



TECHNICAL REQUIREMENTS FOR 2016/17 GMS CONTRACT CHANGES

September 2016

Version control

Version	Publication date	Changes
Version 1	03-06-2016	<p>This version includes:</p> <ul style="list-style-type: none"> • Alcohol • Avoiding unplanned admissions • Childhood influenza (counts only) • Hepatitis B • HPV booster • Learning disabilities • Named GP • Measles mumps rubella • Meningococcal ACWY 18 years on 18 August and meningococcal ACWY freshers • Meningococcal booster • Meningococcal B • Pertussis • Pneumococcal • QOF <ul style="list-style-type: none"> ○ 2016/17 QOF indicators ○ Indicators no longer in QOF • Rotavirus • Seasonal influenza (counts only) • Shingles routine 2015/16 and 2016/17 • Shingles catch-up 2015/16 and 2016/17
Version 2	25-07-2016	<p>NEW</p> <ul style="list-style-type: none"> • Childhood influenza (Read codes) • Seasonal influenza (Read codes)
Version 3	02-09-2016	<ul style="list-style-type: none"> • New LD Read code • 2016/17 dementia data collection

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Section 1. Introduction

Introduction

In February 2016, 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 2016/17.

This document provides the detailed technical requirements for commissioners and practices¹ 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 2016/17 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)².

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 specifications³.

All aspects of a service specification outline the requirements for the programme. As such, commissioners and practices should ensure they have read and understood all sections of the specification as part of the implementation of the programme.

Practices are advised that to ensure they receive payment, particular attention should be paid to the payment and validation terms. Practices will need to ensure they understand and use the designated Read codes as required to ensure payment.

Verification

The following propositions are taken or adapted from the SFE and the Confidentiality and Disclosure of Information (GMS, PMS, APMS) Directions 2013 and its Code of Practice⁴:

¹ 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.

² DH. SFE. <https://www.gov.uk/government/publications/nhs-primary-medical-services-directions-2013>

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

⁴ NHS Primary Medical Directions. <https://www.gov.uk/government/publications/nhs-primary-medical-services-directions-2013>

The Directions and Code of Practice apply equally to NHS England and CCGs operating under delegated commissioning.

The contractor must ensure that it is able to provide any information that NHS England or the commissioner may reasonably request of it to demonstrate achievement and the contractor must make that information available to the commissioner on request. In verifying that service has been achieved and information correctly recorded, the Board may choose to inspect the output from a computer search that has been used to provide information on the indicator, or a sample of patient records relevant to the indicator.

Commissioners and practices will be aware of the requirements of access to patient identifiable data. Where patients have expressed a desire that their information is not shared for this purpose, practices will need to advise the commissioner and make an appropriate note in the record.

Commissioners and practices will be aware of the need to:

- obtain the minimum necessary information for the specific purpose
- anonymise data where possible.

It is recommended that practices record access to confidential patient data in the relevant patient record, so that an audit trail is in place to fulfil the obligations of the practice towards their patients and that of commissioners to practices.

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

CQRS, together with GPES calculate achievement and payments to practices. Both CQRS and GPES are managed by the Health and Social Care Information Centre (HSCIC).

CQRS⁵ is the automated system used to calculate achievement and payments on quality services. These include the quality and outcomes framework (QOF), enhanced services (ESs) and vaccination programmes.

GPES⁶ 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.

⁵ HSCIC. CQRS. <http://systems.hscic.gov.uk/gpcollections>

⁶ HSCIC. GPES. <http://www.hscic.gov.uk/gpes>

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 collection. Further information on when each service will be available on CQRS and how to input data will be available on the HSCIC website⁷.

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.

Where a programme is CQRS/manual only, practices are required to use the Read codes as provided in this document. Business Rules will not be provided, practices should decide the best mechanism for reporting the figures, either by developing their own templates or by working with their System Supplier to create a template.

About this guidance

This document sets out additional detail on how CQRS and GPES will support services, outlines the management information and cohort count⁸ wording and provides the relevant Read2 and CTV3 codes that practices are required to use for each service. This document also includes cohort counts for services where this clarity is needed. Read2 and CTV3 codes 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 Rules⁹ 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.

⁷ HSCIC. CQRS. <http://systems.hscic.gov.uk/gpcollections>

⁸ Commissioners and practices should be aware that the count IDs may not follow a numerical order when changes have been made to the counts. This is to ensure that counts with significant changes are not compared against previous years counts.

⁹ 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 ¹⁰	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..%

In addition to the 'informing patient of named accountable general practitioner' code, practices are also required to use the 'patient allocated named general practitioner' code 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 2016, or within 21 days if aged 75 or over or newly registered.

In order to demonstrate delivery of the requirements of this ES and guarantee the data is collected correctly and achievement calculated accurately, practices must use the codes in table 1.

Here are some points of clarity relating to coding and the order of coding to ensure accurate data collection and payment for practices:

¹⁰ These are the same codes as per the contractual requirements for all patients aged 75 and over to have a named GP.

- Practices should be aware that in order for the 'care plan agreed' and 'care plan review' codes to be collected, the 'care plan started' code must be added to the patient record before any activity is recorded. This code must predate any 'care plan review' codes.
- If a patient has previously received a care plan but declines a care plan review, then the 'admission avoidance care plan review declined' should be used. In order to qualify this code should follow the patient's latest 'admission avoidance care plan agreed' code.
- If a patient has previously declined a care plan they must be offered the opportunity again in the 12 month period leading to the payment date. If they once again decline, then the 'admission avoidance care plan declined' code must be re-entered. If the patient accepts, then the 'admission avoidance care plan agreed' code should be used.
- If a patient leaves a practice (is formally unregistered) and subsequently re-registers at that practice then this patient would be considered as a new registration for the purposes of this ES and therefore the practice must consider whether or not to re-enter that patient to the AUA care plan register. In the event that the practice decides to put the patient back on to the AUA register, they must re-enter the 'admission avoidance care started' code, offer the patient a care plan (and code appropriately - agreed or declined), look to carry out a care plan review and code it after the date of care plan started and also after the date care plan agreed. If this is not done in the correct order, then the activity will not be collected and this patient will not be counted towards the practice's achievement.
- If a patient leaves a practice (is formally unregistered) and subsequently registers at a new practice the practice must consider whether or not to add that patient to the AUA care plan register. In the event that the practice does decide to put the patient on to the AUA register, they must enter the 'admission avoidance care started' code, offer the patient a care plan (and code appropriately - agreed or declined), look to carry out a care plan review and code it after the date of care plan started and also after the date care plan agreed. If this is not done in the correct order, then the activity will not be collected and this patient will not be counted towards the practice's achievement.

