

CQRS Public Health Vaccination Service Indicators 2021/ 22

Name	Service description	Indicator ID and description	Management ID
6-in-1 Vaccination Programme	Following the Vaccination and Immunisation Review in October 2019 NHSE/I has agreed changes to the payment of vaccines from 1 April 2020. Measles Mumps and Rubella (MMR) in 2020/21 and will be extend to other vaccines from April 2021. We require an automated payment service for the following patient groups receiving the DTaP/IPV/Hib/HepB vaccination: Children aged 8 weeks who have not yet attained 10 years old. Each 6-in-1 vaccine delivered to a child in this cohort will accrue an item of service fee of £10.06. Children aged 3 years 4 months who have not yet attained 10 years old. Each vaccine delivered to a child in this cohort will accrue an item of service fee of £10.06. We will also require an end of year count to evaluate cohort coverage in those aged 8 weeks to 10 years and aged 3 years 4 months to 10 years old. GP practices, who vaccinate patients from 10 years old and over, who present with incomplete or uncertain vaccination history, can claim reimbursement of an IoS fee of £10.06.	6IN1001 Monthly count of the number of patients who are aged at least 6 weeks old but have not yet attained 10 years old who received a DTaP/IPV/Hib/HepB vaccination administered by the GP practice within the reporting period and this vaccine was their first dose of a Diphtheria, Tetanus, and Polio containing vaccine.	N/A
		6IN1002 Monthly count of the number of patients who are aged 9 weeks but have not yet attained 10 years old who received a DTaP/IPV/Hib/HepB vaccination administered by the GP practice within the reporting period and this vaccine was their second dose of a Diphtheria, Tetanus, and Polio containing vaccine.	
		6IN1003 Monthly count of the number of patients who are aged 13 weeks but have not yet attained 10 years old who received a DTaP/IPV/Hib/HepB vaccination administered by the GP practice within the reporting period, and this vaccine was their third dose of a Diphtheria, Tetanus, and Polio containing vaccine.	
		6IN1004 Monthly count of the number of patients who are aged 3 years 4 months old but have not attained 10 years old who previously completed the full primary course of Diphtheria,	

		Tetanus and Polio containing vaccines, who received a dose of either DTaP/IPV or dTaP/IPV as their first booster vaccine administered by the GP practice within the reporting period.	
		6IN1005 Monthly count of the number of patients who are aged 10 years and over who received a Td/IPV vaccination administered by the GP practice within the reporting period and this vaccine was their first dose of a Diphtheria, Tetanus, and Polio containing vaccine.	
		6IN1006 Monthly count of the number of patients who are aged 10 years and over who received a Td/IPV vaccination administered by the GP practice within the reporting period and this vaccine was their second dose of a Diphtheria, Tetanus, and Polio containing vaccine.	
		6IN1007 Monthly count of the number of patients who are aged 10 years and over who received a Td/IPV vaccination administered by the GP practice within the reporting period and this vaccine was their third dose of a Diphtheria, Tetanus, and Polio containing vaccine.	

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Hepatitis B at risk (newborn) babies vaccination programme 2021/22	Babies whose mother has Hepatitis B are at increased risk of contracting the disease. This programme is intended to identify these new born babies and ensure they receive vaccination at birth (in hospital or during home births and by GPs by exception), the second dose at 1 month and a completing dose at the age of 1 year. GP practices are required to carry out a heel prick test and update the infants records with the result to confirm whether the baby is positive for Hepatitis B infection. In addition, where the vaccine status of a baby is incomplete or there has been significant delay, practices may complete the administration of the required doses as clinically appropriate and claim for payment. This means there is no end date for when the vaccine might be delivered. Practices must claim within 6 months of the administration of the final completing vaccination in line with the SFE. Practices are only paid for vaccinations carried out by the practice not for those given by other providers.	HEP002 Monthly count of the number of patients who received the Hepatitis B vaccination second doses given by the practice, administered within the reporting period to patients registered at the practice and at risk of Hepatitis B from birth, aged at least 4 weeks old but less than one year at the time of vaccination.	N/A
		HEP003 Monthly count of the number of patients who received the completing Hepatitis B vaccination doses given by the practice, administered within the reporting period to patients registered at the practice and identified as at risk of Hepatitis B from birth, aged at least 12 months old where a Hepatitis B blood test has been recorded.	

