

TECHNICAL REQUIREMENTS FOR 2018/19 GMS CONTRACT CHANGES

August 2018 – version 3

Version control

Version	Publication date	Changes
Version 1	24-05-2018	<p>This version includes:</p> <ul style="list-style-type: none"> • Alcohol • Childhood influenza • Dementia data (2017/18 and 2018/19) • Hepatitis B • HPV completing dose • Learning disabilities • Measles mumps rubella • Meningococcal ACWY freshers • Meningococcal completing dose • Meningococcal B • Named GP • National diabetes audit (2017/18 and 2018/19) • Pertussis • Pneumococcal • QOF <ul style="list-style-type: none"> ◦ QOF indicators ◦ Indicators no longer in QOF • Rotavirus • Seasonal influenza • Shingles routine • Shingles catch-up
Version 2	18-07-2018	<ul style="list-style-type: none"> • Alcohol – removal of ‘alcohol use disorder identification test consumption’ code • Dementia – clinical codes spreadsheet • Dementia – new code for ‘dementia care plan’ • GMS/PMS – falls and referrals clinical codes spreadsheet • Meningococcal ACWY – change to age in MI count • Childhood influenza – clinical codes • Seasonal influenza – clinical codes spreadsheet
Version 3	30-08-2018	<ul style="list-style-type: none"> • Coding changes as a result of the move to SNOMED <ul style="list-style-type: none"> ◦ Alcohol ◦ Dementia data ◦ GMS/PMS ◦ CVD-PP (QOF) ◦ Palliative care (QOF) ◦ Rheumatoid arthritis (INLIQ) • Seasonal influenza for social care workers

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Section 1. Introduction

Introduction

In February 2018, NHS Employers (on behalf of NHS England) and the British Medical Association (BMA) General Practitioners Committee (GPC) announced the agreed changes to the General Medical Services (GMS) contract for 2018/19.

For a summary of the changes to the vaccination programme for 2018/19, please see the NHS Employers website¹.

This document provides the detailed technical requirements for commissioners and practices² that hold a GMS contract and for all practices offering directed enhanced services (DESS), 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. This guidance is applicable in England only.

Wherever possible, NHS England will minimise the reporting requirements for the services delivered by practices where these can be supported by new systems.

The detailed requirements for the targeted hepatitis B at-risk (newborn babies), HPV completing dose (booster), meningococcal B, meningococcal completing dose (booster), MMR, rotavirus and shingles (routine) vaccination programmes are set out in the GMS Contract Regulations, Directions and the Statement of Financial Entitlements (SFE)³.

The detailed requirements for the childhood seasonal influenza, meningococcal freshers, pertussis, shingles (catch-up) and the seasonal influenza and pneumococcal polysaccharide vaccination programmes are set out in the NHS England service specifications⁴.

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

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

Verification

The following propositions are taken or adapted from the SFE and the Confidentiality and Disclosure of Information (GMS, PMS, APMS) Directions 2013 and its Code of Practice⁵:

¹ NHS Employers. V&I. Summary of changes document. www.nhsemployers.org/vandi201819

² 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.

³ DH. SFE. <https://www.gov.uk/government/publications/nhs-primary-medical-services-directions-2013>

⁴ NHS England. Service specifications. <http://www.england.nhs.uk/commissioning/gp-contract/>

⁵ NHS Primary Medical Directions. <https://www.gov.uk/government/publications/nhs-primary-medical-services-directions-2013>

The Directions and Code of Practice apply equally to NHS England and clinical commission groups (CCGs) operating under delegated commissioning.

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

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

Commissioners and practices will be aware of the need to:

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

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

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

CQRS, together with GPES calculate achievement and payments to practices. Both CQRS and GPES are managed by NHS Digital.

CQRS⁶ is the automated system used to calculate achievement and payments on quality services. These include the quality and outcomes framework (QOF), DESs, ESs and vaccination programmes.

GPES⁷ anonymises patient identifiable data which it then collects from general practice IT clinical systems for a wide range of purposes including payments to practices and the provision of relevant data for management information purposes. This enables commissioners to monitor and verify the delivery of various contract and service requirements.

The CQRS team works with NHS England to ensure CQRS supports the contract and any changes. Practices must be offered and agree to provide each service with their commissioner.

Payments can only be processed after commissioners have offered and practices have accepted a service on CQRS. Agreement to participate in a service on CQRS is separate

⁶ NHS Digital. CQRS. <https://digital.nhs.uk/article/279/General-Practice-GP-collections>

⁷ NHS Digital. GPES. <http://content.digital.nhs.uk/gpes>

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 document provides information on how CQRS and GPES are used in relation to the services listed. To support practices, CQRS also publish guidance and issue communications as services become live on CQRS or GPES, which detail how to manually declare and enter relevant data into CQRS and enable data collection. Further information on when each service will be available on CQRS and how to input data will be available on the NHS Digital website⁸.

Where a service is supported by CQRS, practices are required to manually enter achievement on CQRS until data can be automatically collected from practice systems by GPES.

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

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
- 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.

Please be aware that the reports for the payment, management information and cohort counts outlined within this document do not return patient identifiable data with the exception of the national diabetes audit.

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.

About this guidance

This document sets out additional detail on how CQRS and GPES will support services, outlines the payment, management information and cohort count wording and provides the

⁸ NHS Digital. CQRS. <https://digital.nhs.uk/article/279/General-Practice-GP-collections>

relevant clinical codes that practices are required to use for each service. This document also includes cohort counts for services where this clarity is needed. Clinical 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. This includes cohort counts which provide a figure for the number of eligible patients in the practice and is used for validation purposes.

Changes which materially affect services supported by CQRS and GPES, will be updated in this document. This is available as a 'live' document on NHS Employers website and will be updated as services move from manual reporting to automated data collections. Relevant supporting Business Rules⁹ will also be updated and available on the NHS Digital 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 clinical 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.

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

Clinical coding changes as a result of the move to SNOMED

There are a number of codes used within ES's and QOF relating to assessment scales. Practices **should not** be directly recording any 'assessment scale' codes.

In order to ensure that correct coding is used within a patient record, the appropriate 'observable entities' or 'procedure codes' should be used.

Some assessment scales are acceptable during the 2018/19 transitional period to enable accurate recording/payment as listed below, however, all users should begin to recode using the correct SNOMED coding which is already available within the relevant rulesets.

Practices should be aware that these codes will no longer be acceptable from 1 April 2019.

Ruleset ID	Cluster ID	Concept ID	Description
Alcohol	ANXSCRN_COD	836551000000102	Generalised anxiety disorder 2 scale (assessment scale)

⁹ NHS Digital. Business Rules. <http://content.digital.nhs.uk/qofesextractspecs>

Ruleset ID	Cluster ID	Concept ID	Description
Alcohol	DEPSCRN_COD	273306008	Beck depression inventory (assessment scale)
Alcohol	DEPSCRN_COD	273524006	Hospital anxiety and depression scale (assessment scale)
Alcohol	DEPSCRN_COD	450752004	Whooley depression screen (assessment scale)
Alcohol	DEPSCRN_COD	719131000	Neurological Disorders Depression Inventory in Epilepsy (assessment scale)
Alcohol	DEPSCRN_COD	758711000000105	Patient health questionnaire 9 (assessment scale)
Alcohol	FAST_COD	303471000000106	Fast Alcohol Screening Test (assessment scale)
CVD-PP (QOF)	CVDASS2_COD	1086271000000104	Framingham Cardiovascular Disease 10 year risk score calculator (assessment scale)
Dementia data	DEMASS_COD	414750000	Mini mental state score (assessment scale)
GMS/PMS	FRAILASS_COD	1084951000000107	Electronic Frailty Index (assessment scale)
GMS/PMS	FRAILASS_COD	713634000	Frailty Index (assessment scale)
Palliative care (QOF)	PALCARE_COD	901741000000103	Palliative Care Outcomes Collaboration Assessment Toolkit (assessment scale)
Rheumatoid arthritis (INLIQ)	FRCASSRA_COD	736952000	Osteoporotic fracture probability assessment tool (assessment scale)
Rheumatoid arthritis (INLIQ)	FRCASSRA_COD	848061000000106	QFracture risk calculator (assessment scale)

Section 2. Enhanced services

Learning disabilities health checks scheme

Clinical codes

Clinical informaticians identified some clinical codes deemed to no longer be suitable for use in coding patients with a diagnosis of a learning disability. Following discussions between NHS England, National Institute for Health and Care Excellence (NICE), NHS Employers, GPC and NHS Digital the codes listed have been removed from ES as of 1 April 2018 (and also the relevant QOF indicator).

Practices should review the records of the patients on their QOF LD register (LD003¹⁰ in 2017/18) and their practices register for the ES as a combination of these two registers is use for this ES. Practices should identify any patients with one of the following unsuitable diagnostic codes on their record. Where a patient has one of these codes, the practice should re-assess the patient and re-code using one of the other available clinical codes.

- profound mental retardation (IQ below 20)
- severe mental retardation (IQ 20-34)
- mental handicap
- moderate mental retardation (IQ 35-49)
- borderline mental retardation (IQ 70-85)
- mild mental retardation (IQ 50-70)
- mental retardation
- educationally subnormal
- severely educationally subnormal.

For a full list of the acceptable clinical codes, see the Business Rules.

Table 1: Learning disabilities – diagnostic codes

	SNOMED
Developmental academic disorder	1855002
Mild learning disability	984661000000105
Moderate learning disability	984671000000103
Severe learning disability	508171000000105
Profound learning disability	984681000000101
On learning disability register	416075005
Specific learning disability	889211000000104

¹⁰ The indicator ID in QOF was renamed as LD004 from 1 April 2018.

Significant learning disability	931001000000105
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Table 2: Learning disabilities – health check codes

	SNOMED
Examination of a learning disabled patient	442127005
Learning disabilities annual health assessment*	199751000000100
Learning disabilities health action plan completed	712491005
Learning disabilities annual health assessment declined	514021000000103
Learning disabilities health action plan reviewed	413163007
Learning disabilities health action plan declined	413162002

* description updated in v3 of this document.

Payment and management information

Payment count

- LDHC001: Quarterly count of registered patients aged 14 years or over, at the 31 March 2019, on the practice's learning disability register who have received a learning disability health check by the practice 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:

- LDHCM1001: Quarterly count of registered patients aged 18 years or over, at the 31 March 2019, on the practice's Learning Disability register who have received a learning disability health check by the practice and have not received a health check in a previous quarter in this financial year.
- LDHCM1002: Quarterly count of registered patients aged 14 years or over and who have not attained the age of 18 years, at the 31 March 2019, on the practice's Learning Disability register who have received a learning disability health check by the practice and have not received a health check in a previous quarter in this financial year.
- LDHCM1003: Quarterly count of registered patients aged 18 years or over, at the 31 March 2019, on the practice's Learning Disability register who have declined a learning disability health check offered by the practice and have not declined a health check in a previous quarter in this financial year.
- LDHCM1004: Quarterly count of registered patients aged 14 years or over and who have not attained the age of 18 years, at the 31 March 2019, on the practice's Learning Disability register who have declined a learning disability health check offered by the practice 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, at the 31 March 2019, identified as having a QOF diagnostic learning disability, as at the end of the reporting period.
- LDHDMI006: Quarterly (cumulative) count of registered patients aged 14 years or over and who have not attained the age of 18 years, at the 31 March 2019, identified as having a QOF diagnostic learning disability, as at the end of the reporting period.
- LDHDMI007: Quarterly count of registered patients aged 18 years or over, at the 31 March 2019, identified as having a QOF diagnostic learning disability who received a learning disability health check by the practice 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 31 March 2019, identified as having a QOF diagnostic learning disability who received a learning disability health check by the practice in the reporting period.
- LDHDMI009: Quarterly (cumulative) count of registered patients aged 18 years or over, at the 31 March 2019, who have received a learning disability health check by the practice 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, at the 31 March 2019, who have received a learning disability health check by the practice and have been provided a health action plan, up to the end of the reporting period.
- LDHDMI011: Quarterly (cumulative) count of registered patients aged 18 years or over, at the 31 March 2019, who have received a learning disability health check by the practice and declined a health action plan, up to the end of the reporting period.
- LDHDMI012: Quarterly (cumulative) count of registered patients aged 14 years or over and who have not attained the age of 18 years, at the 31 March 2019, who have received a learning disability health check by the practice and declined a health action plan, up to the end of the reporting period.
- LDHDMI013: Quarterly (cumulative) count of registered patients aged 18 years or over, at the 31 March 2019, who have received a learning disability health check by the practice and who have neither received nor declined a health action plan, up to the end of the reporting period.
- LDHDMI014: Quarterly (cumulative) count of registered patients aged 14 years or over and who have not attained the age of 18 years, at the 31 March 2019, who have received a learning disability health check by the practice and who have neither received nor declined a health action plan, up to the end of the reporting period.

Cohort counts (these counts are for validation purposes only)

- LDHCCC001: Number of registered patients aged 18 years or over as at 31 March 2019.
- LDHCCC002: Number of registered patients aged 14 years or over and who have not attained the age of 18 years at the 31 March 2019.

Section 3. Quality and outcomes framework (QOF)

2018/19 QOF indicators

For full details of the requirements for this service, see the '2018/19 QOF guidance and audit requirements'¹¹ document or Annex D of the SFE.

Clinical codes

For details of the clinical codes for QOF indicators, see the Business Rules¹² on the NHS Digital website.

See the LD section of this document for details around changes to the LD diagnostic codes for the QOF register from 1 April 2018.

Payment, management and cohort information

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

Clinical coding changes as a result of the move to SNOMED

There are a number of codes used within ES's and QOF relating to assessment scales. Practices **should not** be directly recording any 'assessment scale' codes.

In order to ensure that correct coding is used within a patient record, the appropriate 'observable entities' or 'procedure codes' should be used.

Some assessment scales are acceptable during the 2018/19 transitional period to enable accurate recording/payment as listed below, however, all users should begin to recode using the correct SNOMED coding which is already available within the relevant rulesets.

Practices should be aware that these codes will no longer be acceptable from 1 April 2019.

Ruleset ID	Cluster ID	Concept ID	Description
CVD-PP	CVDASS2_COD	1086271000000104	Framingham Cardiovascular Disease 10 year risk score calculator (assessment scale)
Palliative care	PALCARE_COD	901741000000103	Palliative Care Outcomes Collaboration Assessment Toolkit (assessment scale)

¹¹ NHS Employers. 2018/19 QOF guidance. <http://www.nhsemployers.org/QOF201819>

¹² NHS Digital. Business Rules. <http://content.digital.nhs.uk/qofextractspecs>

Indicators no longer in QOF (INLIQ)

Clinical codes

For a summary of the indicators included in this collection, see the NHS Employers website¹³.

Clinical codes

For details of the clinical codes for INLIQ, see the Business Rules¹⁴ on the NHS Digital website.

Payment, management and cohort information

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

Clinical coding changes as a result of the move to SNOMED

There are a number of codes used within ES's and QOF relating to assessment scales. Practices **should not** be directly recording any 'assessment scale' codes.

In order to ensure that correct coding is used within a patient record, the appropriate 'observable entities' or 'procedure codes' should be used.