The following restrictions apply in the Business Rules:

- The allocation of a named accountable GP must be on or after their most recent registration date AND on or after 01/04/2014 and up to the achievement date.
- The 'admission avoidance care started' code must be on or after their most recent registration AND on or after 01/04/2014 and up to the achievement date.
- The 'care plan agreed/declined' code must be on or after the admission avoidance care started date.
- The 'care plan review' or 'review declined' code must be on or after the care plan agreed date.

The patient will qualify for payment if they have:

- a named accountable GP allocated as above.
- have started admission avoidance care; and
- have any of the following in the 12 months leading up to the payment period end date:
 - a care plan agreed code

- a care plan declined code
- a care plan reviewed code (where there is already a 'care plan agreed' code and after the admission avoidance care was started)
- a care plan review declined code (where there is already a 'care plan agreed' code and after the admission avoidance care was started).

If a practice has coded the patient as admission avoidance care started and then put in a code for care plan review without there being a care plan agreed then they would not be picked up in the payment count; if they did not have a care plan agreed then it cannot be reviewed.

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.

Cohort count

- AUAC1001: The practice has signed up to the Avoiding Unplanned Admissions enhanced service.
- AUACC001: The number (and list of eligible patients) of the contractors registered patients, aged 18 years or over at the payment period end date, on the avoiding unplanned admissions case management register.
- AUACC002: The number (and list of eligible patients) of the contractors registered patients, who have not attained the age of 18 years at the payment period end date, on the avoiding unplanned admissions case management register.

Learning disabilities health checks scheme

Read and CTV3 codes

Table 2: 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
Significant learning disability	-	Xabk1

Table 3: Learning disabilities Read codes – health check codes

	Read v2	Read CTV3
Learning disability health examination*	69DB.	XaPx2
Learning disabilities annual health assessment**	9HB5.	XaL3Q
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

* Code will no longer count towards achievement from 1 April 2017.

** New code added from October 2016.

Payment and management information

Payment count

- LDHC001: Quarterly count of registered patients aged 14 years or over, at the 31 March 2017, 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:

- LDHCMI001: Quarterly count of registered patients aged 18 years or over, at the 31 March 2017, 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.
- LDHCMI002: Quarterly count of registered patients aged 14 years or over and who have not attained the age of 18 years, at the 31 March 2017, 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.
- LDHCMI003: Quarterly count of registered patients aged 18 years or over, at the 31 March 2017, 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.
- LDHCMI004: Quarterly count of registered patients aged 14 years or over and who have not attained the age of 18 years, at the 31 March 2017, 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.
- LDHCMI005: Quarterly (cumulative) count of registered patients aged 18 years or over, at the 31 March 2017, identified as having a QOF diagnostic learning disability, as at reporting period end date.
- LDHCMI006: Quarterly (cumulative) count of registered patients aged 14 years or over and who have not attained the age of 18 years, at the 31 March 2017, identified as having a QOF diagnostic learning disability, as at reporting period end date.
- LDHCMI007: Quarterly count of registered patients aged 18 years or over, at the 31 March 2017, identified as having a QOF diagnostic learning disability who received a learning disability health check in the reporting period.
- LDHCMI008: Quarterly count of registered patients aged 14 years or over and who have not attained the age of 18 years, as at the 31 March 2017, identified as having a QOF diagnostic learning disability who received a learning disability health check in the reporting period.
- LDHCMI009: Quarterly (cumulative) count of registered patients aged 18 years or over, at the 31 March 2017, who have received a learning disability health check and have been provided a health action plan, up to the end of the reporting period.
- LDHCMI010: Quarterly (cumulative) count of registered patients aged 14 years or over and who have not attained the age of 18 years, at the 31 March 2017, 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, at the 31 March 2017, 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, at the 31 March 2017, 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, at the 31 March 2017, 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, at the 31 March 2017, 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.

Cohort counts

There are no cohort counts for this service.

Section 3. Quality and outcomes framework (QOF)

2016/17 QOF indicators

For full details of the requirements for this service, see the '2016/17 QOF guidance and audit requirements'¹¹ document.

READ and CTV3 codes

For details of the Read codes for QOF indicators, see the Business Rules¹² on the HSCIC website.

Payment, management and cohort information

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

¹¹ NHS Employers. 2016/17 QOF guidance. www.nhsemployers.org/QOF201617

¹² 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 Rules¹³ on the HSCIC website.

Payment, management and cohort information

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

¹³ 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 2016/17 guidance and audit requirements”.

Read and CTV3 codes

Table 4: 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.	XaPKI
Alcohol assessment declined	8IA7.	XaNOA
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 5: 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 6: 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
Brief intervention for excessive alcohol consumption declined	8IAF.	XaPty
Extended intervention for excessive alcohol consumption declined	8IAt.	XaX4s
Declined referral to specialist alcohol treatment service	8AAJ.	XaPwp

Table 7: Anxiety and depression Read codes

	Read v2	Read CTV3
Anxiety screening	6897.	Xab9E
Anxiety screening declined	8IH30	XaboP
Anxiety screening using questions	68970	Xab9F
Depression screening using questions	6896.	XaLlc
Depression screening declined	8CAa.	XaboQ
Generalised anxiety disorder 2 scale	38QN.	XaZJQ
Generalised anxiety disorder 7 item score	388w.	XaNkT
GAD-7 (generalised anxiety disorder) 7 scale	8IH8.	Xabu5
Patient health questionnaire (PHQ-9) score	388f.	XaLDN
Patient health questionnaire (PHQ-9) declined	8IA1.	XaMi4
HAD scale: depression score	388P.	Xalwf
Beck depression inventory second edition score	388g.	XaLLG
Patient given advice about management of anxiety*	Xab9G	Xab9G
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

- ALCMI017: 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.
- ALCMI018: 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.
- ALCMI019: 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.
- ALCMI020: 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.
- ALCMI021: 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 FAST 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.
- ALCMI001: 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.
- ALCMI002: 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.
- ALCMI003: 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.
- ALCMI004: 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.
- ALCMI005: 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.
- ALCMI006: 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.