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HPV completing dose (Booster) vaccination 2021/22	This service is routinely provided by School vaccination services. It is recognised that some students may miss the schools programme and present to their GP practice and request vaccination. As part of the 2019/20 GP contract negotiations it was agreed that where practices provide this service to their patients it can be reimbursed which from 2020-21 will include both boys and girls. Vaccination is to be provided on request from both male and female patients and if the patient has missed the schools provision it is not expected that this should be an alternative provision to the service commissioned to deliver through schools and practices will not proactively offer the vaccination to patients. We do not expect a high number of claims. Where GP practices have been commissioned as part of local arrangements, they should agree with their area team the reporting and payment arrangements. They should not use this service.	HPV003 Monthly count of the number of patients who achieved 14 years of age and who have not achieved the age of 25 years who have received a first dose of HPV at the GP practice as a result of missing the provision by the Schools programme for school aged patients.	N/A
		HPV004 Monthly count of the number of patients who achieved 14 years of age and who have not attained the age of 25 years who have received a second dose of HPV at the GP practice); as a result of missing the provision by the Schools programme for school aged patients.	
		HPV005 Monthly count of the number of patients who achieved 15 years of age and who have not yet attained 25 years who have received a third dose of HPV, at the GP practice as a result of missing the provision by the Schools programme for school aged patients; and who had their first dose aged 15 years and above.	

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MenB vaccination programme 2021/22	The purpose of the service is to enable NHS England to commission MenB immunisation services of sufficient quantity and quality to prevent the infections and outbreaks caused by these organisms. In March 2014 the Joint Committee on Vaccination and Immunisation (JCVI) recommended the vaccination of infants against meningococcal group B infection (MenB) to protect them from this strain of meningococcal bacteria. This routine programme is a three dose programme for babies aged two, four and 12 to 13 months of age. The two doses at two and four months constitute the "primary course" required to ensure optimum protection for babies ahead of peak incidence at five months. The third dose at 12 to 13 months provides longer term protection. Only babies born on or after the 1st May 2015 will qualify for this programme. Children are not recommended for vaccination from two years of age.	MENBI01 MENBI01. Monthly count of the number of patients who received a first dose of MenB vaccine from the age of 2 months and before attaining 24 months of age, administered by the GP practice within the reporting period.	For details of the Management Information please see link to the business rules below https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/quality-and-outcomes-framework-qof/quality-and-outcome-framework-qof-business-rules/enhanced-services-es-vaccination-and-immunisation-vi-and-core-contract-components-2020-2021
		MENBI03 Monthly count of the number of patients who received a second dose of MenB vaccine from the age of 4 months and before attaining 24 months of age, administered by the GP practice within the reporting period.	
		MENBI09 Monthly count of the number of patients who received a booster dose of MenB vaccine from the age of 12 months and before attaining 24 months of age, administered by the GP practice within the reporting period where the first dose of MenB vaccine was received prior to the patient attaining 12 months of age.	
		MENBI10 Monthly count of the number of patients who received a booster dose of MenB vaccine from the age of 12 months and before attaining 24 months of age, administered by the GP practice within the reporting period where the first dose of MenB vaccine was received on or after the patient attaining 12 months of age.	

