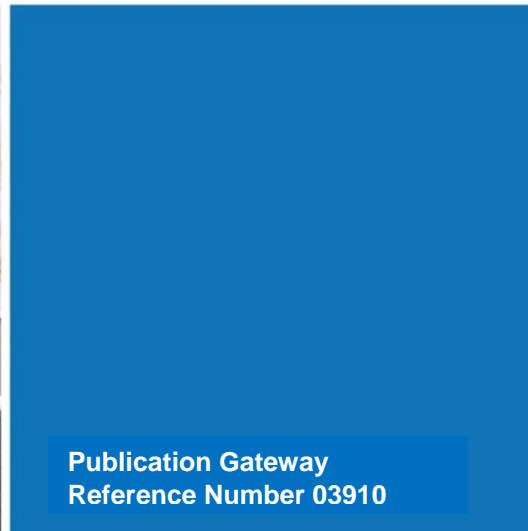
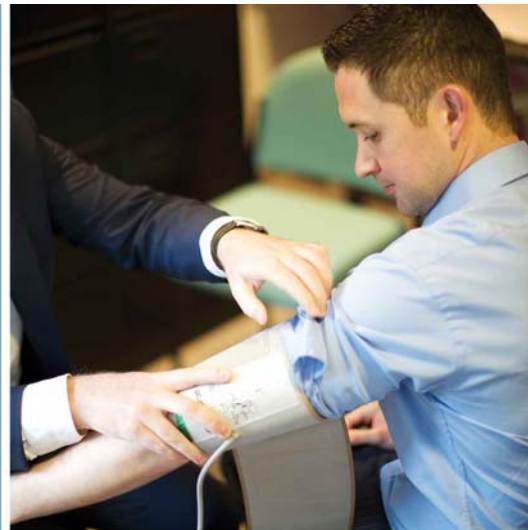


# TECHNICAL REQUIREMENTS FOR 2015/16 GMS CONTRACT CHANGES

---

August 2015



# Version control

Version	Publication date	Changes
Version 1.1	24-04-2015	<p>This version includes:</p> <ul style="list-style-type: none"> <li>• Alcohol</li> <li>• Avoiding unplanned admissions</li> <li>• Facilitating timely diagnosis for people with dementia</li> <li>• Hepatitis B</li> <li>• HPV booster</li> <li>• Learning disabilities</li> <li>• Named GP</li> <li>• Measles mumps rubella</li> <li>• MenC booster</li> <li>• MenC freshers</li> <li>• Pertussis</li> <li>• Pneumococcal</li> <li>• QOF               <ul style="list-style-type: none"> <li>○ 2015/16 QOF indicators</li> <li>○ Indicators no longer in QOF</li> </ul> </li> <li>• Rotavirus</li> <li>• Shingles routine</li> <li>• Shingles catch-up</li> </ul>
Version 2	07-08-2015	<p><b>NEW</b></p> <ul style="list-style-type: none"> <li>• Childhood seasonal influenza</li> <li>• Meningococcal ACWY aged 18 on 31 August</li> <li>• Meningococcal B</li> <li>• Seasonal influenza</li> <li>• Shingles routine for 2015/16</li> <li>• Shingles catch-up for 2015/16</li> </ul> <p><b>UPDATED:</b></p> <ul style="list-style-type: none"> <li>• Alcohol – new count ID's, new declined codes and counts</li> <li>• Avoiding unplanned admissions – clarity on coding and new payment count (upfront payment)</li> <li>• Named GP – clarity on coding and renumbered count ID's</li> <li>• Meningococcal booster – updated vaccine</li> <li>• Meningococcal freshers – updated age range and vaccine</li> <li>• Pneumococcal – vaccine name change</li> </ul>

# Contents

<b>Section 1</b>	<b>Introduction</b>	<b>5</b>
	<b>Introduction</b>	<b>5</b>
	<b>Verification</b>	<b>5</b>
	<b>Calculating Quality Reporting Service and the General Practice Extraction Service</b>	<b>6</b>
	<b>About this guidance</b>	<b>6</b>
<b>Section 2</b>	<b>ENHANCED SERVICES</b>	<b>8</b>
	<b>Avoiding unplanned admissions: proactive case finding and care review for vulnerable people</b>	<b>8</b>
	<b>Facilitating timely diagnosis for people with dementia</b>	<b>12</b>
	<b>Learning disabilities health check</b>	<b>15</b>
<b>Section 3</b>	<b>QUALITY AND OUTCOMES FRAMEWORK (QOF)</b>	<b>18</b>
	<b>2015/16 QOF</b>	<b>18</b>
	<b>Indicators no longer in QOF</b>	<b>19</b>
<b>Section 4</b>	<b>Contractual requirements</b>	<b>20</b>
	<b>Alcohol-related risk reduction</b>	<b>20</b>
	<b>Named GP all patients</b>	<b>24</b>

<b>Section 5</b>	<b>VACCINATION PROGRAMMES (commencing April 2015)</b>	<b>26</b>
	<b>Hepatitis B (newborn babies)</b>	<b>26</b>
	<b>HPV booster</b>	<b>28</b>
	<b>Measles, mumps, rubella (MMR)</b>	<b>29</b>
	<b>Meningococcal booster</b>	<b>32</b>
	<b>Meningococcal freshers</b>	<b>34</b>
	<b>Pertussis (pregnant women)</b>	<b>36</b>
	<b>Rotavirus (routine childhood immunisation)</b>	<b>37</b>
<b>Section 6</b>	<b>VACCINATION PROGRAMMES (commencing after August 2015)</b>	<b>39</b>
	<b>Meningococcal ACWY aged 18 years on 31 August</b>	<b>39</b>
	<b>Meningococcal B (MenB) infants</b>	<b>41</b>
	<b>Childhood seasonal influenza</b>	<b>43</b>
	<b>Seasonal influenza and pneumococcal polysaccharide</b>	<b>46</b>
	<b>Shingles (routine aged 70)</b>	<b>53</b>
	<b>Shingles (catch-up)</b>	<b>55</b>
<b>Section 7</b>	<b>QUERIES</b>	<b>57</b>

# Section 1. Introduction

## Introduction

In September 2014, NHS Employers (on behalf of NHS England) and the General Practitioners Committee (GPC) of the British Medical Association (BMA) announced the agreed changes to the General Medical Services (GMS) contract for 2015/16. In December 2014, the changes to the vaccination and immunisation programmes as part of the General Medical Services (GMS) contract changes were announced.

This document provides the detailed technical requirements for commissioners and practices<sup>1</sup> that hold a GMS contract and for all practices offering enhanced services (ESs) and vaccination programmes nationally, commissioned by the NHS Commissioning Board under the name NHS England. This document will be updated as and when technical details are available.

Wherever possible, NHS England to minimise the reporting requirements for the services delivered by practices where these can be supported by new systems. This document follows on from the “GMS contract 2015/16 guidance and audit requirements” and the “Vaccination and immunisation programmes guidance and audit requirements” documents which detail the purpose, requirements, monitoring, payment and validation aspects of the services. This guidance is applicable in England only.

The detailed requirements for the targeted hepatitis B (newborn babies), HPV booster, meningococcal booster, MMR, rotavirus and shingles (routine) vaccination programmes are set out in the GMS Contract Regulations, Directions and the Statement of Financial Entitlements (SFE)<sup>2</sup>.

The detailed requirements for the childhood seasonal influenza, meningococcal ACWY aged 18 on 31 August, meningococcal B infants, meningococcal freshers, pertussis, shingles (catch-up) and the seasonal influenza and pneumococcal polysaccharide vaccination programmes are set out in the NHS England service specifications<sup>3</sup>.

## Verification

Commissioners must disclose to practices information they reasonably and lawfully require and that the practice can reasonably be expected to obtain and disclose, in order to establish whether or not the practice has fulfilled its obligations under the programmes included in this guidance. Information required will be aggregate anonymised information except in exceptional cases where NHS numbers may be used. Commissioners and practices will be mindful of the legal requirements for accessing patient data.

---

<sup>1</sup> A practice is defined as a provider of essential primary medical services to a registered list of patients under a GMS, Personal Medical Services (PMS) or Alternative Provider Medical Services (APMS) contract.

<sup>2</sup> DH. SFE. Link to SFE to be added when available.

<sup>3</sup> NHS England. Service specifications. <http://www.england.nhs.uk/commissioning/gp-contract/>

# Calculating Quality Reporting Service and the General Practice Extraction Service

The Calculating Quality Reporting Service (CQRS), together with the General Practice Extraction Service (GPES) calculates achievement and payments to practices. Both CQRS and GPES are managed by the Health and Social Care Information Centre (HSCIC).

CQRS<sup>4</sup> is the automated system used to calculate achievement and payments on quality services. These include the QOF, ESs and vaccination programmes.

GPES<sup>5</sup> anonymises patient identifiable data which it then collects from general practice IT clinical systems for a wide range of purposes including payments to practices and the provision of relevant data for management information purposes. This enables commissioners to monitor and verify the delivery of various contract and service requirements.

The CQRS team works with NHS England to ensure CQRS supports the contract and any changes. Practices must be offered and agree to provide each service with their commissioner.

Payments can only be processed after commissioners have offered and practices have accepted a service on CQRS. Agreement to participate in a service on CQRS is separate to confirming acceptance of a contract for services with commissioners.

Practices authorise data collections made by GPES when they accept a Quality Service on the CQRS system.

This guidance provides information on how CQRS and GPES are used in relation to the services listed in this guidance. In order to support practices, CQRS also publish guidance and issue communications as services become live on CQRS or GPES, which detail how to manually declare and enter relevant data into CQRS and enable data collections. Further information on when each service will be available on CQRS and how to input data will be available on the HSCIC website<sup>6</sup>.

Where a service is supported by CQRS, practices are required to manually enter achievement on CQRS until data can be automatically collected from practice systems by GPES. The data will be in relation to payment counts only, with zeros being entered in the interim for management information counts.

## About this guidance

This document sets out additional detail on how CQRS and GPES will support services, outlines the management information count wording and provides the relevant Read2 and CTV3 codes that practices are required to use for each service. Read2 and CTV3 codes

---

<sup>4</sup> HSCIC. CQRS. <http://systems.hscic.gov.uk/systemsandservices/cqrs>

<sup>5</sup> HSCIC. GPES. <http://www.hscic.gov.uk/gpes>

<sup>6</sup> HSCIC. CQRS. <http://systems.hscic.gov.uk/systemsandservices/cqrs>

are used as the basis for the GPES data collection, which allows CQRS to calculate payment based on the aggregated numbers supplied and support the management information collections.

Changes which materially affect services supported by CQRS and GPES, will be updated in this document. This is available as a 'live' document on NHS Employers website and will be updated as services move from manual reporting to automated data collections. Relevant supporting Business Rules<sup>7</sup> will also be updated and available on the HSCIC website.

Although practices are required to manually enter non patient identifiable data until such time as GPES is available, it is still required that practices use the relevant Read2 or CTV3 codes within their clinical systems. This is because only those codes included in the technical requirements document and the supporting Business Rules will be acceptable to allow CQRS to calculate achievement and payment and enable commissioners to audit payment and service delivery. Practices will therefore need to ensure that they use the relevant codes from the commencement of the relevant service and if necessary will need to re-code patients accordingly.