- ALCMI007: 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.
- ALCMI008: 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.
- ALCMI009: 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.
- ALCMI022: 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.
- ALCMI010: 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.
- ALCMI023: 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.
- ALCMI011: 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.
- ALCMI024: 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.
- ALCMI012: 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.
- ALCMI025: 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 dependent drinking, up to the end of the reporting period.
- ALCMI013: 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.
- ALCMI026: 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.
- ALCMI014: 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.

- ALCMI015: 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.
- ALCMI027: 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.
- ALCMI016: 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.

Cohort count

There are no specific cohort counts for this service as MI count ALCMI017 provides that detail.

2016/17 dementia data collection

Read and CTV3 codes

Diagnostic codes for dementia are as per QOF DEM_COD cluster for v35.0.

Table 8: Dementia data collection Read codes

	Read v2	Read CTV3
Assessment for dementia	38C10	XaaBD
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
Dementia screening declined	8IEu.	XaaTn
Dementia screening questionnaire declined	8IEu0	XaabA
At risk of dementia	14Od.	XaQyJ
Initial memory assessment	38C15	Xaahy
Initial memory assessment declined	8IE50	Xaahx
Referral to memory clinic	8HTY.	XaJua
Referral to memory clinic declined	8IEn.	Xaa9t
Dementia care plan	8CMZ.	XaaBZ
Dementia advance care plan	8CMe0	XacLx
Dementia care plan agreed	8CMZ0	Xaclx
Dementia advance care plan agreed	8CSA.	XabEk
Review of dementia advance care plan	8CMG2	XabEi
Dementia care plan reviewed	8CMZ1	Xacly
Dementia advance care plan declined	8IAe0	XabEi
Dementia care plan declined	8CMZ2	Xaclz
Dementia advance care plan review declined	8IAe2	XacM2

Dementia care plan review declined	8CMZ3	XacJ0
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Table 9: Ethnicity Read codes

	Read v2	Read CTV3
White: English or Welsh or Scottish or Northern Irish or British - England and Wales ethnic category 2011 census	9t00.	XactH
White British - ethnic category 2001 census	9i00.	XaQEa
White: Irish - England and Wales ethnic category 2011 census	9t01.	XactI
White Irish - ethnic category 2001 census	9i10.	XaQEb
White: Gypsy or Irish Traveller - England and Wales ethnic category 2011 census	9t02.	XactJ
Gypsy/Romany - ethnic category 2001 census	9i2E.	XaJSD
Irish Traveller - ethnic category 2001 census	9i2C.	XaJSB
Traveller - ethnic category 2001 census	9i2D.	XaJSC
White: any other White background - England and Wales ethnic category 2011 census	9t03.	XactK
Mixed multiple ethnic groups: White and Black Caribbean - England and Wales ethnic category 2011 census	9t04.	XactL
White and Black Caribbean - ethnic category 2001 census	9i3..	XaJQy
Mixed multiple ethnic groups: White and Black African - England and Wales ethnic category 2011 census	9t05.	Xactd
Mixed multiple ethnic groups: White and Asian - England and Wales ethnic category 2011 census	9t06.	Xacte
White and Asian - ethnic category 2001 census	9i5..	XaJR0
Mixed multiple ethnic groups: any other Mixed or multiple ethnic background - England and Wales ethnic category 2011 census	9t07.	Xactf
Asian or Asian British: Indian - England and Wales ethnic category 2011 census	9t08.	Xactg
Indian or British Indian - ethnic category 2001 census	9i7..	XaJR2
Asian or Asian British: Pakistani - England and Wales ethnic category 2011 census	9t09.	Xacth
Pakistani or British Pakistani - ethnic category 2001 census	9i8..	XaJR3
Asian or Asian British: Bangladeshi - England and Wales ethnic category 2011 census	9t0A.	Xacti

Bangladeshi or British Bangladeshi - ethnic category 2001 census	9i9..	XaJR4
Asian or Asian British: Chinese - England and Wales ethnic category 2011 census	9t0B.	Xactj
Asian and Chinese - ethnic category 2001 census	9i64.	XaJRL
Chinese - ethnic category 2001 census	9iE..	XaJR9
Asian or Asian British: any other Asian background - England and Wales ethnic category 2011 census	9t0C.	Xactk
Black or African or Caribbean or Black British: African - England and Wales ethnic category 2011 census	9t0D.	Xactl
Black or African or Caribbean or Black British: Caribbean - England and Wales ethnic category 2011 census	9t0E.	Xactm
Black or African or Caribbean or Black British: other Black or African or Caribbean background - England and Wales ethnic category 2011 census	9t0F.	Xactn
Other ethnic group: Arab - England and Wales ethnic category 2011 census	9t0G.	Xacto
Arab - ethnic category 2001 census	9iF9.	XaJSS
Other ethnic group: any other ethnic group - England and Wales ethnic category 2011 census	9t0H.	Xactp
Any other group - ethnic category 2001 census	9iFK.	XaJSg
Other - ethnic category 2001 census	9iF..	XaJRA
Ethnic category not stated - 2001 census	9iG..	XaJRB

Payment and management information

Payment count

There is no payment attached to this collection.

Management information counts

- DEMMI102: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are female and aged 0-29 at the end of the reporting period.
- DEMMI103: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are female and aged 30-34 at the end of the reporting period.
- DEMMI104: Number of patient recorded on their general practice's Dementia Register, as per the current QOF definition, who are female and aged 35-39 at the end of the reporting period.
- DEMMI105: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are female and aged 40-44 at the end of the reporting period.

