

2013/14 general medical services (GMS) contract

Guidance and audit requirements for MMR catch-up vaccination programme

August 2013

Background

Outbreaks of measles in England have been increasing in the last two years. In 2012, there was a total of 1,920 confirmed cases, the highest annual figure since 1994. To date during 2013, 587 cases have been confirmed in England. The key difference in the pattern of infection in 2013 is a concentration of cases in teenagers, which has not been experienced in previous years. It is most likely that the increase in this age group is related to the adverse publicity about the MMR vaccine between 1998 and 2003.

Following advice from Public Health England, the Chief Medical Officer recommended a temporary vaccination programme for measles, mumps and rubella (MMR) urgently be put in place to respond to the outbreak of infection.

Introduction

The MMR catch-up programme service specification¹ agreed between NHS Employers and the General Practitioners Committee, was introduced from 1 May 2013. The programme will run until 31 March 2014. NHS England recognise that some practices had started vaccinating patients prior to the programme starting on 1 May 2013 due to the nature of the outbreak of measles. As such, for the MMR catch-up programme the data extracts will look back to 1 April 2013 to take account of this and practices will receive payment accordingly.

Practices are required to:

- identify eligible 'at-risk' children aged 10-16 years and proactively offer vaccination for MMR
- provide vaccination to all unvaccinated patients aged 16 years or over who present to the practice requesting vaccination
- ensure that the patient records of those offered the vaccination are updated accordingly.

Payment under this enhanced service is separated into two categories, as follows:

1. A payment of £1.50 per eligible patient for writing to parents/guardians inviting the patient a vaccination. Eligible patients in this cohort are children aged 10-16 years (born between 1997-2003²) identified as 'at-risk' (children who are not recorded as having been fully vaccination against MMR previously).
2. A payment of £7.64 per dose for eligible patients aged 16 years or over, who attend the practice and who are recorded as not having been fully vaccinated against MMR previously (i.e. not received both doses of vaccine and therefore either require one or two doses).

¹ NHS Employers. MMR catch-up programme service specification.

http://www.nhsemployers.org/PayAndContracts/GeneralMedicalServicesContract/vaccination_and_immunisation/pandemic-flu/Pages/Childhood%28twoandthreeyearold%29influenzavaccinationprogramme.aspx

² Calendar year.

The administration of the vaccine to children aged 10-15 years is included in the existing global sum allocations, assuming the practice provides additional services. As such no additional payment will be made for vaccinating these children.

Vaccines for this programme will be centrally supplied through ImmForm and practices are required to record all administered doses on ImmForm. For full details of the service and administrative requirements, see the service specification.

This document provides details on the audit requirements to support practices and NHS England³ area teams in the provision of vaccination against MMR.

Area teams and practices taking part should ensure they have read and understood the requirements in the specification, as well as the information contained in this document.

Calculating Quality Reporting Service (CQRS)

All services being supported by CQRS, require practices who intend to participate in these services to record their achievement in the clinical systems using the appropriate Read codes. This should be recorded using the relevant Read codes in this guidance from the date those services commence.

General Practice Extraction Service (GPES) and CQRS are the system of choice and area teams and practices are encouraged to use their systems when available. However, it is recognised that area teams and practices can agree local arrangements in the meantime.

Further guidance on CQRS can be found on the Health and Social Care Information Centre (HSCIC) website⁴.

Practices should record whether or not they are participating in this service in CQRS by 'accepting' or 'declining' an offer of the services approved by their area team - this is referred to as the 'participation record' in CQRS. This is the record of services that are agreed between a commissioning organisation and the practice, rather than the contractual agreement which should be agreed between the practice and NHS England. It is important that practices record the services covered by this guidance using the appropriate Read codes listed in this document regardless of the availability of CQRS and GPES.

Where this guidance refers to payment being calculated based on the GPES extraction, the GPES extraction is based on the relevant service specification for that enhanced service.

³ 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.

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

GPES extraction

The data on number of patients extracted by GPES is known as the weekly 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 this enhanced service as well as the relevant counts/extracts measuring the progress and success of the vaccination catch-up programme and the uptake of the routine MMR vaccination service

The GPES extraction will run on a weekly basis commencing in October 2013 (which is the extraction month). There are two counts relating to payments and five relating to management information, each extract will capture data for all seven counts and report on activities from the start of the achievement week to the end of the achievement month.

The achievement month will be the month prior to the extraction month. For example, September will be the achievement month and October will be the extraction month. Counts will be cumulative for the month, so all counts will re-start at the beginning of each month.