---

<sup>7</sup> HSCIC. <http://www.hscic.gov.uk/qofesextractspecs>

# Section 2. Enhanced services

## Avoiding unplanned admissions: proactive case finding and care review for vulnerable people

### READ and CTV3 codes

Table 1: Avoiding unplanned admissions READ codes

	Read v2	Read CTV3
At risk of emergency hospital admission	13Zu.	XaXyq
Admission avoidance care started	8CV4.	XaYD1
Informing patient of named accountable general practitioner <sup>8</sup>	67DJ.	Xab9D
Patient allocated named accountable general practitioner	9NN60*	XacWQ*
Admission avoidance care plan agreed	8CSB.	XabFm
Admission avoidance care plan declined	8IAe1	XabFn
Review of admission avoidance care plan	8CMG3	XabFo
Admission avoidance care plan review declined	8IAe3	XacWP
Admission avoidance care ended	8CT2.	XaYD2
Emergency hospital admission	8H2..%	8H2..%

\* New codes available from 1 April 2015<sup>9</sup>

With the introduction of a named GP for all patients, in addition to the existing ‘informing patient of named accountable general practitioner’ code practices are also required to use the code ‘patient allocated named general practitioner’ for named GP for patients aged 75 and over or AUA.

Practices are required to use the new code ‘patient allocated named accountable general practitioner’ to confirm the practice has allocated a GP to each patient by the 30 June 2015, or within 21 days if aged 75 or over or newly registered.

For all patients (excluding patients aged 75 and over and those on the AUA register who have been informed under 14/15 provisions or within 21 days), practices have until 31

<sup>8</sup> These are the same codes as per the contractual requirements for all patients aged 75 and over to have a named GP.

<sup>9</sup> System suppliers should make this available at the earliest opportunity. Where codes are not available, practices should ensure they comply with the requirements to allocate and inform and then code on their system as soon as possible when they are available so that the data will be available in subsequent data collections.



March 2016 to notify individual patients and enter to code 'informing patient of named accountable general practitioner' as appropriate.

Where a practice (B) registers a new patient who has been on the case management register at their previous practice (A) and will be on their case management, then the practice (B) will be required to review the patient's care plan developed by practice A. This will lead to the development of an updated care plan and the 'admission avoidance care plan agreed' code should be used. The data collection will search for this care plan code after the date of registration.

## **Payment and management information**

### **Payment count**

- AUAC1001. The practice has signed up to the avoiding unplanned admissions enhanced service.
- AUA001. The total number of patients aged 18 years or over on the avoiding unplanned admissions case management register, who have been allocated a named accountable GP and who have an up-to-date avoiding unplanned admissions care plan/care plan review or who have declined an avoiding unplanned admissions care plan/declined care plan review up to the end of the payment period.

### **Management information counts**

- AUAMI001. The total number of patients aged 18 years or over on the avoiding unplanned admissions case management register, who have been allocated a named accountable GP up to the end of the payment period.
- AUAMI002. The total number of patients aged 18 years or over on the avoiding unplanned admissions case management register, who have been informed of their named accountable GP up to the end of the payment period.
- AUAMI003. The total number of patients aged 18 years or over on the avoiding unplanned admissions case management register, who have been allocated a named accountable GP and informed of their named accountable GP up to the end of the payment period.
- AUAMI004. The total number of patients aged 18 years or over on the avoiding unplanned admissions case management register, who have been allocated a named accountable GP but have not been informed of their named accountable GP up to the end of the payment period.
- AUAMI005. The total number of patients aged 18 years or over on the avoiding unplanned admissions case management register, who have been informed of their named accountable GP but have no record of being allocated a named accountable GP up to the end of the payment period.
- AUAMI006. The total number of patients aged 18 years or over on the avoiding unplanned admissions case management register, who have neither been allocated a named accountable GP nor informed of their named accountable GP up to the end of the payment period.
- AUAMI007. The total number of patients aged 18 years or over on the avoiding unplanned admissions case management register, who have received an up-to-date avoiding unplanned admissions care plan or had an avoiding unplanned admissions care plan review up to end of the payment period.

- AUAMI008. The number of patients aged 18 years or over on the avoiding unplanned admissions case management register, who declined an avoiding unplanned admissions care plan or declined an avoiding unplanned admissions care plan review up to the end of the payment period.
- AUAMI009. The number of patients aged 18 years or over on the avoiding unplanned admissions case management register, who have no record of receiving or declining an avoiding unplanned admissions care plan or care plan review up to the end of the payment period.
- AUAMI010. The total number of patients aged 18 years or over on the avoiding unplanned admissions case management register, who have a record of one or more hospital emergency admissions up to the end of the payment period.
- AUAMI011. The total number of patients who have not attained the age of 18 years on the avoiding unplanned admissions case management register, who have been allocated a named accountable GP up to the end of the payment period.
- AUAMI012. The total number of patients who have not attained the age of 18 years on the avoiding unplanned admissions case management register, who have been informed of their named accountable GP up to the end of the payment period.
- AUAMI013. The total number of patients who have not attained the age of 18 years on the avoiding unplanned admissions case management register, who have been allocated a named accountable GP and informed of their named accountable GP up to the end of the payment period.
- AUAMI014. The total number of patients who have not attained the age of 18 years on the avoiding unplanned admissions case management register, who have been allocated a named accountable GP but have not been informed of their named accountable GP up to the end of the payment period.
- AUAMI015. The total number of patients who have not attained the age of 18 years on the avoiding unplanned admissions case management register, who have been informed of their named accountable GP but have no record of being allocated a named accountable GP up to the end of the payment period.
- AUAMI016. The total number of patients who have not attained the age of 18 years on the avoiding unplanned admissions case management register, who have neither been allocated a named accountable GP nor informed of their named accountable GP up to the end of the payment period.
- AUAMI017. The total number of patients who have not attained the age of 18 years on the avoiding unplanned admissions case management register, who have received an up-to-date avoiding unplanned admissions care plan or had an avoiding unplanned admissions care plan review up to end of the payment period.
- AUAMI018. The number of patients who have not attained the age of 18 years on the avoiding unplanned admissions case management register, who declined an avoiding unplanned admissions care plan or declined an avoiding unplanned admissions care plan review up to the end of the payment period.
- AUAMI019. The number of patients who have not attained the age of 18 years on the avoiding unplanned admissions case management register, who have no record of receiving or declining an avoiding unplanned admissions care plan or care plan review up to the end of the payment period.
- AUAMI020. The total number of patients who have not attained the age of 18 years on the avoiding unplanned admissions case management register, who have a

record of one or more hospital emergency admissions up to the end of the payment period.

## Facilitating timely diagnosis for people with dementia scheme

### READ and CTV3 codes

Table 2: Dementia Read codes

	Read v2	Read CTV3
<b>To assist in identifying any patient in an at risk group</b>		
At risk of dementia	14Od.	XaQyJ
<b>To record initial questioning for memory concern (or offer)</b>		
Initial memory assessment	38C15	Xaahy
DemTect scale	38Qj.	XabVK
Everyday cognition questionnaire	38Qv.	Xabp1
Mini-mental state examination	388m.	XM0fo
Six item cognitive impairment test	3AD3.	XaJLG
GPCOG – general practitioner assessment of cognition	38Dv.	XaQJP
Initial memory assessment – declined	8IE50	Xaahx
<b>To record an assessment (or offer) for dementia in patients with a memory concern</b>		
Assessment for dementia	38C10	XaaBD
Dementia screening declined	8IEu.	XaaTn
Dementia screening questionnaire declined	8IEu0	XaabA
<b>To record any referral (or offer) for a diagnosis of dementia</b>		
Referral to memory clinic	8HTY.	XaJua
Referral to memory clinic declined	8IEn.	Xaa9t
<b>To record advance care planning</b>		
Dementia advance care plan agreed	8CSA.	XabEk
Review of dementia advance care plan	8CMG2	XabEI
Dementia advance care plan declined	8IAe0	XabEi

<b>To record, for diagnosed patients, any identified carer and offer of a health check where the carer is registered with the practice</b>		
Carer of person with dementia	918y.	XaZ4h
Carer annual health check	69DC.	XaX4N
Carer annual health check declined	8IEP.	XaZKp
Is no longer a carer	918f.	XaL1Y
No longer carer of patient with dementia	918f0	XaboS

## Payment and management information

### Payment count

- DEMC201: Number of patients with a record of receiving an assessment for dementia by the GP practice, up to the end of the reporting period.

### Management information counts

Where the information for these counts is not available, practices should enter zero:

- DEMMI01: The number of patients with a record of declining an assessment for dementia, up to the end of the reporting period.
- DEMMI02: The number of patients recorded as being 'at risk of dementia', up to the end of the reporting period.
- DEMMI03: The number of patients recorded as being 'at risk of dementia' who have a record of receiving an assessment for dementia by the GP practice, up to the end of the reporting period.
- DEMMI04: The number of patients recorded as being 'at risk of dementia' who have a record of declining an assessment for dementia, up to the end of the reporting period.
- DEMMI05: The number of patients recorded as being 'at risk of dementia' where there is no record of receiving an assessment or declining an assessment, up to the end of the reporting period.
- DEMMI06: The number of patients with a record of receiving an assessment for dementia by the GP practice who have a record of an initial memory assessment, up to the end of the reporting period.
- DEMMI07: The number of patients with a record of receiving an assessment for dementia by the GP practice who have a record of declining an initial memory assessment, up to the end of the reporting period.
- DEMMI08: The number of patients with a record of receiving an assessment for dementia by the GP practice who have a record of a referral to a memory clinic, up to the end of the reporting period.
- DEMMI09: The number of patients with a record of receiving an assessment for dementia by the GP practice who have a record of declining a referral to a memory clinic, up to the end of the reporting period.

- DEMMI10: The number of patients recorded as a non-professional carer of a person with dementia, up to the end of the reporting period.
- DEMMI11: The number of patients recorded as a non-professional carer of a person with dementia by the GP practice who have a record of receiving a health check, up to the end of the reporting period.
- DEMMI12: The number of patients recorded as a non-professional carer of a person with dementia who have a record of declining a health check, up to the end of the reporting period.
- DEMMI13: The number of patients recorded as a non-professional carer of a person with dementia where there is no record of receiving a health check or declining a health check, up to the end of the reporting period.
- DEMMI14: The number of patients diagnosed with dementia who have a record of receiving a dementia advanced care plan by the GP practice, up to the end of the reporting period.
- DEMMI15: The number of patients diagnosed with dementia who have a record of declining a dementia advanced care plan, up to the end of the reporting period.
- DEMMI16: The number of patients diagnosed with dementia who have neither a record of receiving or declining a dementia advanced care plan, up to the end of the reporting period.