- DEMMI106: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are female and aged 45-49 at the end of the reporting period.
- DEMMI107: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are female and aged 50-54 at the end of the reporting period.
- DEMMI108: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are female and aged 55-59 at the end of the reporting period.
- DEMMI109: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are female and aged 60-64 at the end of the reporting period.
- DEMMI110: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are female and aged 65-69 at the end of the reporting period.
- DEMMI111: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are female and aged 70-74 at the end of the reporting period.
- DEMMI112: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are female and aged 75-79 at the end of the reporting period.
- DEMMI113: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are female and aged 80-84 at the end of the reporting period.
- DEMMI114: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are female and aged 85-89 at the end of the reporting period.
- DEMMI115: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are female and aged 90+ at the end of the reporting period.
- DEMMI116: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are male and aged 0-29 at the end of the reporting period.
- DEMMI117: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are male and aged 30-34 at the end of the reporting period.
- DEMMI118: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are male and aged 35-39 at the end of the reporting period.
- DEMMI119: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are male and aged 40-44 at the end of the reporting period.
- DEMMI120: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are male and aged 45-49 at the end of the reporting period.
- DEMMI121: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are male and aged 50-54 at the end of the reporting period.
- DEMMI122: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are male and aged 55-59 at the end of the reporting period.

- DEMMI123: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are male and aged 60-64 at the end of the reporting period.
- DEMMI124: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are male and aged 65-69 at the end of the reporting period.
- DEMMI125: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are male and aged 70-74 at the end of the reporting period.
- DEMMI126: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are male and aged 75-79 at the end of the reporting period.
- DEMMI127: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are male and aged 80-84 at the end of the reporting period.
- DEMMI128: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are male and aged 85-89 at the end of the reporting period.
- DEMMI129: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are male and aged 90+ at the end of the reporting period.
- DEMMI130: Number of patients of all ages recorded on their general practice's Dementia Register, as per the current QOF definition, who have 'Not Known' or 'Not Specified' recorded as their gender at the end of the reporting period.
- DEMMI131: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are in the Ethnicity group White: English or Welsh or Scottish or Northern Irish or British at the end of the reporting period.
- DEMMI132: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are White: Irish at the end of the reporting period.
- DEMMI133: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are White: Gypsy or Irish Traveller at the end of the reporting period.
- DEMMI134: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are White: Any other White background at the end of the reporting period.
- DEMMI135: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are Mixed or multiple ethnic groups: White and Black Caribbean at the end of the reporting period.
- DEMMI136: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are Mixed or multiple ethnic groups: White and Black African at the end of the reporting period.
- DEMMI137: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are Mixed or multiple ethnic groups: White and Asian at the end of the reporting period.
- DEMMI138: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are Mixed or multiple ethnic groups: Any other Mixed or multiple ethnic background at the end of the reporting period.

- DEMMI139: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are Asian or Asian British: Indian at the end of the reporting period.
- DEMMI140: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are Asian or Asian British: Pakistani at the end of the reporting period.
- DEMMI141: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are Asian or Asian British: Bangladeshi at the end of the reporting period.
- DEMMI142: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are Asian or Asian British: Chinese at the end of the reporting period.
- DEMMI143: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are Asian or Asian British: Any other Asian background at the end of the reporting period.
- DEMMI144: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are Black or African or Caribbean or Black British: African at the end of the reporting period.
- DEMMI145: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are Black or African or Caribbean or Black British: Caribbean at the end of the reporting period.
- DEMMI146: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are Black or African or Caribbean or Black British: Any other Black or African or Caribbean background at the end of the reporting period.
- DEMMI147: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are other ethnic group: Arab at the end of the reporting period.
- DEMMI148: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are other ethnic group: Any other ethnic group at the end of the reporting period.
- DEMMI149: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are not stated at the end of the reporting period.
- DEMMI150: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are whose Ethnicity is not specified at the end of the reporting period. (ie patients not categorised into any of the other Ethnicity groups in this service)
- DEMMI151: Number of patients with a record of receiving an assessment for dementia by the GP practice, up to the end of the reporting period.
- DEMMI152: 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.
- DEMMI153: 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.
- DEMMI154: 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.

- DEMMI155: 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.
- DEMMI156: 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.
- DEMMI157: The number of patients diagnosed with dementia who have a record of receiving a dementia care plan or dementia care plan review by the GP practice within the 12 month period leading up to the end of the reporting period.
- DEMMI158: The number of patients diagnosed with dementia who have a record of declining a dementia care plan or declining a dementia care plan review, within the 12 month period leading up to the end of the reporting period.

Cohort count

- DEMMI100: Number of patients registered at the general practice, as at the end of the reporting period.
- DEMMI101: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, at the end of the reporting period.

Named GP

For full details of the contractual requirements for this, see the “GMS contract changes 2016/17 guidance and audit requirements”.

Read and CTV3 codes

Table 10: 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 ¹⁴	69DA.	Ua228

In addition to the ‘informing patient of named accountable general practitioner’ code, practices are also required to use the ‘patient allocated named general practitioner’ code 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 2016, or within 21 days if aged 75 or over or newly registered.

Payment and management information

Payment count

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

Management information counts

- NAGPMI011: The number of patients on the GP practice list at the end of the reporting period.
- 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.
- 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.

¹⁴ In the event that a patient over the age of 75 receives a health check, this is the recommended code.

- 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.

Cohort count

There are no specific cohort counts for this service as MI counts NAGPMI011 and NAGPMI005 provide that detail.

Section 5. Vaccination programmes (commencing April 2016)

Hepatitis B (newborn babies) vaccination programme

Read and CTV3 codes

Table 11: 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 12: 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.

Cohort count

There are no cohort counts for this service.

HPV booster vaccination programme

READ and CTV3 codes

Table 13: HPV vaccination codes

	Read v2	Read CTV3
First human papillomavirus vaccination	65FS.	XaNNI
Second human papillomavirus vaccination	65FT.	XaNNJ
Third human papillomavirus vaccination	65FV.	XaNNK
Quadrivalent human papillomavirus vaccination	65FW.	XaXjc
HUMAN PAPILLOMAVIRUS 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 who achieve 14 years of age on or after 1 April 2015 and who have not achieved the age of 18 years who have 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.

Cohort count

There are no cohort counts for this service.

Measles, mumps, rubella, (MMR)

READ and CTV3 codes

Table 14: MMR Read codes – first dose

	Read v2	CTV3
Measles/mumps/rubella vaccination	65M1.	65M1.
Measles mumps rubella catch-up vaccination	9ki1.	XaQPr
[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 15: 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	9ki1.	XaQPr
[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.	n4k5.
Priorix vaccine injection (pdr for recon)+diluent	-	x04sw
M-M-RVAXPRO powder+solvent for susp for injection 0.5 ml	n4k6.	n4k6.

