

# Directed Enhanced Service (DES) for H1N1 vaccination programme – JCVI priority groups

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## Introduction

NHS Employers and the General Practitioners Committee (GPC) of the BMA have agreed arrangements (Annex 1) for the delivery of the H1N1 vaccine to those patients identified by the Joint Committee on Vaccination and Immunisations (JCVI) as being at risk (Annex 2).

This document provides primary care trusts (PCTs) and general practices with updated information to help support the implementation of the Directed Enhanced Service (DES) in England. Similar guidance is being issued separately in Scotland, Wales and Northern Ireland.

The Primary Medical Services (Directed Enhanced Services – Pandemic Influenza (H1N1) Vaccination Scheme) Directions and minor amendments to the Statement of Financial Entitlements to underpin the DES, are available on the Department of Health website (see link below). The detailed requirements for taking part in the DES are set out in the directions. PCTs and practices taking part should ensure they have read and understood the requirements in the directions as well as the guidance in this document.

[http://www.dh.gov.uk/en/Publicationsandstatistics/Legislation/Directionsfromthesecretaryofstate/DH\\_107716](http://www.dh.gov.uk/en/Publicationsandstatistics/Legislation/Directionsfromthesecretaryofstate/DH_107716)

## Quality and Outcomes Framework (QOF)

### Patient experience indicators (PE7 and PE8)

In return for vaccinating three percentage points higher of the JCVI priority group one (i.e. six months to 65 years)\* at risk patients in any practice, than the uptake rate in the same (i.e. six months to 65 years)\* at risk group for seasonal flu for the UK for 2008/09, practices would be granted a 10 per cent drop in the upper and 20 per cent drop in the lower thresholds of PE7 and PE8.

In order to receive the easement of these thresholds, practices will need to achieve a patient uptake of greater than 50.7 per cent **within JCVI priority group one**.

Whilst a target of 50.7 per cent has been set, general practitioners will seek to achieve a swine flu vaccination uptake of at least or better than that achieved by the practice for seasonal flu in 2008/09. Further information on obtaining baseline information and monitoring is included in the validation and payment section on page 7.

\*Note: The comparison is on a like-for-like basis. This means a comparison of the 2008/09 UK uptake of a completed course of vaccination for the under 65 clinically at risk seasonal flu group (47.7 per cent plus 3 percentage points = 50.7 per cent) with an equivalent completed course (one or two doses depending on requirements) of vaccination for H1N1 priority group one identified by JCVI (refer to Annex 2).

## Prevalence arrangements

As per the 2009/10 QOF changes, true prevalence will be used to determine QOF payments as from 1 April 2010 i.e. the current cut off arrangements will be discontinued.

Further details are available on the NHS Employers website at:

[www.nhsemployers.org/SiteCollectionDocuments/Prevalence\\_joint\\_letter\\_to\\_PCTs\\_mh140409.pdf](http://www.nhsemployers.org/SiteCollectionDocuments/Prevalence_joint_letter_to_PCTs_mh140409.pdf)

## Childhood vaccination and immunisations targets

As part of the DES, the collection date for the data on childhood immunisations for the third quarter only, i.e. the December 2009 date, has been extended by six weeks to mid-February 2010. This has been agreed to give practices time to undertake the swine flu vaccination programme for the priority groups, whilst the childhood vaccination and immunisations programme is continued.

The amended arrangements for the third quarter will be as follows:

- the cohort of children is established on 1 October 2009
- the final date for immunisations counting towards payment will be 11 February 2010
- the cut off date for submitting returns is a date set by PCT in March 2010
- the date the payment falls due is 31 March 2010.

Arrangements for the fourth quarter will revert back to normal as follows:

- the cohort of children is established on 1 January 2010
- the final date for immunisations counting towards payment will be 31 March 2010
- the cut off date for submitting returns is a date set by the PCT in June 2010
- the date the payment falls due is 30 June 2010.

