

VERSION 3 – JUNE 2014

TECHNICAL REQUIREMENTS FOR 2014/15 GMS CONTRACT CHANGES

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SECTION 1. INTRODUCTION

In November 2013, NHS Employers (on behalf of NHS England¹) 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 practices² 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 specifications³, Business Rules⁴, “GMS contract 2014/15 guidance and audit requirements”⁵ document, the “Vaccination and immunisation programmes 2014/15 guidance”⁶ 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

¹ 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.

² 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.

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

⁴ HSCIC. Business Rules. www.hscic.gov.uk/gofesextractspecs

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

⁶ NHS Employers. Vaccination and immunisation programmes 2014/15 guidance. <http://www.nhsemployers.org/your-workforce/primary-care-contacts/general-medical-services/vaccination-and-immunisation>

available on the Department of Health (DH)⁷ 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)

CQRS⁸ 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 programmes⁹). Practices are required to confirm their participation in ESs on CQRS as soon as possible after it has been offered to them via CQRS by their area team. For the August and September vaccination programmes, practices are required to confirm their participation by 31 August or 7 September as defined in the relevant ES specification.

GPES¹⁰ 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.

⁷ DH. Amendments to the GMS Contract Regulations, Directions and SFE.

<https://www.gov.uk/government/publications/nhs-primary-medical-services-directions-2013>

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

⁹ 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/your-workforce/primary-care-contacts/general-medical-services/vaccination-and-immunisation>

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

The Business Rules supporting the relevant ES and vaccination programmes will be available on the Health and Social Care Information Centre (HSCIC)¹¹ 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.

¹¹ 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.	XaNO9
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.

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

READ and CTV3 codes

Table 7: 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 ¹²	67DJ.	Xab9D
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 ended	8CT2.	XaYD2
Emergency hospital admission	8H2..%	8H2..%

Register

Practices are required to establish a case management register of patients identified as being at risk of an unplanned hospital admission without proactive case management. The register will be a minimum of two per cent of the practice's registered¹³ adult patients (aged 18 and over). The minimum number of patients to be on the register each quarter will be determined on the first day of the respective quarter, starting from quarter two (i.e. 1 July 2014 for quarter two, 1 October 2014 for quarter three and 1 January 2015 for quarter four). This means that during the year, any changes in the practice's list size would only be taken into account when the register is re-established on the 1 October 2014 and 1 January 2015.

Data from Exeter will be used to determine the number of patients that will make up

¹² These are the same Read2 and CTV3 codes as per the contractual requirements for all patients aged 75 and over to have a named GP.

¹³ Head count and not weighted list.

the two per cent. It is important to note that there may be a short time lag, of approximately two weeks, before this data is available. This means that practices may not be able to establish the register for each quarter exactly on the first day of the quarter.

In each quarter a tolerance of -0.2 per cent will allow for circumstances which temporarily lead to a dip in the number of patients on the register at the end of each quarter (see 'calculation of achievement section'). However, practices will need to ensure that over the last three quarters of the year the register covers at least an average of two per cent of the practice's registered adult patients. Practices will need to manage any in quarter changes to the register (i.e. where patients have been removed due to a change in their circumstances) by identifying any new patients as soon as reasonably possible to ensure the two per cent is maintained.

Calculation of achievement

Payments for this ES will be split into five components, totalling a maximum of £2.87 per registered patient (see table 8). For the purposes of payments, the contractor's registered population (CRP) will be as at 1 April 2014 or it will be the initial CRP if the practice's contract started after 1 April 2014.

Table 8: Summary of payments, amounts and payment due dates

Payment	Percentage of total funding	Per registered patient (total £2.87)	Payable (no later than)
Component 1	45%	£1.29	31 July 2014
Component 2	20%	£0.57	30 November 2014
Component 3	10%	£0.29	28 February 2015
Component 4	10%	£0.29	31 May 2015
Component 5	15%	£0.43	31 May 2015

Manually submitted or automatically extracted data (where available and applicable) will be used to trigger payments, alongside successful completion of the relevant sections of the reporting template¹⁴.