Table 16: MMR Read codes – second dose ONLY given

	Read v2	CTV3
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.

Cohort count

There are no cohort counts for this service.

Meningococcal ACWY 18 years on 31 August and freshers vaccination programmes

Although the requirements are defined in two separate service specifications, the 18 years and freshers vaccination programmes are set up as one service on CQRS.

The 18 year olds programme allows for the vaccination of 19 year old non-freshers on an opportunistic basis. NHS England agreed to honour any claims for the vaccination of 20-25 year old non-freshers made by practices up to 31 July 2016, but going forward these patients would not be eligible for payment. Practices are responsible for ensuring that any 20-25 year old vaccinated under either programme are eligible from 1 August 2016 under the terms of the service specifications.

Read and CTV3 codes

Table 17: 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

Table 18: 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

- ACWY001: Monthly count of the number of patients aged 18 years on 31 August 2016 or aged 18 years at the time of vaccination who received their earliest MenACWY vaccination administered by the GP practice within the reporting period.
- ACWY002: Monthly count of the number of patients who received their earliest MenACWY vaccination whilst aged at least 19 years and before attaining 26 years of age, administered by the GP practice within the reporting period.

Management information counts

- ACWYMI001: Monthly count of the number of patients aged 18 years on 31 August 2016 who declined a MenACWY vaccination within the reporting period.
- ACWYMI002: Monthly count of the number of patients aged at least 19 years on 31 August 2016 who declined a MenACWY vaccination within the reporting period before attaining 26 years of age.
- ACWYMI003: Monthly count of the number of patients aged 18 years on 31 August 2016 or aged 18 years at the time of vaccination who received their earliest MenACWY vaccination administered by another healthcare provider up to the end of the reporting period.
- ACWYMI004: Monthly count of the number of patients who received their earliest MenACWY vaccination whilst aged at least 19 years and before attaining 26 years of age, administered by another healthcare provider up to the end of the reporting period.
- ACWYMI005: Monthly count of the number of patients who are aged 18 years on 31 August 2016 who did not receive a MenACWY vaccination and have no recorded reason for not receiving it, up to the end of the reporting period.

Cohort count

There are no cohort counts for this service.

Meningococcal B (MenB) infant vaccination programme

Read and CTV3 codes

Table 19: Meningococcal B vaccination Read codes

	Read v2	Read CTV3
BEXSERO vaccine susp for injection prefilled syringe 0.5 mL*	n4IB.	n4IB.
First meningitis B vaccination	65710	XacJs
Second meningitis B vaccination	65711	XacJt
Booster meningitis B vaccination	6571A	Xaees
First meningitis B vaccination given by other healthcare provider	65715	XacKp
Second meningitis B vaccination given by other healthcare provider	65716	XacKq
Booster meningitis B vaccination given by other healthcare provider	65719	Xaeeb
Meningococcal B vaccine contra-indicated	8I23P	XacJx
Meningococcal B vaccine declined	8IHC.	XacJy
First meningitis B vaccination declined	8IHC1	Xaedw
Second meningitis B vaccination declined	8IHC2	Xaedx
Booster meningitis B vaccination declined	8IHCO	Xaedr

Any first dose regardless of the age at the time of vaccination, should be recorded using the first dose code otherwise it will not be picked up as part of the data collections. The same applies for the second and booster doses. If practices do not use the correct code, their achievement and reporting may not be accurate.

Payment and management information

Payment count

- MENBI01: Monthly count of the number of patients who received a first dose of MenB vaccination from the age of 2 months and before attaining 24 months of age, administered by the GP practice within the reporting period.
- MENBI03: Monthly count of the number of patients who received a second dose of MenB vaccination from the age of 4 months and before attaining 24 months of age, administered by the GP practice within the reporting period.
- MENBI09 :Monthly count of the number of patients who received a booster dose of MenB vaccination from the age of 12 months and before attaining 24 months of age, administered by the GP practice within the reporting period where the first dose of MenB vaccination was received prior to patient attaining 12 months of age.

- MENBI10: Monthly count of the number of patients who received a booster dose of MenB vaccination from the age of 12 months and before attaining 24 months of age, administered by the GP practice within the reporting period where the first dose of MenB vaccination was received on or after patient attaining 12 months of age.

Management information

- MENBIMI01: Monthly count of the number of patients who received a first dose of MenB vaccination from the age of 2 months and before attaining 24 months of age, administered by another healthcare provider within the reporting period.
- MENBIMI02: Monthly count of the number of patients who received a second dose of MenB vaccination from the age of 4 months and before attaining 24 months of age, administered by another healthcare provider within the reporting period.
- MENBIMI03: Monthly count of the number of patients who received a booster dose of MenB vaccination from the age of 12 months and before attaining 24 months of age, administered by another healthcare provider within the reporting period where the first dose of MenB vaccination was received prior to patient attaining 12 months of age.
- MENBIMI04: Monthly count of the number of patients who received a booster dose of MenB vaccination from the age of 12 months and before attaining 24 months of age, administered by another healthcare provider within the reporting period where the first dose of MenB vaccination was received on or after patient attaining 12 months of age.
- MENBIMI05: Monthly count of the number of patients aged at least 2 months and under 24 months of age for whom the MenB vaccination was contraindicated up to the end of the reporting period.
- MENBIMI06: Monthly count of the number of patients who declined their first dose of MenB vaccination whilst aged at least 2 months and under 24 months of age, up to the end of the reporting period.
- MENBIMI07: Monthly count of the number of patients who declined their second dose of MenB vaccination whilst aged at least 4 months and under 24 months of age, up to the end of the reporting period.
- MENBIMI08: Monthly count of the number of patients who declined their booster dose of MenB vaccination whilst aged at least 12 months and under 24 months of age, up to the end of the reporting period.
- MENBIMI09: Monthly count of the number of patients aged at least 2 months and under 24 months of age who have received a complete course of MenB vaccinations by the end of the reporting period.
- MENBIMI10: Monthly count of the number of patients who have attained the age of 2 months and have not attained 24 months of age, who did not receive any MenB vaccination and have no recorded reason for not receiving it, up to the end of the reporting period.
- MENBIMI11: Monthly count of the number of patients who have attained the age of 4 months and have not attained 14 months of age who received their first dose of MenB vaccination before 12 months of age and have not received their second dose of MenB vaccination and have no recorded reason for not receiving it, up to the end of the reporting period.