Note: Practices may be finishing off immunisations for the quarter three cohort as well as carrying out immunisations for the quarter four cohort at the beginning of 2010.

## Vaccination of housebound patients

A housebound patient is defined as "a patient to whom the contractor would normally offer home visits as this is the only practical means of enabling the patient to consult a general practitioner, face-to-face" and for the purposes of this DES also falls into one of the JCVI defined priority groups (definition taken from DES directions). This includes patients living in a care

home, who are registered with a GP practice and who meet the definition of a housebound patient.

Subject to other arrangements that PCTs might wish to introduce, district nurses or other qualified PCT staff will vaccinate all housebound, as identified above, in line with seasonal flu arrangements. Practices (including those not taking up the DES) will need to provide their PCT with a list of who these patients are when taking up the DES.

Practices can claim the £5.25 for those housebound patients vaccinated, who are both on their registered list and fall into one of the JCVI defined priority groups.

Practices will not be charged for the time of district nurses engaged in this programme.

## Vaccination of health and social care staff

It is the responsibility of employers to organise vaccination of appropriate frontline staff, either through existing occupational health arrangements or by putting in place other local arrangements. GPs as employers should therefore make the necessary arrangements to secure their own vaccination and, as appropriate, their practice staff. Where a practice decides to vaccinate their staff, this work will not qualify for the £5.25 payment, unless the member of staff is registered with their employing practice and falls into one of the JCVI at-risk groups.

Local occupational health providers will supply GP practices with details of health and social care staff who have been vaccinated and practices will update patient records accordingly.

## Vaccination of frontline staff that fall into one of the JCVI defined priority groups

If a person working in health and social care is both classified as front-line staff and also falls within one of the JCVI defined priority groups, the expectation, subject to patient preference, is that such individuals will be vaccinated by their registered practice. The practice with whom they are registered will only receive the £5.25 payment if it is they who administer the vaccination. The practice will not receive the £5.25 payment simply because the patient is on their list.

Arrangements will need to be put in place by occupational health services to enable the sharing of information if a person is vaccinated outside of their registered practice but falls into the JCVI category.

Where a person chooses to be vaccinated elsewhere and not at their registered practice, the person's registered practice will be able to count this patient towards the PE7 and PE8 target uptake.

General practice should only receive one payment for delivering the swine flu vaccination i.e. the £5.25 per dose paid by the PCT.

Example:

Person A is a frontline worker who is also in the JCVI at risk group and is registered with practice 1.

If person A's employing organisation contracted the vaccination of their frontline staff out to practice 2, at a cost of £10 per person, then practice 2 would receive one payment i.e. the £10.

However, if person A's employing organisation contracted the vaccinations of their frontline staff out to practice 1, then practice 1 could potentially receive a double payment i.e. claim the £10 as per their agreement with the employing organisation/occupational service, and the £5.25 per dose payment from the PCT as person A falls into one of the JCVI priority at risk groups. In these circumstances, practice 1 should only receive the £5.25 per dose payment from their PCT.

## General

### Practices not taking up the DES

If a practice does not wish to take up the DES, it is then a matter for PCTs to put in place other arrangements that will likely involve the use of an alternative provider.

### Definition of front-line staff

Those staff eligible for seasonal flu vaccine, as set out in the Green Book (see link below) will be eligible for swine flu vaccination. This includes staff who have regular clinical contact with patients and who are directly involved in patient care.

Examples of those groups who will be offered the vaccine include doctors, dentists, midwives and nurses, paramedics and ambulance drivers, occupational therapists, physiotherapists and radiographers. Students and trainees in these disciplines, and volunteers who are working with patients, will also be included.

