

# **TECHNICAL REQUIREMENTS FOR 2015/16 GMS CONTRACT CHANGES**

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March 2015

# Version control

Version	Publication date	Changes
Version 1	30-03-2015	<p>This version includes:</p> <ul style="list-style-type: none"><li>• Alcohol</li><li>• Avoiding unplanned admissions</li><li>• Facilitating timely diagnosis for people with dementia</li><li>• Hepatitis B</li><li>• HPV booster</li><li>• Learning disabilities</li><li>• Named GP</li><li>• Measles mumps rubella</li><li>• MenC booster</li><li>• MenC freshers</li><li>• Pertussis</li><li>• Pneumococcal</li><li>• QOF<ul style="list-style-type: none"><li>○ 2015/16 QOF indicators</li><li>○ Indicators no longer in QOF</li></ul></li><li>• Rotavirus</li><li>• Shingles routine</li><li>• Shingles catch-up</li></ul>

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# Section 1. Introduction

## Introduction

In September 2014, 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 2015/16. In December 2014, the changes to the vaccination and immunisation programmes as part of the General Medical Services (GMS) contract changes were announced.

This document provides the detailed technical requirements for commissioners and practices<sup>1</sup> that hold a GMS contract and for all practices offering enhanced services (ESs) and vaccination programmes nationally, commissioned by the NHS Commissioning Board under the name NHS England. This document will be updated as and when technical details are available.

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 2015/16 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, MenC booster, MMR, rotavirus and shingles (routine) vaccination programmes are set out in the GMS Contract Regulations, Directions and the Statement of Financial Entitlements (SFE)<sup>2</sup>.

The detailed requirements for the childhood seasonal influenza, MenC freshers, pertussis, shingles (catch-up) and the seasonal influenza and pneumococcal polysaccharide vaccination programmes are set out in the NHS England service specifications<sup>3</sup>.

## Working with Patient Data

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 purposes detailed in this document, 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

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<sup>1</sup> A practice is defined as a provider of essential primary medical services to a registered list of patients under a GMS, Personal Medical Services (PMS) or Alternative Provider Medical Services (APMS) contract.

<sup>2</sup> DH. SFE. Link to SFE to be added when available.

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

- 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.

For further information about the requirements set by the Data Protection Act, Human Rights Act and Common Law Duty of Confidentiality as well as policy and guidance, consult your local Information Governance lead.

## Verification

Commissioners must make aware to practices information they require and that the practice can reasonably be expected to obtain, in order to establish whether or not the practice has fulfilled its obligation under the programmes included in this guidance. Information required will be aggregate or anonymised information in all the majority of cases. Commissioners and practices will be mindful of the requirements for accessing patient data.

## Calculating Quality Reporting Service and the General Practice Extraction Service

The Calculating Quality Reporting Service (CQRS), together with the General Practice Extraction Service (GPES) calculates achievement and payments to practices. Both CQRS and GPES are managed by the Health and Social Care Information Centre (HSCIC).

CQRS<sup>4</sup> is the automated system used to calculate achievement and payments on quality services. These include the QOF, ESs and vaccination programmes.

GPES<sup>5</sup> collects anonymised information 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.

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

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

<sup>5</sup> HSCIC. GPES. <http://www.hscic.gov.uk/gpes>

to manually declare and enter relevant data into CQRS and enable data collections. Further information on when each services will be available on CQRS and how to input data will be available on the HSCIC website<sup>6</sup>.

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. The data will be in relation to payment counts only, with zeros being entered in the interim for management information counts.

## About this guidance

This document sets out additional detail on how CQRS and GPES will support services, outlines the management information count wording and provides the relevant Read2 and CTV3 codes that practices are required to use for each service. 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 Rules<sup>7</sup> 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.

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<sup>6</sup> HSCIC. CQRS. <http://systems.hscic.gov.uk/systemsandservices/cqrs>

<sup>7</sup> 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 <sup>8</sup>	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..%

\* New codes due to be available from 1 April 2015

With the introduction of a named GP for all patients, in addition to the existing code practices are also required to use the code 'patient notified of named general practitioner' for named GP for patients aged 75 and over or AUA.