Some assessment scales are acceptable during the 2018/19 transitional period to enable accurate recording/payment as listed below, however, all users should begin to recode using the correct SNOMED coding which is already available within the relevant rulesets.

Practices should be aware that these codes will no longer be acceptable from 1 April 2019.

Ruleset ID	Cluster ID	Concept ID	Description
Rheumatoid arthritis	FRCASSRA_COD	736952000	Osteoporotic fracture probability assessment tool (assessment scale)
Rheumatoid arthritis	FRCASSRA_COD	848061000000106	QFracture risk calculator (assessment scale)

¹³ NHS Employers. Indicators no longer in QOF. www.nhsemployers.org/QOF201819

¹⁴ NHS Digital. Business Rules. <http://content.digital.nhs.uk/qofextractspecs>

Section 4. Contractual requirements

Alcohol-related risk reduction scheme

For full details of the contractual requirements for this, see the 'GMS contract changes 2016/17 guidance and audit requirements'¹⁵.

Clinical codes

Please note the codes in this section are still under review by NHS Digital and may change. Any changes will be reflected (and highlighted) in an updated version of this document.

Table 3: Alcohol – initial screening codes

	SNOMED
FAST alcohol screening test	303471000000106
Alcohol assessment declined	361731000000101
Alcohol consumption screening test declined	428073005
Alcohol screen using fast alcohol screening test completed	285411000000105
Assessment using Fast Alcohol Screening Test	1084591000000108
Fast Alcohol Screening Test score	1084601000000102
Assessment using Alcohol Use Disorders Identification Test Consumption	1084571000000109
Alcohol Use Disorders Identification Test - Consumption score	1084581000000106
Alcohol use disorders identification test score	443280005
Assessment using alcohol use disorders identification	450760003

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.

¹⁵ NHS Employers. GMS contract changes 2016/17 guidance and audit requirements.
www.nhsemployers.org/gms201617

Table 4: Alcohol codes – full screening codes

	SNOMED
Alcohol Use Disorders Identification Test declined	922471000000101

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 5: Alcohol – intervention codes

	SNOMED
Brief intervention for excessive alcohol consumption completed	366371000000105
Extended intervention for excessive alcohol consumption completed	366421000000103
Referral to specialist alcohol treatment service	431260004
Brief intervention for excessive alcohol consumption declined	379411000000105
Extended intervention for excessive alcohol consumption declined	754831000000102
Declined referral to specialist alcohol treatment service	380861000000109
Patient referral for alcoholism rehabilitation	38670004
Referral to specialist alcohol treatment service declined by patient	442444001
Declined referral to specialist alcohol treatment service	781191000000101

Table 6: Anxiety and depression codes

	SNOMED
Anxiety screening	908501000000101
Anxiety screening using questions	908521000000105
Anxiety screening declined	933521000000109
Depression screening	171207006
Depression screening using questions	200971000000100

Depression screening declined	720834000
Generalised anxiety disorder 2 scale	836551000000102
Assessment using generalised anxiety disorder 2 scale	836561000000104
Generalised anxiety disorder 2 scale score	836571000000106
Assessment using generalized anxiety disorder 7 item score	445598007
Generalised anxiety disorder 7 item score	445455005
Assessment using Generalized Anxiety Disorder 7 scale declined	715508000
Neurological disorders depression inventory in epilepsy	719131000
Neurological Disorders Depression Inventory in Epilepsy	718861000
Assessment using Neurological Disorders Depression Inventory in Epilepsy	718862007
Hospital anxiety and depression scale	273524006
Assessment using hospital anxiety and depression scale	445991008
Hospital Anxiety and Depression scale depression score	401320004
Hospital Anxiety and Depression Scale declined	988671000000106
Patient health questionnaire 9	758711000000105
Depression screening using Patient Health Questionnaire Nine Item score	715252007
Patient Health Questionnaire Nine Item score	720433000
Positive screening for depression on Patient Health Questionnaire 9	112001000119100
Negative screening for depression on Patient Health Questionnaire 9	112011000119102
Patient health questionnaire 9 declined	279911000000106
Beck depression inventory	273306008
Beck depression inventory score	446053003
Assessment using Beck depression inventory	446765009
Assessment using Beck Depression Inventory II	717268000
Beck Depression Inventory II score	718366000
Edinburgh postnatal depression scale screening offered	2571000175108

Whooley depression screen	450752004
Assessment using Whooley depression screen	792491000000100
Whooley depression screen score	803351000000106

Table 7: Anxiety and depression - management codes

	SNOMED
Patient given advice about management of anxiety	908541000000103
Patient given advice about management of depression	415044007
Depression care management	784051000000106
Referral for psychological management of anxiety	1037451000000103
Anxiety management training	228560001
Counseling for anxiety	313087008
Management of anxiety	710060004
Education about anxiety	861611000000100
Depression management program (regime/therapy)	401174001

Payment and management information

Payment count

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

Management information counts

- ALCMI018: Cumulative count of newly registered patients, aged 16 years or over at the time of their registration, who have been screened by the GP practice using the shortened FAST or AUDIT-C tools up to the end of the reporting period.
- ALCMI019: Cumulative count of newly registered patients, aged 16 years or over at the time of their registration, who have undergone an assessment using a validated tool (AUDIT) by the GP practice, where this assessment is not preceded by the shortened FAST or AUDIT-C tools, up to the end of the reporting period.
- ALCMI020: Cumulative count of newly registered patients, aged 16 years or over at the time of their registration, who have declined screening using the shortened FAST or AUDIT-C tools or who have declined an assessment using a validated tool (AUDIT) up to the end of the reporting period.
- ALCMI021: Cumulative count of newly registered patients, aged 16 years or over at the time of their registration, who have not been screened using either the shortened FAST or AUDIT-C tools and who have not declined screening using either the

shortened FAST or AUDIT-C tools and who have not undergone an assessment using a validated tool (AUDIT) and who have not declined an assessment using a validated tool (AUDIT) up to the end of the reporting period.

- ALCMI001: Cumulative count of newly registered patients, aged 16 years or over at the time of their registration, who have had the FAST short standard case finding test up to the end of the reporting period.
- ALCMI002: Cumulative count of newly registered patients, aged 16 years or over at the time of their registration, who have had the AUDIT-C short standard case finding test up to the end of the reporting period.
- ALCMI003: Cumulative count of newly registered patients, aged 16 years or over at the time of their registration, who have had the FAST or the AUDIT-C short standard case finding test and screened positive for either (3+ for FAST, 5+ for AUDIT-C), up to the end of the reporting period.
- ALCMI004: Cumulative count of newly registered patients, aged 16 years or over at the time of their registration, who have had the FAST or the AUDIT-C short standard case finding test, screened positive for either (3+ for FAST, 5+ for AUDIT-C), and have undergone an assessment using a validated tool (AUDIT), up to the end of the reporting period.
- ALCMI005: Cumulative count of newly registered patients, aged 16 years or over at the time of their registration, who have an AUDIT assessment score of 0-7, up to the end of the reporting period.
- ALCMI006: Cumulative count of newly registered patients, aged 16 years or over at the time of their registration, who have an AUDIT assessment score of 8-15, up to the end of the reporting period.
- ALCMI007: Cumulative count of newly registered patients, aged 16 years or over at the time of their registration, who have an AUDIT assessment score of 16-19, up to the end of the reporting period.
- ALCMI008: Cumulative count of newly registered patients, aged 16 years or over at the time of their registration, who have an AUDIT assessment score of 20 or over, up to the end of the reporting period.
- ALCMI009: Cumulative count of newly registered patients, aged 16 years or over at the time of their registration, who have an AUDIT assessment score of 8-15, and have received brief intervention to help them reduce their alcohol related-risk, up to the end of the reporting period.
- ALCMI022: Cumulative count of newly registered patients, aged 16 years or over at the time of their registration, who have an AUDIT assessment score of 8-15, and have declined brief intervention to help them reduce their alcohol related-risk, up to the end of the reporting period.
- ALCMI010: Cumulative count of newly registered patients, aged 16 years or over at the time of their registration, who have an AUDIT assessment score of 16-19, and have received brief intervention to help them reduce their alcohol related-risk, up to the end of the reporting period.
- ALCMI023: Cumulative count of newly registered patients, aged 16 years or over at the time of their registration, who have an AUDIT assessment score of 16-19, and have declined brief intervention to help them reduce their alcohol related-risk, up to the end of the reporting period.
- ALCMI011: Cumulative count of newly registered patients, aged 16 years or over at the time of their registration, who have an AUDIT assessment score of 16-19, and

have received extended intervention to help them reduce their alcohol related-risk, up to the end of the reporting period.

- ALCMI024: Cumulative count of newly registered patients, aged 16 years or over at the time of their registration, who have an AUDIT assessment score of 16-19, and have declined extended intervention to help them reduce their alcohol related-risk, up to the end of the reporting period.
- ALCMI012: Cumulative count of newly registered patients, aged 16 years or over at the time of their registration, who have an AUDIT assessment score of 20 or over, and have been referred for specialist advice for dependent drinking, up to the end of the reporting period.
- ALCMI025: Cumulative count of newly registered patients, aged 16 years or over at the time of their registration, who have an AUDIT assessment score of 20 or over, and have declined a referral for specialist advice for dependent drinking, up to the end of the reporting period.
- ALCMI013: Cumulative count of newly registered patients, aged 16 years or over at the time of their registration, who have an AUDIT assessment score of 8 or more and have been screened for anxiety up to the end of reporting period.
- ALCMI026: Cumulative count of newly registered patients, aged 16 years or over at the time of their registration, who have an AUDIT assessment score of 8 or more and have declined screening for anxiety up to the end of reporting period.
- ALCMI014: Cumulative count of newly registered patients, aged 16 years or over at the time of their registration, who have an AUDIT assessment score of 8 or more, have been screened for anxiety and have been provided with support and treatment up to the end of the reporting period.
- ALCMI015: Cumulative count of newly registered patients, aged 16 years or over at the time of their registration, who have an AUDIT assessment score of 8 or more, and have been screened for depression up to the end of the reporting period.
- ALCMI027: Cumulative count of newly registered patients, aged 16 years or over at the time of their registration, who have an AUDIT assessment score of 8 or more, and have declined screening for depression up to the end of the reporting period.
- ALCMI016: Cumulative count of newly registered patients, aged 16 years or over at the time of their registration, who have an AUDIT assessment score of 8 or more, have been screened for depression and have been provided with support and treatment up to the end of the reporting period.

Cohort count (these counts are for validation purposes only)

- ALCCC001: The number of newly registered patients, aged 16 years or over at the time of their registration, who have registered at the GP practice on or after the quality service start date and up to the end of the reporting period.

Clinical coding changes as a result of the move to SNOMED

There are a number of codes used within ES's and QOF relating to assessment scales. Practices **should not** be directly recording any 'assessment scale' codes.

In order to ensure that correct coding is used within a patient record, the appropriate 'observable entities' or 'procedure codes' should be used.

Some assessment scales are acceptable during the 2018/19 transitional period to enable accurate recording/payment as listed below, however, all users should begin to recode using the correct SNOMED coding which is already available within the relevant rulesets.

Practices should be aware that these codes will no longer be acceptable from 1 April 2019.

Ruleset ID	Cluster ID	Concept ID	Description
Alcohol	ANXSCRN_COD	836551000000102	Generalised anxiety disorder 2 scale (assessment scale)
Alcohol	DEPSCRN_COD	273306008	Beck depression inventory (assessment scale)
Alcohol	DEPSCRN_COD	273524006	Hospital anxiety and depression scale (assessment scale)
Alcohol	DEPSCRN_COD	450752004	Whooley depression screen (assessment scale)
Alcohol	DEPSCRN_COD	719131000	Neurological Disorders Depression Inventory in Epilepsy (assessment scale)
Alcohol	DEPSCRN_COD	758711000000105	Patient health questionnaire 9 (assessment scale)
Alcohol	FAST_COD	303471000000106	Fast Alcohol Screening Test (assessment scale)

2017/18 dementia data collection (from 1 October 2017)

Read codes

Diagnostic codes for dementia are as per QOF DEM_COD cluster for v37.0. For list of the Read codes for mental health and antipsychotic medication, see separate spreadsheet:

<http://www.nhsemployers.org/-/media/Employers/Documents/Primary-care-contracts/GMS/2017-18-Dementia-Read-codes---MH-and-antipsychotic-expanded-cluster.xlsx>¹⁶

Table 8: Dementia data collection codes

	Read v2	Read CTV3
Assessment for dementia	38C10	XaaBD
DemTect scale	38Qj.	XabVK
Everyday Cognition questionnaire	38Qv.	Xabp1
Mini-mental state examination	388m.	XM0fo
Six item cognitive impairment test	3AD3.	XaJLG
GPCOG - general practitioner assessment of cognition	38Dv.	XaQJP
Dementia screening declined	8IEu.	XaaTn
Dementia screening questionnaire declined	8IEu0	XaabA
At risk of dementia	14Od.	XaQyJ
Initial memory assessment	38C15	Xaahy
Initial memory assessment declined	8IE50	Xaahx
Referral to memory clinic	8HTY.	XaJua
Referral to memory clinic declined	8IEn.	Xaa9t
Dementia care plan	8CMZ.	XaaBZ
Dementia advance care plan	8CMe0	XacLx
Dementia care plan agreed	8CMZ0	Xaclx
Dementia advance care plan agreed	8CSA.	XabEk
Review of dementia advance care plan	8CMG2	XabEI

¹⁶ If clicking on the link doesn't direct you to the spreadsheet, copy and paste the full link in to your browser.

Dementia care plan reviewed	8CMZ1	Xacly
Dementia advance care plan declined	8IAe0	XabEi
Dementia care plan declined	8CMZ2	Xaclz
Dementia advance care plan review declined	8IAe2	XacM2
Dementia care plan review declined	8CMZ3	XacJ0

Table 9: Ethnicity codes

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

Asian or Asian British: Pakistani - England and Wales ethnic category 2011 census	9t09.	Xacth
Pakistani or British Pakistani - ethnic category 2001 census	9i8..	XaJR3
Asian or Asian British: Bangladeshi - England and Wales ethnic category 2011 census	9t0A.	Xacti
Bangladeshi or British Bangladeshi - ethnic category 2001 census	9i9..	XaJR4
Asian or Asian British: Chinese - England and Wales ethnic category 2011 census	9t0B.	Xactj
Asian and Chinese - ethnic category 2001 census	9i64.	XaJRL
Chinese - ethnic category 2001 census	9iE..	XaJR9
Asian or Asian British: any other Asian background - England and Wales ethnic category 2011 census	9t0C.	Xactk
Black or African or Caribbean or Black British: African - England and Wales ethnic category 2011 census	9t0D.	Xactl
Black or African or Caribbean or Black British: Caribbean - England and Wales ethnic category 2011 census	9t0E.	Xactm
Black or African or Caribbean or Black British: other Black or African or Caribbean background - England and Wales ethnic category 2011 census	9t0F.	Xactn
Other ethnic group: Arab - England and Wales ethnic category 2011 census	9t0G.	Xacto
Arab - ethnic category 2001 census	9iF9.	XaJSS
Other ethnic group: any other ethnic group - England and Wales ethnic category 2011 census	9t0H.	Xactp
Any other group - ethnic category 2001 census	9iFK.	XaJSg
Other - ethnic category 2001 census	9iF..	XaJRA
Ethnic category not stated - 2001 census	9iG..	XaJRB

Payment and management information

Payment count

There is no payment attached to this collection.