- MENBIMI12: Monthly count of the number of patients who have attained the age of 4 months and have not attained 14 months of age who received their first dose of MenB vaccination before 12 months of age and have received a second dose of MenB vaccination but have not received their booster dose of MenB vaccination and have no recorded reason for not receiving it, up to the end of the reporting period.
- MENBIMI13: Monthly count of the number of patients who have attained the age of 4 months and have not attained 14 months of age who received their first dose of MenB vaccination on or after 12 months of age and have not received their booster dose of MenB vaccination and have no recorded reason for not receiving it, up to the end of the reporting period.
- MENBIMI14: Monthly count of the number of patients who have attained the age of 14 months and have not attained 24 months of age, who have not received a complete course of MenB vaccination and have no recorded reason for not receiving the complete course, up to the end of the reporting period.

Cohort count

- MENBICC01: The number (and list of eligible patients) of the contractors registered patients aged at least 8 weeks by the achievement date and under 24 months at the start of the reporting period
- MENBICC02: The number (and list of eligible patients) of the contractors registered patients aged at least 16 weeks by the achievement date and under 24 months at the start of the reporting period
- MENBICC03: The number (and list of eligible patients) of the contractors registered patients aged at least 52 weeks by the achievement date and under 24 months at the start of the reporting period
- MENBICC04: The number (and list of eligible patients) of the contractors registered patients aged at least 16 weeks by the achievement date and under 60 weeks at the end of the reporting period
- MENBICC05: The number (and list of eligible patients) of the contractors registered patients aged at least 60 weeks by the achievement date and under 24 months at the end of the reporting period
- MENBICC06: The number (and list of eligible patients) of the contractors registered patients aged at least 8 weeks by the achievement date and under 24 months at the end of the reporting period

Meningococcal booster vaccination programme

Read and CTV3 codes

Table 20: Meningococcal Read codes – procedure codes

	Read v2	Read CTV3
Meningitis ACW & Y vaccination	657J.	XaIQX
ACWY VAX injection	n417.	n417.
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
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

- MVB001: Monthly count of the number of patients aged 14 years on or after 1 April 2015 who have not yet attained the age of 26 years who have received a Meningococcal 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.

Cohort count

There are no cohort counts for this service.

Pertussis (pregnant women) vaccination

READ and CTV3 codes

Table 21: Pertussis Read codes

	Read v2	Read CTV3
Pertussis vaccination in pregnancy ¹⁵	6556.	XacJ3
Pertussis vaccination in pregnancy declined	8IEc.	Xaa6Y
Pertussis vaccination in pregnancy given by other 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

- PTMI001: To identify the number of patients offered the vaccination by the GP practice and declined. This will help NHS England and PHE to assess the success of the programmes and develop new strategies to engage patients; if required.
- PTMI002: To identify patients who have received the vaccination but by an alternative provider to the GP practice. This will be used to identify the total number of patients receiving the vaccine.

Cohort count

There are no cohort counts for this service.

¹⁵ Description for Read code may differ when confirmed.

Pneumococcal polysaccharide vaccination programme

Read and CTV3 codes

Table 22: 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 23: Pneumococcal polysaccharide vaccine Read codes

	Read v2	Read CTV3
PNEUMOVAX ¹⁶ 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.

¹⁶ 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.

	Read v2	Read CTV3
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.

Read Codes used for payment

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/16-17%20Pneumococcal%20at%20risk%20Read%20codes.xlsx>¹⁷

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

Payment counts

- PNEU001: Monthly count of patients aged 65 years or over as at 31 March 2017, who have received a pneumococcal vaccination by the GP practice, within the reporting period.
- PNEU002: Monthly count of patients aged 2 years to 64 years on 31 March 2017 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.
- PNEU003: Monthly count of patients aged 2 years to 64 years on 31 March 2017 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

- PNEUMI001: The number of patients aged 65 years or over on 31 March 2017 for whom the pneumococcal vaccination was contra-indicated up to the end of the reporting period.

¹⁷ If clicking on the link doesn't direct you to the spreadsheet, copy and paste the full link in to your browser.

- PNEUMI002: The number of patients aged 2 years to 64 years on 31 March 2017, 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 2017 who declined a pneumococcal vaccination within the reporting period.
- PNEUMI004: The number of patients aged 2 years to 64 years on 31 March 2017, 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 2017 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 2017 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 2017 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 2017 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 2017 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 2017 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.

Cohort counts

There are no cohort counts for this service.

Rotavirus (childhood routine immunisation) vaccination programme

Read and CTV3 codes

Table 24: 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 therapy 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 vaccination.

- 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 vaccination (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 vaccination (there is neither a first nor second dose of the vaccination) and with no recorded reason for not receiving rotavirus vaccination within the reporting period.

Cohort count

There are no cohort counts for this service.

Section 6. Vaccination programmes (commencing September 2016)

Childhood seasonal influenza vaccination programme

Read and CTV3 codes

The Read codes will be based on the list of vaccines included in the PHE annual flu plan¹⁸.

Table 25: Seasonal influenza intranasal first dose vaccination Read codes

	Read v2	Read CTV3
Administration of first intranasal seasonal influenza vacc	65ED1	Xaac3
INFLUENZA VACCINE (LIVE ATTENUATED) nasal suspension 0.2mL	n47E.	n47E.
FLUENZ TETRA nasal spray suspension 0.2mL	n47I.	n47I.
First intranasal seasonal flu vacc gvn by othr hlthcare prov	65E21	Xaac7
First intranasal seasonal influenza vaccination given by pharmacist	65ED6	Xaeet

Table 26: Seasonal influenza intranasal second dose vaccination Read codes

	Read v2	Read CTV3
Administration of second intranasal seasonal influenza vacc	65ED3	Xaac4
INFLUENZA VACCINE (LIVE ATTENUATED) nasal suspension 0.2mL	n47E.	n47E.
FLUENZ TETRA nasal spray suspension 0.2mL	n47I.	n47I.
Secnd intranasal seasonal flu vacc gvn by othr hlthcare prov	65E22	Xaac8
Second intranasal seasonal influenza vaccination given by pharmacist	65ED7	Xaeeu