As such all 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 2015, or within 21 days if aged 75 or over or newly registered.

For all patients (excluding patients aged 75 and over and those on the AUA register who have been informed under 14/15 provisions or within 21 days), practices have until 31 March 2016 to notify individual patients as appropriate.

Where a practice (B) registers a new patient who has been on the case management register at their previous practice (A) and will be on their case management, then the practice (B) will be required to review the patient's care plan developed by practice A. This

<sup>8</sup> These are the same codes as per the contractual requirements for all patients aged 75 and over to have a named GP.

will lead to the development of an updated care plan and the 'admission avoidance care plan agreed' code should be used. The data collection will search for this care plan code after the date of registration.

### **Payment and management information**

The payment and management information counts for this service will follow when available.

# Facilitating timely diagnosis for people with dementia scheme

## READ and CTV3 codes

Table 2: Dementia Read codes

	Read v2	Read CTV3
<b>To assist in identifying any patient in an at risk group</b>		
At risk of dementia	14Od.	XaQyJ
<b>To record initial questioning for memory concern (or offer)</b>		
Initial memory assessment	38C15	Xaahy
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
Initial memory assessment – declined	8IE50	Xaahx
<b>To record an assessment (or offer) for dementia in patients with a memory concern</b>		
Assessment for dementia	38C10	XaaBD
Dementia screening declined	8IEu.	XaaTn
Dementia screening questionnaire declined	8IEu0	XaabA
<b>To record any referral (or offer) for a diagnosis of dementia</b>		
Referral to memory clinic	8HTY.	XaJua
Referral to memory clinic declined	8IEn.	Xaa9t
<b>To record advance care planning</b>		
Dementia advance care plan agreed	8CSA.	XabEk
Review of dementia advance care plan	8CMG2	XabEl
Dementia advance care plan declined	8IAe0	XabEi

<b>To record, for diagnosed patients, any identified carer and offer of a health check where the carer is registered with the practice</b>		
Carer of person with dementia	918y.	XaZ4h
Carer annual health check	69DC.	XaX4N
Carer annual health check declined	8IEP.	XaZKp
Is no longer a carer	918f.	XaL1Y
No longer carer of patient with dementia	918f0	XaboS

## **Payment and management information**

### **Payment count**

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

### **Management information counts**

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

- DEMMI01: The number of patients with a record of declining an assessment for dementia, up to the end of the reporting period.
- DEMMI02: The number of patients recorded as being 'at risk of dementia', up to the end of the reporting period.
- DEMMI03: The number of patients recorded as being 'at risk of dementia' who have a record of receiving an assessment for dementia by the GP practice, up to the end of the reporting period.
- DEMMI04: The number of patients recorded as being 'at risk of dementia' who have a record of declining an assessment for dementia, up to the end of the reporting period.
- DEMMI05: The number of patients recorded as being 'at risk of dementia' where there is no record of receiving an assessment or declining an assessment, up to the end of the reporting period.
- DEMMI06: The number of patients with a record of receiving an assessment for dementia by the GP practice who have a record of an initial memory assessment, up to the end of the reporting period.
- DEMMI07: The number of patients with a record of receiving an assessment for dementia by the GP practice who have a record of declining an initial memory assessment, up to the end of the reporting period.
- DEMMI08: The number of patients with a record of receiving an assessment for dementia by the GP practice who have a record of a referral to a memory clinic, up to the end of the reporting period.
- DEMMI09: The number of patients with a record of receiving an assessment for dementia by the GP practice who have a record of declining a referral to a memory clinic, up to the end of the reporting period.

- DEMMI10: The number of patients recorded as a non-professional carer of a person with dementia, up to the end of the reporting period.
- DEMMI11: The number of patients recorded as a non-professional carer of a person with dementia by the GP practice who have a record of receiving a health check, up to the end of the reporting period.
- DEMMI12: The number of patients recorded as a non-professional carer of a person with dementia who have a record of declining a health check, up to the end of the reporting period.
- DEMMI13: The number of patients recorded as a non-professional carer of a person with dementia where there is no record of receiving a health check or declining a health check, up to the end of the reporting period.
- DEMMI14: The number of patients diagnosed with dementia who have a record of receiving a dementia advanced care plan by the GP practice, up to the end of the reporting period.
- DEMMI15: The number of patients diagnosed with dementia who have a record of declining a dementia advanced care plan, up to the end of the reporting period.
- DEMMI16: The number of patients diagnosed with dementia who have neither a record of receiving or declining a dementia advanced care plan, up to the end of the reporting period.