Management information counts

Diagnostic counts by age:

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

- DEMMI104: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are female and aged 35-39 at the end of the reporting period.
- DEMMI105: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are female and aged 40-44 at the end of the reporting period.
- DEMMI106: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are female and aged 45-49 at the end of the reporting period.
- DEMMI107: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are female and aged 50-54 at the end of the reporting period.
- DEMMI108: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are female and aged 55-59 at the end of the reporting period.
- DEMMI109: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are female and aged 60-64 at the end of the reporting period.
- DEMMI110: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are female and aged 65-69 at the end of the reporting period.
- DEMMI111: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are female and aged 70-74 at the end of the reporting period.
- DEMMI112: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are female and aged 75-79 at the end of the reporting period.
- DEMMI113: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are female and aged 80-84 at the end of the reporting period.
- DEMMI114: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are female and aged 85-89 at the end of the reporting period.
- DEMMI115: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are female and aged 90+ at the end of the reporting period.
- DEMMI116: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are male and aged 0-29 at the end of the reporting period.
- DEMMI117: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are male and aged 30-34 at the end of the reporting period.
- DEMMI118: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are male and aged 35-39 at the end of the reporting period.
- DEMMI119: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are male and aged 40-44 at the end of the reporting period.
- DEMMI120: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are male and aged 45-49 at the end of the reporting period.

- DEMMI121: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are male and aged 50-54 at the end of the reporting period.
- DEMMI122: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are male and aged 55-59 at the end of the reporting period.
- DEMMI123: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are male and aged 60-64 at the end of the reporting period.
- DEMMI124: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are male and aged 65-69 at the end of the reporting period.
- DEMMI125: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are male and aged 70-74 at the end of the reporting period.
- DEMMI126: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are male and aged 75-79 at the end of the reporting period.
- DEMMI127: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are male and aged 80-84 at the end of the reporting period.
- DEMMI128: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are male and aged 85-89 at the end of the reporting period.
- DEMMI129: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are male and aged 90+ at the end of the reporting period.
- DEMMI130: Number of patients of all ages recorded on their general practice's Dementia Register, as per the current QOF definition, who have 'Not Known' or 'Not Specified' recorded as their gender at the end of the reporting period.

Ethnicity counts:

- DEMMI131: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are in the Ethnicity group White: English or Welsh or Scottish or Northern Irish or British at the end of the reporting period.
- DEMMI132: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are White: Irish at the end of the reporting period.
- DEMMI133: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are White: Gypsy or Irish Traveller at the end of the reporting period.
- DEMMI134: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are White: Any other White background at the end of the reporting period.
- DEMMI135: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are Mixed or multiple ethnic groups: White and Black Caribbean at the end of the reporting period.

- DEMMI136: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are Mixed or multiple ethnic groups: White and Black African at the end of the reporting period.
- DEMMI137: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are Mixed or multiple ethnic groups: White and Asian at the end of the reporting period.
- DEMMI138: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are Mixed or multiple ethnic groups: Any other Mixed or multiple ethnic background at the end of the reporting period.
- DEMMI139: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are Asian or Asian British: Indian at the end of the reporting period.
- DEMMI140: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are Asian or Asian British: Pakistani at the end of the reporting period.
- DEMMI141: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are Asian or Asian British: Bangladeshi at the end of the reporting period.
- DEMMI142: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are Asian or Asian British: Chinese at the end of the reporting period.
- DEMMI143: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are Asian or Asian British: Any other Asian background at the end of the reporting period.
- DEMMI144: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are Black or African or Caribbean or Black British: African at the end of the reporting period.
- DEMMI145: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are Black or African or Caribbean or Black British: Caribbean at the end of the reporting period.
- DEMMI146: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are Black or African or Caribbean or Black British: Any other Black or African or Caribbean background at the end of the reporting period.
- DEMMI147: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are other ethnic group: Arab at the end of the reporting period.
- DEMMI148: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are other ethnic group: Any other ethnic group at the end of the reporting period.
- DEMMI149: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, who are not stated at the end of the reporting period.
- DEMMI150: Number of patients recorded on their general practice's Dementia Register, as per the current QOF definition, whose Ethnicity is not specified at the end of the reporting period. (ie patients not categorised into any of the other Ethnicity groups in this service)

Dementia assessment counts:

- DEMMI151: Number of patients with a record of receiving an assessment for dementia by the GP practice, up to the end of the reporting period.
- DEMMI152: The number of patients recorded as being 'at risk of dementia' who have a record of declining an assessment for dementia, up to the end of the reporting period.
- DEMMI153: The number of patients with a record of receiving an assessment for dementia by the GP practice who have a record of an initial memory assessment, up to the end of the reporting period.
- DEMMI154: The number of patients with a record of receiving an assessment for dementia by the GP practice who have a record of declining an initial memory assessment, up to the end of the reporting period.
- DEMMI155: The number of patients with a record of receiving an assessment for dementia by the GP practice who have a record of a referral to a memory clinic, up to the end of the reporting period.
- DEMMI156: The number of patients with a record of receiving an assessment for dementia by the GP practice who have a record of declining a referral to a memory clinic, up to the end of the reporting period.
- DEMMI157: The number of patients diagnosed with dementia who have a record of receiving a dementia care plan or dementia care plan review by the GP practice within the 12 month period leading up to the end of the reporting period.
- DEMMI158: The number of patients diagnosed with dementia who have a record of declining a dementia care plan or declining a dementia care plan review, within the 12 month period leading up to the end of the reporting period.
- DEMMI159: The number of patients diagnosed with dementia and who have prescription for antipsychotic medication in the six weeks up to the end of the reporting period.
- DEMMI160: The number of patients diagnosed with dementia who have a diagnosis of psychosis and who also have a prescription for antipsychotic medication in the six weeks up to the end of the reporting period.
- DEMMI161: The number of patients diagnosed with dementia who have a prescription for antipsychotic medication in the six weeks up to the end of the reporting period and do not have a diagnosis of psychosis up to the end of the reporting period.

Cohort count (these counts are for validation purposes only)

- DEMMCC001: The number of registered patients with no dementia diagnosis before 1 October 2017.
- DEMMCC0014: The number of registered patients with a dementia diagnosis at the end of the reporting period.
- DEMMCC003: The number of registered patients on the GP practice list at the end of the reporting period.

2018/19 dementia data collection (from 1 October 2018)

Clinical codes

Diagnostic codes for dementia are as per QOF DEM_COD cluster for v39.0. For list of the clinical codes for mental health and antipsychotic medication, see separate spreadsheet:

<http://www.nhsemployers.org/-/media/Employers/Documents/Primary-care-contracts/GMS/2018-19-Dementia-clinical-codes---antipsychotic-expanded-cluster.xlsx>¹⁷

Please note the codes in this section have now been reviewed by NHS Digital and there were no changes to the descriptions, although the code for 'dementia care plan has changed'.

Table 10: Dementia data collection codes

	SNOMED
Assessment for dementia	869561000000101
Assessment using DemTect scale	714282005
Assessment using Everyday Cognition questionnaire	714328009
Assessment using mini-mental state examination	446971008
Six item cognitive impairment test	408492009
General practitioner assessment of cognition score	756521000000105
Dementia screening declined	880571000000101
Dementia screening questionnaire declined	885051000000108
At risk of dementia	698464007
Initial memory assessment	888901000000102
Initial memory assessment declined	888881000000100
Referral to memory clinic	415276009
Dementia care plan	736371006
Dementia advance care plan	959361000000105
Dementia care plan agreed	956841000000106
Dementia care plan reviewed	956861000000107

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

Dementia care plan declined	956881000000103
Dementia advance care plan review declined	959461000000102
Dementia care plan review declined	956901000000100

Table 11: Medication review codes

	SNOMED
Medication review done	314530002
Medication review done by doctor	719328007
Medication review done by pharmacist	719329004
Medication review done by nurse	719478008
Medication review done by pharmacy technician	719326006

Table 12: Ethnicity codes

	SNOMED
White: English or Welsh or Scottish or Northern Irish or British - England and Wales ethnic category 2011 census	976631000000101
White British - ethnic category 2001 census	494131000000105
White: Irish - England and Wales ethnic category 2011 census	976651000000108
White Irish - ethnic category 2001 census	494161000000100
White: Gypsy or Irish Traveller - England and Wales ethnic category 2011 census	976671000000104
Gypsy/Romany - ethnic category 2001 census	88931000000109
Irish Traveller - ethnic category 2001 census	88911000000101
Traveller - ethnic category 2001 census	88921000000107
White: any other White background - England and Wales ethnic category 2011 census	976691000000100
Mixed multiple ethnic groups: White and Black Caribbean - England and Wales ethnic category 2011 census	976711000000103
White and Black Caribbean - ethnic category 2001 census	92421000000102
Mixed multiple ethnic groups: White and Black African - England and Wales ethnic category 2011 census	976731000000106

Mixed multiple ethnic groups: White and Asian - England and Wales ethnic category 2011 census	976751000000104
White and Asian - ethnic category 2001 census	92441000000109
Mixed multiple ethnic groups: any other Mixed or multiple ethnic background - England and Wales ethnic category 2011 census	976771000000108
Asian or Asian British: Indian - England and Wales ethnic category 2011 census	976791000000107
Indian or British Indian - ethnic category 2001 census	110751000000108
Asian or Asian British: Pakistani - England and Wales ethnic category 2011 census	976811000000108
Pakistani or British Pakistani - ethnic category 2001 census	92461000000105
Asian or Asian British: Bangladeshi - England and Wales ethnic category 2011 census	976831000000100
Bangladeshi or British Bangladeshi - ethnic category 2001 census	92471000000103
Asian or Asian British: Chinese - England and Wales ethnic category 2011 census	976851000000107
Asian and Chinese - ethnic category 2001 census	92611000000106
Chinese - ethnic category 2001 census	92511000000107
Asian or Asian British: any other Asian background - England and Wales ethnic category 2011 census	976871000000103
Black or African or Caribbean or Black British: African - England and Wales ethnic category 2011 census	976891000000104
Black or African or Caribbean or Black British: Caribbean - England and Wales ethnic category 2011 census	976911000000101
Black or African or Caribbean or Black British: other Black or African or Caribbean background - England and Wales ethnic category 2011 census	976931000000109
Other ethnic group: Arab - England and Wales ethnic category 2011 census	976951000000102
Arab - ethnic category 2001 census	89001000000105
Other ethnic group: any other ethnic group - England and Wales ethnic category 2011 census	976971000000106
Any other group - ethnic category 2001 census	94151000000105
Other - ethnic category 2001 census	92521000000101
Ethnic category not stated - 2001 census	92531000000104

Payment and management information

Payment count

There is no payment attached to this collection.

Management information counts

Diagnostic counts by age:

- DEMMI102: Number of patients with a diagnosis of dementia who are female and aged 0-29 years at the end of the reporting period.
- DEMMI103: Number of patients diagnosed with dementia who are female and aged 30-34 years at the end of the reporting period.
- DEMMI104: Number of patients diagnosed with dementia who are female and aged 35-39 years at the end of the reporting period.
- DEMMI105: Number of patients diagnosed with dementia who are female and aged 40-44 years at the end of the reporting period.
- DEMMI106: Number of patients diagnosed with dementia who are female and aged 45-49 years at the end of the reporting period.
- DEMMI107: Number of patients diagnosed with dementia who are female and aged 50-54 years at the end of the reporting period.
- DEMMI108: Number of patients diagnosed with dementia who are female and aged 55-59 years at the end of the reporting period.
- DEMMI109: Number of patients diagnosed with dementia who are female and aged 60-64 years at the end of the reporting period.
- DEMMI110: Number of patients diagnosed with dementia who are female and aged 65-69 years at the end of the reporting period.
- DEMMI111: Number of patients diagnosed with dementia who are female and aged 70-74 years at the end of the reporting period.
- DEMMI112: Number of patients diagnosed with dementia who are female and aged 75-79 years at the end of the reporting period.
- DEMMI113: Number of patients diagnosed with dementia who are female and aged 80-84 years at the end of the reporting period.
- DEMMI114: Number of patients diagnosed with dementia who are female and aged 85-89 years at the end of the reporting period.
- DEMMI115: Number of patients diagnosed with dementia who are female and aged 90 years or over at the end of the reporting period.
- DEMMI116: Number of patients diagnosed with dementia who are male and aged 0-29 years at the end of the reporting period.
- DEMMI117: Number of patients diagnosed with dementia who are male and aged 30-34 years at the end of the reporting period.
- DEMMI118: Number of patients diagnosed with dementia who are male and aged 35-39 years at the end of the reporting period.
- DEMMI119: Number of patients diagnosed with dementia who are male and aged 40-44 years at the end of the reporting period.
- DEMMI120: Number of patients diagnosed with dementia who are male and aged 45-49 years at the end of the reporting period.
- DEMMI121: Number of patients diagnosed with dementia who are male and aged 50-54 years at the end of the reporting period.
- DEMMI122: Number of patients diagnosed with dementia who are male and aged 55-59 years at the end of the reporting period.

- DEMMI123: Number of patients diagnosed with dementia who are male and aged 60-64 years at the end of the reporting period.
- DEMMI124: Number of patients diagnosed with dementia who are male and aged 65-69 years at the end of the reporting period.
- DEMMI125: Number of patients diagnosed with dementia who are male and aged 70-74 years at the end of the reporting period.
- DEMMI126: Number of patients diagnosed with dementia who are male and aged 75-79 years at the end of the reporting period.
- DEMMI127: Number of patients diagnosed with dementia who are male and aged 80-84 years at the end of the reporting period.
- DEMMI128: Number of patients diagnosed with dementia who are male and aged 85-89 years at the end of the reporting period.
- DEMMI129: Number of patients diagnosed with dementia who are male and aged 90 years or over at the end of the reporting period.
- DEMMI130: Number of patients of all ages diagnosed with dementia who have 'Not Known' or 'Not Specified' recorded as their gender at the end of the reporting period.

Ethnicity counts:

- DEMMI131: Number of patients diagnosed with dementia who are in the Ethnicity group White: English or Welsh or Scottish or Northern Irish or British at the end of the reporting period.
- DEMMI132: Number of patients diagnosed with dementia who are White: Irish at the end of the reporting period.
- DEMMI133: Number of patients diagnosed with dementia who are White: Gypsy or Irish Traveller at the end of the reporting period.
- DEMMI134: Number of patients diagnosed with dementia who are White: Any other White background at the end of the reporting period.
- DEMMI135: Number of patients diagnosed with dementia who are Mixed or multiple ethnic groups: White and Black Caribbean at the end of the reporting period.
- DEMMI136: Number of patients diagnosed with dementia who are Mixed or multiple ethnic groups: White and Black African at the end of the reporting period.
- DEMMI137: Number of patients diagnosed with dementia who are Mixed or multiple ethnic groups: White and Asian at the end of the reporting period.
- DEMMI138: Number of patients diagnosed with dementia who are Mixed or multiple ethnic groups: Any other Mixed or multiple ethnic background at the end of the reporting period.
- DEMMI139: Number of patients diagnosed with dementia who are Asian or Asian British: Indian at the end of the reporting period.
- DEMMI140: Number of patients diagnosed with dementia who are Asian or Asian British: Pakistani at the end of the reporting period.
- DEMMI141: Number of patients diagnosed with dementia who are Asian or Asian British: Bangladeshi at the end of the reporting period.
- DEMMI142: Number of patients diagnosed with dementia who are Asian or Asian British: Chinese at the end of the reporting period.
- DEMMI143: Number of patients diagnosed with dementia who are Asian or Asian British: Any other Asian background at the end of the reporting period.
- DEMMI144: Number of patients diagnosed with dementia who are Black or African or Caribbean or Black British: African at the end of the reporting period.
- DEMMI145: Number of patients diagnosed with dementia who are Black or African or Caribbean or Black British: Caribbean at the end of the reporting period.

