

# **TECHNICAL REQUIREMENTS FOR 2019/20 GMS CONTRACT**

June 2019 – version 1

NHS England and NHS Improvement



# Technical requirements for GMS Contract 2019/20 technical requirement document

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## Version contents

Version	Publication date	Changes
Version 1	June 2019	<p>This version includes:</p> <ul style="list-style-type: none"> <li>• Alcohol</li> <li>• Dementia data (2018/19)</li> <li>• GMS PMS data collection (named GP and frailty)</li> <li>• Hepatitis B</li> <li>• HPV completing dose</li> <li>• Learning disabilities health check</li> <li>• Measles mumps rubella (16 years and over and 10 or 11 year olds catch-up)</li> <li>• Meningococcal ACWY freshers</li> <li>• Meningococcal completing dose</li> <li>• Meningococcal B</li> <li>• National diabetes audit (2018/19)</li> <li>• Pertussis</li> <li>• Pneumococcal – PCV/HibMenC</li> <li>• Pneumococcal - PPV</li> <li>• QOF               <ul style="list-style-type: none"> <li>○ QOF indicators</li> <li>○ Indicators no longer in QOF</li> </ul> </li> <li>• Rotavirus</li> <li>• Shingles routine</li> <li>• Shingles catch-up</li> </ul>

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# Section 1. Introduction

## Introduction

In January 2019, NHS England and General Practitioners Committee (GPC) England announced a five year framework for the GP Contract<sup>1</sup>.

This document provides the detailed 2019/20 technical requirements for commissioners and practices<sup>2</sup> that hold a GMS contract and for all practices offering directed enhanced services (DEs), 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, DES Directions and the Statement of Financial Entitlements (SFE)<sup>3</sup>.

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 specifications<sup>4</sup>.

For a summary of the changes to the vaccination programme for 2019/20, please see the NHS England website<sup>5</sup>.

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 Practice<sup>6</sup>:

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<sup>1</sup> NHS England. Investment and evolution: A five year framework for GP contract reform to implement the NHS long term plan. <https://www.england.nhs.uk/gp/gp/v/investment/gp-contract/>

<sup>2</sup> A practice is defined as a provider of essential primary medical services to a registered list of patients under a GMS, Personal Medical Services (PMS) or Alternative Provider Medical Services (APMS) contract.

<sup>3</sup> DHSC. SFE and DES Directions. <https://www.gov.uk/government/publications/gp-contract-directions-2019-to-2020>

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

<sup>5</sup> NHS England. V&I. Summary of changes document. <https://www.england.nhs.uk/gp/gp/v/investment/gp-contract/>

<sup>6</sup> NHS Primary Medical Directions. <https://www.gov.uk/government/publications/gp-contract-directions-2019-to-2020>

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.

CQRS<sup>7</sup> 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.

GPES<sup>8</sup> 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. Business Rules<sup>9</sup> are supplied by NHS Digital and detail the clinical codes and data extraction specification which sets out the order in which information is collected or excluded by a data collection from the patient record.

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.

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<sup>7</sup> NHS Digital. CQRS. <https://digital.nhs.uk/article/279/General-Practice-GP-collections>

<sup>8</sup> NHS Digital. GPES. <http://content.digital.nhs.uk/gpes>

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

Payments for the services included in this document can only be processed after commissioners have offered and practices have accepted a service on CQRS. Agreement to participate in a service on CQRS is separate to confirming acceptance of a contract for services with commissioners.

Practices authorise data collections made by GPES when they accept a 'quality service' on the CQRS system.

This 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 website<sup>10</sup>.

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

Where a service 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 Data Protection Legislation see 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. The practice Data Protection Officer should be aware of the latest requirements.

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<sup>10</sup> NHS Digital. CQRS. <https://digital.nhs.uk/article/279/General-Practice-GP-collections>

## 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 relevant clinical codes that practices are required to use for each service. This document also includes cohort counts for services where these are required 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 the NHS England website and will be updated as services move from manual reporting to automated data collections. Relevant supporting Business Rules will also be updated and available on the NHS Digital website.

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

# Section 2. Enhanced services

## Learning disabilities health checks scheme

### Clinical codes

**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
Significant learning disability	931001000000105

**Table 2: Learning disabilities – health check codes**

	SNOMED
Examination of a learning disabled patient	442127005
Learning disabilities health assessment	413126003
Learning disabilities annual health assessment	199751000000100
Completion of learning disabilities health action plan	712491005
Learning disabilities annual health assessment declined	514021000000103
Learning disabilities health action plan reviewed	413163007
Learning disabilities health action plan declined	413162002

## **Payment and management information**

### **Payment count**

- LDHC001: Quarterly count of registered patients aged 14 years or over, at the 31 March 2020, 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**