# Learning disabilities health checks scheme

## READ and CTV3 codes

**Table 3: 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	Included in E3...%

**Table 4: Learning disabilities Read codes – health check codes**

	Read v2	Read CTV3
Learning disability health examination	69DB.	XaPx2
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

## Payment and management information

### Payment count(s)

- LDHC001: Quarterly count of registered patients aged 14 and over, as at the quality service end date, 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:

- LDHDMI001: Quarterly count of registered patients aged 18 years or over, at the Quality Service End Date, 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.
- LDHDMI002: Quarterly count of registered patients aged 14 years or over and who have not attained the age of 18 years, as at the Quality Service End Date, 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.
- LDHDMI003: Quarterly count of registered patients aged 18 years or over, as at the Quality Service End Date, 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.
- LDHDMI004: Quarterly count of registered patients aged 14 years or over and who have not attained the age of 18 years, as at the Quality Service End Date, 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.
- LDHDMI005: Quarterly (cumulative) count of registered patients aged 18 years or over, as at the Quality Service End Date, identified as having a QOF diagnostic learning disability, as at reporting period end date.
- LDHDMI006: Quarterly (cumulative) count of registered patients aged 14 years or over and who have not attained the age of 18 years, as at the Quality Service End Date, identified as having a QOF diagnostic learning disability, as at reporting period end date.
- LDHDMI007: Quarterly count of registered patients aged 18 years or over, as at the Quality Service End Date, identified as having a QOF diagnostic learning disability who received a learning disability health check in the reporting period.
- LDHDMI008: Quarterly count of registered patients aged 14 years or over and who have not attained the age of 18 years, as at the Quality Service End Date, identified as having a QOF diagnostic learning disability who received a learning disability health check in the reporting period.
- LDHDMI009: Quarterly (cumulative) count of registered patients aged 18 years or over, as at the Quality Service End Date, who have received a learning disability health check and have been provided a health action plan, up to the end of the reporting period.
- LDHDMI010: Quarterly (cumulative) count of registered patients aged 14 years or over and who have not attained the age of 18 years, as at the Quality Service End Date, 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, as at the Quality Service End Date, 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, as at the Quality Service End Date, 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, as at the Quality Service End Date, 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, as at the Quality Service End Date, 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.

# Section 3. Quality and outcomes framework (QOF)

## 2015/16 QOF indicators

For full details of the requirements for this service, see the '2015/16 QOF guidance and audit requirements'<sup>9</sup> document.

### READ and CTV3 codes

For details of the Read codes for QOF indicators, see the Business Rules<sup>10</sup> on the HSCIC website.

### Payment and management information

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

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<sup>9</sup> NHS Employers. 2015/16 QOF guidance. <http://www.nhsemployers.org/your-workforce/primary-care-contacts/general-medical-services/quality-and-outcomes-framework/changes-to-qof-2015-16>

<sup>10</sup> 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 Rules<sup>11</sup> on the HSCIC website.

### Payment and management information

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

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<sup>11</sup> 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 2015/16 guidance and audit requirements”.

### READ and CTV3 codes

**Table 5: Alcohol Read codes – initial screening**

	Read v2	Read CTV3
FAST alcohol screening test	388u.	XaNO9
Alcohol use disorder identification test consumption questionnaire	38D4.	XaORP

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 6: Alcohol Read codes – Full screening**

	Read v2	Read CTV3
Alcohol use disorders identification test	38D3.	XM0aD

Practices are required to add a value to a field associated with the code to record the score. The score are as follows:

- 0–7 indicates sensible or lower risk drinking
- 8–15 indicates increasing risk drinking
- 16–19 indicates higher risk drinking
- 20 and over indicates possible alcohol dependence.