- DEMMI146: Number of patients diagnosed with dementia who are Black or African or Caribbean or Black British: Any other Black or African or Caribbean background at the end of the reporting period.
- DEMMI147: Number of patients diagnosed with dementia who are other ethnic group: Arab at the end of the reporting period.
- DEMMI148: Number of patients diagnosed with dementia who are other ethnic group: Any other ethnic group at the end of the reporting period.
- DEMMI149: Number of patients diagnosed with dementia who are not stated at the end of the reporting period.
- DEMMI150: Number of patients diagnosed with dementia whose Ethnicity is not specified at the end of the reporting period. (ie patients not categorised into any of the other Ethnicity groups in this service)

Dementia assessment counts:

- DEMMI151: Number of patients with a record of receiving an assessment for dementia by the GP practice, up to the end of the reporting period.
- DEMMI152: The number of patients recorded as being 'at risk of dementia' who have a record of declining an assessment for dementia, up to the end of the reporting period.
- DEMMI153: The number of patients with a record of receiving an assessment for dementia by the GP practice who have a record of an initial memory assessment, up to the end of the reporting period.
- DEMMI154: The number of patients with a record of receiving an assessment for dementia by the GP practice who have a record of declining an initial memory assessment, up to the end of the reporting period.
- DEMMI155: The number of patients with a record of receiving an assessment for dementia by the GP practice who have a record of a referral to a memory clinic, up to the end of the reporting period.
- DEMMI156: The number of patients with a record of receiving an assessment for dementia by the GP practice who have a record of declining a referral to a memory clinic, up to the end of the reporting period.
- DEMMI157: The number of patients diagnosed with dementia who have a record of receiving a dementia care plan or dementia care plan review by the GP practice within the 12 month period leading up to the end of the reporting period.
- DEMMI157: The number of patients diagnosed with dementia who have a record of receiving a dementia care plan or dementia care plan review by the GP practice and who have had a medication review within the 12 month period leading up to the end of the reporting period.
- DEMMI158: The number of patients diagnosed with dementia who have a record of declining a dementia care plan or declining a dementia care plan review, within the 12 month period leading up to the end of the reporting period.
- DEMMI159: The number of patients diagnosed with dementia and who have prescription for antipsychotic medication in the six weeks up to the end of the reporting period.
- DEMMI160: The number of patients diagnosed with dementia who have a diagnosis of psychosis and who also have a prescription for antipsychotic medication in the six weeks up to the end of the reporting period.
- DEMMI161: The number of patients diagnosed with dementia who have a prescription for antipsychotic medication in the six weeks up to the end of the reporting period and do not have a diagnosis of psychosis up to the end of the

reporting period.

Cohort count (these counts are for validation purposes only)

- DEMMCC001: The number of registered patients with no dementia diagnosis before 1 October 2018.
- DEMMCC0014: The number of registered patients with a dementia diagnosis at the end of the reporting period.
- DEMMCC003: The number of registered patients on the GP practice list at the end of the reporting period.

Clinical coding changes as a result of the move to SNOMED

There are a number of codes used within ES's and QOF relating to assessment scales. Practices **should not** be directly recording any 'assessment scale' codes.

In order to ensure that correct coding is used within a patient record, the appropriate 'observable entities' or 'procedure codes' should be used.

Some assessment scales are acceptable during the 2018/19 transitional period to enable accurate recording/payment as listed below, however, all users should begin to recode using the correct SNOMED coding which is already available within the relevant rulesets.

Practices should be aware that these codes will no longer be acceptable from 1 April 2019.

Ruleset ID	Cluster ID	Concept ID	Description
Dementia data	DEMASS_COD	414750000	Mini mental state score (assessment scale)

GMS/PMS core contract data collection (identification and management of patients with frailty and named GP)

Clinical codes

Table 13: Named GP codes

	SNOMED
Informing patient of named accountable general practitioner	908481000000105
Patient allocated named accountable general practitioner	965831000000103
Over 75 health check ¹⁸	134186004

In addition to the 'informing patient of named accountable general practitioner' code, practices are also required to use the 'patient allocated named general practitioner' code for named GP for patients aged 75 and over.

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 2018, or within 21 days if aged 75 or over or newly registered.

Table 14: Frailty assessment and diagnosis codes

	SNOMED
Electronic frailty index score	1084961000000105
Frailty assessment	1086611000000106
Electronic frailty index	1084951000000107
Assessment using frailty assessment tool	1092591000000101
Frailty Index	713634000
Frailty assessment declined	1086621000000100
Mild frailty	925791000000100
Moderate frailty	925831000000107
Severe frailty	925861000000102

¹⁸ In the event that a patient over the age of 75 receives a health check, this is the recommended code.

Table 15: Medication review codes

	SNOMED
Review of medication	182836005
Polypharmacy medication review	870661000000100
Medication review done	314530002
Medication review with patient	88551000000109
Medication review done by pharmacist	719329004
Medication review done by doctor	719328007
Medication review by practice nurse	803361000000109
Medication review without patient	391156007
Medication review done by nurse	719478008
Medication review done by medicines management pharmacist	961831000000100
Medication review by community nurse	1079381000000109
Medication review by community pharmacist	719327002
Medication review declined	412725004

Table 16: Falls codes

	SNOMED
Discussion about falls	1086911000000103
Discussion about falls declined	1086921000000109
Referral to falls service	247541000000106
Referral to falls risk assessment	717091000000109
Referral to elderly falls prevention clinic	248451000000109
Refer for falls assessment	391034007

The clinical codes for falls and referrals for falls is available in a separate spreadsheet.

Table 17: Summary care record (SCR) codes

	SNOMED
Express consent for core summary care record dataset uploading	773031000000109
Implied consent for core summary record dataset upload	773011000000101
Express consent for core and additional summary care record dataset upload	773051000000102
Express dissent for summary care record dataset upload	777441000000102

Payment and management information

Payment count

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

Management information counts

- CCDCMI01: The number of patients who have been allocated a named accountable GP and who have been informed of their named accountable GP up to the end of the reporting period.
- CCDCMI02: The number of patients who have been allocated a named accountable GP and who have not been informed of their named accountable GP up to the end of the reporting period.
- CCDCMI03: The number of patients who have no record of being allocated a named accountable GP but who have been informed of their named accountable GP up to the end of the reporting period.
- CCDCMI04: The number of patients who have not been allocated a named accountable GP and who have not been informed of their named accountable GP up to the end of the reporting period.
- CCDCMI05: The number of patients aged 75 years or over who have been allocated a named accountable GP and have been informed of their named accountable GP up to the end of the reporting period.
- CCDCMI06: The number of patients aged 75 years or over who have been allocated a named accountable GP and who have not been informed of their named accountable GP up to the end of the reporting period.
- CCDCMI07: The number of patients aged 75 years or over who have no record of being allocated a named accountable GP but who have been informed of their named accountable GP up to the end of the reporting period.

¹⁹ If clicking on the link doesn't direct you to the spreadsheet, copy and paste the full link in to your browser.

- CCDCMI08: The number of patients aged 75 years or over who have not been allocated a named accountable GP and who have not been informed of their named accountable GP up to the end of the reporting period.
- CCDCMI09: The number of patients aged 75 years or over who have been allocated a named accountable GP, who have received a health check up to the end of the reporting period.
- CCDCMI10: Quarterly (cumulative) count of the number of registered patients aged 65 years or over, who have had a frailty assessment using an appropriate tool up to the end of the reporting period.
- CCDCMI11: Quarterly (cumulative) count of the number of registered patients aged 65 years or over, who have not had a frailty assessment up to the end of the reporting period.
- CCDCMI19: Quarterly (cumulative) count of the number of registered patients aged 65 years or over, who declined a frailty assessment up to the end of the reporting period.
- CCDCMI12: Quarterly (cumulative) count of the number of registered patients aged 65 years or over, who have a diagnosis of moderate frailty diagnosed using an appropriate tool up to the end of the reporting period.
- CCDCMI13: Quarterly (cumulative) count of the number of registered patients aged 65 years or over, who have a diagnosis of severe frailty diagnosed using an appropriate tool up to the end of the reporting period.
- CCDCMI14: Quarterly (cumulative) count of the number of registered patients aged 65 years or over, who have a diagnosis of severe frailty diagnosed using an appropriate tool up to the end of the reporting period, and who have received an annual medication review on or after their severe frailty diagnosis.
- CCDCMI15: Quarterly (cumulative) count of the number of registered patients aged 65 years or over, who have a diagnosis of severe frailty diagnosed using an appropriate tool up to the end of the reporting period, who declined a medication review up to the end of the reporting period.
- CCDCMI16: Quarterly (cumulative) count of the number of registered patients aged 65 years or over, who have a diagnosis of either moderate or severe frailty diagnosed using an appropriate tool up to the end of the reporting period and who have had a fall up to the end of the reporting period.
- CCDCMI20: Quarterly (cumulative) count of the number of registered patients aged 65 years or over, who have a diagnosis of either moderate or severe frailty, diagnosed using an appropriate tool who have had a falls discussion, up to the end of the reporting period.
- CCDCMI21: Quarterly (cumulative) count of the number of registered patients aged 65 years or over, who have a diagnosis of either moderate or severe frailty, diagnosed using an appropriate tool up to the end of the reporting period and who declined to have a falls discussion up to the end of the reporting period.
- CCDCMI17: Quarterly (cumulative) count of the number of registered patients aged 65 years or over, who have a diagnosis of either moderate or severe frailty diagnosed using an appropriate tool up to the end of the reporting period and who have had a referral to 'falls clinic', as clinically appropriate, up to the end of the reporting period.

- CCDCMI18: Quarterly (cumulative) count of the number of registered patients aged 65 years or over, who have a diagnosis of moderate or severe frailty diagnosed using an appropriate tool up to the end of the reporting period, who have given consent to activate their enriched summary care record (SCR) up to the end of the reporting period.
- CCDCMI22: Quarterly (cumulative) count of the number of registered patients aged 65 years or over, who have a diagnosis of either moderate or severe frailty, diagnosed using an appropriate tool up to the end of the reporting period with a core summary record (SCR) up to the end of the reporting period.
- CCDCMI23: Quarterly (cumulative) count of the number of registered patients aged 65 years or over, who have a diagnosis of either moderate or severe frailty, diagnosed using an appropriate tool up to the end of the reporting period with a core summary record (SCR) up to the end of the reporting period and who have expressed dissent to their summary care record (SCR) being activated up to the end of the reporting period.

Cohort count (these counts are for validation purposes only)

- CCDCCC01: The number of registered patients on the GP practice list at the end of the reporting period.
- CCDCCC02: The number of registered patients on the GP practice list aged 75 years or over at 31 March 2019.
- CCDCCC03: The number of registered patients aged 65 years or over at the end of the reporting period.
- CCDCCC04: The number of registered patients aged 75 years or over at the end of the reporting period.

Clinical coding changes as a result of the move to SNOMED

There are a number of codes used within ES's and QOF relating to assessment scales. Practices **should not** be directly recording any 'assessment scale' codes.

In order to ensure that correct coding is used within a patient record, the appropriate 'observable entities' or 'procedure codes' should be used.

Some assessment scales are acceptable during the 2018/19 transitional period to enable accurate recording/payment as listed below, however, all users should begin to recode using the correct SNOMED coding which is already available within the relevant rulesets.

Practices should be aware that these codes will no longer be acceptable from 1 April 2019.

Ruleset ID	Cluster ID	Concept ID	Description
Dementia data	DEMASS_COD	414750000	Mini mental state score (assessment scale)
GMS/PMS	FRAILASS_COD	1084951000000107	Electronic Frailty Index (assessment scale)
GMS/PMS	FRAILASS_COD	713634000	Frailty Index (assessment scale)

National diabetes audit 2017/18

Clinical codes

The clinical codes used for the collection of data for the national diabetes audit (NDA) is available to download here:

<http://www.nhsemployers.org/-/media/Employers/Documents/Primary-care-contracts/GMS/2017-18-NDA-Read-codes.xlsx>²⁰

Payment and management information

Payment count

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

Management information count

- NDA001: National diabetes audit primary care extraction specification 2017/18 for patients with diabetes mellitus.
- NDA002: National diabetes audit primary care extraction specification 2017/18 for patients with non-diabetic hyperglycaemia.

Cohort counts (this count is for validation purposes only)

- NDACC001: The number of patients with diabetes mellitus diagnosed up to and including 31/3/18 who have not dissented to their data being used for the national diabetes audit.
- NDACC002: The number of patients with non-diabetic hyperglycaemia diagnosed up to and including 31/3/18, who do not have a diagnosis of Diabetes Mellitus and who have not dissented to their data being used for the national diabetes audit.

The management counts listed above, will return the following information by way of automated reports as part of the NDA.

Table 18: NDA001 will be applied to the population NDACC001

	Table name	Data item	Description
1	Patients table	PatientTable. Date of Birth	Patient's date of birth
2	Patients table	PatientTable. NHS Number	Patient's NHS number
3	Patients table	PatientTable. Postcode	Postcode of patient's CURRENT address only
4	Patients table	PatientTable. Practice	The national practice code for the practice.
5	Patients table	PatientTable. Sex	Patient's gender
6	Journals table	Latest Ethnicity	The latest ethnicity of the patient
7	Journals table	Earliest diabetes diagnosis	The earliest diagnosis code and date of Diabetes Mellitus recorded against the

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

			patient (where diagnosis is up to and including 31/3/18).
8	Journals table	Latest diabetes diagnosis	The latest diagnosis code and date of Diabetes Mellitus recorded against the patient (where diagnosis is up to and including 31/3/18).
9	Journals table	Latest serum creatinine	The value and date of the latest serum creatinine result within the audit period ie 01/01/2017 – 31/03/2018.
10	Journals table	Latest urine albumin	The value, date and code of the latest urine albumin/creatinine ratio result within the audit period ie 01/01/2017 – 31/03/2018.
11	Journals table	Earliest persistent proteinuria	The code and date representing the earliest persistent proteinuria diagnosis ever, up to and including 31/3/18.
12	Journals table	Latest retinal screen	The code and date of the latest retinopathy screening record within the audit period, ie 01/01/2017 – 31/03/2018.
13	Journals table	Latest feet examination	The code and date of the latest feet examination (neuropathy testing or peripheral pulses) recorded within the audit period, ie 01/01/2017 – 31/03/2018.
14	Journals table	Latest smoking status	The code and date of the latest smoking status recorded up to and including 31/03/2018.
15	Journals table	Latest diabetes education review	The code and date of the latest diabetic education review recorded up to and including 31/03/2018.
16	Journals table	Latest referral to structured education programme	The code and date of the latest referral to a diabetes structured education programme recorded where the event occurred up to and including 31/03/2018.
17	Journals table	Latest attended structured education programme	The code and date of the latest attendance or completion of a diabetes structured education programme recorded up to and including 31/03/2018.
18	Journals table	Earliest CHD diagnosis	The code and date of the earliest chronic heart disease diagnosis is up to and including 31/03/2018.
19	Journals table	Latest learning disabilities diagnosis	The code and date of the latest learning disability diagnosis recorded up to and including 31/03/2018.
20	Journals table	Latest mental health diagnoses	The code and date of the latest mental health diagnosis recorded up to and including 31/03/2018.
21	Journals table	All HbA1c recordings	Date and Value for all HbA1c recordings during the audit period ie 01/01/2017 – 31/03/2018.
22	Journals table	All Blood Pressure recordings	Date, Value1 and Value2 and code for all blood pressure readings during the audit period ie 01/01/2017 – 31/03/2018.