# Learning disabilities health checks scheme

## READ and CTV3 codes

**Table 3: Learning disabilities Read codes – diagnostic codes**

	Read v2	Read CTV3
Mental retardation	E3...%	E3...%
[X]Mental retardation	Eu7..%	Included in E3...%
[X]Developmental disorder of scholastic skills, unspecified	Eu81z	Eu81z
[X]Mild learning disability	Eu816	XaREt
[X]Moderate learning disability	Eu814	XaQZ3
[X]Severe learning disability	Eu815	XaQZ4
[X]Profound learning disability	Eu817	XaREu
On learning disability register	918e.	XaKYb
Specific learning disability	Eu818	Included in E3...%

**Table 4: Learning disabilities Read codes – health check codes**

	Read v2	Read CTV3
Learning disability health examination	69DB.	XaPx2
Learning disabilities health action plan completed	9HB4.	XaJsd
Learning disabilities annual health assessment declined	9HB6.	XaQnv
Learning disabilities health action plan reviewed	9HB2.	XaJWA
Learning disabilities health action plan declined	9HB0.	XaJW9

## Payment and management information

### Payment count

- LDHC001: Quarterly count of registered patients aged 14 and over, as at the quality service end date, on the practice's learning disability register who have received a learning disability health check and have not received a health check in a previous quarter in this financial year.

## Management information counts

Where the information for these counts is not available, practices should enter zero:

- LDHDMI001: Quarterly count of registered patients aged 18 years or over, at the Quality Service End Date, on the practice's Learning Disability register who have received a learning disability health check and have not received a health check in a previous quarter in this financial year.
- LDHDMI002: Quarterly count of registered patients aged 14 years or over and who have not attained the age of 18 years, as at the Quality Service End Date, on the practice's Learning Disability register who have received a learning disability health check and have not received a health check in a previous quarter in this financial year.
- LDHDMI003: Quarterly count of registered patients aged 18 years or over, as at the Quality Service End Date, on the practice's Learning Disability register who have declined a learning disability health check and have not declined a health check in a previous quarter in this financial year.
- LDHDMI004: Quarterly count of registered patients aged 14 years or over and who have not attained the age of 18 years, as at the Quality Service End Date, on the practice's Learning Disability register who have declined a learning disability health check and have not declined a health check in a previous quarter in this financial year.
- LDHDMI005: Quarterly (cumulative) count of registered patients aged 18 years or over, as at the Quality Service End Date, identified as having a QOF diagnostic learning disability, as at reporting period end date.
- LDHDMI006: Quarterly (cumulative) count of registered patients aged 14 years or over and who have not attained the age of 18 years, as at the Quality Service End Date, identified as having a QOF diagnostic learning disability, as at reporting period end date.
- LDHDMI007: Quarterly count of registered patients aged 18 years or over, as at the Quality Service End Date, identified as having a QOF diagnostic learning disability who received a learning disability health check in the reporting period.
- LDHDMI008: Quarterly count of registered patients aged 14 years or over and who have not attained the age of 18 years, as at the Quality Service End Date, identified as having a QOF diagnostic learning disability who received a learning disability health check in the reporting period.
- LDHDMI009: Quarterly (cumulative) count of registered patients aged 18 years or over, as at the Quality Service End Date, who have received a learning disability health check and have been provided a health action plan, up to the end of the reporting period.
- LDHDMI010: Quarterly (cumulative) count of registered patients aged 14 years or over and who have not attained the age of 18 years, as at the Quality Service End Date, who have received a learning disability health check and have been provided a health action plan, up to the end of the reporting period.
- LDHDMI011: Quarterly (cumulative) count of registered patients aged 18 years or over, as at the Quality Service End Date, who have received a learning disability health check and declined a health action plan, up to the end of the reporting period.
- LDHDMI012: Quarterly (cumulative) count of registered patients aged 14 years or over and who have not attained the age of 18 years, as at the Quality



Service End Date, who have received a learning disability health check and declined a health action plan, up to the end of the reporting period.

- LDHDMI013: Quarterly (cumulative) count of registered patients aged 18 years or over, as at the Quality Service End Date, who have received a learning disability health check that have neither received nor declined a health action plan, up to the end of the reporting period.
- LDHDMI014: Quarterly (cumulative) count of registered patients aged 14 years or over and who have not attained the age of 18 years, as at the Quality Service End Date, who have received a learning disability health check that have neither received nor declined a health action plan, up to the end of the reporting period.

# Section 3. Quality and outcomes framework (QOF)

## 2015/16 QOF indicators

For full details of the requirements for this service, see the '2015/16 QOF guidance and audit requirements'<sup>10</sup> document.

### READ and CTV3 codes

For details of the Read codes for QOF indicators, see the Business Rules<sup>11</sup> on the HSCIC website.

### Payment and management information

There are no payment or management information counts for this service.

---

<sup>10</sup> NHS Employers. 2015/16 QOF guidance. <http://www.nhsemployers.org/your-workforce/primary-care-contacts/general-medical-services/quality-and-outcomes-framework/changes-to-qof-2015-16>

<sup>11</sup> HSCIC. Business Rules. <http://www.hscic.gov.uk/qofextractspecs>

## Indicators no longer in QOF

### READ and CTV3 codes

For details of the Read codes for the indicators no longer in QOF, see the Business Rules<sup>12</sup> on the HSCIC website.

### Payment and management information

There are no payment or management information counts for this service.

---

<sup>12</sup> HSCIC. Business Rules. <http://www.hscic.gov.uk/qofextractspecs>

# Section 4. Contractual requirements

## Alcohol-related risk reduction scheme

For full details of the contractual requirements for this, see the “GMS contract changes 2015/16 guidance and audit requirements”.

### READ and CTV3 codes

**Table 5: Alcohol Read codes – initial screening**

	Read v2	Read CTV3
FAST alcohol screening test	388u.	XaNO9
Alcohol use disorder identification test consumption questionnaire	38D4.	XaORP
Alcohol assessment declined - enhanced services administration	9k19.	-
Alcohol assessment declined	-	XaPKI
Alcohol consumption screening test declined	8IA7.	XaNOA

There are no codes available which indicate a positive FAST or AUDIT-C test result therefore practices should add a value to a field associated with the code. A value of three or more is regarded as positive for FAST and a value of five or more is regarded as positive for AUDIT-C.

**Table 6: Alcohol Read codes – Full screening**

	Read v2	Read CTV3
Alcohol use disorders identification test	38D3.	XM0aD
Alcohol Use Disorders Identification Test declined	8IH4.	XabYP

Practices are required to add a value to a field associated with the code to record the score. The score are as follows:

- 0–7 indicates sensible or lower risk drinking
- 8–15 indicates increasing risk drinking
- 16–19 indicates higher risk drinking
- 20 and over indicates possible alcohol dependence.

**Table 7: Alcohol Read codes**

	Read v2	Read CTV3
Brief intervention for excessive alcohol consumption completed	9k1A.	XaPPv
Extended intervention for excessive alcohol consumption completed	9k1B.	XaPPy
Referral to specialist alcohol treatment service	8HkG.	XaORR

**Table 8: Anxiety and depression Read codes**

	Read v2	Read CTV3
Anxiety screening	6897.	Xab9E
Anxiety screening using questions	68970	Xab9F
Depression screening using questions*	6896.	XaLlc
Generalised anxiety disorder 2 scale	38QN.	XaZJQ
Generalised anxiety disorder 7 item score	388w.	XaNkT
Patient health questionnaire (PHQ-9) score	388f.	XaLDN
HAD scale: depression score	388P.	Xalwf
Beck depression inventory second edition score	388g.	XaLLG
Patient given advice about management of anxiety*	Xab9G	8CAZ0
Patient given advice about management of depression	8CAa.	XaKEz

**Payment and management information****Payment count**

As this is a contractual requirement there is no payment count.

**Management information counts**

Where the information for these counts is not available, practices should enter zero:

- ALCCMI017: Count of newly registered patients, aged 16 years or over at the time of their registration, who have registered at the GP practice up to the end of the reporting period.
  - ALCCMI018: Count of newly registered patients, aged 16 years or over at the time of their registration, who have been screened by the GP practice using the shortened FAST or AUDIT-C tools up to the end of the reporting period.
- ALCCMI002: Count of newly registered patients, aged 16 years or over at the time of their registration, who have undergone an assessment using a validated tool (AUDIT) by the GP practice,

where this assessment is not preceded by the shortened FAST or AUDIT-C tools, up to the end of the reporting period.

- ALCCMI019: Count of newly registered patients, aged 16 years or over at the time of their registration, who have declined screening using the shortened FAST or AUDIT-C tools or who have declined an assessment using a validated tool (AUDIT) up to the end of the reporting period.
- ALCCMI020: Count of newly registered patients, aged 16 years or over at the time of their registration, who have not been screened using either the shortened FAST or AUDIT-C tools and who have not declined screening using either the shortened FAT or AUDIT-C tools and who have not undergone an assessment using a validated tool (AUDIT) and who have not declined an assessment using a validated tool (AUDIT) up to the end of the reporting period.
- ALCCMI001: Count of newly registered patients, aged 16 years or over at the time of their registration, who have had the FAST short standard case finding test up to the end of the reporting period.
- ALCCMI002: Count of newly registered patients, aged 16 years or over at the time of their registration, who have had the AUDIT-C short standard case finding test up to the end of the reporting period.
- ALCCMI003: Count of newly registered patients, aged 16 years or over at the time of their registration, who have had the FAST or the AUDIT-C short standard case finding test and screened positive for either (3+ for FAST, 5+ for AUDIT-C), up to the end of the reporting period.
- ALCCMI004: Count of newly registered patients, aged 16 years or over at the time of their registration, who have had the FAST or the AUDIT-C short standard case finding test, screened positive for either (3+ for FAST, 5+ for AUDIT-C), and have undergone an assessment using a validated tool (AUDIT), up to the end of the reporting period.
- ALCCMI005: Count of newly registered patients, aged 16 years or over at the time of their registration, who have an AUDIT assessment score of 0-7, up to the end of the reporting period.
- ALCCMI006: Count of newly registered patients, aged 16 years or over at the time of their registration, who have an AUDIT assessment score of 8-15, up to the end of the reporting period.
- ALCCMI007: Count of newly registered patients, aged 16 years or over at the time of their registration, who have an AUDIT assessment score of 16-19, up to the end of the reporting period.
- ALCCMI008: Count of newly registered patients, aged 16 years or over at the time of their registration, who have an AUDIT assessment score of 20 or over, up to the end of the reporting period.
- ALCCMI009: Count of newly registered patients, aged 16 years or over at the time of their registration, who have an AUDIT assessment score of 8-15, and have received brief intervention to help them reduce their alcohol related-risk, up to the end of the reporting period.
- ALCCMI021: Count of newly registered patients, aged 16 years or over at the time of their registration, who have an AUDIT assessment score of 8-15, and have declined brief intervention to help them reduce their alcohol related risk, up to the end of the reporting period.

