

April 2014

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# TECHNICAL REQUIREMENTS FOR 2014/15 GMS CONTRACT CHANGES

NHS England Gateway reference: 01452



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# SECTION 1. INTRODUCTION

In November 2013, NHS Employers (on behalf of NHS England<sup>1</sup>) and the General Practitioners Committee (GPC) of the British Medical Association (BMA) announced the agreed changes to the General Medical Services (GMS) contract for 2014/15.

This document provides the detailed technical requirements for area teams and practices<sup>2</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.

Area teams, clinical commissioning groups (CCGs) and contractors taking part should ensure they have read and understood the requirements in the Regulations, Directions, NHS England service specifications<sup>3</sup>, Business Rules<sup>4</sup>, “GMS contract 2014/15 guidance and audit requirements”<sup>5</sup> document, the “Vaccination and immunisation programmes 2014/15 guidance”<sup>6</sup> as well as the technical requirements in this document. This supersedes all previous guidance issued on these areas.

Wherever possible, NHS England seeks to minimise the reporting requirements for these services where they can be supported by new systems. This document follows on from the “GMS contract 2014/15 guidance and audit requirements” which details the purpose, requirements, monitoring, payment and validation aspects of the ESs and vaccination programmes. This guidance is applicable in England only.

The amendments to the GMS Contract Regulations, Directions and to the Statement of Financial Entitlements (SFE), which underpin the changes to the contract, are

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<sup>1</sup> From 1 April 2013 the NHS Commissioning Board (NHS CB) is the body legally responsible for the commissioning of primary care in England. However, the NHS CB operates under the name NHS England, therefore the name NHS England is used throughout this guidance.

<sup>2</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>3</sup> NHS England. Service specifications. <http://www.england.nhs.uk/resources/d-com/resource-primary/>

<sup>4</sup> HSCIC. Business Rules. [www.hscic.gov.uk/gofesextractspecs](http://www.hscic.gov.uk/gofesextractspecs)

<sup>5</sup> NHS Employers. GMS contract 2014/15 guidance and audit requirements. <http://www.nhsemployers.org/PayAndContracts/GeneralMedicalServicesContract/GMSContractChanges/Pages/Contractchanges201415.aspx>

<sup>6</sup> NHS Employers. Vaccination and immunisation programmes 2014/15 guidance. [http://www.nhsemployers.org/PayAndContracts/GeneralMedicalServicesContract/vaccination\\_and\\_immunisation/Pages/VaccinationandImmunisation.aspx](http://www.nhsemployers.org/PayAndContracts/GeneralMedicalServicesContract/vaccination_and_immunisation/Pages/VaccinationandImmunisation.aspx)

available on the Department of Health (DH)<sup>7</sup> website.

The detailed requirements for taking part in the ESs are set out in the Directions or in the service specifications which are available on the NHS England website.

The detailed requirements for practices taking part in the pertussis, MenC, shingles catch-up, childhood seasonal influenza, pneumococcal and seasonal influenza programmes are set out in service specifications.

## Calculating Quality Reporting Service (CQRS) and the General Practice Extraction Service (GPES)

CQRS<sup>8</sup> is the automated system used to calculate achievement and payments on quality services. These include the QOF, ESs and other clinical services (e.g. new vaccination and immunisation programmes<sup>9</sup>).

GPES<sup>10</sup> is a centrally managed service that extracts information from general practice clinical IT systems. It will be used as part of the process for providing payments to practices. In addition, GPES will extract relevant data for management information purposes to enable NHS England to monitor general practice delivery of service requirements.

The data on the number of patients extracted by GPES is known as the weekly, monthly or quarterly counts. Depending on whether a count is used for payment or management purposes, the counts can be referred to as 'Payment Counts' or 'Management Information Counts'. The relevant counts/extracts will be used to calculate and validate payments for practices participating in the ESs and vaccination programmes as well as the relevant counts/extracts measuring the progress and success of the programme or service.

