriage/top/pregnancy does not get back to the practice (either at all or in a timely manner) or if it does get back, the electronic record is not updated.

Therefore, it is likely that flu vaccine uptake in pregnant women is underestimated. However, it is not possible to determine the size of possible underestimation and it may vary between GP practices.

The flu vaccine uptake data should be viewed in this context and it should be understood that comparisons with estimated uptakes in other eligible groups are unreliable. The vaccine uptake specification is designed to provide a clear, consistent set of rules to make the survey objective. The specification uses clinical Read codes. Because the use of clinical Read codes can be subjective and are not always applied consistently in the electronic record, or notification of the end of pregnancy does not reach the practice in a timely manner, the reported data can and does differ from reality in some instances. Every attempt is made to make the specification as accurate and practical as possible, but the limitations also need to be recognised.

If a practice believes their records differ significantly from the automatically extracted data, they should review their electronic records to ensure that pregnancy (and end of pregnancy) and carers are coded using the specified codes.

The weekly surveys are for automated collections only and are read-only for practices. **However, practices can amend the monthly data, should they wish."**