- ALCCMI010: Count of newly registered patients, aged 16 years or over at the time of their registration, who have an AUDIT assessment score of 16-19, and have received brief intervention to help them reduce their alcohol related-risk, up to the end of the reporting period.
- ALCCMI022: Count of newly registered patients, aged 16 years or over at the time of their registration, who have an AUDIT assessment score of 16-19, and have declined brief intervention to help them reduce their alcohol related risk, up to the end of the reporting period.
- ALCCMI011: Count of newly registered patients, aged 16 years or over at the time of their registration, who have an AUDIT assessment score of 16-19, and have received extended intervention to help them reduce their alcohol related-risk, up to the end of the reporting period.
- ALCCMI023: Count of newly registered patients, aged 16 years or over at the time of their registration, who have an AUDIT assessment score of 16-19, and have declined extended intervention to help them reduce their alcohol related risk, up to the end of the reporting period.
- ALCCMI012: Count of newly registered patients, aged 16 years or over at the time of their registration, who have an AUDIT assessment score of 20 or over, and have been referred for specialist advice for dependent drinking, up to the end of the reporting period.
- ALCCMI024: Count of newly registered patients, aged 16 years or over at the time of their registration, who have an AUDIT assessment score of 20 or over, and have declined a referral for specialist advice for dependant drinking, up to the end of the reporting period.
- ALCCMI013: Count of newly registered patients, aged 16 years or over at the time of their registration, who have an AUDIT assessment score of 8 or more and have been screened for anxiety up to the end of reporting period.
- ALCCMI025: Count of newly registered patients, aged 16 years or over at the time of their registration, who have an AUDIT assessment score of 8 or more and have declined screening for anxiety up to the end of reporting period.
- ALCCMI014: Count of newly registered patients, aged 16 years or over at the time of their registration, who have an AUDIT assessment score of 8 or more, have been screened for anxiety and have been provided with support and treatment up to the end of the reporting period.
- ALCCMI015: Count of newly registered patients, aged 16 years or over at the time of their registration, who have an AUDIT assessment score of 8 or more, and have been screened for depression up to the end of the reporting period.
- ALCCMI026: Count of newly registered patients, aged 16 years or over at the time of their registration, who have an AUDIT assessment score of 8 or more, and have declined screening for depression up to the end of the reporting period.
- ALCCMI019: Count of newly registered patients, aged 16 years or over at the time of their registration, who have an AUDIT assessment score of 8 or more, have been screened for depression and have been provided with support and treatment up to the end of the reporting period.

## Named GP

For full details of the contractual requirements for this, see the “GMS contract changes 2015/16 guidance and audit requirements”.

### READ and CTV3 codes

**Table 9: Named GP Read codes**

	Read v2	Read CTV3
Informing patient of named accountable general practitioner	67DJ.	Xab9D
Patient allocated named accountable general practitioner	9NN60*	XacWQ*
Over 75 health check <sup>13</sup>	69DA.	Ua228

\* New codes available from 1 April 2015<sup>14</sup>

With the introduction of a named GP for all patients, in addition to the existing ‘informing patient of named accountable general practitioner’ code practices are also required to use the code ‘patient allocated named general practitioner’ for named GP for patients aged 75 and over or AUA.

Practices are required to use the new code ‘patient allocated named accountable general practitioner’ to confirm the practice has allocated a GP to each patient by the 30 June 2015, or within 21 days if aged 75 or over or newly registered.

For all patients (excluding patients aged 75 and over and those on the AUA register who have been informed under 14/15 provisions or within 21 days), practices have until 31 March 2016 to notify individual patients and enter to code ‘informing patient of named accountable general practitioner’ as appropriate.

### Payment and management information

#### Payment count

As this is a contractual requirement there is no payment count.

#### Management information counts

- NAGP001. The number of patients on the GP practice list at the end of the reporting period.
- NAGPMI001. The number of patients who have been allocated a named accountable GP and who have been informed of their named accountable GP up to the end of the reporting period.
- NAGPMI002. The number of patients who have been allocated a named accountable GP and who have not been informed of their named accountable GP up to the end of the reporting period.

<sup>13</sup> In the event that a patient over the age of 75 receives a health check, this is the recommended code.

<sup>14</sup> System suppliers should make this available at the earliest opportunity. Where codes are not available, practices should ensure they comply with the requirements to allocate and inform and then code on their system as soon as possible when they are available so that the data will be available in subsequent data collections.



- NAGPMI003. The total number of patients who have no record of being allocated a named accountable GP but who have been informed of their named accountable GP up to the end of the reporting period.
- NAGPMI004. The number of patients who have not been allocated a named accountable GP and who have not been informed of their named accountable GP up to the end of the reporting period.
- NAGPMI005. The number of patients on the GP practice list aged 75 years or over at the end of the reporting period
- NAGPMI006. The number of patients aged 75 years or over who have been allocated a named accountable GP and have been informed of their named accountable GP up to the end of the reporting period.
- NAGPMI007. The number of patients aged 75 years or over who have been allocated a named accountable GP and who have not been informed of their named accountable GP up to the end of the reporting period.
- NAGPMI008. The total number of patients aged 75 years or over who have no record being allocated a named accountable GP but who have been informed of their named accountable GP up to the end of the reporting period.
- NAGPMI009. The number of patients aged 75 years or over who have not been allocated a named accountable GP and who have not been informed of their named accountable GP up to the end of the reporting period.
- NAGPMI010. The number of patients aged 75 years or over who have been allocated a named accountable GP, who have received a health check up to the end of the reporting period.

# Section 4. Vaccination programmes (commencing April 2015)

## Hepatitis B (newborn babies) vaccination programme

### READ and CTV3 codes

Table 10: Hepatitis B first to fourth dose Read codes

	Read v2	Read CTV3
First hepatitis B junior vaccination	65F10	Xaa4V
Second hepatitis B junior vaccination	65F20	Xaa4W
Third hepatitis B junior vaccination	65F30	Xaa4X
Fourth hepatitis B junior vaccination	65F60	Xaa4Y

Table 11: Hepatitis B results of blood test Read codes

	Read v2	Read CTV3
Hepatitis B surface antigen level	43d9.	XaFuS
Hepatitis B surface antigen negative	43BA.	XaLQM
Hepatitis B surface antigen positive	43B4.	43B4.

### Payment and management information

#### Payment counts

- HEP001: Monthly count of the number of first hepatitis B vaccination doses (given by the GP practice) administered to babies registered at the practice and identified as at risk of hepatitis B from birth – within the reporting period.
- HEP002: Monthly count of the number of second hepatitis B vaccination doses (given by the GP practice) administered to babies registered at the practice and identified as at risk of hepatitis B from birth – within the reporting period.
- HEP003: Monthly count of the number of third hepatitis B vaccination doses (given by the GP practice) administered to babies registered at the practice and identified as at risk of hepatitis B from birth – within the reporting period.

- HEP004: Monthly count of the number of the fourth hepatitis B vaccination doses (given by the GP practice) administered to babies registered at the practice and identified as at risk of hepatitis B from birth where a hepatitis B blood test has been recorded and the results communicated to the parent or guardian.

#### **Management information counts**

There are no management information counts for this service.

# HPV booster vaccination programme

## READ and CTV3 codes

Table 12: HPV vaccination codes

	Read v2	Read CTV3
First human papillomavirus vaccination	65FS.	XaNNI
Second human papillomavirus vaccination (Read V2)	65FT.	XaNNJ
Third human papillomavirus vaccination	65FV.	XaNNK
Quadrivalent human papillomavirus vaccination	65FW.	XaXjc
HUMAN PAPILOMAVIRUS VACCINE 0.5 mL prefilled syringe	n4zZ.	n4zZ.
GARDASIL VACCINE 0.5 mL prefilled syringe	n4z1.	n4z1.
CERVARIX 0.5 mL prefilled syringe	n4z2.	n4z2.

## Payment and management information

### Payment count

- HPV001: Monthly count of the number of patients aged between 14 and under 18 on 31 March 2016 who has received a HPV booster vaccination at the GP practice in the reporting period; as a result of missing the provision by the Schools programme.

### Management information counts

There are no management information counts for this service.

## Measles, mumps, rubella, (MMR)

### READ and CTV3 codes

Table 13: MMR Read codes – first dose

	Read v2	CTV3
Measles/mumps/rubella vaccination	65M1.	65M1.
Measles/mumps/rubella catch-up vaccination	-	XaQPr
MMR catch-up vaccination - enhanced services administration	9ki1.	-
[V]Measles-mumps-rubella (MMR) vaccination	ZV064	ZV064
Measles mumps rubella vaccine	n4k..	n4k..
MMR vaccine injection 0.5 ml	n4k1.	n4k1.
Pluserix MMR vaccine injection 0.5 ml	n4k2.	n4k2.
Pluserix MMR injection	-	x01LL
MMR II vaccine injection 0.5 ml	n4k3.	n4k3.
MMR II	-	x043V
MMR II vaccine injection (pdr for recon)+diluent	-	x00S1
Immavax injection 0.5 ml	n4k4.	n4k4.
Immavax injection	-	x01LK
Priorix vaccine injection powder+diluent 0.5 ml	n4k5.	n4k5.
Priorix vaccine injection (pdr for recon)+diluent	-	x04sw
M-M-RVAXPRO powder+solvent for susp for injection 0.5 ml	n4k6.	n4k6.
Measles/mumps/rubella vaccine inj pdr+diluent	-	x00S0

**Table 14: MMR Read v2 codes – second dose**

	Read v2	CTV3
Measles/mumps/rubella vaccination	65M1.	65M1.
Measles mumps and rubella booster vaccination	65MA.	65MA.
MMR pre-school booster vaccination	65MB.	65MB.
MMR vaccination - second dose	65MC.	65MC.
Measles/mumps/rubella catch-up vaccination	-	XaQPr
MMR catch-up vaccination - enhanced services administration	9ki1.	-
[V]Measles-mumps-rubella (MMR) vaccination	ZV064	ZV064
Measles/mumps/rubella vaccine inj pdr+diluent	-	x00S0
MMR II vaccine injection (pdr for recon)+diluent	-	x00S1
MMR II vaccine injection 0.5 ml	n4k3.	n4k3.
MMR II	-	x043V
Measles mumps rubella vaccine	n4k..	n4k..
MMR vaccine injection 0.5 ml	n4k1.	n4k1.
Pluserix MMR vaccine injection 0.5 ml	n4k2.	n4k2.
Pluserix MMR injection	-	x01LL
*Immavax injection 0.5 ml	n4k4.	n4k4.
Immavax injection	-	x01LK
Priorix vaccine injection powder+diluent 0.5 ml	n4k5.	-
Priorix vaccine injection (pdr for recon)+diluent	-	x04sw
M-M-RVAXPRO powder+solvent for susp for injection 0.5 ml	n4k6.	-

**Table 15: MMR Read codes – second dose ONLY given**

	<b>Read v2</b>	<b>CTV3</b>
Measles mumps and rubella booster vaccination	65MA.	65MA.
MMR pre-school booster vaccination	65MB.	65MB.
MMR vaccination - second dose	65MC.	65MC.

### **Payment and management information**

#### **Payment count**

- MMR001: Monthly count of the number of MMR vaccination doses administered by the GP practice to registered patients aged 16 years and over in the reporting period who have not previously been fully vaccinated against MMR.

#### **Management information counts**

There are no management information counts for this service.