¹⁸ PHE. Seasonal influenza. <https://www.gov.uk/government/collections/annual-flu-programme>

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.
FLUARIX TETRA suspension for injection prefill syringe 0.5mL	n47H.	n47H.
Enzira prefilled syringe 0.5mL	n47m.	n47m.
IMUVAC prefilled syringe 0.5mL	n47o.	n47o.
INTANZA 15micrograms/strain susp for inj pfs 0.1mL	n47p.	n47p.
Inact Influenza vacc (split virion) prefilled syringe 0.25mL	n47y.	n47y.
Administration of first inactivated seasonal influenza vacc	65ED4	Xad9j
Administration of second inactivated seasonal influenza vacc	65ED5	Xad9k
Seasonal influenza vaccin given by other healthcare provider	65E20	XaZ0e
1st intramuscular seasonal influenza vacc given by other HCP	65E24	Xac5J
Seasonal influenza vaccination given by pharmacist	65ED0	XaZfY

Table 28: Seasonal influenza – contra-indication, declined and no consent Read codes

	Read v2	Read CTV3
H/O: influenza vaccine allergy	14LJ.	XaIAA
[X]Influenza vaccine causing adverse effects therapeutic use	U60K4	XaJ7u
[V]Personal history of influenza vaccine allergy	ZV14F	XaJ8X
Seasonal influenza vaccination contraindicated	8I2F0	XaZ0j
Seasonal influenza vaccination not indicated	8I6D0	XaZ0k
Seasonal influenza vaccination declined	9OX51	XaZ0i
First intranasal seasonal influenza vaccination declined	9OX54	XaadS

Second intranasal seasonal influenza vaccination declined	9OX56	XaadU
No consent for seasonal influenza vaccination	68NE0	Xaa9f
Influenza vaccine allergy	-	Xa5um
Influenza split virion vaccine allergy	-	Xa5un
Influenza surface antigen vaccine allergy	-	Xa5uo
Influenza vaccine adverse reaction	-	Xa5WJ
Influenza split virion vaccine adverse reaction	-	Xa5WK
Influenza surface antigen vaccine adverse reaction	-	Xa5WL

Payment and management information

Payment count

- CFLU002: 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 2016 who have received a first dose of seasonal influenza vaccination given by the GP practice within the reporting period.
- CFLUSI003: 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 2016 who have received a second dose of seasonal influenza vaccination given by the GP practice within the reporting period.

Management information counts

- CFLUMI001: 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 2016 who received an live attenuated influenza vaccine (LAIV) vaccination, given by the GP practice, within the reporting period.
- CFLUMI009: 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 2016 who received a second dose of LAIV vaccination, given by the GP practice, within the reporting period.
- CFLUMI002: 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 2016 who received an inactivated seasonal influenza vaccine, given by the GP practice, within the reporting period.
- CFLUMI003: 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 2016 who received a second dose of inactivated seasonal influenza vaccine, given by the GP practice, within the reporting period.

- CFLUMI007: 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 2016 who have not received a seasonal influenza vaccination.
- CFLUMI008: 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 2016 who have received a seasonal influenza vaccination given by another healthcare provider within the reporting period.

Cohort counts

There are no cohort counts for this service.

Seasonal influenza vaccination programme

Seasonal influenza

Read and CTV3 codes

See childhood influenza section for full list of vaccine Read codes. The Read codes are based on the list of vaccines included in the PHE annual flu plan¹⁹.

Read Codes used for payment

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

<http://www.nhsemployers.org/~media/Employers/Documents/Primary%20care%20contracts/V%20and%20I/V%20and%20I%20Home%20Page/201617%20Seasonal%20flu%20at%20risk%20Read%20codes.xlsx>²⁰

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

Payment count

- SFLU001: Monthly count of patients aged 65 years and over on 31 March 2017, 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 2017, excluding patients aged 2, 3 and 4 years as at 31 August 2016)
- 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 2017, excluding patients aged 2, 3 and 4 years as at 31 August 2016)
- 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 9 years on 31 March 2017, excluding patients aged 2, 3 and 4 years as at 31 August 2016)
- SFLU005: Monthly count of the number of eligible patients, identified as at risk, where the risk is not clearly

¹⁹ PHE. Seasonal influenza. <https://www.gov.uk/government/collections/annual-flu-programme>

²⁰ If clicking on the link doesn't direct you to the spreadsheet, copy and paste the full link in to your browser.

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 2017, excluding patients aged 2, 3 and 4 years as at 31 August 2016)

Management information counts

- 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 2017, excluding patients aged 2, 3 and 4 years as at 31 August 2016)
- SFLUMI002: Monthly count of patients aged 65 years and over on 31 March 2017, 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 9 years on 31 March 2017, excluding patients aged 2, 3 and 4 years as at 31 August 2016)
- SFLUMI004: Monthly count of patients aged 65 years and over on 31 March 2017 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 9 years on 31 March 2017, excluding patients aged 2, 3 and 4 years as at 31 August 2016)
- SFLUMI006: Monthly count of patients aged 65 years and over on 31 March 2017 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 9 years on 31 March 2017, excluding patients aged 2, 3 and 4 years as at 31 August 2016)
- SFLUMI008: Monthly count of patients aged 65 years and over on 31 March 2017, 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 9 years on 31 March 2017, excluding patients aged 2, 3 and 4 years as at 31 August 2016)
- SFLUMI010: Monthly count of patients aged 65 years and over on 31 March 2017 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 9 years on 31 March 2017, excluding patients aged 2, 3 and 4 years as at 31 August 2016)

- SFLUMI012: The number of patients defined as morbidly obese (BMI of ≥ 40) up to the end of the reporting period. (Eligible patients are aged 18 years or over on 31 March 2017)
- SFLUMI013: The number of patients defined as morbidly obese (BMI of ≥ 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 2017)
- SFLUMI014: The number of patients defined as morbidly obese (BMI of ≥ 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 2017)

Cohort counts

There are no cohort counts for this service.