The five components are as follows:

Component one – an upfront 'establishment' payment of 45 per cent

¹⁴ NHS Employers. Avoiding unplanned admissions: proactive case finding and care review for vulnerable people guidance and audit requirements. See Annex D for reporting template.
www.nhsemployers.org/GMS2014-15

- Initial set up costs, including:
 - a. putting a system in place for patients on the register to receive same day telephone consultations when they have urgent enquiries,
 - b. obtaining (if not already available), specifying and use of the practice's ex-directory or by-pass telephone number; and
 - c. developing, sharing and reviewing (as appropriate) personalised care plans¹⁵ and patient care reviews for a minimum of two per cent of the practice's adult patients aged 18 or over (i.e. all the patients on the register).

Component two – quarter two register payment of 20 per cent

- maintaining the register at a minimum of two per cent for quarter two (i.e. 1 July 2014 to 30 September 2014); and
- identifying the named accountable GP and care co-ordinator (where applicable); and
- informing patients of their named GP and care co-ordinator.

Achievement of this component requires that practices have a minimum of 1.8 per cent¹⁶ of their adult patients on the register on 30 September 2014 as a proportion of the list size, taken on the 1 July 2014.

Component three – quarter three register payment of ten per cent

- for maintaining the register at a minimum of two per cent for quarter three (i.e. 1 October 2014 to 31 December 2014)
- identifying the named accountable GP and care coordinator (where applicable) for any new patients added to the register and informing them.

Achievement of this component requires that practices have a minimum of 1.8 per cent of their adult patients on the register on 31 December 2014 as a proportion of the list size, taken on the 1 October 2014.

¹⁵ Personalised care plans should be agreed for patients on the register initially by end of September 2014 and thereafter for any new patients within one month of entering on to the register.

¹⁶ This takes into account the -0.2 per cent tolerance.

Component four – quarter four register payment of ten per cent

- for maintaining the register at a minimum of two per cent for quarter four (i.e. 1 January 2015 to 31 March 2015)
- identifying the named accountable GP and care co-ordinator (where applicable) for any new patients added to the register and informing them.

Achievement of this component requires that practices have a minimum of 1.8 per cent of their adult patients on the register on 31 March 2015 as a proportion of the list size, taken on the 1 January 2015.

Component five – a year-end payment of 15 per cent

- for reviewing and improving the hospital discharge process; and
- for undertaking regular internal practice reviews of all unplanned admissions and re-admissions for vulnerable patients.

Although there is an accepted tolerance of -0.2 per cent for calculating the achievement of the individual component two, three and four payments, practices will need to ensure that across the last three quarters of the financial year that their register maintains at least an average of two per cent of the eligible patient cohort. In the event a practice has not maintained this average, then the area team will be able to claim back the payments made for quarters two and three and not make the quarter four payment (i.e. up to the full 40 per cent or £1.15 per registered patient), taking in to account any particular issues that may have impacted on the practice's performance.

The average across the last three quarters will be calculated as:

$$\text{average register} = \frac{\text{Q2 \%} + \text{Q3 \%} + \text{Q4 \%}}{3}$$

The individual Q2, Q3 and Q4 percentages will be calculated as:

$$\text{quarter percentage} = \frac{\text{adult patients on register as at X}}{\text{list size as at Y}} \times 100$$

where X is the relevant end of quarter date (i.e. 30 September 2014)

where Y is the relevant beginning of quarter date (i.e. 1 July 2014)

Practices will need to ensure that they manage any in-year risk associated with changes in practice list size. In exceptional circumstances, for components two, three and four, which temporarily lead to the register falling below the tolerance, practices and their area teams will need to review and discuss the situation.

Payment and management information

Practices will be required to manually input data into CQRS, on a monthly basis until such time as GPES is available. The data input will be in relation to the payment count, with zeros being entered in the interim for the management information counts.

Further detail on the payment and management information counts supporting this ES will be available in due course and this document will be updated to include this detail accordingly.