## Meningococcal booster vaccination programme (MenC booster on CQRS)

### READ and CTV3 codes

The SFE refers to MenC throughout. However, in response to an increase in the incidence of MenW cases and based on advice from JCVI the programme changed to a quadrivalent Men ACWY vaccine from the monovalent MenC vaccine.

From 1 September 2015, the MenACWY vaccine will be rolled out to the booster programme. Given that the new ACWY vaccine covers MenC the exclusion for patients who have been vaccinated with a MenC specific vaccine since the age of ten has been removed as that vaccine did not cover them against the new strain circulating<sup>15</sup>.

The codes below as based on currently available codes and the vaccines as detailed in the Green Book. Should additional codes be made available through the April release, this document will be updated accordingly.

**Table 16: Meningococcal Read codes – procedure codes**

	Read v2	Read CTV3
Meningitis ACW & Y vaccination	657J.	XalQX
First meningitis ACW & Y vaccination	657J0	XacK1
Second meningitis ACW & Y vaccination	657J1	XacK2
Third meningitis ACW & Y vaccination	657J2	XacK3
Fourth meningitis ACW & Y vaccination	657J3	XacK4
Meningococcal polysaccharide vaccine injection (pdr for recon)+diluent	-	x0553
Meningococcal ACW & Y vaccination given by other healthcare provider	657J4	XacK5
Meningococcal ACW & Y vaccination contra-indicated	8I23Q	XacK6
Meningococcal ACW & Y vaccination declined	657J5	XacK7

<sup>15</sup> The requirements for the booster programme are outlined in the SFE. If the SFE is updated before the end of the financial year, the exclusion will be removed. In the meantime, NHS England accepts that the guidance is out-of-sync with the SFE on this point and will ensure that any changes are reflected at the earliest opportunity. This means that practices will be paid for vaccinating those patients with the MenACWY vaccine even if the patient has been vaccinated with a MenC vaccine since the age of ten.



**Table 17: Meningococcal Read codes – vaccine codes**

	Read v2	Read CTV3
NIMENRIX powder and solvent for solution for injection	n4IA.	n4IA.
MENVEO GROUP A+C+W135+Y conjugate vaccine injection	n4I9.	n4I9.

### **Payment and management information**

#### **Payment count**

- MENCB001: Monthly count of the number of patients aged between 14<sup>16</sup> years and under 26 years on 31 March 2016 who have received a MenC booster vaccination by the GP practice in the reporting period; as a result of missing the provision by the Schools programme.

#### **Management information counts**

There are no management information counts for this service.

---

<sup>16</sup> Patients must be aged years on 1 April 2015 in order to be eligible for this programme.

## Meningococcal freshers vaccination programme

The freshers and meningococcal ACWY vaccination programmes are set up as one service on CQRS. As such, the Read codes, payment and MI counts are the same for both programmes. CQRS will automatically calculate the two different payment fees for these programmes.

In response to an increase in the incidence of MenW cases and based on advice from JCVI the programme changed to a quadrivalent Men ACWY vaccine from the monovalent MenC vaccine. From 1 August 2015, the MenACWY vaccine will be rolled out to the freshers programme. Given that the new ACWY vaccine covers MenC the exclusion for patients who have been vaccinated with a MenC specific vaccine since the age of ten has been removed as that vaccine did not cover them against the new strain circulating.

### READ and CTV3 codes

**Table 18: Meningococcal Read codes – procedure codes**

	Read v2	Read CTV3
Meningitis ACW & Y vaccination	657J.	XalQX
First meningitis ACW & Y vaccination	657J0	XacK1
Second meningitis ACW & Y vaccination	657J1	XacK2
Third meningitis ACW & Y vaccination	657J2	XacK3
Fourth meningitis ACW & Y vaccination	657J3	XacK4
Meningococcal polysaccharide vaccine injection (pdr for recon)+diluent	-	x0553
Meningococcal ACW & Y vaccination given by other healthcare provider	657J4	XacK5
Meningococcal ACW & Y vaccination contra-indicated	8l23Q	XacK6
Meningococcal ACW & Y vaccination declined	657J5	XacK7

**Table 19: Meningococcal Read codes – vaccine codes**

	Read v2	Read CTV3
NIMENRIX powder and solvent for solution for injection	n4lA.	n4lA.
MENVEO GROUP A+C+W135+Y conjugate vaccine injection	n4l9.	n4l9.

## Payment and management information

### Payment count

- MEN001: Monthly count of the number of patients aged 18 years on the 31 August 2015 who have received a MenACWY vaccination by the GP practice within the reporting period.
- MEN002: Monthly count of the number of patients aged 18 years on the 31 August 2015 who have received a MenACWY vaccination by the GP practice within the reporting period. (Additional payment of £2.12 (additional payment to recognise speed and additional work required)
- MEN003: Monthly count of the number of patients aged between 19 years (on the 31 August 2015) and 25 years (at any point in the financial year) who have received a MenACWY vaccination by the GP practice within the reporting period.

### Management information counts

Where the information for these counts is not available, practices should enter zero:

- MENMI001. Monthly count of the number of patients aged 18 years on the 31 August 2015 who have declined a MenACWY vaccination within the reporting period.
- MENMI002. Monthly count of the number of patients aged between 19 years (on the 31 August 2015) and 25 years (at any point in the financial year) who have declined a MenACWY vaccination within the reporting period.
- MENMI003. Monthly count of the number of patients aged 18 years on the 31 August 2015 who have received a MenACWY vaccination by another health care provider up to the end of the reporting period.
- MENMI004. Monthly count of the number of patients aged between 19 years (on the 31 August 2015) and 25 years (at any point in the financial year) who have received a MenACWY vaccination by another health care provider up to the end of the reporting period.

## Pertussis (pregnant women) vaccination

### READ and CTV3 codes

Table 20: Pertussis Read codes

	Read v2	Read CTV3
Pertussis vaccination in pregnancy <sup>17</sup>	6556.	XacJ3
Pertussis vaccination in pregnancy declined	8IEc.	Xaa6Y
Pertussis vaccination in pregnancy given by another health care provider	65560	XacJ4

### Payment and management information

#### Payment count

- PT001: Monthly count of the number of pregnant women who have received a pertussis vaccination by the GP practice within the reporting period.

#### Management information counts

Where the information for these counts is not available, practices should enter zero:

- PTMI001: Monthly count of the number of pregnant women who have declined the pertussis vaccination within the reporting period.
- PTMI002: Monthly count of the number of pregnant women who have received a pertussis vaccination by another health care provider within the reporting period.

---

<sup>17</sup> Description for Read code may differ when confirmed.

# Rotavirus (childhood routine immunisation) vaccination programme

## READ and CTV3 codes

Table 21: Rotavirus Read codes

	Read v2	Read CTV3
First rotavirus vaccination	65d0.	Xaa9n
Second rotavirus vaccination	65d1.	Xaa9o
No consent for rotavirus vaccination	68Nw.	Xaa9s
Rotavirus vaccination contra-indicated	8I2s.	Xaa9q
Rotavirus vaccination declined	8IEm.	Xaa9r
Did not attend first rotavirus vaccination	9Nih.	XaaBn
Did not attend second rotavirus vaccination	9Nii.	XaaBo
First rotavirus vaccination declined	8IEm0	XaaWN
Second rotavirus vaccination declined	8IEm1	XaaWO
Adverse reaction to rotavirus vaccine	-	XaaIt
[X]Rotavirus vaccine causing adverse effects in therap use	U60K5	-
H/O: rotavirus vaccine allergy	14L50	XaadN

## Payment and management information

### Payment count

- ROTA001: Monthly count of the contractor's registered patients who have a completed rotavirus immunisation (2 doses) given before 24 weeks of age in the reporting period.

### Management information counts

Where the information for these counts is not available, practices should enter zero:

- ROTAMI001: Monthly count of the contractor's registered patients who attain the age of 24 weeks within the period and whose clinical notes suggest the patient has received the first dose of rotavirus vaccination (from 6 weeks after their birth but no later than 15 weeks after birth) but have not received a second completing dose of rotavirus immunisation.

- ROTAMI002: Monthly count of contractor's registered patients who attain the age of 24 weeks within the period and whose clinical notes suggest the patient has received the first dose of rotavirus vaccination (from 6 weeks after their birth but no later than 15 weeks after birth) and have received a second dose but this second dose has been given within 4 weeks of the first dose.
- ROTAMI003: Monthly count of the contractor's registered patients who attain the age of 24 weeks old within the period and whose clinical notes suggest the patient has received the second dose of rotavirus vaccination but has not received the first dose.
- ROTAMI005: Monthly count of the contractor's registered patients who attain the age of 24 weeks within the period whose clinical notes indicate the reason for not receiving a completed rotavirus immunisation (2 doses) within the reporting period.
- ROTAMI006: Monthly count of the contractor's registered patients who attain the age of 24 weeks within the period with no rotavirus immunisation (there is neither a first nor second dose of the vaccination) and with no recorded reason for not receiving rotavirus immunisation within the reporting period.

# Section 5. Vaccination programmes (commencing after August 2015)

## Meningococcal ACWY (MenACWY) 18 years on 31 August vaccination programme

The freshers and meningococcal ACWY vaccination programmes are set up as one service on CQRS. As such, the Read codes, payment and MI counts are the same for both programmes. CQRS will automatically calculate the two different payment fees for these programmes.

### READ and CTV3 codes

**Table 22: Meningococcal Read codes – procedure codes**

	Read v2	Read CTV3
Meningitis ACW & Y vaccination	657J.	XalQX
First meningitis ACW & Y vaccination	657J0	XacK1
Second meningitis ACW & Y vaccination	657J1	XacK2
Third meningitis ACW & Y vaccination	657J2	XacK3
Fourth meningitis ACW & Y vaccination	657J3	XacK4
Meningococcal polysaccharide vaccine injection (pdr for recon)+diluent	-	x0553
Meningococcal ACW & Y vaccination given by other healthcare provider	657J4	XacK5
Meningococcal ACW & Y vaccination contra-indicated	8l23Q	XacK6
Meningococcal ACW & Y vaccination declined	657J5	XacK7

**Table 23: Meningococcal Read codes – vaccine codes**

	Read v2	Read CTV3
NIMENRIX powder and solvent for solution for injection	n4lA.	n4lA.
MENVEO GROUP A+C+W135+Y conjugate vaccine injection	n4l9.	n4l9.

## Payment and management information

### Payment count

- MEN001. Monthly count of the number of patients aged 18 years on the 31 August 2015 who have received a MenACWY vaccination by the GP practice within the reporting period.
- MEN002. Monthly count of the number of patients aged 18 years on the 31 August 2015 who have received a MenACWY vaccination by the GP practice within the reporting period. (Additional payment of £2.12 (additional payment to recognise speed and additional work required)
- MEN003. Monthly count of the number of patients aged between 19 years (on the 31 August 2015) and 25 years (at any point in the financial year) who have received a MenACWY vaccination by the GP practice within the reporting period.