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Meningococcal ACWY vaccination 2021/22	The purpose of the service is to enable NHS England to commission MenACWY immunisation services of sufficient quantity and quality to prevent the infections and outbreaks caused by these organisms. The JCVI advised that there was an outbreak of Meningococcal W in 2016 and a vaccination programme of all 14-18 year old patients was agreed. The completing dose and 18 years in 31 August programmes to achieve this have now been combined. The conjugate vaccine (ACWY) will be provided by central supply for all patients in this cohort. In addition, the programme to vaccinate first year university students (freshers) is to continue. The intention is to provide the quadrivalent ACWY vaccine to these patients.	MACWY04 Monthly count of patients aged 14 years on or after 1 April 2011 who have yet to attain 25 years of age who have been given a MenACWY vaccine by the GP practice in the reporting period.	For details of the Management Information please see link to the business rules below https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/quality-and-outcomes-framework-qof/quality-and-outcome-framework-qof-business-rules/enhanced-services-es-vaccination-and-immunisation-vi-and-core-contract-components-2020-2021
MMR vaccination programme 2021/22	We require an automated payment service for the following patient groups receiving MMR vaccination: Children 0-5 years, Children 6-15 years, Adults 16 years and over. A management count is also required to monitor adherence with a targeted	MMRV001 Monthly count of the number of patients who are aged 16 years and over and have not previously been fully vaccinated against MMR, or with unknown or incomplete vaccination histories, who received a first MMR vaccination administered by the GP within the reporting period.	For details of the Management Information please see link to the business rules below

	catch-up campaign in those aged 10/11 years. Each MMR vaccine delivered to a child in their cohort (0-5,6-15) will accrue an item of service fee of £10.06. Adults aged 16 years and over GP Practices, who vaccinate patients the age of 16 and over who were previously unvaccinated, can claim reimbursement of an IoS fee of £10.06. Management count requirements: Participation in an MMR catch-up programme for patients aged 10 and 11 years formed part of the core requirements of vaccination and immunisation services from 1 April 2020. Practices are required to audit the records of this cohort and when a patient is identified as unvaccinated or partially vaccinated, they are required to contact the patient on 3 separate occasions to try to get the patient to be vaccinated.	MMRV002 Monthly count of the number of patients who are aged 16 years and over and have not previously been fully vaccinated against MMR, who received a second MMR vaccination administered by the GP practice within the reporting period. MMRV003 Monthly count of the number of patients aged less than 1 year who received an MMR vaccination administered by the GP practice within the reporting period. MMRV004 Monthly count of the number of patients who are aged 1 to 5 years and have not previously been fully vaccinated against MMR, who received a first MMR vaccination administered by the GP practice within the reporting period. MMRV005 Monthly count of the number of patients who are aged 1 to 5 years and have not previously been fully vaccinated against MMR, who received a second MMR vaccination administered by the GP practice within the reporting period. MMRV006 Monthly count of the number of patients who are aged 6 to 15 years and have not previously been fully vaccinated against MMR, or with unknown or incomplete vaccination histories, who received a first MMR vaccination administered by the GP practice within the reporting period. MMRV007 Monthly count of the number of patients who are aged 6 to 15 years and have not previously been fully vaccinated against MMR, who received a second MMR vaccination administered by the GP practice within the reporting period.	https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/quality-and-outcomes-framework-qof/quality-and-outcome-framework-qof-business-rules/enhanced-services-es-vaccination-and-immunisation-vi-and-core-contract-components-2020-2021
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Pertussis in pregnant women 2021/22	The purpose of the service specification is to enable NHS England to commission Pertussis in pregnant women immunisation services of sufficient quantity and quality to prevent the infections and outbreaks caused by these organisms. The JCVI has advised that Pertussis in pregnant women vaccination programme should be extended for at least 5 years. JCVI considered that immunisation could be offered at one of the routine antenatal appointments and that immunisation within weeks 16 to 32 of pregnancy is likely to be optimal. Immunisation within weeks 16 to 38 of pregnancy may ensure greater overlap between the period of maximal antibody levels in the pregnant woman and the period of trans placental antibody transfer. Offering immunisation from 28 weeks would provide some protection to infants born prematurely who may be particularly vulnerable to complications from pertussis.	PT001 Monthly count of the number of pregnant women who have received a pertussis vaccination by the GP practice within the reporting period.	For details of the Management Information please see link to the business rules below https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/quality-and-outcomes-framework-gof/quality-and-outcome-framework-gof-business-rules/enhanced-services-es-vaccination-and-immunisation-vi-and-core-contract-components-2020-2021