Practices are required to use the Read codes provided in this document to allow CQRS to calculate achievement and payment, as well as to extract data on management information counts. Practices will need to re-code patients if they have used codes not included in this document.

The Business Rules supporting the relevant ES and vaccination programmes will be

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<sup>7</sup> Amendments to the GMS Contract Regulations, Directions and SFE.

<http://www.nhsemployers.org/GMS2014-15>

<sup>8</sup> HSCIC. CQRS. <http://systems.hscic.gov.uk/systemsandservices/cqrs>

<sup>9</sup> Details of which vaccination programmes will be supported by GPES are outlined in the Vaccination and immunisation programmes 2014/15 guidance.

[http://www.nhsemployers.org/PayAndContracts/GeneralMedicalServicesContract/vaccination\\_and\\_immunisation/Pages/VaccinationandImmunisation.aspx](http://www.nhsemployers.org/PayAndContracts/GeneralMedicalServicesContract/vaccination_and_immunisation/Pages/VaccinationandImmunisation.aspx)

<sup>10</sup> HSCIC. GPES. <http://www.hscic.gov.uk/gpes>

available on the Health and Social Care Information Centre (HSCIC)<sup>11</sup> website. Practices and area teams are advised to refer to the Business Rules for a full and up-to-date list of all available codes. Read codes are updated twice yearly in April and October.

This guidance provides details on how these codes will be used in relation to the services listed in this guidance. Where GPES is not available, practices participating in these services will need to enter data manually in CQRS until extractions via GPES is available.

Both CQRS and GPES are managed by the HSCIC.

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<sup>11</sup> HSCIC. <http://www.hscic.gov.uk/home>

## SECTION 2. ENHANCED SERVICES

### Alcohol-related risk reduction scheme

#### READ and CTV3 codes

Table 1: Alcohol Read codes – initial screening

	Read v2	Read CTV3
FAST alcohol screening test	388u.	XaN09
AUDIT C Alcohol screening test	38D4.	XaORP

There are currently 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.

This service does not include the read codes for AUDIT-C complete as it is a 'procedure status' code which does not allow a value to be added. As the service requires that a value is added, the inclusion of this code is not appropriate.

Table 2: Alcohol Read codes – Full screening

	Read v2	Read CTV3
AUDIT Alcohol screening test	38D3.	XM0aD

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 3: Alcohol Read codes – brief intervention

	Read v2	Read CTV3
Brief intervention for excessive alcohol consumption completed	9k1A.	XaPPv

**Table 4: Alcohol Read codes – brief lifestyle counselling**

	Read v2	Read CTV3
Extended intervention for excessive alcohol consumption completed	9k1B.	XaPPy

**Table 5: Alcohol Read codes – referral for specialist advice**

	Read v2	Read CTV3
Referral to specialist alcohol treatment service	8HkG.	XaORR

**Table 6: Anxiety and depression Read codes**

	Read v2	Read CTV3
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*	8CAZ0	Xab9G
Patient given advice about management of depression	8CAa.	XaKEz

\* Read codes releases in April 2014

## Payment and management information

### Payment count

- ALC001: Count of newly registered patients, aged 16 and over at the time the short case finding test is applied, who have been screened using either the FAST or AUDIT-C tools within the reporting period.