### Management information counts

Where the information for these counts is not available, practices should enter zero:

- MENMI001. Monthly count of the number of patients aged 18 years on the 31 August 2015 who have declined a MenACWY vaccination within the reporting period.
- MENMI002. Monthly count of the number of patients aged between 19 years (on the 31 August 2015) and 25 years (at any point in the financial year) who have declined a MenACWY vaccination within the reporting period.
- MENMI003. Monthly count of the number of patients aged 18 years on the 31 August 2015 who have received a MenACWY vaccination by another health care provider up to the end of the reporting period.
- MENMI004. Monthly count of the number of patients aged between 19 years (on the 31 August 2015) and 25 years (at any point in the financial year) who have received a MenACWY vaccination by another health care provider up to the end of the reporting period.



# Meningococcal B (MenB) infants vaccination programme

## READ and CTV3 codes

**Table 24: Meningococcal B vaccination Read codes**

	Read v2	Read CTV3
BEXSERO vaccine susp for injection prefilled syringe 0.5 mL*	n4IB.	n4IB.
First meningococcal B vaccine	65710	XacJs
Second meningococcal B vaccine	65711	XacJt
Third meningococcal B vaccine	65712	XacJu
Fourth meningococcal B vaccine	65713	XacJv
First meningitis B vaccination given by other healthcare provider	65715	XacKp
Second meningitis B vaccination given by other healthcare provider	65716	XacKq
Third meningitis B vaccination given by other healthcare provider	65717	XacKr
Fourth meningitis B vaccination given by other healthcare provider	65718	XacKs
Meningococcal B vaccine contra-indicated	8I23P	XacJx
Meningococcal B vaccine declined	8IHC.	XacJy

## Payment and management information

### Payment count

- Monthly count of the number of patients aged 2 months who have received a first dose of MenB vaccination by the GP practice within the reporting period. (i.e. payment count MENBI001)
- Monthly count of the number of patients aged 2 months who have received a first dose of MenB vaccination by the GP practice within the reporting period. (Additional payment of £2.12 to recognise speed and additional work required) (i.e. payment count MENBI002)
- Monthly count of the number of patients aged 4 months who have received a second dose of MenB vaccination by the GP practice within the reporting period. (i.e. payment count MENBI003)
- Monthly count of the number of patients aged 4 months who have received a second dose of MenB vaccination by the GP practice within the reporting period. (Additional payment of £2.12 to recognise speed and additional work required) (i.e. payment count MENBI004)

- Monthly count of the number of patients aged 3 or 4 months who have received a first dose of MenB vaccination by the GP practice (as part of the catch up programme) within the reporting period. (i.e. payment count MENBI005)
- Monthly count of the number of patients aged 3 or 4 months who have received a first dose of MenB vaccination by the GP practice (as part of the catch up programme) within the reporting period. (Additional payment of £2.12 to recognise speed and additional work required) (i.e. payment count MENBI006)
- Monthly count of the number of patients who have received a second dose of MenB vaccination by the GP practice (as part of the catch up programme) within the reporting period. (i.e. payment count MENBI007)
- Monthly count of the number of patients who have received a second dose of MenB vaccination by the GP practice (as part of the catch up programme) within the reporting period. (Additional payment of £2.12 to recognise speed and additional work required) (i.e. payment count MENBI008)

There are no payment counts included for 2015/16 as the eligible children will not reach 12 months by the end of the programme.

#### **Management information counts**

There are no management information counts for this service.

## Childhood seasonal influenza vaccination programme

**Table 25: Childhood influenza first dose vaccination Read codes**

	Read v2	Read CTV3
Administration of first intranasal seasonal influenza vacc	65ED1	Xaac3
FLUENZ TETRA nasal spray suspension 0.2mL	n47l.	n47l.
INFLUENZA VACCINE (LIVE ATTENUATED) nasal suspension 0.2 mL	n47E.	n47E.

**Table 26: Childhood influenza second dose vaccination Read codes**

	Read v2	Read CTV3
Administration of second intranasal seasonal influenza vacc	65ED3	Xaac4
FLUENZ TETRA nasal spray suspension 0.2mL	n47l.	n47l.
INFLUENZA VACCINE (LIVE ATTENUATED) nasal suspension 0.2 mL	n47E.	n47E.

**Table 27: Seasonal influenza – inactivated vaccine Read codes**

	Read v2	Read CTV3
Seasonal influenza vaccination	65ED.	XaZ0d
INFLUVAC SUB-UNIT prefilled syringe 0.5mL	n473.	n473.
FLUARIX VACCINE prefilled syringe	n47d.	n47d.
AGRIPPAL VACCINE prefilled syringe 0.5mL	n47f.	n47f.
ENZIRA prefilled syringe 0.5mL	n47m.	n47m.
IMUVAC prefilled syringe 0.5mL	n47o.	n47o.
INACT INFLUENZA VACC (SPLIT VIRION) prefilled syringe 0.25mL	n47y.	n47y.
OPTAFLU suspension for injection prefilled syringe 0.5mL	n47F.	n47F.
INTANZA 9micrograms/strain susp for inj pfs 0.1mL	n47u.	n47u.
INTANZA 15micrograms/strain susp for inj pfs 0.1mL	n47p.	n47p.
FLUARIX TETRA suspension for injection prefill syringe 0.5mL	n47H.	n47H.

**Table 28: Seasonal influenza – given by another healthcare provider Read codes**

	Read v2	Read CTV3
First intranasal seasonal influenza vaccination given by other healthcare provider	65E21	Xaac7
Second intranasal seasonal influenza vaccination given by other healthcare provider	65E22	Xaac8
Seasonal influenza vaccine given by other healthcare provider	65E20	XaZ0e
Seasonal influenza vaccination given while hospital inpatient	65ED2	XaaZp
Seasonal influenza vaccination given by pharmacist	65ED0	XaZfY
1st intramuscular seasonal influenza vacc given by other HCP	65E24	Xac5J
2nd intramuscular seasonal influenza vacc given by other HCP	65E23	XabvT

## Payment and management information

### Payment count

- CSI001: Monthly count of the number of patients aged two, three and four years (but not aged less than two years or aged five years or over) on 31 August 2015 who have received a first dose of seasonal influenza vaccination given by the GP practice within the reporting period.
- CSI002: Monthly count of the number of patients aged two, three and four years (but not aged less than two years or aged five years or over) on 31 August 2015 who have received a second dose of seasonal influenza vaccination given by the GP practice within the reporting period.

### Management information counts

Where the information for these counts is not available, practices should enter zero:

- CSIMI001: The number of patients aged two, three and four years (but not aged less than two years or aged five years or over) on 31 August 2015 who received a Fluenz Tetra vaccination, given by the GP practice, within the reporting period.
- CSIMI002: The number of patients aged two, three and four years (but not aged less than two years or aged five years or over) on 31 August 2015 who received a second dose of Fluenz Tetra vaccination, given by the GP practice, within the reporting period.
- CSIMI003: The number of patients aged two, three and four years (but not aged less than two years or aged five years or over) on 31 August 2015 who received an inactivated seasonal influenza vaccine, given by the GP practice, within the reporting period.
- CSIMI004: The number of patients aged two, three and four years (but not aged less than two years or aged five years or over) on 31 August 2015 who received a second dose of inactivated seasonal influenza vaccine, given by the GP practice, within the reporting period.

- CSIMI005: The number of patients aged two, three and four years (but not aged less than two years or aged five years or over) on 31 August 2015 who have not received a seasonal influenza vaccination.
- CSIMI006: The number of patients aged two, three and four years (but not aged less than two years or aged five years or over) on 31 August 2015 who have received a seasonal influenza vaccination given by another healthcare provider within the reporting period.

# Seasonal influenza and pneumococcal polysaccharide vaccination programme

## Seasonal influenza

### READ and CTV3 codes (seasonal influenza)

**Table 29: Seasonal influenza first dose vaccination Read codes**

	Read v2	Read CTV3
Administration of first intranasal seasonal influenza vacc	65ED1	Xaac3
FLUENZ TETRA nasal spray suspension 0.2mL	n47l.	n47l.
INFLUENZA VACCINE (LIVE ATTENUATED) nasal suspension 0.2 mL	n47E.	n47E.

**Table 30: Seasonal influenza second dose vaccination Read codes**

	Read v2	Read CTV3
Administration of second intranasal seasonal influenza vacc	65ED3	Xaac4
FLUENZ TETRA nasal spray suspension 0.2mL	n47l.	n47l.
INFLUENZA VACCINE (LIVE ATTENUATED) nasal suspension 0.2 mL	n47E.	n47E.

**Table 31: Seasonal influenza – inactivated vaccine Read codes**

	Read v2	Read CTV3
Seasonal influenza vaccination	65ED.	XaZ0d
INFLUVAC SUB-UNIT prefilled syringe 0.5mL	n473.	n473.
FLUARIX VACCINE prefilled syringe	n47d.	n47d.
AGRIPPAL VACCINE prefilled syringe 0.5mL	n47f.	n47f.
ENZIRA prefilled syringe 0.5mL	n47m.	n47m.
IMUVAC prefilled syringe 0.5mL	n47o.	n47o.
INACT INFLUENZA VACC (SPLIT VIRION) prefilled syringe 0.25mL	n47y.	n47y.
OPTAFLU suspension for injection prefilled syringe 0.5mL	n47F.	n47F.
INTANZA 9micrograms/strain susp for inj pfs 0.1mL	n47u.	n47u.
INTANZA 15micrograms/strain susp for inj pfs 0.1mL	n47p.	n47p.

FLUARIX TETRA suspension for injection prefill syringe 0.5mL	n47H.	n47H.
INFLUVAC DESU suspension for injection prefill syringe 0.5mL	n47G.	n47G.

**Table 32: Seasonal influenza – given by another healthcare provider Read codes**

	Read v2	Read CTV3
First intranasal seasonal influenza vaccination given by other healthcare provider	65E21	Xaac7
Second intranasal seasonal influenza vaccination given by other healthcare provider	65E22	Xaac8
Seasonal influenza vaccine given by other healthcare provider	65E20	XaZ0e
Seasonal influenza vaccination given while hospital inpatient	65ED2	XaaZp
Seasonal influenza vaccination given by pharmacist	65ED0	XaZfY
1st intramuscular seasonal influenza vacc given by other HCP	65E24	Xac5J
2nd intramuscular seasonal influenza vacc given by other HCP	65E23	XabvT

### Read Codes used for payment (seasonal influenza)

The Read codes used for the calculation of payments is available to download here:

<http://www.nhsemployers.org/~media/Employers/Documents/Primary%20care%20contracts/V%20and%20I/V%20and%20I%20Home%20Page/15-16-Seasonal-flu-at-risk-read-codes.xlsx>

The purpose of codes is to support the payment counts and should not be used to either establish a register of those who may require vaccination or for clinical audit purposes.

Some of the codes provided will only be picked if the other criteria requirements for the ES are met so the service specification and guidance should be reviewed in conjunction with this document.