For each payment and management information count, GPES will extract data based on the number of patients on the practice registered list.

The first extract will take place in October (extraction month) and will extract:

- A retrospective collection capturing all monthly counts from 1 April to 31 August 2013. This will result in five extractions – one for each achievement month.
- September week 1 (achievement week) - which will relate to activities occurring between 1 - 8 September 2013. All following weekly counts will report on data from the start of the achievement month to the end of the achievement week.

The following codes will need to be used to enable CQRS to calculate payment based on the GPES extract:

Table1. Invitation Read codes

	Read v2	Read CTV3	SNOMED CT
Measles mumps rubella catch-up vaccination invitation	9ki3.	XaQPt	838601000000103

Table 2. First dose Read codes

	Read v2	Read CTV3	SNOMED CT
Measles/mumps/rubella vaccination	65M1.	65M1.	38598009
Measles/Mumps/Rubella vaccine	n4k..	n4k..	61153008

MMR vaccine injection 0.5 mL	n4k1.	n4k1.	14015211000001100
PLUSERIX MMR vaccine injection 0.5 mL	n4k2.	n4k2.	N/A
MMR II vaccine injection 0.5 mL	n4k3.	n4k3.	N/A
IMMRAVAX injection 0.5 mL	n4k4.	n4k4.	N/A
PRIORIX vaccine injection powder + diluent 0.5 mL	n4k5.	n4k5.	4621611000001100
M-M-RVAXPRO powder + solvent for susp for injection 0.5 mL	n4k6.	n4k6.	13968211000001100
[V] Measles-mumps-rubella (MMR) vaccination	ZV064	ZV064	411491000000104
Measles mumps rubella catch-up vaccination	9ki1.	XaQPr	504481000000108
Measles/mumps/rubella vaccine injpdr + diluent	N/A	x00S0	N/A
MMR II vaccine injection (pdr for recon) + diluent	N/A	x00S1	4830211000001100
IMMRAVAX injection	N/A	x01LK	N/A
PLUSERIX MMR injection	N/A	x01LL	N/A
MMR II	N/A	x043V	N/A
PRIORIX vaccine injection (pdr for recon) + diluent	N/A	x04sw	N/A

Table 3. Second dose Read codes

	Read v2	Read CTV3	SNOMED CT
Measles mumps and rubella booster vaccination	65MA.	65MA.	170431005
MMR pre-school booster vaccination	65MB.	65MB.	170432003
Measles mumps and rubella	65MC.	65MC.	170433008

vaccination - second dose			
Measles/mumps/rubella vaccination	65M1.	65M1.	38598009
Measles/Mumps/Rubella vaccine	n4k..	n4k..	61153008
MMR vaccine injection 0.5 mL	n4k1.	n4k1.	14015211000001100
PLUSERIX MMR vaccine injection 0.5 mL	n4k2.	n4k2.	N/A
MMR II vaccine injection 0.5 mL	n4k3.	n4k3.	N/A
IMMRAVAX injection 0.5 mL	n4k4.	n4k4.	N/A
PRIORIX vaccine injection powder+diluent0.5mL	n4k5.	n4k5.	4621611000001100
M-M-RVAXPRO powder + solvent for susp for injection 0.5 mL	n4k6.	n4k6.	13968211000001100
[V] Measles-mumps-rubella (MMR) vaccination	ZV064	ZV064	411491000000104
Measles mumps rubella catch-up vaccination	9ki1.	XaQPr	504481000000108
Measles/mumps/rubella vaccine injpdr + diluent	N/A	x00S0	N/A
MMR II vaccine injection (pdr for recon) + diluent	N/A	x00S1	4830211000001100
IMMRAVAX injection	N/A	x01LK	N/A
PLUSERIX MMR injection	N/A	x01LL	N/A
MMR II	N/A	x043V	N/A
PRIORIX vaccine injection (pdr for recon) + diluent	N/A	x04sw	N/A

Payment and validation

Payment for the MMR catch-up vaccination programme will be calculated through CQRS on a monthly basis, based on the GPES extracts.

CQRS will calculate the monthly payments based on the number of eligible patients on the practices registered list. The 'indicators' below are based on the GPES extraction of the Read codes listed in tables 1, 2 and 3 and are used to calculate the payments:

- MMRCU01 - monthly count of patients aged 10-16 years invited for vaccination by letter (or email).
- MMRCU02 - monthly count of MMR vaccination doses given to patients aged 16 years and over.