**Table 7: 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

**Table 8: Anxiety and depression Read codes**

	Read v2	Read CTV3
Anxiety screening	6897.	Xab9E
Anxiety screening using questions	68970	Xab9F
Depression screening using questions*	6896.	XaLlc
Generalised anxiety disorder 2 scale	38QN.	XaZJQ
Generalised anxiety disorder 7 item score	388w.	XaNkT
Patient health questionnaire (PHQ-9) score	388f.	XaLDN
HAD scale: depression score	388P.	Xalwf
Beck depression inventory second edition score	388g.	XaLLG
Patient given advice about management of anxiety*	Xab9Gpneu moc	8CAZ0
Patient given advice about management of depression	8CAa.	XaKEz

**Payment and management information****Payment count(s)**

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

**Management information counts****Management information counts**

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

- ALCC001: 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.
- ALCCMI001: 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.
- ALCCMI002: 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.
- ALCCMI003: Count of newly registered patients, aged 16 years or over at the time of their registration, who have not been screened using either the FAST or AUDIT-C tools and who have not undergone an assessment using a validated tool (AUDIT) up to the end of the reporting period.

- ALCCMI004: 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.
- ALCCMI005: 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.
- ALCCMI006: 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.
- ALCCMI007: 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.
- ALCCMI008: 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.
- ALCCMI009: 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.
- ALCCMI010: 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.
- ALCCMI011: 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.
- ALCCMI012: 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.
- ALCCMI013: 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.
- ALCCMI014: 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.
- ALCCMI015: 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.
- ALCCMI016: 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.

- ALCCMI017: 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.
- ALCCMI018: 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.
- ALCCMI019: 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.

## Named GP

For full details of the contractual requirements for this, see the “GMS contract changes 2015/16 guidance and audit requirements”.

### READ and CTV3 codes

**Table 9: 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 <sup>12</sup>	69DA.	Ua228

\* New codes due to be available from 1 April 2015

With the introduction of a named GP for all patients, in addition to the existing code practices are also required to use the code ‘patient notified of named general practitioner’ for named GP for patients aged 75 and over or AUA for reporting the allocation of a named accountable GP.

As such all 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 2015, or within 21 days if aged 75 or over or newly registered.

For all patients (excluding patients aged 75 and over and those on the AUA register who have been informed under 14/15 provisions or within 21 days), practices have until 31 March 2016 to notify individual patients as appropriate.

### Payment and management information

#### Payment count(s)

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

#### Management information counts

Details of the management information counts will follow.

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<sup>12</sup> In the event that a patient over the age of 75 receives a health check, this is the recommended code.

# Section 4. Vaccination programmes (commencing April 2015)

## Hepatitis B (newborn babies) vaccination programme

### READ and CTV3 codes

Table 10: 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 11: Hepatitis B results of blood test Read codes

	Read v2	Read CTV3
Hepatitis B surface antigen level	43d9.	XaFuS
Hepatitis B surface antigen negative	43BA.	XaLQM
Hepatitis B surface antigen positive	43B4.	43B4.

### Payment and management information

#### Payment count(s)

- HEP001: Monthly count of the number of first 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.

# HPV booster vaccination programme

## READ and CTV3 codes

**Table 12: HPV vaccination codes**

	Read v2	Read CTV3
First human papillomavirus vaccination	65FS.	XaNNI
Second human papillomavirus vaccination (Read V2)	65FT.	XaNNJ
Third human papillomavirus vaccination	65FV.	XaNNK
Quadrivalent human papillomavirus vaccination	65FW.	XaXjc
HUMAN PAPILOMAVIRUS 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(s)

- HPV001: Monthly count of the number of patients aged between 14 and under 18 on 31 March 2016 who has 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.

## Measles, mumps, rubella, (MMR)

### READ and CTV3 codes

Table 13: MMR Read codes – first dose

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

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

	<b>Read v2</b>	<b>CTV3</b>
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(s)**

- 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.

## Meningococcal C (MenC) booster vaccination programme

### READ and CTV3 codes

The SFE refers to MenC throughout. However, in response to an increase in the incidence of MenW cases recently and based on advice from JCVI it is possible that the programme may change including a quadrivalent Men ACWY vaccine may replace the monovalent MenC vaccine. This document includes codes for both the MenC and MenW vaccine to recognise this possible change.