### Payment and management information (seasonal influenza)

#### Payment count

- SFLU001: Monthly count of patients aged 65 years and over on 31 March 2016, who have received a seasonal influenza vaccination by the GP practice, within the reporting period.
- SFLU002: Monthly count of the number of eligible patients, identified as at risk, where the risk is clearly demonstrated by at least one clinical Read code in the patients record, who have received a first dose of seasonal influenza vaccination given by the GP practice in the reporting period. (Eligible patients are aged 6 months to 64 years on 31 March 2016, excluding patients aged 2, 3 and 4 years as at 31 August 2015)

- SFLU004: Monthly count of the number of eligible patients, identified as at risk, where the risk is clearly demonstrated by at least one clinical Read code in the patients record, who have received a second dose of seasonal influenza vaccination given by the GP practice in the reporting period. (Eligible patients are aged 6 months to 9 years on 31 March 2016, excluding patients aged 2, 3 and 4 years as at 31 August 2015)
- SFLU003: Monthly count of the number of eligible patients, identified as at risk, where the risk is not clearly demonstrated by at least one clinical Read code in the patients record but is identified by the Read code 9OX4., who have received a first dose of seasonal influenza vaccination given by the GP practice in the reporting period. (Eligible patients are aged 6 months to 64 years on 31 March 2016, excluding patients aged 2, 3 and 4 years as at 31 August 2015)
- SFLU005: Monthly count of the number of eligible patients, identified as at risk, where the risk is not clearly demonstrated by at least one clinical Read code in the patients record but is identified by the Read code 9OX4., who have received a second dose of seasonal influenza vaccination given by the GP practice in the reporting period. (Eligible patients are aged 6 months to 9 years on 31 March 2016, excluding patients aged 2, 3 and 4 years as at 31 August 2015)

### Management information counts

Where the information for these counts is not available, practices should enter zero:

- SFLUMI001: Monthly count of eligible patients identified as at risk, who have received a second dose of seasonal influenza vaccination by the GP practice within the reporting period. (eligible patients are aged 6 months to 9 years on 31 March 2016, excluding patients aged 2, 3 and 4 years as at 31 August 2015)
- SFLUMI002: Monthly count of patients aged 65 years and over on 31 March 2016, for whom the seasonal influenza vaccination was contraindicated up to the end of the reporting period.
- SFLUMI003: Monthly count of eligible patients identified as at risk, for whom the seasonal influenza vaccination was contraindicated up to the end of the reporting period. (Eligible patients are aged 6 months to 64 years on 31 March 2016, excluding patients aged 2, 3 and 4 years as at 31 August 2015)
- SFLUMI004: Monthly count of patients aged 65 years and over on 31 March 2016 who declined a seasonal influenza vaccination within the reporting period.
- SFLUMI005: Monthly count of patients identified as at risk, who declined a seasonal influenza vaccination within the reporting period. (Eligible patients are aged 6 months to 64 years on 31 March 2016, excluding patients aged 2, 3 and 4 years as at 31 August 2015)
- SFLUMI006: Monthly count of patients aged 65 years and over on 31 March 2016 who have not consented to a seasonal influenza vaccination within the reporting period.
- SFLUMI007: Monthly count of eligible patients identified as at risk, who have not consented to a seasonal influenza vaccination within the reporting period. (Eligible patients are aged 6 months to 64 years on 31 March 2016, excluding patients aged 2, 3 and 4 years as at 31 August 2015)



- SFLUMI008: Monthly count of patients aged 65 years and over on 31 March 2016, who have received a seasonal influenza vaccination from another healthcare provider within the reporting period.
- SFLUMI009: The number of eligible patients identified as at risk, who have received a seasonal influenza vaccination from another healthcare provider within the reporting period. (Eligible patients are aged 6 months to 64 years on 31 March 2016, excluding patients aged 2, 3 and 4 years as at 31 August 2015)
- SFLUMI010: Monthly count of patients aged 65 years and over on 31 March 2016 who did not receive a seasonal influenza vaccination and have no recorded reason for not receiving it, up to the end of the reporting period.
- SFLUMI011: Monthly count of eligible patients identified as at risk, who did not receive a seasonal influenza vaccination and have no recorded reason for not receiving it, up to the end of the reporting period. (Eligible patients are aged 6 months to 64 years on 31 March 2016, excluding patients aged 2, 3 and 4 years as at 31 August 2015)
- SFLUMI012: The number of patients defined as morbidly obese (BMI of  $\geq 40$ ) up to the end of the reporting period. (Eligible patients are aged 18 years or over on 31 March 2016)
- SFLUMI013: The number of patients defined as morbidly obese (BMI of  $\geq 40$ ) who are also identified as at risk under the enhanced service who have received a seasonal influenza vaccination up to the end of the reporting period. (Eligible patients are aged 18 years or over on 31 March 2016)
- SFLUMI014: The number of patients defined as morbidly obese (BMI of  $\geq 40$ ) who are not identified as at risk under the enhanced service who have received a seasonal influenza vaccination up to the end of the reporting period. (Eligible patients are aged 18 years to 64 years on 31 March 2016)

## Pneumococcal polysaccharide

### READ and CTV3 codes (pneumococcal polysaccharide)

**Table 33: Pneumococcal polysaccharide vaccination Read codes**

	Read v2	Read CTV3
Pneumococcal vaccination given	65720	XaCKa
Pneumococcal vaccination	6572.	6572.
Pneumococcal polysaccharide vaccine	-	x05Fj
Pneumococcal vaccination contra-indicated	8I2E.	XaIOS
Pneumococcal vaccination declined	8I3Q.	Xalyy
No consent pneumococcal immunisation	68NX.	68NX.
Pneumococcal vaccination given by other healthcare provider	657P.	XaPyX

**Table 34: Pneumococcal polysaccharide vaccine Read codes**

	Read v2	Read CTV3
PNEUMOVAX <sup>18</sup> injection	-	x01LN
*PNEUMOVAX injection 0.5 ml	n4b1.	n4b1.
PNEUMOVAX II vaccine injection	-	x00RZ
PNEUMOVAX II injection 0.5 ml	n4b2.	n4b2.
PNEUMOVAX II prefilled syringe	-	x05C9
PNEUMOVAX II prefilled syringe 0.5 ml	n4b4.	n4b4.
PNU-IMUNE VACCINE injection	-	x03kp
PNU-IMUNE VACCINE injection 0.5 ml	n4b3.	n4b3.
Pneumococcal polysaccharide conjugated vaccine	-	x05Fk
Prevenar vaccine injection	-	x05FI
PREVENAR vaccine injection 0.5 ml	n4b5.	n4b5.
Prevenar vaccine prefilled syringe	-	x060F
PREVENAR vaccine prefilled syringe 0.5 ml	n4b6.	n4b6.
PREVENAR 13 vaccine prefilled syringe 0.5 ml	n4b7.	n4b7.
SYNFLORIX vaccine prefilled syringe 0.5 ml	n4b8.	n4b8.

---

<sup>18</sup> In June 2015, 'Pneumovax® II' changed its name to 'Pneumococcal Polysaccharide Vaccine Sanofi Pasteur MSD'. The components or composition of the vaccine did not change. At the time this document was published and the supporting Business Rules were developed, no new Read code was available.

## Read Codes used for payment (pneumococcal polysaccharide)

The Read codes used for the calculation of payments is available to download here:

<http://www.nhsemployers.org/~media/Employers/Documents/Primary%20care%20contracts/V%20and%20I/Seasonal%20and%20Pandemic%20Influenza/201516%20Pneumococcal%20at%20risk%20read%20codes.xlsx>

The purpose of codes is to support the payment counts and should not be used to either establish a register of those who may require vaccination or for clinical audit purposes.

Some of the codes provided will only be picked if the other criteria requirements for the ES are met so the service specification and guidance should be reviewed in conjunction with this document.

## Payment and management information (pneumococcal polysaccharide)

### Payment counts

- PNEU01: Monthly count of patients aged 65 years or over as at 31 March 2016, who have received a pneumococcal vaccination by the GP practice, within the reporting period.
- PNEU02: Monthly count of patients aged 2 years to 64 years on 31 March 2016 and identified as at-risk, with at least one clinical Read code in the patient's record, who have received a pneumococcal vaccination by the GP practice within the reporting period.
- PNEU03: Monthly count of patients aged 2 years to 64 years on 31 March 2016 and identified as at risk by the Read code 65WB. or XaM2n "requires a pneumococcal vaccination" who have received a pneumococcal vaccination by the GP practice in the reporting period (excluding patients identified in count PNEU002).

### Management information counts

Where the information for these counts is not available, practices should enter zero:

- PNEUMI001: The number of patients aged 65 years or over on 31 March 2016 for whom the pneumococcal vaccination was contra-indicated up to the end of the reporting period.
- PNEUMI002: The number of patients aged 2 years to 64 years on 31 March 2016, identified as at risk for whom the pneumococcal vaccination was contra-indicated up to the end of the reporting period.
- PNEUMI003: The number of patients aged 65 years or over on 31 March 2016 who declined a pneumococcal vaccination within the reporting period.
- PNEUMI004: The number of patients aged 2 years to 64 years on 31 March 2016, identified as at risk who declined a pneumococcal vaccination within the reporting period.
- PNEUMI005: The number of patients aged 65 years or over on 31 March 2016 who have not consented to a pneumococcal vaccination within the reporting period.
- PNEUMI006: The number of patients aged 2 years to 64 years on 31 March 2016 identified as at risk who have not consented to a pneumococcal vaccination within the reporting period.

- PNEUMI007: The number of patients aged 65 years or over on 31 March 2016 who have received a pneumococcal vaccination from another healthcare provider within the reporting period.
- PNEUMI008: The number of patients aged 2 years to 64 years on 31 March 2016 identified as at risk who have received a pneumococcal vaccination from another healthcare provider within the reporting period.
- PNEUMI009: The number of patients aged 65 years and over on 31 March 2016 who did not receive a pneumococcal vaccination and have no recorded reason for not receiving a pneumococcal vaccination, up to the end of the reporting period.
- PNEUMI010: The number of patients aged 2 years to 64 years on 31 March 2016 identified as at risk who did not receive a pneumococcal vaccination and have no recorded reason for not receiving a pneumococcal vaccination, up to the end of the reporting period.

## Shingles (routine aged 70) vaccination programme

This services runs from 1 September 2014 to 31 August 2015 and from 1 September 2015 to 31 August 2016. The Read codes are the same across both years. The payment and management information counts are different.

### READ and CTV3 codes

Table 35: Shingles Read codes<sup>19</sup>

	Read v2	Read CTV3
Herpes zoster vaccination	65FY.	XaZsM
Herpes zoster vaccination contra-indicated	812r.	Xaa9i
Herpes zoster vaccination declined	8IEI.	Xaa9j
No consent for herpes zoster vaccination	68Nv.	Xaa9l
Did not attend herpes zoster vaccination	9Nig.	XaaAb
Herpes zoster vaccination given by other healthcare provider	65FYO	Xaa9g

### Payment and management information (1 September 2014 to 31 August 2015)

#### Payment count

- SHROU01: Monthly count of the number of registered patients aged 70 on 1 September 2014 who have a record of receiving a shingles vaccination at the GP practice in the reporting period.