For MMRCU01 there will be a payment of £1.50 per eligible patient for writing to parents/guardians inviting the patient for a vaccination. Eligible patients in this cohort are children aged 10-16 years (born between 1997-2003) identified as 'at-risk' (i.e. children who are not recorded as having been fully vaccination against MMR previously).

For MMRCU02 there will be a payment of £7.64 per dose for eligible patients aged 16 years or over, who attend the practice and who are recorded as not having been fully vaccinated against MMR previously (i.e. patients who have not received both doses of vaccine and therefore either require one or two doses).

The administration of the vaccine to children aged 10-15 years is included in the existing global sum allocations, assuming the practice provides additional services. As such no additional payment will be made for vaccinating these children.

The MMR catch-up vaccination programme will be available on CQRS from August although automatic data will not be provided until the first GPES extraction is available at the end of October. Practices will be able to enter achievement data manually for any payments due before the first GPES extraction is available. Practices can enter data for each month from 1 April 2013. Practices may choose to wait until data is available from GPES but this will delay payment. Where area teams and practices have agreed to enter manual submissions prior to GPES coming on line, the area team is responsible for making sure that double payments are not made.

The first GPES extraction will be run at the end of October 2013. This will provide the monthly counts for MMR vaccination invitations and completed vaccinations for September 2013 i.e. the cumulative weekly counts for September. Payments will be made within the month following the data extraction, subject to verification by the area team. For further details on how the GPES extraction will work, see the GPES section.

To enter data manually for the MMR catch-up vaccination programme practices must have first been offered and accepted the service on CQRS by their area team.

After CQRS has calculated the practice's final achievement payment, the practice should 'approve the payment value' and submit an 'achievement declaration'. The area team

will then approve the payment (assuming that the criteria for the service has been met) and initiate the payment via the payment agency's Exeter system. Once practices have submitted their data and the declaration and approval process has been followed, then payment for the service will be sent to the payment agency for processing.

NHS England is responsible for post payment verification. This may include auditing claims of practices to ensure that they meet the requirements of this service, NHS England may make use of the additional information extracted by GPES on complete and incomplete vaccinations.

In addition to data extracted for payment purposes, or will be collected for the purposes of management information using the Read codes in tables 1, 2 and 3.

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

- MMRMI01 - the number of patients between the ages of 10-15 years (inclusive) who have not been vaccinated for MMR (0 doses).
- MMRMI02 - the number of patients between the ages of 10-15 years (inclusive) who have only had one dose of MMR (1 dose).
- MMRMI03 - the number of patients between the ages of 10-15 years (inclusive) who have had two doses of MMR (2 doses)
- MMRMI04 - the number of patients aged 16 years or over, who have only had one dose of MMR (1 doses)
- MMRMI05 - the number of patients aged 16 years or over, who have had two doses of MMR (2 doses).

Queries process

Queries can be divided into three main categories:

1. those which can be resolved by referring to the specification or guidance
2. those which require interpretation of the guidance or Business Rules
3. those where scenarios have arisen which were not anticipated in developing guidance.

Within these categories, there will be issues relating to coding, Business Rules, payment, clinical issues and policy issues and in some cases the query can incorporate elements from each of these areas.

If there are queries which cross the above areas, the recipient will liaise with the other relevant parties in order to resolve/respond. In addition, where a query has been directed incorrectly, the query will be redirected to the appropriate organisation to be dealt with.

Queries should be directed as follows:

1. Queries relating to Business Rules/coding queries should be sent to the HSCIC via enquiries@hscic.gov.uk. Where required, the HSCIC will work with other key stakeholders to respond.
2. Policy, clinical and miscellaneous queries should be sent to:
 - Primary Care Commissioning only via the helpdesk <http://helpdesk.pcc-cic.nhs.uk/>
 - NHS Employers for NHS England area teams via GMScontract@nhsemployers.org
 - GPC for general practice via info.gpc@bma.org.uk

A set of MMR FAQs⁵ supporting this programme are available on the NHS Employers website.

⁵ NHS Employers/ MMR FAQs.

http://www.nhsemployers.org/PayAndContracts/GeneralMedicalServicesContract/vaccination_and_immunisation/MMRcatchup/Pages/Frequentlyaskedquestions.aspx



NHS Employers

www.nhsemployers.org
gmscontract@nhsemployers.org

NHS England

www.england.nhs.uk

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