23	Journals table	All BMI recordings for the audit period	Date and Value for all BMI recordings during the audit period ie 01/01/2017 – 31/03/2018.
24	Journals table	All Cholesterol recordings	Date and Value for all cholesterol recordings during the audit period ie 01/01/2017 – 31/03/2018.
25	Journals table	All diabetes prescriptions recorded	All diabetes prescriptions during the audit period ie 01/01/2017 – 31/03/2018.
26	Journals table	All statin prescriptions recorded	All statin prescriptions during the audit period ie 01/01/2017 – 31/03/2018.
27	Journals table	All anti-hypertension prescriptions recorded	All anti-hypertension prescriptions during the audit period ie 01/01/2017 – 31/03/2018.

Table 19: NDA002 will be applied to the population NDACC002

	Table name	Data item	Description
1	Patients table	PatientTable. Date of Birth	Patient's date of birth
2	Patients table	PatientTable. NHS Number	Patient's NHS number
3	Patients table	PatientTable. Postcode	Postcode of patient's CURRENT address only
4	Patients table	PatientTable. Practice	The national practice code for the practice.
5	Patients table	PatientTable. Sex	Patient's gender
6	Journals table	Journals Table. Ethnicity	Ethnicity of the patient
7	Journals table	Earliest pre-diabetes diagnosis	The code and date of the earliest diagnosis of pre-diabetes up to and including 31/3/18.
8	Journals table	Latest pre-diabetes diagnosis	The code and date of the latest diagnosis of either pre-diabetes up to and including 31/3/18.
9	Journals table	Latest smoking status	The code and date of the latest smoking status recorded up to and including 31/3/18.
10	Journals table	Latest offered intervention programme	The code and date of the latest offer of an intervention programme recorded up to and including 31/3/18.
11	Journals table	Latest attended intervention programme	The code and date of the latest attendance at an intervention programme recorded up to and including 31/3/18.
12	Journals table	Latest completed intervention programme	The code and date of the latest completion of an intervention programme recorded up to and including 31/3/18.
13	Journals table	Earliest CHD diagnosis	The code and date of the earliest chronic heart disease diagnosis up to and including 31/3/18.

14	Journals table	Latest learning disabilities diagnosis	The code and date of the latest learning disability diagnosis recorded up to and including 31/3/18.
15	Journals table	Latest mental health diagnoses	The code and date of the latest mental health diagnosis recorded up to and including 31/3/18.
16	Journals table	All HbA1c recordings for the audit period	Date and Value for all HbA1c recordings during the audit period ie 01/01/2017 – 31/03/2018.
17	Journals table	All fasting plasma glucose recordings	Date and Value of all fasting plasma glucose recordings within the audit period ie 01/01/2017 – 31/03/2018.
18	Journals table	All blood pressure recordings	Date, Value1 and Value2 and code for all blood pressure readings during the audit period ie 01/01/2017 – 31/03/2018.
19	Journals table	All BMI recordings	Date and Value for all BMI recordings during the audit period ie 01/01/2017 – 31/03/2018.
20	Journals table	All cholesterol recordings	Date and Value for all cholesterol recordings during the audit period ie 01/01/2017 – 31/03/2018.
21	Journals table	All metformin prescriptions	All Metformin prescriptions during the audit period ie 01/01/2017 – 31/03/2018.
22	Journals table	All statin prescriptions recorded	All statin prescriptions during the audit period ie 01/01/2017 – 31/03/2018.

National diabetes audit 2018/19

Clinical codes

The clinical codes used for the collection of data for the national diabetes audit (NDA) will be available to download here in due course.

Payment and management information

Payment count

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

Management information count

- NDA001: National diabetes audit primary care extraction specification 2018/19 for patients with diabetes mellitus.
- NDA002: National diabetes audit primary care extraction specification 2018/19 for patients with non-diabetic hyperglycaemia.

Cohort counts (these counts are for validation purposes only)

- NDACC001: The number of patients with diabetes mellitus diagnosed up to and including 31/3/19 who have not dissented to their data being used for the national diabetes audit.
- NDACC002: The number of patients with non-diabetic hyperglycaemia diagnosed up to and including 31 March 2019, who do not have a diagnosis of diabetes mellitus and who have not dissented to their data being used for the national diabetes audit.

The management counts listed above, will return the following information by way of automated reports as part of the NDA.

Table 20: NDA001 will be applied to the population NDACC001

	Table name	Data item	Description
1	Patients Table	PatientTable.Date of Birth	Patient's date of birth
2	Patients Table	PatientTable.NHS Number	Patient's NHS number
3	Patients Table	PatientTable.Postcode	Postcode of patient's CURRENT address only
4	Patients Table	PatientTable.Practice	The national practice code for the practice.
5	Patients Table	PatientTable.Sex	Patient's gender
6	Journals Table	Latest Ethnicity	The latest ethnicity of the patient
7	Journals Table	Earliest diabetes diagnosis	The earliest diagnosis code and date of Diabetes Mellitus recorded against the patient (where diagnosis is up to and including 31 March 2019).

8	Journals Table	Latest diabetes diagnosis	The latest diagnosis code and date of Diabetes Mellitus recorded against the patient (where diagnosis is up to and including 31 March 2019).
9	Journals Table	Latest Serum Creatinine before 1 April 2019	The value and date of the latest serum creatinine result within the audit period, ie 01/01/2018 – 31/03/2019.
10	Journals Table	Latest Urine Albumin before 1 April 2019	The value, date and code of the latest urine albumin/creatinine ratio result within the audit period. ie 01/01/2018 – 31/03/2019.
11	Journals Table	Earliest Persistent proteinuria	The code and date representing the earliest persistent proteinuria diagnosis ever, up to and including 31 March 2019.
12	Journals Table	Latest Retinal Screen	The code and date of the latest retinopathy screening record within the audit period, ie 01/01/2018 – 31/03/2019.
13	Journals Table	Latest Feet Examination	The code and date of the latest feet examination (neuropathy testing or peripheral pulses) recorded within the audit period, ie 01/01/2018 – 31/03/2019.
14	Journals Table	Latest Smoking Status before 1 April 2019	The code and date of the latest smoking status recorded up to and including 31 March 2019.
15	Journals Table	Latest Diabetes Education Review	The code and date of the latest diabetic education review recorded up to and including 31 March 2019.
16	Journals Table	Latest Referral to structured education programme	The code and date of the latest referral to a diabetes structured education programme recorded where the event occurred up to and including 31 March 2019.
17	Journals Table	Latest Attended structured education programme	The code and date of the latest attendance or completion of a diabetes structured education programme recorded up to and including 31 March 2019.
18	Journals Table	Earliest CHD diagnosis	The code and date of the earliest chronic heart disease diagnosis is up to and including 31 March 2019.

19	Journals Table	Latest learning disabilities diagnosis	The code and date of the latest learning disability diagnosis recorded up to and including 31 March 2019.
20	Journals Table	Latest Mental Health diagnoses	The code and date of the latest mental health diagnosis recorded up to and including 31 March 2019.
21	Journals Table	All HbA1c recordings for the audit period	Date and Value for all HbA1c recordings during the audit period. ie 01/01/2018 – 31/03/2019.
22	Journals Table	All Blood Pressure recordings for the audit period	Date, Value1 and Value2 and code for all blood pressure readings during the audit period. ie 01/01/2018 – 31/03/2019.
23	Journals Table	All BMI recordings for the audit period	Date and Value for all BMI recordings during the audit period. ie 01/01/2018 – 31/03/2019.
24	Journals Table	All Cholesterol recordings for the audit period	Date and Value for all cholesterol recordings during the audit period. ie 01/01/2018 – 31/03/2019.
25	Journals Table	All diabetes prescriptions recorded in the audit period	All diabetes prescriptions during the audit period. ie 01/01/2018 – 31/03/2019.
26	Journals Table	All statin prescriptions recorded in the audit period.	All statin prescriptions during the audit period. ie 01/01/2018 – 31/03/2019.
27	Journals Table	All anti-hypertension prescriptions recorded in the audit period.	All anti-hypertension prescriptions during the audit period. ie 01/01/2018 – 31/03/2019.

Table 21: NDA002 will be applied to the population NDACC002

	Table name	Data item	Description
1	Patients Table	PatientTable.Date of Birth	Patient's date of birth
2	Patients Table	PatientTable.NHS Number	Patient's NHS number
3	Patients Table	PatientTable.Postcode	Postcode of patient's CURRENT address only
4	Patients Table	PatientTable.Practice	The national practice code for the practice
5	Patients Table	PatientTable.Sex	Patient's gender
6	Journals Table	Journals Table.Ethnicity	Ethnicity of the patient

7	Journals Table	Earliest Pre-Diabetes Diagnosis	The code and date of the earliest diagnosis of pre-diabetes up to and including 31 March 2019.
8	Journals Table	Latest Pre-Diabetes Diagnosis	The code and date of the latest diagnosis of either pre-diabetes up to and including 31 March 2019.
9	Journals Table	Latest Smoking Status before 1 April 2019	The code and date of the latest smoking status recorded up to and including 31 March 2019.
10	Journals Table	Latest Offered Intervention Programme before 1 April 2019	The code and date of the latest offer of an intervention programme recorded up to and including 31 March 2019.
11	Journals Table	Latest Attended Intervention Programme before 1 April 2019	The code and date of the latest attendance at an intervention programme recorded up to and including 31 March 2019.
12	Journals Table	Latest Completed Intervention Programme before 1 April 2019	The code and date of the latest completion of an intervention programme recorded up to and including 31 March 2019.
13	Journals Table	Earliest CHD diagnosis	The code and date of the earliest chronic heart disease diagnosis up to and including 31 March 2019.
14	Journals Table	Latest learning disabilities diagnosis	The code and date of the latest learning disability diagnosis recorded up to and including 31 March 2019.
15	Journals Table	Latest Mental Health diagnoses	The code and date of the latest mental health diagnosis recorded up to and including 31 March 2019.
16	Journals Table	All HbA1c recordings for the audit period	Date and Value for all HbA1c recordings during the audit period. ie 01/01/2018 – 31/03/2019.
17	Journals Table	All Fasting Plasma Glucose recordings for the audit period	Date and Value of all fasting plasma glucose recordings within the audit period. ie 01/01/2018 – 31/03/2019.
18	Journals Table	All Blood Pressure recordings for the audit period	Date, Value1 and Value2 and code for all blood pressure readings during the audit period. ie 01/01/2018 – 31/03/2019.
19	Journals Table	All BMI recordings	Date and Value for all BMI recordings during the audit period. ie 01/01/2018 – 31/03/2019.
20	Journals Table	All Cholesterol recordings	Date and Value for all cholesterol recordings during the audit period. ie 01/01/2018 – 31/03/2019.
21	Journals Table	All Metformin prescriptions in the audit period.	All Metformin prescriptions during the audit period. ie 01/01/2018 – 31/03/2019.

22	Journals Table	All statin prescriptions recorded in the audit period.	All statin prescriptions during the audit period. ie 01/01/2018 – 31/03/2019.
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Section 5. Vaccination programmes (commencing April 2016)

For a summary of the changes to the vaccination programmes for 2018/19, please see the NHS Employers website²¹.

Hepatitis B (newborn babies)²² vaccination programme

Clinical codes

Table 22: Hepatitis B codes

	SNOMED
First hepatitis B junior vaccination	865061000000108
Second hepatitis B junior vaccination*	865081000000104
Fourth hepatitis B junior vaccination	865121000000101
Diphtheria, tetanus and acellular pertussis, inactivated polio, Haemophilus influenzae type b and hepatitis B vaccination	1082431000000104

* Following a change in the vaccine, the third dose at two months has been removed. As such, payment for the second dose will now be paid on delivery of that dose. This change was effective from 30 October 2017 and is covered in amendment 2 of the 2017 SFE²³.

Table 23: Hepatitis B results of blood test codes

	SNOMED
Hepatitis B surface antigen level	1014211000000100
Hepatitis B surface antigen negative	406010001
Hepatitis B surface antigen positive	165806002

²¹ NHS Employers. V&I. Summary of changes document. www.nhsemployers.org/vandi201718

²² In November 2017, NHS England renamed this the 'hepatitis B at-risk babies vaccination programme'.

²³ NHS Primary Medical Directions. <https://www.gov.uk/government/publications/nhs-primary-medical-services-directions-2013>

Payment and management information

Payment counts

- HEP001: Monthly count of the number of first Hepatitis B vaccination doses (given by the GP practice) administered to babies registered at the practice and identified as at risk of hepatitis B from birth – within the reporting period.
- HEP002: Monthly count of the number of second Hepatitis B vaccination doses (given by the GP practice) administered to babies registered at the practice and identified as at risk of hepatitis B from birth – within the reporting period.
- HEP004: Monthly count of the number of the completing Hepatitis B vaccination doses (given by the GP practice) administered to babies registered at the practice and identified as at risk of Hepatitis B from birth where a Hepatitis B blood test has been recorded and the results communicated to the parent or guardian.

Management information counts

There are no management information counts for this service.

Cohort count

There are no cohort counts for this service.

HPV completing dose (booster) vaccination programme

Clinical codes

Table 24: HPV vaccination codes

	SNOMED
Vaccination with first dose of human papillomavirus	428741008
Vaccination with second dose of human papillomavirus	429396009
Vaccination with third dose of human papillomavirus	428931000
Quadrivalent human papillomavirus vaccination	777611000000100
Quadrivalent human papillomavirus recombinant vaccine 0.5 ml prefilled syringe	422732009
Gardasil vaccine suspension for injection 0.5 ml pre-filled syringes (sanofi pasteur MSD Ltd) 1 pre-filled disposable injection	10880311000001107
Administration of human papilloma virus type 6, 11, 16, and 18 vaccine	734152003

Payment and management information

Payment count

- HPV001: Monthly count of the number of patients who achieved 14 years of age on or after 1 April 2015 and who have not achieved the age of 18 years who have received a HPV completing dose at the GP practice in the reporting period; as a result of missing the provision by the Schools programme.