[www.dh.gov.uk/en/Publichealth/Healthprotection/Immunisation/Greenbook/DH\\_4097254](http://www.dh.gov.uk/en/Publichealth/Healthprotection/Immunisation/Greenbook/DH_4097254)

## Coding

Codes for the H1N1 vaccination programme have been created and are available for download on the Terminology Reference Data Update Distribution Service (TRUD) website at the following link (see also annex 3):

<https://www.uktcregistration.nss.cfh.nhs.uk/trud/>

The Primare Care Information Service (PRMIS+) have developed guidance that identifies the clinical READ codes used to identify patients by the clinical at-risk groups, as well as detailed pregnancy READ and CTV3 codes. Further information on this is available at the following link:

[www.dh.gov.uk/swinefluvaccinetools](http://www.dh.gov.uk/swinefluvaccinetools)

## Validation and payment

### Vaccination payment

Practices will receive a payment of £5.25 per dose of vaccine administered to patients in the priority groups.

PCTs are required to make arrangements regarding the submission of claims that relate to the vaccination of patients at a frequency to be agreed with the practice, but within eight weeks of the administration of the H1N1 vaccine.

Should agreement not be reached, then claims need to be submitted on or before the end of the fourteenth day of the month, after the month in which the vaccine was administered. The arrangements should also include the date on which payments will fall due (consistent with other due dates for payments under the primary medical care services contract).

Practices taking part in the **H1N1** vaccination programme will be required to provide the PCT with the following information in order to claim payment of the £5.25:

- i. the patient's name
- ii. the patient's date of birth
- iii. the patient's NHS number (where known)
- iv. confirmation that the patient is in one of the priority groups
- v. the date on which the vaccine was administered and whether it is the first or second dose.

Should a patient, parent or carer refuse to provide information in (i) and/or (ii) above, then the practice must supply the NHS number.

PCTs should make arrangements to ensure that the receipt and payment of claims has a clear audit trail. PCTs may also want to monitor the claims made in respect of each dose per patient, to ensure claims are validated.

## Patient experience thresholds (PE7 and PE8)

Practices and PCTs will be able to use the ImmForm website to monitor and submit the uptake of the H1N1 vaccination, similar to the existing seasonal flu vaccination surveys. The ImmForm website calculates the overall uptake rate for each practice and is visible to practices and PCTs. A tailored report (the report template is included as Annex 4 for information) to calculate the uptake in the relevant patient population for the QOF easements will be provided on the ImmForm website by the end of March 2010. There will be a version for PCTs, which will list all GP practices within their PCT, and a version for GP Practices, which will list that individual practice only.

Guidance was issued on the calculation of the QOF Patients Experience Survey easements on 24 February 2010 under Gateway reference 13730. For details please see Annex 6:

Depending on the software in use by the practice, some practices data will be electronically extracted to ImmForm however there are some cases where the practice will need to manually enter the data.

The following systems will upload the information electronically:

- EMIS (LV platform only)
- TTP
- Microtest
- QMS (on behalf of practices in Lambeth, Southwark and Lewisham PCTs)

In addition, GP Practices may wish to use the CHART tool provided by PRIMIS+, which allows the uptake data to be exported to PRIMIS+, who then collate it and forward to ImmForm for upload. The CHART tool works on many different GP Practice systems. See [primis.nhs.uk](http://primis.nhs.uk) for more details<sup>1</sup>.

Practices using any other systems will need to manually key in their data as they would with their seasonal flu vaccine data.

ImmForm can therefore be used to submit and then report data to the end of March 2010, which will aid practices and PCTs in determining whether a practice has achieved an uptake of greater than 50.7 per cent in the under 65 at risk group (JCVI priority group one) in order to qualify for the QOF PE7 and PE8 threshold easements (refer to page 2 of this guidance for further details).

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<sup>1</sup> Please note that a number of the automated uploads have failed due to validation errors. The error lists have been provided to PCT Flu Coordinators and PCT Immunisation Coordinators to facilitate the source data being corrected. Where the automated uploads have failed practices will need to submit their data manually.

ImmForm will be used in England only, other arrangements are in place in Scotland, Wales and Northern Ireland. For further information see section on Uptake Monitoring Arrangements in Scotland, Wales and Northern Ireland.