#### Management information counts

Where the information for these indicators is not available, practices should enter zero:

- SHROUMI01: The number of registered patients aged 70 on 1 September 2014 for whom the shingles vaccination was contra-indicated up to the end of the reporting period.
- SHROUMI02: The number of registered patients aged 70 on 1 September 2014 who have declined a shingles vaccination within the reporting period.
- SHROUMI03: Monthly count of registered patients aged 70 on 1 September 2014 who have not consented to a shingles vaccination within the reporting period.
- SHROUMI04: Monthly count of registered patients aged 70 on 1 September 2014 who have received a shingles vaccination from another healthcare provider within the reporting period.
- SHROUMI05: Monthly count of registered patients aged 70 on 1 September 2014 who did not attend their shingles vaccination within the reporting period.

---

<sup>19</sup> These Read codes apply to both the routine and catch-up vaccination programmes.

- SHROUMI06: Monthly count of registered patients aged 70 on 1 September 2014 who did not receive a shingles vaccination and have no recorded reason for not receiving a shingles vaccination, up to the end of the reporting period.

## **Payment and management information (1 September 2015 to 31 August 2016)**

### **Payment count**

- SHROU01: Monthly count of the number of registered patients aged 70 years at any point between 1 September 2013 and 1 September 2015 (inclusive), who have a record of receiving a shingles vaccination at the GP practice in the reporting period.

### **Management information counts**

Where the information for these indicators is not available, practices should enter zero:

- SHROUMI01: Monthly count of the number of registered patients aged 70 years at any point between 1 September 2013 and 1 September 2015 (inclusive), for whom the shingles vaccination was contra-indicated up to the end of the reporting period.
- SHROUMI02: Monthly count of the number of registered patients aged 70 years at any point between 1 September 2013 and 1 September 2015 (inclusive), 2014 who have declined a shingles vaccination within the reporting period.
- SHROUMI03: Monthly count of the number of registered patients aged 70 years at any point between 1 September 2013 and 1 September 2015 (inclusive), who have not consented to a shingles vaccination within the reporting period.
- SHROUMI04: Monthly count of the number of registered patients aged 70 years at any point between 1 September 2013 and 1 September 2015 (inclusive), who have received a shingles vaccination from another healthcare provider within the reporting period.
- SHROUMI05: Monthly count of the number of registered patients aged 70 years at any point between 1 September 2013 and 1 September 2015 (inclusive), 2014 who did not attend their shingles vaccination within the reporting period.
- SHROUMI06: Monthly count of the number of registered patients aged 70 years at any point between 1 September 2013 and 1 September 2015 (inclusive), who did not receive a shingles vaccination and have no recorded reason for not receiving a shingles vaccination, up to the end of the reporting period.

## Shingles (catch-up) vaccination programme

This services runs from 1 September 2014 to 31 August 2015 and from 1 September 2015 to 31 August 2016. The Read codes are the same across both years. The payment and management information counts are different.

### READ and CTV3 codes

See shingles routine vaccination programme section for list of available Read codes.

### Payment and management information (1 September 2014 – 31 August 2015)

#### Payment count

- SHCUP01: Monthly count of registered patients aged 78 or 79 on 1 September 2014 who have a record of receiving a shingles vaccination at the GP practice in the reporting period.

#### Management information counts

Where the information for these indicators is not available, practices should enter zero:

- SHCUPMI01: The number of registered patients aged 78 or 79 on 1 September 2014 for whom the shingles vaccination was contra-indicated up to the end of the reporting period.
- SHCUPMI02: The number of registered patients aged 78 or 79 on 1 September 2014 who have declined a shingles vaccination within the reporting period.
- SHCUPMI03: Monthly count of registered patients aged 78 or 79 on 1 September 2014 who have not consented to a shingles vaccination within the reporting period.
- SHCUPMI04: Monthly count of registered patients aged 78 or 79 on 1 September 2014 who have received a shingles vaccination from another healthcare provider within the reporting period.
- SHCUPMI05: Monthly count of registered patients aged 78 or 79 on 1 September 2014 who did not attend their shingles vaccination within the reporting period.
- SHCUPMI06: Monthly count of registered patients aged 78 or 79 on 1 September 2014 who did not receive a shingles vaccination and have no recorded reason for not receiving a shingles vaccination, up to the end of the reporting period.

### Payment and management information (1 September 2015 – 31 August 2016)

#### Payment count

- SHCUP01: Monthly count of the number of registered patients who are aged 78 or 79 years (but who have not attained the age of 80 years) on 1 September 2015, who have a record of receiving a shingles vaccination by the GP practice in the reporting period and who were not aged 80 years at the points of vaccination.

## Management information counts

Where the information for these indicators is not available, practices should enter zero:

- SHCUPMI01: The number of registered patients who are aged 78 or 79 years (but who have not attained the age of 80 years) on 1 September 2015, for whom the shingles vaccination was contra-indicated up to the end of the reporting period.
- SHCUPMI02: The number of registered patients who are aged 78 or 79 years (but who have not attained the age of 80 years) on 1 September 2015, who have declined a shingles vaccination within the reporting period.
- SHCUPMI03: Monthly count of registered patients who are aged 78 or 79 years (but who have not attained the age of 80 years) on 1 September 2015, who have not consented to a shingles vaccination within the reporting period.
- SHCUPMI04: Monthly count of registered patients who are aged 78 or 79 years (but who have not attained the age of 80 years) on 1 September 2015, who have received a shingles vaccination from another healthcare provider within the reporting period.
- SHCUPMI05: Monthly count of registered patients who are aged 78 or 79 years (but who have not attained the age of 80 years) on 1 September 2015, who did not attend their shingles vaccination within the reporting period.
- SHCUPMI06: Monthly count of registered patients who are aged 78 or 79 years (but who have not attained the age of 80 years) on 1 September 2015, who did not receive a shingles vaccination and have no recorded reason for not receiving a shingles vaccination, up to the end of the reporting period.

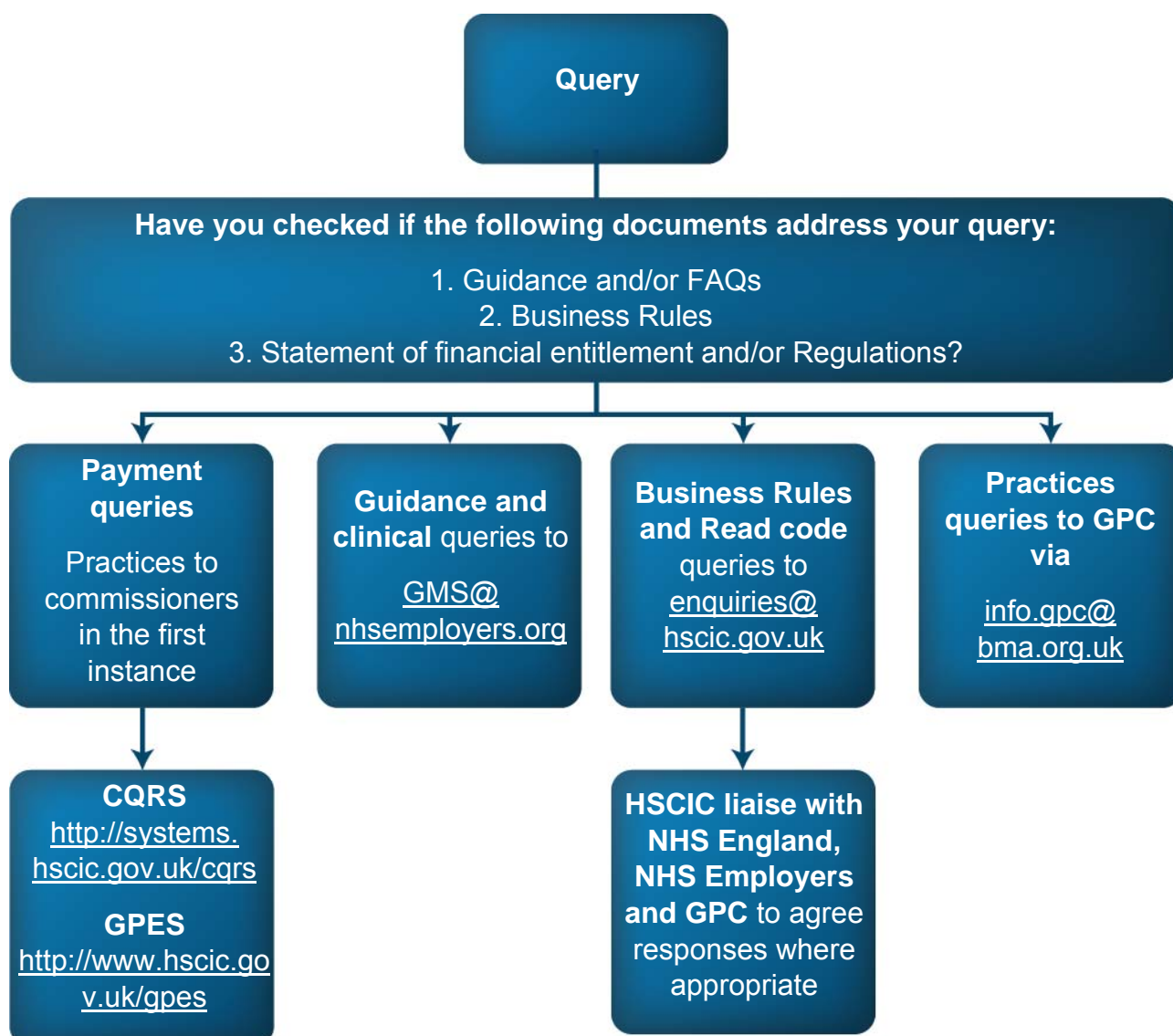


# Section 6. Queries

Queries fall into three main categories:

1. those which can be resolved by referring to guidance<sup>20</sup> and/or FAQs<sup>21</sup>
2. those requiring interpretation of the guidance or Business Rules<sup>22</sup>
3. those not anticipated in guidance.

Queries may incorporate one or more of the following areas: Business Rules, coding, payment, CQRS, GPES and clinical or policy issues. The recipient of the query will liaise with other relevant parties in order to respond and where necessary the query will be redirected.



<sup>20</sup> NHS Employers. 2015/16 QOF guidance. <http://www.nhsemployers.org/your-workforce/primary-care-contacts/general-medical-services/quality-and-outcomes-framework/changes-to-qof-2015-16>

<sup>21</sup> NHS Employers. FAQs. <http://www.nhsemployers.org/GMS/FAQs>

<sup>22</sup> HSCIC. <http://www.hscic.gov.uk/qofextractsspecs>

**General Practitioners  
Committee**  
[www.bma.org.uk/gpc](http://www.bma.org.uk/gpc)

**NHS Employers**  
[www.nhsemployers.org](http://www.nhsemployers.org)

**NHS England**  
[www.england.nhs.uk](http://www.england.nhs.uk)

Published **March 2015**. © NHS Employers.  
This document may not be reproduced in whole or in part without permission.  
The NHS Confederation (Employers)  
Company Ltd. Registered in England  
Company limited by guarantee: number 5252407