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Pneumococcal polysaccharide vaccination (PPV) programme 2021/22	The pneumococcal vaccines protect against pneumococcal infections caused by the bacterium <i>Streptococcus pneumoniae</i>. The pneumococcus is one of the most frequently reported causes of bacteraemia and meningitis and it is the commonest cause of community-acquired pneumonia. Invasive pneumococcal disease is a major cause of morbidity and mortality and can affect anyone. However, it particularly affects the very young, the elderly and those with impaired immunity or chronic conditions. This programme delivers vaccinations for patients aged 65 or over and at risk patients aged 2 years to 64 years inclusive and deliver a consistent service to patients across England. This is in line with the guidance in the "Green Book". GP practices should follow the guidance in the Green Book to identify qualifying patients.	PNEU001 Monthly count of patients aged 65 years or over as at 31 March 2022 who have received a pneumococcal vaccination (PPV) by the GP practice, within the reporting period.	For details of the Management Information please see link to the business rules below https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/quality-and-outcomes-framework-qof/quality-and-outcome-framework-qof-business-rules/enhanced-services-es-vaccination-and-immunisation-vi-and-core-contract-components-2020-2021
		PNEU002 Monthly count of patients aged 2 years to 64 years on 31 March 2022 and identified as at risk, with at least one clinical code in the patients record, who have received a pneumococcal vaccination (PPV) by the GP practice within the reporting period.	
		PNEU003 Monthly count of patients aged 2 years to 64 years on 31 March 2022 and identified as at risk by the clinical code for requires a pneumococcal vaccination who have received a pneumococcal vaccination (PPV) by the GP practice in the reporting period (excluding patients identified in count PNEU002).	

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Rotavirus (Routine Childhood Vaccination) 2021/22	Following a recommendation by the JCVI, from 1 July 2013, vaccination against Rotavirus was introduced to the national immunisation programme to protect infants against Rotavirus. The purpose of the collection is to calculate, report and pay for activity undertaken in line with contractual agreement. The purpose of the QS is to calculate, report and pay for activity undertaken in line with contractual agreement.	ROTA002 Monthly count of the contractors registered patients who have received a first dose of rotavirus vaccine given by the GP practice between 6 weeks and 14 weeks and 6 days of age in the reporting period.	For details of the Management Information please see link to the business rules below https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/quality-and-outcomes-framework-qof/quality-and-outcome-framework-qof-business-rules/enhanced-services-es-vaccination-and-immunisation-vi-and-core-contract-components-2020-2021
		ROTA003 Monthly count of the contractors registered patients who have received a second dose of rotavirus vaccine given by the GP practice between 10 weeks and 23 weeks 6 days of age in the reporting period.	
Shingles Combined 2021/22	In March 2010, the JCVI recommended that patients aged 70 years should be routinely offered vaccination against shingles. This programme was introduced in September 2013. The age criteria for the routine programme are: patients who were aged 70 years on 1 September 2013 (i.e. DOB 1 September 1943) or who attained their 70th birthday between 1 September 2013 and the quality	SHROU02 Monthly count of the number of registered patients aged 70-79 (inclusive) at the point of vaccination, who have a record of receiving a dose of Zostavax carried out by the practice within the reporting period.	For details of the Management Information please see link to the business rules below https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/quality-and-outcomes-framework-qof/quality-and-outcome-framework-qof-business-rules/enhanced-services-es
		SHROU03 Monthly count of the number of registered immunocompromised patients aged 70-79 (inclusive) at the point of vaccination, who have a record of receiving a first dose of Shingrix carried out by the practice within the reporting period	

	service end date (inclusive; i.e. DOB 31 March 1952). These patients will remain eligible until they have attained their 80th birthday. The catchup programme is aimed at vaccinating patients who are aged 78 or 79 years but who have not yet attained the age of 80 years. GP practices will be entitled to a payment for each qualifying registered patient who receives shingles immunisation whilst the patient is aged 78 or 79 years old. This SRT merges these services covering patients from age 70-79 years old.	SHROU04 Monthly count of the number of registered immunocompromised patients aged 70-80 (inclusive) at the point of vaccination, who have a record of receiving a second dose of Shingrix carried out by the practice within the reporting period.	vaccination-and-immunisation-vi-and-core-contract-components-2020-2021
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