To be eligible for the easements, a practice must achieve greater than 50.7 per cent. For example a practice achieving exactly 50.7 per cent would not qualify for the easements, whereas a practice achieving 50.71 per cent would be eligible.

Although ImmForm can be used to calculate whether a practice is eligible for the easements, as figures are displayed to one decimal place, ImmForm will only confirm achievement for the easements for those practices achieving 50.75 per cent and above which will be rounded up to 50.8 per cent.

If a practice's achievement is displayed as 50.7 per cent on the ImmForm report, a manual calculation should be performed to verify the figure to several decimal places. If this verification shows the practice has achieved over 50.7 per cent the practice will be eligible for the easements. A formula based on the figures displayed on ImmForm is provided below.

Please note that the ImmForm report will require the optional data for pregnant women to be provided. The automatic uploads provide this data, but for those entering data manually, they will need to ensure they complete the optional pregnancy data fields.

It is not possible to take into account pregnant women who are also included in an 'at risk' group in this report and therefore self declaration locally would be necessary. Practices will need to report the number of pregnant women who also fall within the JCVI priority group one 'at risk' cohort, and the number vaccinated to their PCT, for inclusion in the calculation. A register template to be held in the practice is included as Annex 5. Practices will be expected to make available, to their PCT, the completed register template, if it is requested.

As this cohort of patients is not included in the ImmForm extract report, practices and PCTs will need to add these patients to their calculations manually. Below is a formula to assist practices and PCTs with this calculation.

The formula uses the actual uptake figures in the ImmForm report and is presented in two different ways below – please note that these two versions use the same calculation, only the style of presentation differs.

Formula – *version one*

$$\frac{(P + U)}{(M + V)} * 100 = \% \text{ uptake}$$

- Where P is column P on the ImmForm extract report, the total number of at-risk under 65s given vaccinations minus the number of pregnant women immunised
- U is the number of pregnant women vaccinated who are also in at risk groups
- M is column M on the ImmForm extract report, the total number of at-risk under 65 patients registered at the practice minus the number of pregnant women immunised
- V is the number of pregnant women who are also at-risk registered at the practice

Formula – *version two*

<b>Column P</b>	<b>+</b>	The number of pregnant <i>and</i> at risk patients given vaccinations	<b>/</b>	<b>Column M</b>	<b>+</b>	The number of pregnant <i>and</i> at risk patients given vaccinations	<b>x 100</b>	<b>= 'x' %</b>
[Total number of at-risk under 65s given vaccinations* – number of pregnant women immunised]	(Plus)		(Divided by)	[Total number of at-risk under 65s registered – number of pregnant women]	(Plus)		(Multiplied by 100)	Equals percentage uptake
*Celvepan dose two and Pandemrix dose one								

For payment purposes, two doses of Pandemrix is required for immunocompromised patients while for the patient experience easement calculation report, delivery of dose one for all patients receiving the Pandemrix vaccine will count towards the easements. For Celvapan, as two doses are required for all patients, delivery of dose two will count towards the calculation for the easements.

The tool is available at [www.immform.dh.gov.uk](http://www.immform.dh.gov.uk) and [www.immform.dh.nhs.uk](http://www.immform.dh.nhs.uk)

## Uptake Monitoring Arrangements in Scotland, Wales and Northern Ireland

### Scotland

In Scotland, it is intended to derive uptake data using the same data set as that in England and the agreed methodology will be finalised with the Scottish GPC as soon as possible. Following this, guidance will be sent to Practices and Boards.

### Wales

The Welsh Government following consultation with GPC Wales, has issued guidance on the end of year arrangements in Wales for the QOF. The guidance includes the process for practices to supply the data required within the H1N1 DES for the purpose of PE7 & PE8 easement. The guidance is available on the HOWIS GMS website at <http://www.wales.nhs.uk/sites3/page.cfm?orgid=480&pid=6063>

### Northern Ireland

A separate Form will be used to gather uptake data in Northern Ireland. The Department of Health Social Services and Public Safety has advised the Health and Social Care Board to calculate Phase one uptake to more than one decimal place. The Health and Social Care Board are currently in discussions with the LMCs around how this data will be calculated. Details should be available on the Health and Social Care Board website shortly.