The codes below as based on currently available codes and the vaccines as detailed in the Green Book. Should additional codes be made available through the April release, this document will be updated accordingly.

**Table 16: MenC Read codes – procedure codes**

	Read v2	Read CTV3
Booster meningitis C vaccination	657S.	XaaXa
Single meningitis C vaccine	657I.	XaF4P
Booster meningitis C given by other healthcare provider <sup>13</sup>	657S0	XaaXs
Booster meningitis C vaccination declined	68Nh0	XaaXb
Meningitis ACW & Y vaccination	657J.	XaIQX
Meningococcal ACW & Y vaccination given by other healthcare provider	657J4	XacK5
Meningococcal ACW & Y vaccination contraindicated	8I23Q	XacK6
Meningococcal ACW & Y vaccination declined	657J5	XacK7

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

**Table 17: MenC Read codes – vaccine codes**

	Read v2	Read CTV3
NEISVAC-C VACIINE pre-filled syringe	n4l6.	n4l6.
MENJUGATE VACCINE injection	n4l5.	n4l5.
MENINGITEC suspension for injection pre-filled syringe 0.5 ml	n4l8.	n4l8.
MENINGOCOCCAL C CONJUGATE VACCINE pre-filled syringe	n4lx.	n4lx.
MENINGOCOCCAL C CONJUGATE VACCINE injection (pdr for recon)+solvent	n4ly.	n4ly.
ACWY VAX injection	n4l7.	n4l7.
NIMENRIX powder and solvent for solution for injection	n4lA.	n4lA.
MENVEO GROUP A+C+W135+Y conjugate vaccine injection	n4l9.	n4l9.

**Payment and management information**

In the event that this programme is amended to change to an alternative vaccine, then the payment and management information counts may be subject to change. This document will be updated to reflect any changes.

**Payment count(s)**

- MENCBO01: Monthly count of the number of patients aged between 14 years and under 26 years on 31 March 2016 who have received a MenC 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.

## Meningococcal C (MenC) freshers vaccination programme

### READ and CTV3 codes

The service specification for this programme refers to MenC throughout. However, in response to an increase in the incidence of MenW cases recently and based on advice from JCVI it is possible that the programme may change including a quadrivalent Men ACWY vaccine may replace the monovalent MenC vaccine. This document includes codes for both the MenC and MenW vaccine to recognise this possible change. In the event that a change to the programme is agreed, supporting documents will be updated accordingly.

**Table 18: MenC Read codes – procedure codes**

	Read v2	Read CTV3
Booster meningitis C vaccination	657S.	XaaXa
Single meningitis C vaccine	657I.	XaF4P
Booster meningitis C given by other healthcare provider <sup>14</sup>	657S0	XaaXs
Booster meningitis C vaccination declined	68Nh0	XaaXb
Meningitis ACW & Y vaccination	657J.	XalQX
Meningococcal ACW & Y vaccination given by other healthcare provider	657J4	XacK5
Meningococcal ACW & Y vaccination contraindicated	8I23Q	XacK6
Meningococcal ACW & Y vaccination declined	657J5	XacK7

**Table 19: MenC Read codes – vaccine codes**

	Read v2	Read CTV3
NEISVAC-C VACIINE pre-filled syringe	n4I6.	n4I6.
MENJUGATE VACCINE injection	n4I5.	n4I5.
MENINGITEC suspension for injection pre-filled syringe 0.5 ml	n4I8.	n4I8.
MENINGOCOCCAL C CONJUGATE VACCINE pre-filled syringe	n4Ix.	n4Ix.
MENINGOCOCCAL C CONJUGATE VACCINE injection (pdr for recon)+solvent	n4Iy.	n4Iy.
ACWY VAX injection	n4I7.	n4I7.

<sup>14</sup> Practices will not be paid for those vaccinations delivered by other healthcare providers, but practices are expected to ensure that patient records are up-to-date therefore a code has been provided for practice use.

	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

In the event that this programme is amended to change to an alternative vaccine, then the payment and management information counts may be subject to change. This document will be updated to reflect any changes.