Facilitating timely diagnosis and support for people with dementia scheme

READ and CTV3 codes

Table 9: Dementia Read codes

	Read v2	Read CTV3
To assist in identifying any patient in an at risk group		
At risk of dementia	14Od.	XaQyJ
To record initial questioning for memory concern (or offer)		
Initial memory assessment	38C15	Xaahy
Initial memory assessment – declined	8lE50	Xaahx
To record an assessment (or offer) for dementia in patients with a memory concern		
Assessment for dementia	38C10	XaaBD
Dementia screening declined	8lEu.	XaaTn
Dementia screening questionnaire declined	8lEu0	XaabA
To record any referral (or offer) for a diagnosis of dementia		
Referral to memory clinic	8HTY.	XaJua
Referral to memory clinic declined	8lEn.	Xaa9t
To record advance care planning		
Dementia advance care plan agreed	8CSA.	XabEk
Review of dementia advance care plan	8CMG2	XabEl
Dementia advance care plan declined	8lAe0	XabEi
To record, for diagnosed patients, any identified carer and offer of a health check where the carer is registered with the practice		
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

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 10: 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 11: 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 disability¹⁷ 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.

¹⁷ 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 12: 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)

Hepatitis B (newborn babies) vaccination programme

READ and CTV3 codes

Table 13: Hepatitis B first to forth 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 14: 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 count(s)

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

- HEP002: Monthly count of the number of second vaccination doses (given by the GP practice) administered to babies registered at the practice and identified as at risk of hepatitis from birth – within the reporting period.
- HEP003: Monthly count of the number of third vaccination doses (given by the GP practice) administered to babies registered at the practice and identified as at risk of hepatitis from birth – within the reporting period.
- HEP004: Monthly count of the number of the fourth vaccination doses (given by the GP practice) administered to babies registered at the practice and identified as at risk of hepatitis 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 vaccination programme.

Meningococcal C (MenC) freshers vaccination programme

READ and CTV3 codes

Table 15: 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 ¹⁸	657S0	XaaXs
Booster meningitis C vaccination declined	68Nh0	XaaXb
Adverse reaction to meningococcal vaccine	TJJy0	TJJy0
[X] Adverse reaction to meningococcal vaccine	U60Jy	-

Table 16: 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.

¹⁸ 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 17: 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 18: 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 19: 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 20: 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 21: 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 specification¹⁹ on the NHS England website.

¹⁹ 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 22: 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	8l2s.	Xaa9q
Rotavirus vaccination declined	8lEm.	Xaa9r
Did not attend first rotavirus vaccination	9Nih.	XaaBn
Did not attend second rotavirus vaccination	9Nii.	XaaBo
First rotavirus vaccination declined	8lEm0	XaaWN
Second rotavirus vaccination declined	8lEm1	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)

Childhood seasonal influenza vaccination programme

The technical requirements for this vaccination programme are currently in development. Once finalised, this document will be updated. The “Vaccination and immunisation programmes 2014/15 guidance”²⁰ will also be updated accordingly.

²⁰ NHS Employers. Vaccination and immunisation programmes 2014/15 guidance.
<http://www.nhsemployers.org/your-workforce/primary-care-contacts/general-medical-services/vaccination-and-immunisation>

Seasonal influenza and pneumococcal polysaccharide vaccination programme

The technical requirements for this vaccination programme are currently in development. Once finalised, this document will be updated. The “Vaccination and immunisation programmes 2014/15 guidance”²¹ will also be updated accordingly.

²¹ NHS Employers. Vaccination and immunisation programmes 2014/15 guidance.
<http://www.nhsemployers.org/your-workforce/primary-care-contacts/general-medical-services/vaccination-and-immunisation>

Shingles (routine aged 70) vaccination programme

READ and CTV3 codes

Table 23: Shingles Read codes²²

	Read v2	Read CTV3
Herpes zoster vaccination	65FY.	XaXsM
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	65FY0	Xaa9g

Payment and management information

Payment count(s)

- 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.