Management information counts

There are no management information counts for this service.

Cohort count

There are no cohort counts for this service.

Measles, mumps, rubella, (MMR) vaccination programme

Clinical codes

Table 25: MMR – first dose codes

	SNOMED
Measles-mumps-rubella vaccination	38598009
Measles-mumps-rubella vaccination	38598009
Measles mumps rubella catch-up vaccination	505001000000109
Measles, mumps and rubella vaccination given	150971000119104
Measles, mumps and rubella vaccine	61153008
MMR vaccine injection 0.5 ml	3063401000001105 (Inactive code ²⁴)
Pluserix MMR vaccine injection 0.5 ml	1036101000001108 (Inactive code)
MMR II vaccine injection 0.5 ml	2144301000001109 (Inactive Code)
Immavax injection 0.5 ml	1036201000001101 (Inactive Code)
Priorix vaccine injection powder+diluent 0.5 ml	3403401000001100 (Inactive Code)
M-M-RVAXPRO powder and solvent for suspension for injection 0.5 ml	9927501000001103 (Inactive Code)
Measles/mumps/rubella vaccine powder and solvent for injection solution vial	347649008
MMR II vaccine injection (pdr for recon)+diluent	652601000001108 (Inactive Code)
Immavax injection	1128901000001103 (Inactive Code)
Pluserix MMR injection	1129001000001108 (Inactive Code)
MMR II	Extinct code, no SNOMED equivalent
Priorix vaccine injection (pdr for recon)+diluent	3403301000001108 (Inactive Code)

* Code added in version 2.

²⁴ 'Inactive codes' are no longer available for use. They are included in this document for information in case it is necessary to look for evidence of past vaccinations. They will be removed for 2019/20.

Table 26: MMR - second dose codes

	SNOMED
Measles-mumps-rubella vaccination	38598009
Measles mumps rubella catch-up vaccination	505001000000109
Measles, mumps and rubella vaccination given	150971000119104
Measles, mumps and rubella vaccine	61153008
MMR vaccine injection 0.5 ml	3063401000001105 (Inactive Code)
Pluserix MMR vaccine injection 0.5 ml	1036101000001108 (Inactive Code)
MMR II vaccine injection 0.5 ml	2144301000001109 (Inactive Code)
Immavax injection 0.5 ml	1036201000001101 (Inactive Code)
Priorix vaccine injection powder+diluent 0.5 ml	3403401000001100 (Inactive Code)
M-M-RVAXPRO powder and solvent for suspension for injection 0.5 ml	9927501000001103 (Inactive Code)
Measles/mumps/rubella vaccine powder and solvent for injection solution vial	347649008
MMR II vaccine injection (pdr for recon)+diluent	652601000001108 (Inactive Code)
Immavax injection	1128901000001103 (Inactive Code)
Pluserix MMR injection	1129001000001108 (Inactive Code)
MMR II	Extinct code, no SNOMED equivalent
Priorix vaccine injection (pdr for recon)+diluent	3403301000001108 (Inactive Code)
Measles mumps and rubella booster vaccination	170431005
Mumps-measles-rubella pre-school booster vaccination	170432003
Measles mumps and rubella vaccination - second dose	170433008

Table 27: MMR– explicit second dose ONLY given codes

	SNOMED
Measles mumps and rubella booster vaccination	170431005
MMR pre-school booster vaccination	170432003

MMR vaccination - 2nd dose	170433008
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Payment and management information

Payment count

- MMR001: Monthly count of the number of MMR vaccination doses administered by the GP practice to registered patients aged 16 years and over in the reporting period who have not previously been fully vaccinated against MMR.

Management information counts

There are no management information counts for this service.

Cohort count

There are no cohort counts for this service.

Meningococcal B (MenB) infant vaccination programme

Clinical codes

Table 28: Meningococcal B - vaccination codes

	SNOMED
First meningitis B vaccination	720539004
Second meningitis B vaccination	720540002
Booster meningitis B vaccination	720544006
First meningitis B vaccination given by other healthcare provider	958381000000107
Second meningitis B vaccination given by other healthcare provider	958401000000107
Booster meningitis B vaccination given by other healthcare provider	1037011000000108
Meningococcal B vaccine contra-indicated	957601000000106
Meningococcal B vaccine declined	720548009
First meningitis B vaccination declined	722397009
Second meningitis B vaccination declined	722338002
Booster meningitis B vaccination declined	722396000
Bexsero vaccine suspension for injection 0.5 ml pre-filled syringes (GlaxoSmithKline UK Ltd) 1 pre-filled disposable injection	23584311000001101
Bexsero vaccine suspension for injection 0.5 ml pre-filled syringes (GlaxoSmithKline UK Ltd)	23584211000001109
Bexsero vaccine suspension for injection 0.5 ml pre-filled syringes (GlaxoSmithKline UK Ltd) 1 pre-filled disposable injection	23584311000001101
Bexsero vaccine suspension for injection 0.5 ml pre-filled syringes (GlaxoSmithKline UK Ltd)	23584211000001109
Bexsero vaccine suspension for injection 0.5 ml pre-filled syringes (GlaxoSmithKline UK Ltd) 1 pre-filled disposable injection	23584311000001101
Bexsero vaccine suspension for injection 0.5 ml pre-filled syringes (GlaxoSmithKline UK Ltd)	23584211000001109

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

Payment and management information

Payment count

- MENBI01: Monthly count of the number of patients who received a first dose of MenB vaccine from the age of 2 months and before attaining 24 months of age, administered by the GP practice within the reporting period.
- MENBI03: Monthly count of the number of patients who received a second dose of MenB 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 vaccination was received prior to patient attaining 12 months of age.
- MENBI10: Monthly count of the number of patients who received a booster dose of MenB 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 vaccination was received on or after the patient attaining 12 months of age.

Management information

- MENBIMI01: 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 another healthcare provider within the reporting period.
- MENBIMI02: 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 another healthcare provider within the reporting period.
- MENBIMI03: 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 another healthcare provider within the reporting period where the first dose of MenB vaccine was received prior to the patient attaining 12 months of age.
- MENBIMI04: 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 another healthcare provider within the reporting period where the first dose of MenB vaccine was received on or after patient attaining 12 months of age.
- MENBIMI05: Monthly count of the number of patients aged at least 2 months and under 24 months of age for whom the MenB vaccine was contraindicated up to the end of the reporting period.
- MENBIMI06: Monthly count of the number of patients who declined their first dose of MenB vaccine whilst aged at least 2 months and under 24 months of age, up to the end of the reporting period.

- MENBIMI07: Monthly count of the number of patients who declined their second dose of MenB vaccine whilst aged at least 4 months and under 24 months of age, up to the end of the reporting period.
- MENBIMI08: Monthly count of the number of patients who declined their booster dose of MenB vaccine whilst aged at least 12 months and under 24 months of age, up to the end of the reporting period.
- MENBIMI09: Monthly count of the number of patients aged at least 2 months and under 24 months of age who have received a complete course of MenB vaccinations by the end of the reporting period.
- MENBIMI10: Monthly count of the number of patients who have attained the age of 2 months and have not attained 24 months of age, who did not receive any MenB vaccinations and have no recorded reason for not receiving them, up to the end of the reporting period.
- MENBIMI11: Monthly count of the number of patients who have attained the age of 4 months and have not attained 14 months of age who received their first dose of MenB vaccine before 12 months of age and have not received their second dose of MenB vaccine and have no recorded reason for not receiving it, up to the end of the reporting period.
- MENBIMI12: Monthly count of the number of patients who have attained the age of 4 months and have not attained 14 months of age who received their first dose of MenB vaccine before 12 months of age and have received a second dose of MenB vaccine but have not received their booster dose of MenB vaccine and have no recorded reason for not receiving it, up to the end of the reporting period.
- MENBIMI13: Monthly count of the number of patients who have attained the age of 4 months and have not attained 14 months of age who received their first dose of MenB vaccine on or after 12 months of age and have not received their booster dose of MenB vaccine and have no recorded reason for not receiving it, up to the end of the reporting period.
- MENBIMI14: Monthly count of the number of patients who have attained the age of 14 months and have not attained 24 months of age, who have not received a complete course of MenB vaccinations and have no recorded reason for not receiving the complete course, up to the end of the reporting period.

Cohort count (these counts are for validations purposes only)

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

- MENBICC05: The number (and list of eligible patients) of the contractors registered patients aged at least 60 weeks by the achievement date and under 24 months at the end of the reporting period.
- MENBICC06: The number (and list of eligible patients) of the contractors registered patients aged at least 8 weeks by the achievement date and under 24 months at the end of the reporting period.

Meningococcal completing dose and freshers vaccination programmes

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

These programmes allow for the vaccination of all eligible patients on an opportunistic basis. Practices are responsible for ensuring that any 14 - 24 year olds vaccinated under either programme are eligible under the terms of the SFE and service specification.

Clinical codes

Table 29: Meningococcal – procedure codes

	SNOMED
Meningitis ACW & Y vaccination	390892002
First meningitis ACW & Y vaccination	957671000000103
Second meningitis ACW & Y vaccination	957691000000104
Third meningitis ACW & Y vaccination	957711000000102
Fourth meningitis ACW & Y vaccination	957731000000105
Meningitis ACW & Y vaccination given by other healthcare provider	957751000000103
Meningitis ACW & Y vaccination declined	957791000000106

Table 30: Meningococcal – vaccine codes

	SNOMED
Menveo vaccine powder and solvent for solution for injection 0.5 ml vials (GlaxoSmithKline UK Ltd) 1 vial	17188811000001102
Nimenrix vaccine powder and solvent for solution for injection 0.5 ml pre-filled syringes (Pfizer Ltd)	20517811000001104
Nimenrix vaccine powder and solvent for solution for injection 0.5 ml pre-filled syringes (Pfizer Ltd) 1 pre-filled disposable injection	20517911000001109
Meningococcal polysaccharide vaccine injection (pdr for recon)+diluent	419013009
ACWY Vax vaccine powder and solvent for solution for injection 0.5 ml vials (GlaxoSmithKline UK Ltd)	3492011000001101
Meningococcal oligosaccharide A, C, W135 and Y vaccine powder and solvent for solution for injection 0.5 ml vials	17192211000001101
Meningococcal polysaccharide A, C, W135 and Y vaccine powder and solvent for solution for injection 0.5 ml pre-filled syringes	20556211000001108

	SNOMED
Meningococcal polysaccharide A, C, W135 and Y vaccine powder and solvent for solution for injection 0.5 ml vials	3559311000001108
Menveo vaccine powder and solvent for solution for injection 0.5 ml vials (GlaxoSmithKline UK Ltd)	17188711000001105

Payment and management information

Payment count

- MACWY01: Monthly count of the number of patients who attained 14 years of age on or after 1 April 2012 and have not yet attained 19 years on 31 August 2018, who received their earliest MenACWY vaccination whilst aged at least 14 years, administered by the GP practice within the reporting period.
- MACWY02: Monthly count of the number of patients who received their earliest MenACWY vaccination whilst aged at least 19 years on 31 August 2018 and before attaining 25 years of age, administered by the GP practice within the reporting period.

Management information counts

- MACWYMI01: Monthly count of the number of patients aged at least 19 years on 31 August 2018 who declined a MenACWY vaccination within the reporting period before attaining 25 years of age.
- MACWYMI02: Monthly count of the number of patients who received their earliest MenACWY vaccination whilst aged at least 19 years on 31 August 2018 and before attaining 25 years of age, administered by another healthcare provider up to the end of the reporting period.

Cohort count (this count is for validation purposes only)

There are no cohort counts for this service.

Pertussis (pregnant women) vaccination programme

Clinical codes

Table 31: Pertussis Clinical codes

	SNOMED
Pertussis vaccination in pregnancy	956951000000104
Pertussis vaccination in pregnancy declined	866641000000105
Pertussis vaccination in pregnancy given by other health care provider	956971000000108

Payment and management information

Payment count

- PT001: Monthly count of the number of pregnant women who have received a pertussis vaccination by the GP practice within the reporting period.

Management information counts

- PTMI001: 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 healthcare provider within the reporting period.

Cohort count

There are no cohort counts for this service.

Pneumococcal conjugate vaccine (PCV) vaccination programme

Clinical codes

Table 32: PCV codes

	SNOMED
Prevenar 13 vaccine suspension for injection 0.5 ml pre-filled syringes (Wyeth Pharmaceuticals) 1 pre-filled disposable injection	16649511000001100
Prevenar 13 vaccine suspension for injection 0.5 ml pre-filled syringes (Wyeth Pharmaceuticals)	16649411000001104 (potential new code)
Prevenar 13 vaccine suspension for injection 0.5 ml pre-filled syringes (Pfizer Ltd) 10 pre-filled disposable injection	21562911000001100 (potential new code)
Menitorix powder and solvent for solution for injection 0.5 ml vials (GlaxoSmithKline) 1 vial	9903811000001101
Menitorix powder and solvent for solution for injection 0.5 ml vials (GlaxoSmithKline)	9903711000001109 (potential new code)

Payment and management information

Payment count

- PHMC001: Quarterly count of the number of registered patients who have a record of receiving a completing dose of PCV Hib/MenC vaccine by the GP practice up to the end of the reporting period.

Management information counts

There are no cohort counts for this service.

Cohort count

There are no cohort counts for this service.

Pneumococcal polysaccharide vaccination programme

Clinical codes

Table 33: Pneumococcal polysaccharide vaccination codes

	SNOMED
Pneumococcal vaccination (procedure)	12866006
Pneumococcal vaccination given (finding)	310578008
Pneumovax II solution for injection 0.5 ml pre-filled syringes (Aventis Pasteur MSD Ltd) (product)	3005011000001103
Pneumovax II solution for injection 0.5 ml vials (Aventis Pasteur MSD Ltd) (product)	3017311000001106
Pnu-Imune solution for injection 0.5 ml vials (Wyeth Laboratories) (product)	3018111000001105
Prevenar suspension for injection 0.5 ml vials (Wyeth Laboratories) (product)	3021111000001108
Pneumococcal polysaccharide conjugated vaccine suspension for injection 0.5 ml vials (product)	3439111000001102
Pneumococcal polysaccharide vaccine solution for injection 0.5 ml pre-filled syringes (product)	3439211000001108
Pneumococcal polysaccharide vaccine solution for injection 0.5 ml vials (product)	3439311000001100
Prevenar suspension for injection 0.5 ml pre-filled syringes (Wyeth Laboratories) (product)	10231211000001106
Pneumococcal polysaccharide conjugated vaccine (adsorbed) suspension for injection 0.5 ml pre-filled syringes (product)	10245211000001108
Prevenar 13 vaccine suspension for injection 0.5 ml pre-filled syringes (Wyeth Pharmaceuticals) (product)	16649411000001104
Synflorix vaccine suspension for injection 0.5 ml pre-filled syringes (GlaxoSmithKline UK Ltd) (product)	16660211000001102
Pneumococcal polysaccharide vaccine solution for injection 0.5 ml vials (sanofi pasteur MSD Ltd) (product)	27396511000001105

Table 34: Pneumococcal polysaccharide procedure codes

	SNOMED
Pneumococcal vaccination contraindicated	390795005

	SNOMED
Pneumococcal vaccination not indicated	415119001
Pneumococcal vaccination declined	401086001
No consent pneumococcal immunisation	171292006
Pneumococcal vaccination given by other healthcare provider	382551000000109

Clinical codes used for payment

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

<http://www.nhsemployers.org/your-workforce/primary-care-contacts/general-medical-services/vaccination-and-immunisation/2018-19-vaccination-and-immunisations>²⁵

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 DES are met so the service specification and guidance should be reviewed in conjunction with this document.