### Payment count(s)

- MENCFO01: Monthly count of the number of patients aged between 17 years and 25 years, at any point in the financial year, who have received a MenC vaccination by the GP practice within the reporting period. (Patients must not previously have received a MenC vaccination since age 10 years)

### Management information counts

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

- MENCFOI001: Monthly count of the number of patients aged between 17 years and 25 years, at any point in the financial year who have declined the MenC vaccination within the reporting period.
- MENCFOI002: Monthly count of the number of patients aged between 17 years and 25 years, at any point in the financial year who have received a MenC vaccination by another health care provider within the reporting period.

# Pertussis (pregnant women) vaccination

## READ and CTV3 codes

Table 20: Pertussis Read codes

	Read v2	Read CTV3
Pertussis vaccination in pregnancy <sup>15</sup>	6556.	XacJ3
Pertussis vaccination in pregnancy declined	8IEc.	Xaa6Y
Pertussis vaccination in pregnancy given by another health care provider	65560	XacJ4

## Payment and management information

### Payment count(s)

- 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

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

- PTMI001: Monthly count of the number of pregnant women who have declined the pertussis vaccination within the reporting period.
- PTMI002: Monthly count of the number of pregnant women who have received a pertussis vaccination by another health care provider within the reporting period.

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<sup>15</sup> Description for Read code may differ when confirmed.

# Rotavirus (childhood routine immunisation) vaccination programme

## READ and CTV3 codes

**Table 21: 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 therap 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 immunisation.

- 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 immunisation (2 doses) within the reporting period.
- ROTAMI006: Monthly count of the contractor's registered patients who attain the age of 24 weeks within the period with no rotavirus immunisation (there is neither a first nor second dose of the vaccination) and with no recorded reason for not receiving rotavirus immunisation within the reporting period.

# Section 5. Vaccination programmes (commencing after September 2015)

## Childhood seasonal influenza vaccination programme

### READ and CTV3 codes

Read codes for this service will follow.

### Payment and management information

Details of the payment and management information counts for this service will follow.

# Seasonal influenza and pneumococcal polysaccharide vaccination programme

## Seasonal influenza

### READ and CTV3 codes (seasonal influenza)

Read codes for this service will follow. Read Codes used for payment (seasonal influenza)

The Read codes used for the calculation of payments will follow.

### Payment and management information (seasonal influenza)

#### Payment count(s)

Details of the payment and management information counts for this service will follow.

## Pneumococcal polysaccharide

### READ and CTV3 codes (pneumococcal polysaccharide)

**Table 22: Pneumococcal polysaccharide vaccination Read codes**

	Read v2	Read CTV3
Pneumococcal vaccination given	65720	XaCKa
Pneumococcal vaccination	6572.	6572.
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 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.

	Read v2	Read CTV3
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.
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 (pneumococcal polysaccharide)

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

<http://www.nhsemployers.org/~media/Employers/Documents/Primary%20care%20contracts/Pneumococcal%20payment%20codes.xls>

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 (pneumococcal polysaccharide)

#### Payment count(s)

- PNEU01: Monthly count of patients aged 65 years or over as at 31 March 2016, who have received a pneumococcal vaccination by the GP practice, within the reporting period.
- PNEU02: Monthly count of patients aged 2 years to 64 years on 31 March 2016 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.
- PNEU03: Monthly count of patients aged 2 years to 64 years on 31 March 2016 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