## Annex 1: Summary of H1N1 vaccination agreement

NHS Employers and the GPC of the BMA have reached agreement on delivering a swine flu vaccination programme as it applies to those patients recently identified by the JCVI for vaccination. That being:

- £5.25 per dose of vaccination given.
- QOF – GPC will agree to release for recycling the 28 points which NICE has suggested are redundant but not until 2011/12. The new areas NICE have recommended will be piloted in the normal way and, if appropriate will be included in QOF from April 2011. The release of the points is a commitment and should the areas suggested prove not to be the best use of resource once piloted, then the resource will be available for other use. They will also commit to discussions about changes to QOF in 2011/12 including, where appropriate and evidence based, the adjustment of thresholds. There will be no changes to QOF in 2010/11<sup>2</sup>.
- The collection date for the data on childhood immunisations for the third quarter, i.e. the December date, will be delayed by six weeks to mid-February. No other changes to childhood vaccinations and immunisations.
- In return for vaccinating a 3 per cent higher percentage of the at risk patients in any practice than the uptake rate in the at risk group for seasonal flu for the UK for 2008/09, practices would be granted a 10 per cent drop in the upper and 20 per cent drop in the lower thresholds of PE7 and PE8 (refer page 2).
- District nurses to vaccinate all the housebound in line with seasonal flu arrangements.
- Local Enhanced Service's (LES) funding will not be withdrawn to pay for the programme.
- A supportive statement from Government thanking GPs saying that this represents value for money for delivering the programme.
- GPC will commit to support the vaccination campaign, including advising that all GPs and their staff should be vaccinated themselves as a public health measure.
- Agreement from all parties that this agreement, made in unique circumstances, sets no precedent for the future.

All parties will commit that once outline agreement is reached, preparations for delivery of the programme will commence while this DES is constructed.

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<sup>2</sup> The NICE QOF Programme Team and the Independent Primary Care QOF Indicator Advisory Committee considered whether the indicators recommended for 2010/11 could be piloted in time to inform the negotiations on the 2011/12 GMS contract. They concluded that this was not possible in the time frame remaining without impacting on the existing plans to pilot new indicators.

## Annex 2: JCVI priority groups for H1N1 vaccine

Accepting advice from independent expert committees, including the JCVI and the Scientific Advisory Group for Emergencies (SAGE), Health Secretary Andy Burnham announced on 13 August 2009 the priority groups for vaccination against swine flu:

1. individuals aged six months and up to 65 years in the current seasonal flu vaccine clinical at-risk groups
2. all pregnant women
3. household contacts of immunocompromised individuals
4. people aged 65 and over in the current seasonal flu vaccine clinical at-risk groups.

These groups have been identified because they are at highest risk of severe illness should they contract the swine flu virus. They should be prioritised for vaccination in order, once the vaccine has been licensed. Frontline health and social care workers will be offered the vaccine at the same time as the first clinical risk group as they are at increased risk of infection and of transmitting that infection to vulnerable patients. Those staff eligible for seasonal flu vaccine, as set out in the Green Book, will be eligible for swine flu vaccination. This includes staff who have regular clinical contact with patients and who are directly involved in patient care.

## Annex 3: H1N1 swine flu - influenza A (H1N1v) 2009 READ and SNOMED-CT Codes

### Drug (Product) READ codes

n47A. | PANDEMRIX FLU VAC (H1N1v) 2009 | PANDEMRIX INFLUENZA A VACCINE (H1N1v) 2009 injection

n47B. | CELVAPAN FLU VAC (H1N1v) 2009 | CELVAPAN INFLUENZA A VACCINE (H1N1v) 2009 injection