Shingles (routine aged 70) vaccination programme

This services runs from 1 September 2015 to 31 August 2016 and from 1 September 2016 to 31 March 2017. The Read codes are the same across both years. The payment and management information counts are different.

Read and CTV3 codes

Table 29: Shingles Read codes²¹

	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 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.

²¹ These Read codes apply to both the routine and catch-up vaccination programmes.

- 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.

Payment and management information (1 September 2016 to 31 March 2017)

Payment count

- SHROU01: Monthly count of the number of registered patients aged 70 years at any point between 1 September 2013 and 1 September 2016 (inclusive), who have a record of receiving a shingles vaccination by the GP practice within the reporting period.

Management information counts

- SHROUMI01: Monthly count of the number of registered patients aged 70 years at any point between 1 September 2013 and 1 September 2016 (inclusive), for whom the shingles vaccination was contraindicated 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 2016 (inclusive), 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 2016 (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 2016 (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 2016 (inclusive), 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 2016 (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.

Cohort count

There are no specific cohort counts for this service. However, adding the totals for the payment count and each MI count should provide a figure for the number of eligible patients in the practice.

Shingles (catch-up) vaccination programme

This services runs from 1 September 2015 to 31 August 2016 and from 1 September 2016 to 31 March 2017. 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 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

- 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.

Payment and management information (1 September 2016 to 31 March 2017)

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 2016, who have a record of receiving a shingles vaccination by the GP practice within the reporting period and who were not aged 80 years at the point of vaccination.

Management information counts

- 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 2016, for whom the shingles vaccination was contraindicated 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 2016, 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 2016, 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 2016, 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 2016, 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 2016, 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.

Cohort count

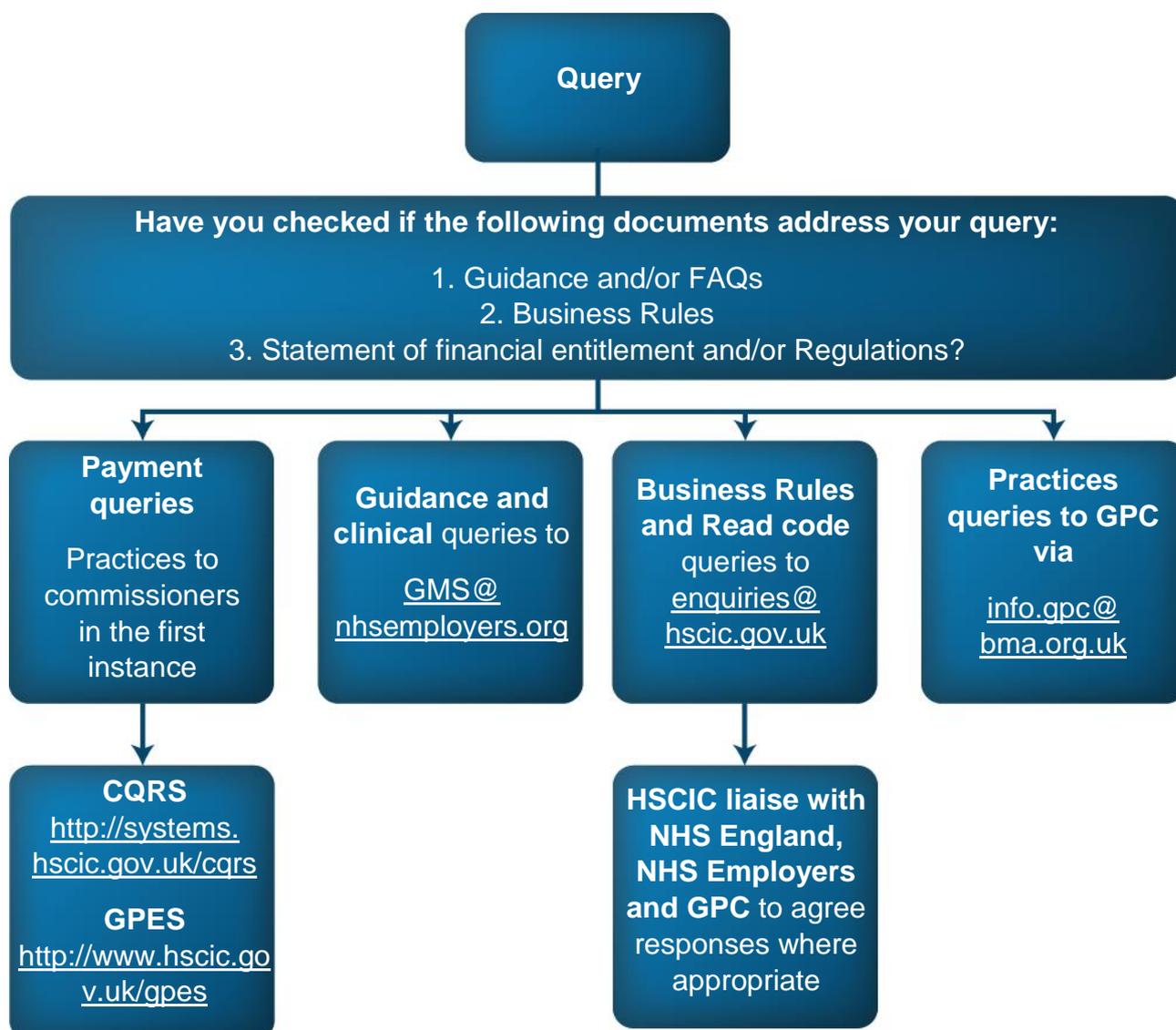
There are no specific cohort counts for this service. However, adding the totals for the payment count and each MI count should provide a figure for the number of eligible patients in the practice.

Section 7. Queries

Queries fall into three main categories:

1. those which can be resolved by referring to guidance²² and/or FAQs²³
2. those requiring interpretation of the guidance or Business Rules²⁴
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.



²² NHS Employers. 2016/17 QOF guidance. www.nhsemployers.org/QOF201617

²³ NHS Employers. FAQs. <http://www.nhsemployers.org/GMS/FAQs>

²⁴ HSCIC. <http://www.hscic.gov.uk/qofesextractspecs>

**General Practitioners
Committee**
www.bma.org.uk/gpc

NHS Employers
www.nhsemployers.org

NHS England
www.england.nhs.uk

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