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

- PNEUMI01: The number of patients aged 65 years or over on 31 March 2016 for whom the pneumococcal vaccination was contraindicated up to the end of the reporting period.
- PNEUMI02: The number of patients aged 2 years to 64 years on 31 March 2016, identified as at risk for whom the pneumococcal vaccination was contraindicated up to the end of the reporting period.
- PNEUMI03: The number of patients aged 65 years or over on 31 March 2016 who declined a pneumococcal vaccination within the reporting period.
- PNEUMI04: The number of patients aged 2 years to 64 years on 31 March 2016, identified as at risk who declined a pneumococcal vaccination within the reporting period.
- PNEUMI05: The number of patients aged 65 years or over on 31 March 2016 who have not consented to a pneumococcal vaccination within the reporting period.
- PNEUMI06: The number of patients aged 2 years to 64 years on 31 March 2016 identified as at risk who have not consented to a pneumococcal vaccination within the reporting period.
- PNEUMI07: The number of patients aged 65 years or over on 31 March 2016 who have received a pneumococcal vaccination from another healthcare provider within the reporting period.
- PNEUMI08: The number of patients aged 2 years to 64 years on 31 March 2016 identified as at risk who have received a pneumococcal vaccination from another healthcare provider within the reporting period.
- PNEUMI09: The number of patients aged 65 years and over on 31 March 2016 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.
- PNEUMI10: The number of patients aged 2 years to 64 years on 31 March 2016 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.

## Shingles (routine aged 70) vaccination programme

This services runs from 1 September 2014 to 31 August 2015. If the Read codes or counts for the service commencing on 1 September 2015 change, this document will be updated to reflect the changes.

### READ and CTV3 codes

Table 24: Shingles Read codes<sup>16</sup>

	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

#### Payment count(s)

- SHROU01: Monthly count of the number of registered patients aged 70 on 1 September 2014 who have a record of receiving a shingles vaccination at the GP practice in the reporting period.

#### Management information counts

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

- SHROUMI01: The number of registered patients aged 70 on 1 September 2014 for whom the shingles vaccination was contra-indicated up to the end of the reporting period.
- SHROUMI02: The number of registered patients aged 70 on 1 September 2014 who have declined a shingles vaccination within the reporting period.
- SHROUMI03: Monthly count of registered patients aged 70 on 1 September 2014 who have not consented to a shingles vaccination within the reporting period.
- SHROUMI04: Monthly count of registered patients aged 70 on 1 September 2014 who have received a shingles vaccination from another healthcare provider within the reporting period.
- SHROUMI05: Monthly count of registered patients aged 70 on 1 September 2014 who did not attend their shingles vaccination within the reporting period.

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<sup>16</sup> These Read codes apply to both the routine and catch-up vaccination programmes.

- SHROUMI06: Monthly count of registered patients aged 70 on 1 September 2014 who did not receive a shingles vaccination and have no recorded reason for not receiving a shingles vaccination, up to the end of the reporting period.

## Shingles (catch-up) vaccination programme

This services runs from 1 September 2014 to 31 August 2015. If the Read codes or counts for the service commencing on 1 September 2015 change, this document will be updated to reflect the changes.

### READ and CTV3 codes

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

### Payment and management information

#### Payment count(s)

- SHCUP01: Monthly count of registered patients aged 78 or 79 on 1 September 2014 who have a record of receiving a shingles vaccination at the GP practice in the reporting period.