Payment and management information

Payment counts

- PNEU001: Monthly count of patients aged 65 years or over as at 31 March 2019, who have received a pneumococcal vaccination (PPV) by the GP practice, within the reporting period.
- PNEU002: Monthly count of patients aged 2 years to 64 years on 31 March 2019 and identified as at risk, with at least one clinical Read code in the patient's 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 2019 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).

Management information counts

- PNEUMI001: The number of patients aged 65 years or over on 31 March 2019 for whom the pneumococcal vaccination (PPV) was contra-indicated up to the end of the reporting period.
- PNEUMI002: The number of patients aged 2 years to 64 years on 31 March 2019, identified as at risk for whom the pneumococcal vaccination (PPV) was contra-indicated up to the end of the reporting period.

²⁵ If clicking on the link doesn't direct you to the spreadsheet, copy and paste the full link in to your browser.

- PNEUMI003: The number of patients aged 65 years or over on 31 March 2019 who declined a pneumococcal vaccination (PPV) within the reporting period.
- PNEUMI004: The number of patients aged 2 years to 64 years on 31 March 2019, identified as at risk who declined a pneumococcal vaccination (PPV) within the reporting period.
- PNEUMI005: The number of patients aged 65 years or over on 31 March 2019 who have not consented to a pneumococcal vaccination (PPV) within the reporting period.
- PNEUMI006: The number of patients aged 2 years to 64 years on 31 March 2019 identified as at risk who have not consented to a pneumococcal vaccination (PPV) within the reporting period.
- PNEUMI007: The number of patients aged 65 years or over on 31 March 2019 who have received a pneumococcal vaccination (PPV) from another healthcare provider within the reporting period.
- PNEUMI008: The number of patients aged 2 years to 64 years on 31 March 2019 identified as at risk who have received a pneumococcal vaccination (PPV) from another healthcare provider within the reporting period.
- PNEUMI009: The number of patients aged 65 years and over on 31 March 2019 who did not receive a pneumococcal vaccination (PPV) and have no recorded reason for not receiving a pneumococcal vaccination (PPV), up to the end of the reporting period.
- PNEUMI010: The number of patients aged 2 years to 64 years on 31 March 2019 identified as at risk who did not receive a pneumococcal vaccination (PPV) and have no recorded reason for not receiving a pneumococcal vaccination (PPV), up to the end of the reporting period.

Cohort counts (these counts are for validation purposes only)

- PNEUCC001: The number of registered patients aged 65 years or over as at the 31 March 2019.
- PNEUCC002: The number of registered patients aged between 2 years and 64 years at the 31 March 2019 with at least one at risk code in their patient record.
- PNEUCC003: The number of registered patients aged between 2 years and 64 years inclusive at the 31 March 2019 with at least one at risk code or the “requires pneumococcal vaccination” code in their patient record (excluding patients identified in count PNEUCC002).

Rotavirus (childhood routine immunisation) vaccination programme

Clinical codes

Table 35: Rotavirus codes

	SNOMED
First rotavirus vaccination	868631000000102
Second rotavirus vaccination	868651000000109
No consent for rotavirus vaccination	868731000000107
Did not attend first rotavirus vaccination	870011000000106
Did not attend second rotavirus vaccination	870041000000107
Rotavirus vaccination declined	868711000000104
First rotavirus vaccination declined	882201000000107
Second rotavirus vaccination declined	882221000000103
Rotavirus vaccination contraindicated	868691000000101
History of rotavirus vaccine allergy	885901000000106
Adverse reaction to rotavirus vaccine	889571000000106

Payment and management information

Payment count

- ROTA001: Monthly count of the contractors registered patients who have a completed rotavirus vaccination (2 doses) given before 24 weeks of age in the reporting period.

Management information counts

- ROTAMI001: Monthly count of the contractors 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 vaccine (from 6 weeks after their birth but no later than 15 weeks after birth) but have not received a second completing dose of rotavirus vaccine.
- ROTAMI002: Monthly count of contractors 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 vaccine (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 contractors registered patients who attain the age of 24 weeks within the period and whose clinical notes suggest the patient has received the second dose of rotavirus vaccine but has not received the first dose.
- ROTAMI005: Monthly count of the contractors registered patients who attain the age of 24 weeks within the period whose clinical notes indicate the reason for not receiving a completed rotavirus vaccination (2 doses) within the reporting period.
- ROTAMI006: Monthly count of the contractors registered patients who attain the age of 24 weeks within the period with no rotavirus vaccine (there is neither a first nor second dose of the vaccination) and with no recorded reason for not receiving rotavirus vaccination within the reporting period.

Cohort count (these counts are for validation purposes only)

- ROTACC001: The number of registered patients under 30 weeks old (at the achievement date) who have had a first dose of rotavirus vaccination between 6 and 15 weeks old.
- ROTACC002: The number of registered patients who achieved 24 weeks within the month.

Shingles (routine aged 70) vaccination programme

Clinical codes

The clinical codes are the same across both shingles services.

Table 36: Shingles clinical codes²⁶

	SNOMED
Herpes zoster vaccination	859641000000109 OR 722215002
Herpes zoster vaccination contra-indicated	868531000000103
Herpes zoster vaccination declined	868551000000105 OR 723062007
No consent for herpes zoster vaccination	868601000000108
Did not attend herpes zoster vaccination	869131000000101
Herpes zoster vaccination given by other healthcare provider	868511000000106

Payment and management information

Payment count

- SHROU01: Monthly count of the number of registered patients who are aged 70 years on 1 September 2013 or who attain 70 years of age at any point between 1 September 2013 and 31 March 2019 (inclusive), who have a record of receiving a shingles vaccination by the GP practice within the reporting period.

Management information counts

- SHROUMI01: Monthly count of the number of registered patients who are aged 70 years on 1 September 2013 or who attain 70 years of age at any point between 1 September 2013 and 31 March 2019 (inclusive), for whom the shingles vaccination was contra-indicated up to the end of the reporting period.
- SHROUMI02: Monthly count of the number of registered patients who are aged 70 years on 1 September 2013 or who attain 70 years of age at any point between 1 September 2013 and 31 March 2019 (inclusive), who have declined a shingles vaccination within the reporting period.
- SHROUMI03: Monthly count of the number of registered patients who are aged 70 years on 1 September 2013 or who attain 70 years of age at any point between 1 September 2013 and 31 March 2019 (inclusive), who have not consented to a shingles vaccination within the reporting period.
- SHROUMI04: Monthly count of the number of registered patients who are aged 70 years on 1 September 2013 or who attain 70 years of age at any point between 1

²⁶ These Read codes apply to both the routine and catch-up vaccination programmes.

September 2013 and 31 March 2019 (inclusive), who have received a shingles vaccination from another healthcare provider within the reporting period.

- SHROUMI05: Monthly count of the number of registered patients who are aged 70 years on 1 September 2013 or who attain 70 years of age at any point between 1 September 2013 and 31 March 2019 (inclusive), who did not attend their shingles vaccination within the reporting period.
- SHROUMI06: Monthly count of the number of registered patients who are aged 70 years on 1 September 2013 or who attain 70 years of age at any point between 1 September 2013 and 31 March 2019 (inclusive), who did not receive a shingles vaccination and have no recorded reason for not receiving a shingles vaccination, up to the end of the reporting period.

Cohort counts (this count is for validation purposes only)

- SHROUCC01: The number of registered patients who are aged 70 years on 1 September 2013 or who attain 70 years of age at any point between 1 September 2013 and 31 March 2019.

Shingles (catch-up) vaccination programme

Clinical codes

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

Payment and management information

Payment count

- SHCUP01: Monthly count of the number of registered patients who were aged 78 or 79 years at the point of vaccination who have a record of receiving a shingles vaccination, by the GP practice within the reporting period.

Management information counts

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

Cohort counts (this count is for validation purposes only)

- SHCUPCC001: The number of registered patients who are aged 78 or 79 years during the reporting period.

Section 6. Vaccination programmes (commencing September 2018)

Childhood seasonal influenza vaccination programme

Clinical codes

The clinical codes will be based on the list of vaccines included in the PHE annual flu plan²⁷, the codes in this section are still under review by NHS Digital and will be included in an updated version of this document in due course.

Table 37: Seasonal influenza intranasal first dose vaccination clinical codes

	SNOMED
Administration of first intranasal seasonal influenza vaccination	884861000000100
Administration of first intranasal influenza vaccination	871751000000104
Fluenz Tetra vaccine nasal suspension 0.2 ml unit dose (AstraZeneca UK Ltd)	27114211000001105
Influenza vaccine (live attenuated) nasal spray	19821411000001103
First intranasal seasonal influenza vaccination given by other healthcare provider	955661000000102
First intranasal seasonal influenza vaccination given by pharmacist	1037311000000106

Table 38: Seasonal influenza intranasal second dose vaccination clinical codes

	SNOMED
Administration of second intranasal seasonal influenza vaccination	884881000000109
Administration of second intranasal influenza vaccination	871781000000105
Fluenz Tetra vaccine nasal suspension 0.2 ml unit dose (AstraZeneca UK Ltd)	27114211000001105
Influenza vaccine (live attenuated) nasal spray	19821411000001103
Second intranasal seasonal influenza vaccination given by other healthcare provider	955681000000106
Second intranasal seasonal influenza vaccination given by pharmacist	1037331000000103

²⁷ PHE. Seasonal influenza. <https://www.gov.uk/government/collections/annual-flu-programme>

Table 39: Seasonal influenza – inactivated vaccine clinical codes

	SNOMED
Seasonal influenza vaccination	822851000000102
Administration of first inactivated seasonal influenza vaccination	985151000000100
Fluarix Tetra vaccine suspension for injection 0.5 ml pre-filled syringes (GlaxoSmithKline UK Ltd)	22704311000001109
Influvac Sub-unit suspension for injection 0.5 ml pre-filled syringes (Solvay Healthcare Ltd)	3255011000001100
Quadrivalent vaccine (split virion, inactivated) suspension for injection 0.5 ml pre-filled syringes (sanofi pasteur MSD Ltd)	34680411000001107
Agrippal suspension for injection 0.5 ml pre-filled syringes (Wyeth Laboratories)	3255311000001102
Fluad vaccine suspension for injection 0.5 ml pre-filled syringes (Seqirus Vaccines Ltd)	34783811000001108
Influenza (split virion) vaccine injection suspension 0.5 ml prefilled syringe	348046004
Inactivated Influenza surface antigen sub-unit vaccine prefilled syringe	348047008
Seasonal influenza vaccination	822851000000102
Administration of second inactivated seasonal influenza vaccination	985171000000109
Fluarix Tetra vaccine suspension for injection 0.5 ml pre-filled syringes (GlaxoSmithKline UK Ltd)	22704311000001109
Influvac Sub-unit suspension for injection 0.5 ml pre-filled syringes (Solvay Healthcare Ltd)	3255011000001100
Quadrivalent vaccine (split virion, inactivated) suspension for injection 0.5 ml pre-filled syringes (sanofi pasteur MSD Ltd)	34680411000001107
Agrippal suspension for injection 0.5 ml pre-filled syringes (Wyeth Laboratories)	3255311000001102
Fluad vaccine suspension for injection 0.5 ml pre-filled syringes (Seqirus Vaccines Ltd)	34783811000001108
Influenza (split virion) vaccine injection suspension 0.5 ml prefilled syringe	348046004
Inactivated Influenza surface antigen sub-unit vaccine prefilled syringe	348047008

Table 40: Seasonal influenza – contra-indication, declined and no consent clinical codes

	SNOMED
Influenza vaccination declined	315640000
Seasonal influenza vaccination declined	822931000000100

First intranasal influenza vaccination declined	871521000000104
Second intranasal influenza vaccination declined	871541000000106
First intranasal seasonal influenza vaccination declined	885971000000103
Second intranasal seasonal influenza vaccination declined	886011000000103
No consent for seasonal influenza vaccination	868491000000103
Influenza vaccination not indicated	407573008
Seasonal influenza vaccination contraindicated	822951000000107
Seasonal influenza vaccination not indicated	822971000000103
Influenza split virion vaccine adverse reaction	293112000
Influenza surface antigen vaccine adverse reaction	293113005
Influenza vaccine allergy	294647003
Influenza split virion vaccine allergy	294648008
Influenza surface antigen vaccine allergy	294649000
Influenza virus vaccine adverse reaction	420113004
Needs influenza immunization	185903001

Table 41: Seasonal inactivated influenza vaccine first dose given by other healthcare provider clinical codes

	SNOMED
Seasonal influenza vaccination given by midwife	1066171000000108
First inactivated seasonal influenza vaccination given by midwife	1066181000000105
Seasonal influenza vaccination given by other healthcare provider	955651000000100
First intramuscular seasonal influenza vaccination given by other healthcare provider	945831000000105
Seasonal influenza vaccination given by pharmacist	955691000000108
Seasonal influenza vaccination given while hospital inpatient	955701000000108
First inactivated seasonal influenza vaccination given by pharmacist	1037351000000105

Seasonal influenza vaccination given by midwife	1066171000000108
Second inactivated seasonal influenza vaccination given by midwife	1066191000000107
Seasonal influenza vaccination given by other healthcare provider	955651000000100
Second intramuscular seasonal influenza vaccination given by other healthcare provider	955671000000109
Seasonal influenza vaccination given by pharmacist	955691000000108
Seasonal influenza vaccination given while hospital inpatient	955701000000108
Second inactivated seasonal influenza vaccination given by pharmacist	1037371000000101

Payment and management information

Payment count

- CFLU004: Monthly count of the number of patients aged two or three years (but not aged less than two years or aged four years or over) on 31 August 2018 who have received a first dose of seasonal influenza vaccine given by the GP practice within the reporting period.
- CFLU005: Monthly count of the number of patients aged two or three years (but not aged less than two years or aged four years or over) on 31 August 2018 who have received a second dose of seasonal influenza vaccine given by the GP practice within the reporting period.

Management information counts

- CFLUMI010: The number of patients aged two or three years (but not aged less than two years or aged four years or over) on 31 August 2018 who received a live attenuated influenza vaccine (LAIV) vaccination, given by the GP practice, within the reporting period.
- CFLUMI011: The number of patients aged two or three years (but not aged less than two years or aged four years or over) on 31 August 2018 who received a second dose of LAIV vaccine, given by the GP practice, within the reporting period.
- CFLUMI012: The number of patients aged two or three years (but not aged less than two years or aged four years or over) on 31 August 2018 who received an inactivated seasonal influenza vaccination, given by the GP practice, within the reporting period.
- CFLUMI013: The number of patients aged two or three years (but not aged less than two years or aged four years or over) on 31 August 2018 who received a second dose of inactivated seasonal influenza vaccine, given by the GP practice, within the reporting period.
- CFLUMI014: The number of patients aged two or three years (but not aged less than two years or aged four years or over) on 31 August 2018 who have not received a seasonal influenza vaccination.
- CFLUMI015: The number of patients aged two or three years (but not aged less than two years or aged four years or over) on 31 August 2018 who have received a

seasonal influenza vaccination given by another healthcare provider within the reporting period.