## Management information counts

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

- ALCMI001: Count of newly registered patients, aged 16 and over at the time the short case finding test is applied, who have had the FAST short standard case finding test within the reporting period.
- ALCMI0002: Count of newly registered patients, aged 16 and over at the time the short case finding test is applied, who have had the AUDIT-C short standard case finding test within the reporting period.
- ALCMI003: Count of newly registered patients, aged 16 and over at the time the short case finding test is applied, 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) within the reporting period.
- ALCMI004: Count of newly registered patients, aged 16 and over at the time the short case finding test is applied, 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), within the reporting period.
- ALCMI005: Count of newly registered patients, aged 16 and over at the time the short case finding test is applied, who have screened positive (using either FAST or AUDIT-C) and have an AUDIT assessment score of 0-7, within the reporting period.
- ALCMI006: Count of newly registered patients, aged 16 and over at the time the short case finding test is applied, who have screened positive (using either FAST or AUDIT-C) and have an AUDIT assessment score of 8-15, within the reporting period.
- ALCMI007: Count of newly registered patients, aged 16 and over at the time the short case finding test is applied, who have screened positive (using either FAST or AUDIT-C) and have an AUDIT assessment score of 16-19 within the reporting period.
- ALCMI008: Count of newly registered patients, aged 16 and over at the time the short case finding test is applied, who have screened positive (using either FAST or AUDIT-C) and have an AUDIT assessment score of 20 or over, within the reporting period.
- ALCMI009: Count of newly registered patients, aged 16 and over at the time the short case finding test is applied, who have screened positive (using either FAST or AUDIT-C) with an AUDIT assessment score of 8-15 and have received brief intervention to help them reduce their alcohol related-risk, within the reporting period.



- ALCMI010: Count of newly registered patients, aged 16 and over at the time the short case finding test is applied, who have screened positive (using either FAST or AUDIT-C) with an AUDIT assessment score of 16-19 and have received brief intervention to help them reduce their alcohol related-risk, within the reporting period.
- ALCMI011: Count of newly registered patients, aged 16 and over at the time the short case finding test is applied, who have screened positive (using either FAST or AUDIT-C) with an AUDIT assessment score of 16-19 and have received extended intervention to help them reduce their alcohol related-risk, within the reporting period.
- ALCMI012: Count of newly registered patients, aged 16 and over at the time the short case finding test is applied, who have screened positive (using either FAST or AUDIT-C) with an AUDIT assessment score of 20 or over and have been referred for specialist advice for dependent drinking, within the reporting period.
- ALCMI013: Count of newly registered patients, aged 16 and over at the time the short case finding test is applied, who have screened positive (using either FAST or AUDIT-C) and who have an AUDIT assessment score of 8 or more within the period and have been assessed/screened for anxiety.
- ALCM014: Count of newly registered patients, aged 16 and over at the time the short case finding test is applied, who have screened positive (using either FAST or AUDIT-C), who have an AUDIT assessment score of 8 or more within the reporting period, have been found to be suffering from anxiety and have been provided with support and treatment.
- ALCM015: Count of newly registered patients, aged 16 and over at the time the short case finding test is applied, who have screened positive (using either FAST or AUDIT-C) and who have an AUDIT assessment score of 8 or more within the period and have been assessed/screened for depression.
- ALCM016: Count of newly registered patients, aged 16 and over at the time the short case finding test is applied, year who have screened positive (using either FAST or AUDIT-C), have an AUDIT assessment score of 8 or more within the reporting period, have been found to be suffering from depression and have been provided with support and treatment.

# Facilitating timely diagnosis and support for people with dementia scheme

## READ and CTV3 codes

Table 7: Dementia Read codes

	Read v2	Read CTV3
<b>To assist in identifying any patient in an at risk group</b>		
At risk of dementia	140d.	XaQyJ
<b>To record initial questioning for memory concern (or offer)</b>		
Initial memory assessment	38C15	Xaahy
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
<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	XabEl
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
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## Payment and management information

### Payment count

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

### Management information counts

Where the information for these indicators 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, 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 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 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 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 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 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 advance care plan, up to the end of the reporting period.
- DEMMI15: The number of patients diagnosed with dementia who have a record of declining a dementia advance 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 advance care plan, up to the end of the reporting period.

# Learning disabilities health checks scheme

## READ and CTV3 codes

**Table 8: 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	XaaiS

**Table 9: Learning disabilities Read codes – health check codes**

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

## Payment and management information

### Payment count(s)

- LD001: Quarterly count of registered patients aged 14 and over, as at 31 March 2015, on the practice's learning disability register who have received a learning disability health check in a previous quarter in this financial year.