#### Management information counts

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

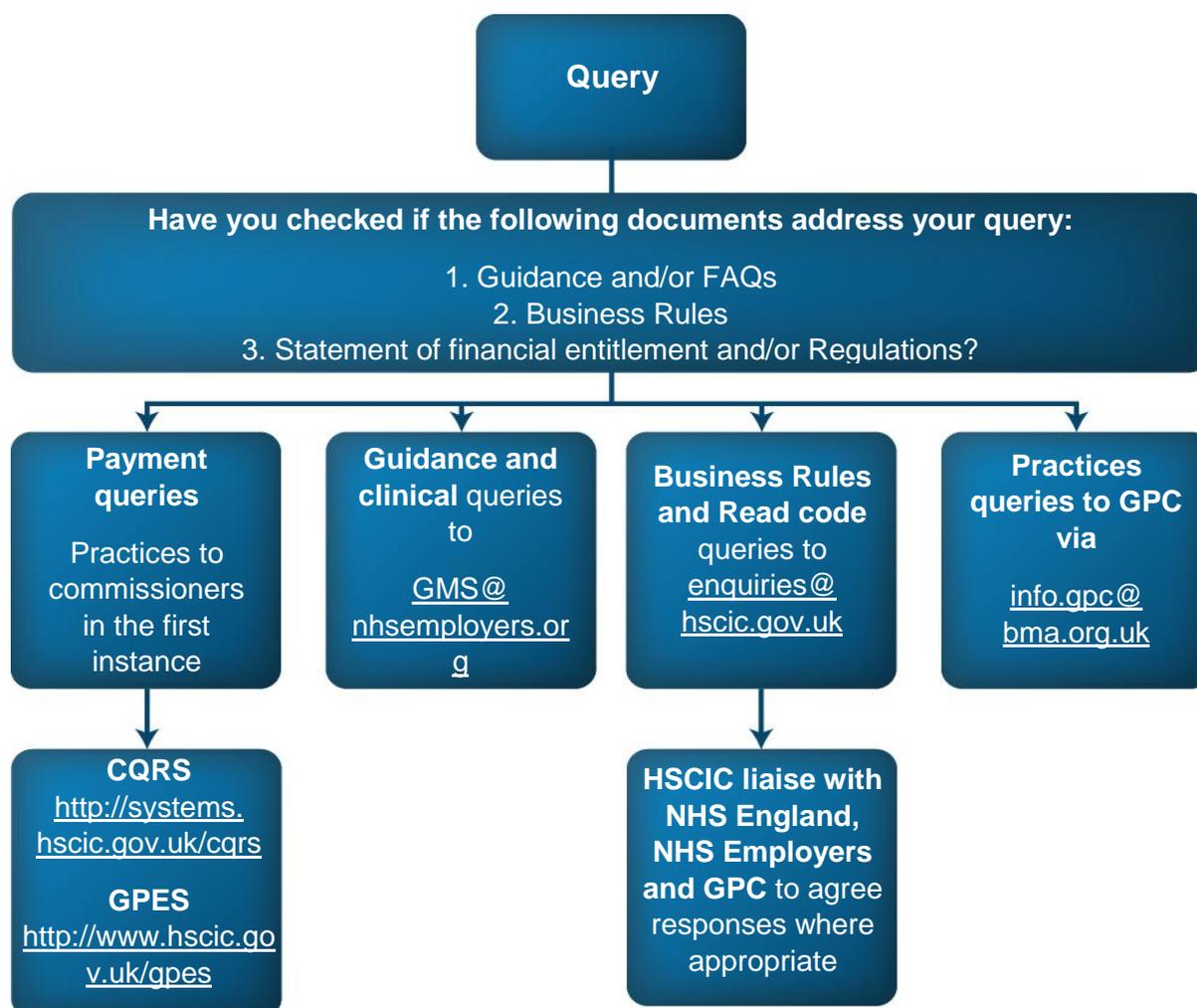
- SHCUPMI01: The number of registered patients aged 78 or 79 on 1 September 2014 for whom the shingles vaccination was contra-indicated up to the end of the reporting period.
- SHCUPMI02: The number of registered patients aged 78 or 79 on 1 September 2014 who have declined a shingles vaccination within the reporting period.
- SHCUPMI03: Monthly count of registered patients aged 78 or 79 on 1 September 2014 who have not consented to a shingles vaccination within the reporting period.
- SHCUPMI04: Monthly count of registered patients aged 78 or 79 on 1 September 2014 who have received a shingles vaccination from another healthcare provider within the reporting period.
- SHCUPMI05: Monthly count of registered patients aged 78 or 79 on 1 September 2014 who did not attend their shingles vaccination within the reporting period.
- SHCUPMI06: Monthly count of registered patients aged 78 or 79 on 1 September 2014 who did not receive a shingles vaccination and have no recorded reason for not receiving a shingles vaccination, up to the end of the reporting period.

# Section 6. Queries

Queries fall into three main categories:

1. those which can be resolved by referring to guidance<sup>17</sup> and/or FAQs<sup>18</sup>
2. those requiring interpretation of the guidance or Business Rules<sup>19</sup>
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.



<sup>17</sup> NHS Employers. 2015/16 QOF guidance. <http://www.nhsemployers.org/your-workforce/primary-care-contacts/general-medical-services/quality-and-outcomes-framework/changes-to-qof-2015-16>

<sup>18</sup> NHS Employers. FAQs. <http://www.nhsemployers.org/GMS/FAQs>

<sup>19</sup> HSCIC. <http://www.hscic.gov.uk/qofextractspecs>

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