Cohort counts (this count is for validation purposes only)

- CFLUCC001: Monthly count of the number of patients aged two and three years (but not aged less than two years or aged four years or over) on 31 August 2018.

Seasonal influenza vaccination programme

Seasonal influenza

Clinical codes

See childhood influenza section for full list of vaccine clinical codes. The clinical codes are based on the list of vaccines included in the PHE annual flu plan²⁸.

Clinical codes used for payment

The clinical codes used for the calculation of payments will be available to download from the NHS Employers website in due course. This document is available to download here:

<http://www.nhsemployers.org/-/media/Employers/Documents/Primary-care-contracts/V-and-I/2018-19-Seasonal-influenza-vaccination-clinical-codes.xlsx>²⁹

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 DES are met so the service specification and guidance should be reviewed in conjunction with this document.

Payment and management information

Payment count

- SFLU001: Monthly count of patients aged 65 years and over on 31 March 2019, who have received a seasonal influenza vaccination by the GP practice, within the reporting period.
- SFLU006: Monthly count of the number of eligible patients, identified as at risk, where the risk is clearly demonstrated by at least one clinical code in the patients record, who have received a first dose of seasonal influenza vaccine given by the GP practice in the reporting period. (Eligible patients are aged 6 months to 64 years on 31 March 2019, excluding patients aged 2 and 3 years as at 31 August 2018)
- SFLU007: Monthly count of the number of eligible patients, identified as at risk, where the risk is clearly demonstrated by at least one clinical code in the patients record, who have received a second dose of seasonal influenza vaccine given by the GP practice in the reporting period. (Eligible patients are aged 6 months to 64 years on 31 March 2019, excluding patients aged 2 and 3 years as at 31 August 2018)
- SFLU008: Monthly count of the number of eligible patients, identified as at risk, where the risk is not clearly demonstrated by at least one clinical code in the patients record but is identified by the clinical code 'requires influenza virus vaccination', who have received a first dose of seasonal influenza vaccine given by the GP practice in the reporting period. (Eligible patients are aged 6 months to 64 years on 31 March 2019, excluding patients aged 2 and 3 years as at 31 August 2018)
- SFLU009: Monthly count of the number of eligible patients, identified as at risk, where the risk is not clearly demonstrated by at least one clinical Read code in the patients record but is identified by the clinical code 'requires influenza virus

²⁸ PHE. Seasonal influenza. <https://www.gov.uk/government/collections/annual-flu-programme>

²⁹ If clicking on the link doesn't direct you to the spreadsheet, copy and paste the full link in to your browser.

vaccination', who have received a second dose of seasonal influenza vaccination given by the GP practice in the reporting period. (Eligible patients are aged 6 months to 64 years on 31 March 2019, excluding patients aged 2 and 3 years as at 31 August 2018)

Management information counts

- SFLUMI0015: Monthly count of eligible patients identified as at risk, who have received a second dose of seasonal influenza vaccine by the GP practice within the reporting period. (Eligible patients are aged 6 months to 64 years on 31 March 2019, excluding patients aged 2 and 3 years as at 31 August 2018)
- SFLUMI002: Monthly count of patients aged 65 years and over on 31 March 2019, for whom the seasonal influenza vaccination was contra-indicated up to the end of the reporting period.
- SFLUMI016: Monthly count of eligible patients identified as at risk, for whom the seasonal influenza vaccination was contra-indicated up to the end of the reporting period. (Eligible patients are aged 6 months to 64 years on 31 March 2019, excluding patients aged 2 and 3 years as at 31 August 2018)
- SFLUMI004: Monthly count of patients aged 65 years and over on 31 March 2019 who declined a seasonal influenza vaccination within the reporting period.
- SFLUMI017: Monthly count of patients identified as at risk, who declined a seasonal influenza vaccination within the reporting period. (Eligible patients are aged 6 months to 64 years on 31 March 2019, excluding patients aged 2 and 3 years as at 31 August 2018)
- SFLUMI006: Monthly count of patients aged 65 years and over on 31 March 2019 who have not consented to a seasonal influenza vaccination within the reporting period.
- SFLUMI018: Monthly count of eligible patients identified as at risk, who have not consented to a seasonal influenza vaccination within the reporting period. (Eligible patients are aged 6 months to 64 years on 31 March 2019, excluding patients aged 2 and 3 years as at 31 August 2018)
- SFLUMI008: Monthly count of patients aged 65 years and over on 31 March 2019, who have received a seasonal influenza vaccination from another healthcare provider within the reporting period.
- SFLUMI019: Monthly count of eligible patients identified as at risk, who have received a seasonal influenza vaccination from another healthcare provider within the reporting period. (Eligible patients are aged 6 months to 64 years on 31 March 2019, excluding patients aged 2 and 3 years as at 31 August 2018)
- SFLUMI010: Monthly count of patients aged 65 years and over on 31 March 2019 who did not receive a seasonal influenza vaccination and have no recorded reason for not receiving it, up to the end of the reporting period.
- SFLUMI020: Monthly count of eligible patients identified as at risk, who did not receive a seasonal influenza vaccination and have no recorded reason for not receiving it, up to the end of the reporting period. (Eligible patients are aged 6 months to 64 years on 31 March 2019, excluding patients aged 2 and 3 years as at 31 August 2018)
- SFLUMI021: Monthly count of patients defined as morbidly obese (BMI of ≥ 40) who have at least one other 'at risk' factor (either an 'at risk' comorbidity, 'requires

influenza virus vaccination' clinical code or are aged at least 65 years) who have received a seasonal influenza vaccination up to the end of the reporting period. (Eligible patients are aged 16 years or over on 31 March 2019)

- SFLUMI022: Monthly count of patients defined as morbidly obese (BMI of ≥ 40) who have at least one other 'at risk' factor (either an 'at risk' comorbidity, 'requires influenza virus vaccination' clinical code or are aged at least 65 years) who did not receive a seasonal influenza vaccination and have no recorded reason for not receiving it, up to the end of the reporting period. (Eligible patients are aged 16 years or over on 31 March 2019)
- SFLUMI023: Monthly count of patients defined as morbidly obese (BMI of ≥ 40) who do not have any other 'at risk' factors (either an 'at risk' comorbidity, 'requires influenza virus vaccination' clinical code or are aged at least 65 years) who have received a seasonal influenza vaccination, up to the end of the reporting period. (Eligible patients are aged 16 years to 64 years on 31 March 2019)
- SFLUMI024: Monthly count of patients defined as morbidly obese (BMI of ≥ 40) who do not have any other 'at risk' factors (either an 'at risk' comorbidity, 'requires influenza virus vaccination' clinical code or aged at least 65 years) who did not receive a seasonal influenza vaccination and have no recorded reason for not receiving it, up to the end of the reporting period. (Eligible patients are aged 16 to 64 years or over on 31 March 2019)
- SFLUMI025: Monthly count of eligible patients defined as morbidly obese (BMI of ≥ 40) who do not have any other 'at risk' factors (either an 'at risk' comorbidity, 'requires influenza virus vaccination' clinical code or aged at least 65 years) who declined a seasonal influenza vaccination up to the end of the reporting period. (Eligible patients are aged 16 to 64 years on 31 March 2019)
- SFLUMI026: Monthly count of eligible patients defined as morbidly obese (BMI of ≥ 40) who do not have any other 'at risk' factors (either an 'at risk' comorbidity, 'requires influenza virus vaccination' clinical code or aged at least 65 years), for whom the seasonal influenza vaccination was contraindicated up to the end of the reporting period. (Eligible patients are aged 16 to 64 years on 31 March 2019)

Cohort counts (this count is for validation purposes only)

- SFLUCC001: The number of registered patients aged 65 years or over at the 31 March 2019.
- SFLUCC002: The number of registered patients aged between 6 months and 64 years inclusive at the 31 March 2019 with at least one at risk clinical code in their patient record, excluding patients aged 2 and 3 years as at 31 August 2018.
- SFLUCC003: The number of registered patients aged between 6 months and 8 years inclusive at the 31 March 2019 with at least one at risk clinical code in their patient record, excluding patients aged 2 and 3 years as at 31 August 2018.
- SFLUCC004: The number of registered patients aged between 6 months and 64 years inclusive at the 31 March 2019 with the 'requires influenza virus vaccination' clinical code in their patient record, excluding patients aged 2 and 3 years as at 31 August 2018.
- SFLUCC005: The number of registered patients aged between 6 months and 8 years inclusive at the 31 March 2019 with the 'requires influenza virus vaccination' clinical

code in their patient record, excluding patients aged 2 and 3 years as at 31 August 2018.

- SFLUCC006: The number of registered patients aged between 6 months and 64 years inclusive at the 31 March 2019 with at least one at risk clinical code or the 'requires influenza virus vaccination' clinical code in their patient record, excluding patients aged 2 and 3 years as at 31 August 2018.
- SFLUCC007: The number of registered patients aged between 6 months and 8 years inclusive at the 31 March 2019 with at least one at risk clinical code or the 'requires influenza virus vaccination' clinical code in their patient record, excluding patients aged 2 and 3 years as at 31 August 2018.
- SFLUCC009: The number of registered patients aged 16 years or over as at 31 March 2019 and defined as morbidly obese (BMI of ≥ 40) who have at least one other 'at risk' factor (either an 'at risk' comorbidity, 'requires influenza virus vaccination' clinical code or aged at least 65 years).
- SFLUCC010: The number of registered patients aged 16 to 64 years inclusive as at 31 March 2019 and defined as morbidly obese (BMI of ≥ 40) who do not have any other 'at risk' factors (either an 'at risk' comorbidity, 'requires influenza virus vaccination' clinical code or aged at least 65 years).

Seasonal influenza for health and social care workers vaccination programme

Clinical codes

Table 42: Vaccination codes

	SNOMED
Employed by care home	1092561000000107
Employed by nursing home	1092571000000100
Employed by domiciliary care provider	1092581000000103

Payment and management information

Payment count

- SFSCW01. Monthly count of health and social care staff, employed by a registered residential care/nursing home who have received a seasonal influenza vaccination by the GP practice, within the reporting period.
- SFSCW02. Monthly count of social care staff employed by a registered domiciliary care provider, or health and care staff, employed by a voluntary managed hospice provider who have received a seasonal influenza vaccination by the GP practice, within the reporting period.

Management information counts

There are no management information counts for this service.

Cohort count

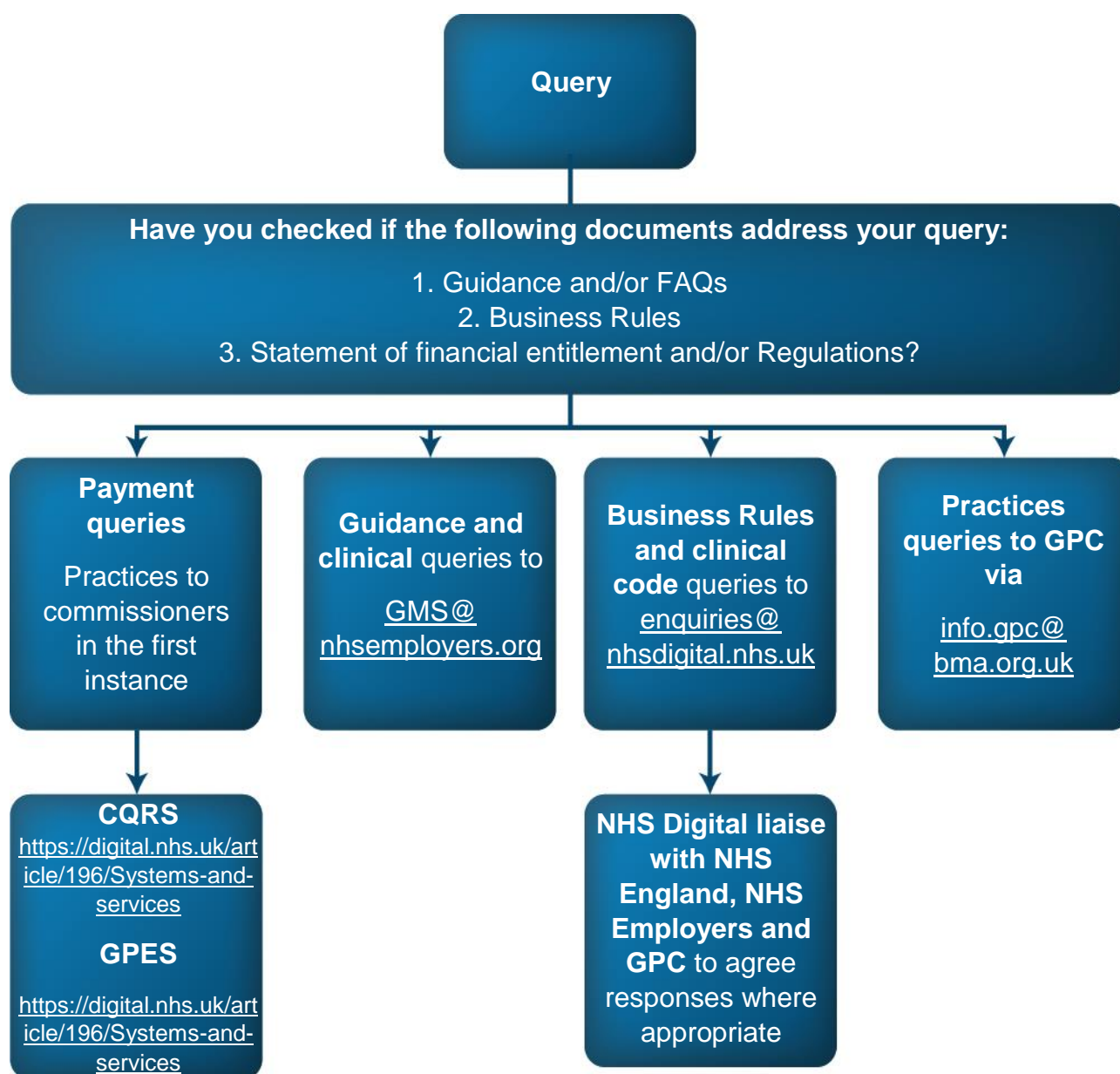
There are no cohort counts for this service.

Section 7. Queries

Queries fall into three main categories:

1. those which can be resolved by referring to guidance³⁰ and/or FAQs³¹
2. those requiring interpretation of the guidance or Business Rules³²
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 to respond and where necessary the query will be redirected.



³⁰ NHS Employers. 2018/19 QOF guidance. www.nhsemployers.org/QOF201819

³¹ NHS Employers. FAQs. <http://www.nhsemployers.org/GMS/FAQs>

³² NHS Digital. <http://content.digital.nhs.uk/qofesextractspecs>

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

NHS Employers
www.nhsemployers.org

NHS England
www.england.nhs.uk

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