### Procedure READ Codes

#### Read version 2 codes:

65E5. | CELVAPAN - first influenza A (H1N1v) 2009 vaccination given

65E6. | CELVAPAN - second influenza A (H1N1v) 2009 vaccination given

65E7. | CELVAPAN - first influenza A (H1N1v) 2009 vaccination given by other healthcare provider

65E8. | CELVAPAN - second influenza A (H1N1v) 2009 vaccination given by other healthcare provider

65E9. | PANDEMRIX - first influenza A (H1N1v) 2009 vaccination given

65EA. | PANDEMRIX - second influenza A (H1N1v) 2009 vaccination given

65EB. | PANDEMRIX - first influenza A (H1N1v) 2009 vaccination given by other healthcare provider

65EC. | PANDEMRIX - second influenza A (H1N1v) 2009 vaccination given by other healthcare provider

68Ns. | No consent for influenza A (H1N1v) 2009 vaccination

#### Read version 3 codes:

XaQhk | CELVAPAN - first influenza A (H1N1v) 2009 vaccination given

XaQhl | CELVAPAN - second influenza A (H1N1v) 2009 vaccination given

XaQho | CELVAPAN - first influenza A (H1N1v) 2009 vaccination given by other healthcare provider

XaQhp | CELVAPAN - second influenza A (H1N1v) 2009 vaccination given by other healthcare provider

XaQhm | PANDEMRIX - first influenza A (H1N1v) 2009 vaccination given

XaQhn | PANDEMRIX - second influenza A (H1N1v) 2009 vaccination given

XaQhq | PANDEMRIX - first influenza A (H1N1v) 2009 vaccination given by other healthcare provider

XaQhr | PANDEMRIX - second influenza A (H1N1v) 2009 vaccination given by other healthcare provider

XaQhs | No consent for influenza A (H1N1v) 2009 vaccination

### SNOMED-CT codes

515281000000108 | PANDEMRIX - first influenza A (H1N1v) 2009 vaccination given (procedure)

515301000000109 | PANDEMRIX - second influenza A (H1N1v) 2009 vaccination given (procedure)

515291000000105 | CELVAPAN - first influenza A (H1N1v) 2009 vaccination given (procedure)

515321000000100 | CELVAPAN - second influenza A (H1N1v) 2009 vaccination given (procedure)

515331000000103 | CELVAPAN - first influenza A (H1N1v) 2009 vaccination given by other healthcare provider (finding)

515341000000107 | PANDEMRIX - first influenza A (H1N1v) 2009 vaccination given by other healthcare provider (finding)

515351000000105 | CELVAPAN - second influenza A (H1N1v) 2009 vaccination given by other healthcare provider (finding)

515361000000108 | PANDEMRIX - second influenza A (H1N1v) 2009 vaccination given by other healthcare provider (finding)

515371000000101 | No consent for influenza A (H1N1v) 2009 vaccination (finding)

These have been published via the TRUD website for download:

## Annex 4: Report template for H1N1 vaccination uptake data extraction

### Swine Flu Vaccine Uptake (GP) 2009/10

ImmForm QOF PE7&8 Easement Report for Data as at 31 March 2010 For:  
 [England/<PCT Code>, PCT Name>/GP Practice Code>, <GP Practice Name>]