²² These Read codes apply to both the routine and catch-up vaccination programmes.

- 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.
- 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.

Shingles (catch-up) vaccination programme

READ and CTV3 codes

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

Payment and management information

Payment count(s)

- 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.

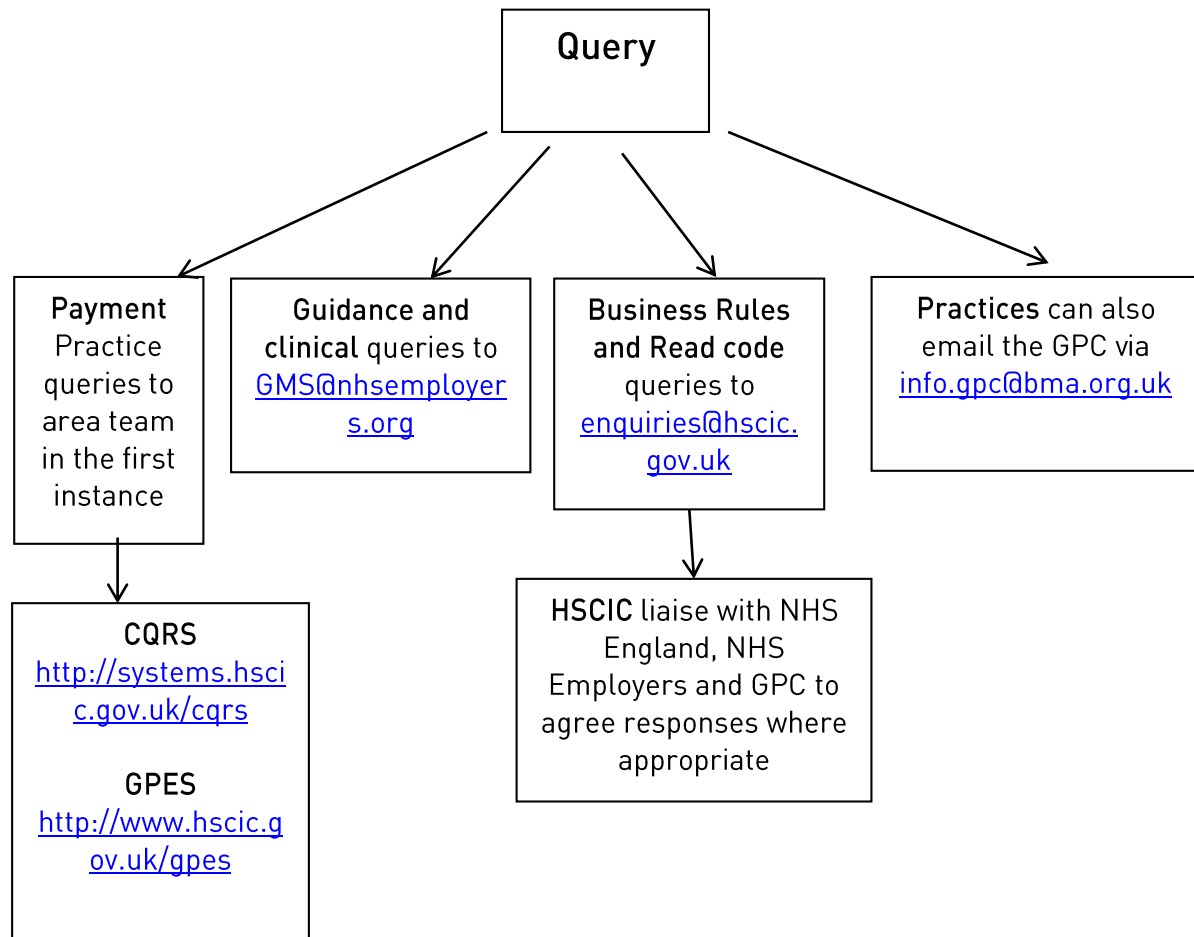
Management information counts

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.

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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