## Management information counts

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

- LDMI001: Quarterly count of registered patients aged 14 and over, as at 31 March 2015, identified as having a QOF diagnostic learning disability<sup>12</sup> who received a learning disability health check in the reporting period.
- LDMI002: Quarterly (cumulative) count of registered patients aged 14 and over, as at 31 March 2015, identified as having a QOF diagnostic learning disability, as at reporting period end.
- LDMI003: Quarterly (cumulative) count of registered patients aged 14 and over, as at 31 March 2015, who have received a learning disability health check and have been provided a health action plan, up to the end of the reporting period.
- LDMI004: Quarterly (cumulative) count of registered patients aged 14 and over, as at 31 March 2015, who have received a learning disability health check and declined a health action plan, up to the end of the reporting period.
- LDMI005: Quarterly (cumulative) count of registered patients aged 14 and over, as at 31 March 2015, 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.

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<sup>12</sup> This relates to the QOF learning disability diagnostic code that ensures relevant patients are included in the QOF register.

## Named GP for patients 75 and over (contractual requirement)

For full details of the contractual requirements for this, see the “GMS contract changes 2014/15 guidance and audit requirements”.

### READ and CTV3 codes

Table 10: Named GP Read code

	Read v2	Read CTV3	SCT	FSN
Patient notified of named general practitioner	67DJ.	Xab9D	90481000000105	Informing patient of named general practitioner (procedure)

## SECTION 3. VACCINATION PROGRAMMES (COMMENCING APRIL 2014)

### Meningococcal C (MenC) freshers vaccination programme

#### READ and CTV3 codes

**Table 11: MenC Read codes – procedure codes**

	Read v2	Read CTV3
Booster meningitis C vaccination	657S.	XaaXa
Single meningitis C vaccine	657I.	XaF4P
Booster meningitis C given by other healthcare provider <sup>13</sup>	657S0	XaaXs
Booster meningitis C vaccination declined	68Nh0	XaaXb
Adverse reaction to meningococcal vaccine	TJJy0	TJJy0
[X] Adverse reaction to meningococcal vaccine	U60Jy	-

**Table 12: MenC Read codes – vaccine codes**

	Read v2	Read CTV3
NEISVAC-C VACIINE pre-filled syringe	n416.	n416.
MENJUGATE VACCINE injection	n415.	n415.
MENINGITED suspension for injection pre-filled syringe 0.5 ml	n418.	n418.
MENINGOCOCCAL C CONJUGATE VACCINE pre-filled syringe	n41x.	n41x.
MENINGOCOCCAL C CONJUGATE VACCINE injection (pdr for recon)+solvent	n41y.	n41y.

<sup>13</sup> Practices will not be paid for those vaccinations delivered by other healthcare providers, but practices are expected to ensure that patient records are up-to-date therefore a code has been provided for practice use.



## Payment and management information

### Payment count(s)

- MENC01: Monthly count of the number of patients aged between 17 and 25 years old, at any point in the financial year, who have received a MenC booster vaccination at the general practice in the reporting period. (Patients must not previously have received a MenC booster since age 10)

### Management information counts

There are no management information counts associated with this vaccination programme.

# Measles, mumps, rubella, (MMR)

## READ and CTV3 codes

**Table 13: MMR Read v2 codes – first dose given**

	Read v2
Measles/mumps/rubella vaccn.	65M1.
MMR catch-up vaccination - enhanced services administration	9ki1.
[V]Measles-mumps-rubella (MMR) vaccination	ZV064
MEASLES/MUMPS/RUBELLA VACCINE	n4k..
MMR VACCINE injection 0.5 ml	n4k1.
PLUSERIX MMR VACCINE injection 0.5 ml	n4k2.
MMR II VACCINE injection 0.5 ml	n4k3.
*IMMRAVAX injection 0.5 ml	n4k4.
PRIORIX VACCINE injection powder+diluent 0.5 ml	n4k5.
M-M-RVAXPRO powder+solvent for susp for injection 0.5 ml	n4k6.