Org Code	Org Name	At Risk – 6 months up o 65 years of age					Pregnant Women					At Risk (under 65) Patients Minus Pregnant Women					Eligible for PE7&8 Easements
		No. Patients Registered (denom )	No. Celvap an Dose 2 Given	No. Pandemrix Dose 1 Given	Total Given (Celvap an dose 2 & Pandemrix dose1 Only)	% Uptake (Celvap an dose 2 & Pandemrix dose 1 only)	No. Patients Registered (denom )	No. Celvap an Dose 2 Given	No. Pandemrix Dose 1 Given	Total Given (Celvap an dose 2 & Pandemrix dose1 Only)	% Uptake (Celvap an dose 2 & Pandemrix dose 1 only)	No. Patients Registered (denom )	No. Celvap an Dose 2 Given	No. Pandemrix Dose 1 Given	Total Given (Celvap an dose 2 & Pandemrix dose1 Only)	% Uptake (Celvap an dose 2 & Pandemrix dose 1 only)	
A00 1	Practi ce detail s	Sum at risk summar y registere d for all age bands under 65	Sum at risk summar y for Celvap an dose 2 for all age bands under 65	Sum at risk summar y for Pandemrix dose 1 for all age bands under 65	Sum values in columns D&E	Calculat e: value in column F divided by value in column C, times by 100	Sum pregnan t women registere d patients for all age bands under 65	Sum pregnan t women for Celvap an dose 2 for all age bands under 65	Sum pregnan t women for Pandemrix dose 1 for all age bands under 65	Sum values in columns I&J	Calculat e: value in column K divided by the value in column H, times by 100	Sum (column C minus column H)	Sum (column D minus column I)	Sum (column E minus column J)	Sum values in columns N&O	Calculat e: value in column P divided by value in column N, times by 100	If value in column Q is greater than 50.7 then enter "1", if not then "0"
A00 2	Practi ce detail s																
A00 2	Practi ce detail s																
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R

## Annex 5: Register of patients who are pregnant and in one or more of the seasonal flu clinical risk groups

### Register of patients who are pregnant and in one or more of the seasonal flu clinical risk groups

Phase one of the H1N1 vaccination programme has seen practices vaccinate patients prioritised by the Joint Committee on Vaccinations and Immunisations (JCVI). These patients included:

1. individuals aged six months and up to 65 years in the current seasonal flu vaccine clinical at-risk groups
2. all pregnant women, subject to licensing considerations on trimesters
3. household contacts of immunocompromised individuals
4. people aged 65 and over in the current seasonal flu vaccine clinical at-risk groups.

The agreement reached between the GPC and NHS Employers for the vaccination of these patients included the lowering of thresholds for the PE7 and PE8 QOF indicators provided a practice vaccinated more than 50.7% of its eligible patients under the age of 65. Patients included in this calculation are those who are in one or more of the clinical risk groups for seasonal flu and household contacts of immunocompromised patients but otherwise healthy pregnant women are excluded.

PCTs will be able to use the ImmForm website to measure whether practices have met this target. However, ImmForm will pick up all pregnant women, not only those who are in one or more of the seasonal flu clinical risk groups.

To ensure the calculation for the QOF easements is done correctly practices will need to deduct the number of pregnant women they have vaccinated from their ImmForm data, this can be done via the extraction report provided by ImmForm. See the Directed Enhanced Service (DES) for the H1N1 vaccination programme guidance which was updated in March 2010 [confirm the date before publication] for full details on the extraction report. This document also contains a formula which can be used to calculate uptake locally.

Practices will then have to submit separately to their PCT the number of vaccinated pregnant women who are also in one or more of the seasonal flu clinical risk groups. This is expected to be a very small number of women. To do this, practices should record in the register below the NHS number of each patient that they vaccinate that fits this criterion. As soon as practicable after 31 March 2010, practices should submit the number of these vaccinations to their PCT for inclusion in the final uptake calculations. Practices would not ordinarily share this patient register with their PCT for reasons of data protection and patient confidentiality. If the PCT has any concerns about the figure submitted, then they will send an auditor to view the patient register in the practice.

	<b>NHS Number</b>
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	

## Annex 6: Guidance for PCTs for the calculation of the easements to the thresholds for QOF indicators PE7 and PE8



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TO: SHA Primary Care Leads  
SHA Pandemic Flu Leads

24 February 2010

**Gateway reference: 13730**

Dear Colleague

**Re: EASEMENTS TO QUALITY AND OUTCOMES FRAMEWORK (QOF) PATIENT EXPERIENCE INDICATORS 7 AND 8**

1. This note provides advice for PCTs on calculating the easements to the thresholds for QOF indicators PE7 and 8 contained in the directions on the swine flu vaccination agreement for clinical priority groups which are at [http://www.dh.gov.uk/en/Publicationsandstatistics/Legislation/Directionsfromthesecretaryofstate/DH\\_107716](http://www.dh.gov.uk/en/Publicationsandstatistics/Legislation/Directionsfromthesecretaryofstate/DH_107716) (paragraph 11 of the directions which introduces new para 4.18BB to the Statement of Financial Entitlements).
2. We are looking into the possibility of practices and PCTs being able to use ImmForm to identify which practices have qualified for the easements in accordance with the swine flu vaccination directions. Further advice will be issued on this.
3. A ready reckoner is available on the NHS Primary Care Commissioning website to help PCTs calculate the new points and payments under PE7&8 for practices that qualify for the easement at <http://www.pcc.nhs.uk/pe7-8-easement-calculator>. The reckoner does not have practice details in it - only the maximum potential points values, £s per point and eased thresholds for PE7&8. PCTs will not be able to calculate the new values for PE7&8 until the results of the fourth quarter Patient Survey have been published in June. But we have provided the ready reckoner now so that PCTs can use it to estimate the financial impact and so that we can iron out any problems with the reckoner before the results are out.
4. PCTs will need to input into the reckoner for those practices that qualify the practice list size from Exeter at 1 January 2010 and the numerators and denominators for PE 7&8 once received from

Ipsos MORI. The reckoner will then work out the practices' new points and payments for PE7&8. The Contractor Population Index (CPI) adjustment applies to PE 7&8 but the Adjusted Practice Disease Factor (APDF) calculations do not.

5. It will not be possible for PCTs to adjust QMAS as thresholds cannot be adjusted. So QMAS will record the points and payments against the non-eased thresholds for all practices. PCTs should aim to complete QOF approvals by 30 June 2010 ensuring that QMAS contains the correct numerators and denominators for PE7&8. As the publication of the final Patient Survey results has been brought forward to mid June this year, PCTs will not need to receive early access to PE7 and PE8 results in order to complete the QMAS approvals before the end of June. However, PCTs will still need to ensure that they are able to complete the process within the two week time period.
6. As before, we would advise that PCTs should carry out pre-payment verification for all the other QOF indicators prior to mid June to try to minimise delays. It is also possible for PCTs to make payments on account to practices for achievement against the rest of the QOF but if so they will need reconcile this off system.
7. Once they have the results for qualifying practices from the ready reckoner, PCTs will then need make variances to QOF achievement and aspiration payments on the Exeter system to take account of the revised payments for PE7&8 for those practices. In other words they will need to increase the total QOF achievement payment for 2009/10 by the difference between the revised payments for PE7&8 as reported on the ready reckoner and the payments without easements as reported on QMAS. These additional payments are due by 30 June 2010. PCTs will also need to increase the 70% aspiration payments for 2010/11 accordingly. The easements only apply to 2009/10 and there is no change to the thresholds for 2010/11. Therefore final achievement payments for 2010/11 will be based on non-eased thresholds.
8. As QMAS will not record the revised points or payments, PCTs will need to keep records of the revised payments for PE 7&8 separately for the required six years. The Department will be issuing guidance on two new FIMs lines to report achievement expenditure relating to 09/10 and aspiration expenditure relating to 10/11 on the easements separately from the rest of QOF payments.
9. The Information Centre (IC) will publish the points achievement for PE 7&8 as recorded on QMAS - i.e. without any easements to the thresholds. This will reflect the level of achievement of those practices on the patient survey on the same basis as other practices that did not qualify for easement. The IC will include in the bulletin a general note explaining the position on the easements.
10. Could you please draw the contents of this letter to your PCTs' attention.

Kind Regards,

Jill Matthews  
National Implementation Director  
Primary and Community Care Strategy



## NHS Employers

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NHS Employers represents trusts in England on workforce issues and helps employers to ensure the NHS is a place where people want to work. The NHS workforce is at the heart of quality patient care and we believe that employers must drive the workforce agenda. We work with employers to reflect their views and act on their behalf in four priority areas:

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