**Table 14: MMR Read CTV3 codes – first dose given**

	Read CTV3
Measles/mumps/rubella vaccination	65M1.
Measles mumps rubella catch-up vaccination	XaQPr
[V]Measles-mumps-rubella (MMR) vaccination	ZV064
Measles/mumps/rubella vaccine	n4k..
MMR vaccine injection 0.5 ml	n4k1.
Pluserix MMR vaccine injection 0.5 ml	n4k2.
Immavax injection 0.5 ml	n4k4.
Priorix vaccine injection powder+diluent 0.5 ml	n4k5.

M-M-RVAXPRO powder+solvent for susp for injection 0.5 ml	n4k6.
MMR II vaccine injection 0.5 ml	n4k3.
Measles/mumps/rubella vaccine inj pdr+diluent	x00S0
MMR II vaccine injection (pdr for recon)+diluent	x00S1
Immavax injection	x01LK
Pluserix MMR injection	x01LL
MMR II	x043V
Priorix vaccine injection (pdr for recon)+diluent	x04sw

**Table 15: MMR Read v2 codes – second dose given**

	Read v2
Measles/mumps/rubella vaccn.	65M1.
Measles mumps and rubella booster vaccination	65MA.
MMR pre-school booster vaccination	65MB.
MMR vaccination - 2nd dose	65MC.
MMR catch-up vaccination - enhanced services administration	9ki1.
[V]Measles-mumps-rubella (MMR) vaccination	ZV064
MEASLES/MUMPS/RUBELLA VACCINE	n4k..
MMR VACCINE injection 0.5 ml	n4k1.
PLUSERIX MMR VACCINE injection 0.5 ml	n4k2.
MMR II VACCINE injection 0.5 ml	n4k3.
*IMMRAVAX injection 0.5 ml	n4k4.
PRIORIX VACCINE injection powder+diluent 0.5 ml	n4k5.
M-M-RVAXPRO powder+solvent for susp for injection 0.5 ml	n4k6.

Table 16: MMR Read CTV3 codes – second dose given

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

Table 17: MMR Read codes – second dose ONLY given

	Read v2	Read CTV3
Measles mumps and rubella booster vaccination	65MA.	65MA.
MMR pre-school booster vaccination	65MB.	65MB.
MMR vaccination - 2nd dose	65MC.	65MC.

## Payment and management information

### Payment count(s)

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

### Management information counts

There are no management information counts associated with this vaccination programme.

## Pertussis (pregnant women) vaccination

For details of the requirements for the pertussis vaccination programme, see the service specification<sup>14</sup> on the NHS England website.

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<sup>14</sup> NHS England. Service specification. <http://www.england.nhs.uk/resources/d-com/gp-contract/>

# Rotavirus (childhood routine immunisation) vaccination programme

## READ and CTV3 codes

Table 18: 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
H/O: rotavirus vaccine allergy	14L50	Xaait
[X]Rotavirus vaccine causing adverse effects in therap use	U60K5	-
H/O: rotavirus vaccine allergy	-	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 indicators 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 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 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 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 4. VACCINATION PROGRAMMES (COMMENCING AFTER AUGUST 2014)

The technical requirements for those vaccination programmes commencing in August and September 2014 are currently in development. Once finalised, this document will be updated. The “Vaccination and immunisation programmes 2014/15 guidance”<sup>15</sup> will also be updated accordingly.

The following vaccination programmes will be added to this document in due course:

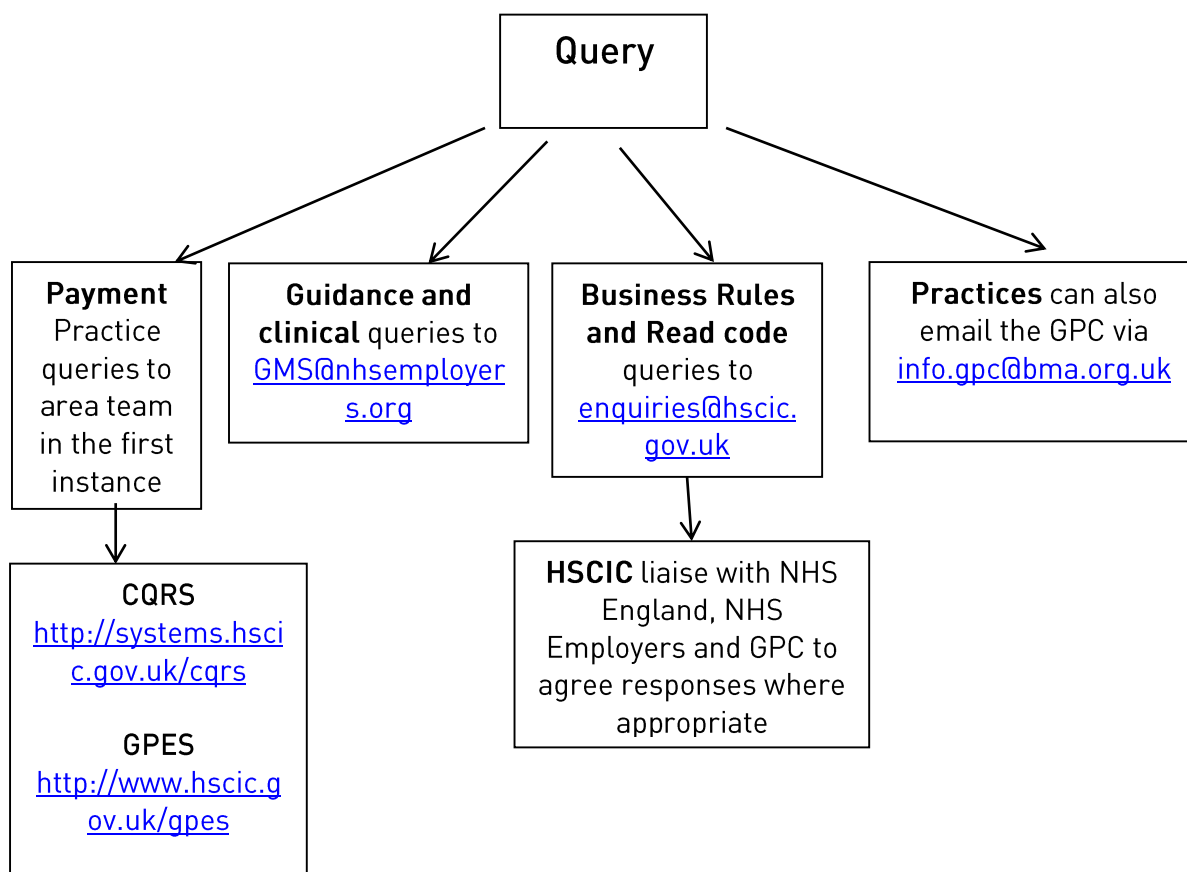
- Childhood seasonal influenza vaccination programme
- Pneumococcal vaccination programme
- Seasonal influenza vaccination programme
- Shingles (routine aged 70 immunisation) vaccination programme
- Shingles catch-up vaccination programme.

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<sup>15</sup> NHS Employers. Vaccination and immunisation programmes 2014/15 guidance.  
[http://www.nhsemployers.org/PayAndContracts/GeneralMedicalServicesContract/vaccination\\_and\\_immunisation/Pages/VaccinationandImmunisation.aspx](http://www.nhsemployers.org/PayAndContracts/GeneralMedicalServicesContract/vaccination_and_immunisation/Pages/VaccinationandImmunisation.aspx)

## SECTION 5. QUERIES

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.



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