- LDHCMI001: Quarterly count of registered patients aged 18 years or over, at the 31 March 2020, 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.
- LDHCMI002: Quarterly count of registered patients aged 14 years or over and who have not attained the age of 18 years, at the 31 March 2020, 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.
- LDHCMI003: Quarterly count of registered patients aged 18 years or over, at the 31 March 2020, 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.
- LDHCMI004: Quarterly count of registered patients aged 14 years or over and who have not attained the age of 18 years, at the 31 March 2020, 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.
- LDHCMI005: Quarterly (cumulative) count of registered patients aged 18 years or over, at the 31 March 2020, identified as having a QOF diagnostic learning disability, as at the end of the reporting period.
- LDHCMI006: Quarterly (cumulative) count of registered patients aged 14 years or over and who have not attained the age of 18 years, at the 31 March 2020, identified as having a QOF diagnostic learning disability, as at the end of the reporting period.
- LDHCMI007: Quarterly count of registered patients aged 18 years or over, at the 31 March 2020, identified as having a QOF diagnostic learning disability who received a learning disability health check by the practice in the reporting period.
- LDHCMI008: Quarterly count of registered patients aged 14 years or over and who have not attained the age of 18 years, as at the 31 March 2020, identified as having a QOF diagnostic learning disability who received a learning disability health check by the practice in the reporting period.
- LDHCMI009: Quarterly (cumulative) count of registered patients aged 18 years or over, at the 31 March 2020, 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.
- LDHCMI010: Quarterly (cumulative) count of registered patients aged 14 years or over and who have not attained the age of 18 years, at the 31 March 2020, 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.

- LDHCMI011: Quarterly (cumulative) count of registered patients aged 18 years or over, at the 31 March 2020, 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.
- LDHCMI012: 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 2020, 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.
- LDHCMI013: Quarterly (cumulative) count of registered patients aged 18 years or over, at the 31 March 2020, 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.
- LDHCMI014: 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 2020, 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 2020.
- LDHCCC002: Number of registered patients aged 14 years or over and who have not attained the age of 18 years at the 31 March 2020.

## Network contract DES

This section will be added in a later version of this document.

# Section 3. Quality and outcomes framework (QOF)

## QOF indicators

For full details of the requirements for this service, see the '2019/20 General Medical Services (GMS) contract Quality and Outcomes Framework (QOF). Guidance for GMS contract 2019/20 in England.'<sup>11</sup> document or Annex D of the SFE.

### Payment, management and cohort information

All information required is detailed in the QOF guidance and associated Business Rules.

### Clinical codes

For details of the clinical codes for QOF indicators, see the Business Rules<sup>12</sup> on the NHS Digital website.

As a result of the transition from Read and CTV3 codes to SNOMED a number of codes have been identified for removal from the Business Rules in April 2020. These codes are listed in Table 3. During 2019/20, practices are expected to review patients with these codes in their record with a view to adding a more appropriate diagnostic code if necessary. This is to ensure that patients continue to be included in the relevant disease registers once the listed codes have been removed from the Business Rules.

**Table 3: Compound codes to be removed from QOF from 1 April 2020**

	SNOMED
<b>CAN001. The contractor establishes and maintains a register of all cancer patients defined as a 'register of patients with a diagnosis of cancer excluding non-melanotic skin cancers diagnosed on or after 1 April 2003'</b>	
Pathological fracture due to metastatic bone disease (disorder)	134421000
Pericarditis co-occurrent and due to tumor metastatic to pericardium (disorder)	40312006
Pericardial effusion co-occurrent and due to malignant neoplasm of pericardium (disorder)	405546008
Disorder of central nervous system co-occurrent and due to acute lymphoid leukemia in remission (disorder)	61291000119103
Disorder of central nervous system co-occurrent and due to acute lymphoid leukemia (disorder)	61301000119102
Periodontitis co-occurrent with leukemia (disorder)	709471005
Refractory anemia with ringed sideroblasts associated with marked thrombocytosis (disorder)	721302006
Osteoporosis co-occurrent and due to multiple myeloma	739301006

<sup>11</sup> NHS England. 2019/20 QOF guidance. <https://www.england.nhs.uk/gp/gpfpv/investment/gp-contract/>

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

	SNOMED
(disorder)	
<b>CHD001. The contractor establishes and maintains a register of patients with coronary heart disease</b>	
Chronic deep venous thrombosis of lower limb due to coronary artery bypass grafting (disorder)	132091000119104
Acute deep venous thrombosis of lower limb due to coronary artery bypass grafting (disorder)	132111000119107
Deep venous thrombosis associated with coronary artery bypass graft (disorder)	428781001
Mechanical complication due to coronary bypass graft (disorder)	78717006
<b>DEM001. The contractor establishes and maintains a register of patients diagnosed with dementia</b>	
Behavioural disturbance co-occurrent and due to late onset Alzheimer dementia (disorder)	16219201000119101
Cerebral degeneration due to Creutzfeldt-Jakob disease (disorder)	192818008
Hallucinations co-occurrent and due to late onset dementia (disorder)	2421000119107
Parkinsonism co-occurrent with dementia of Guadeloupe (disorder)	715737004
Epilepsy co-occurrent and due to dementia (disorder)	724992007
Delirium co-occurrent with dementia (disorder)	725898002
<b>DM017. The contractor establishes and maintains a register of all patients aged 17 or over with diabetes mellitus, which specifies the type of diabetes where a diagnosis has been confirmed</b>	
Hyperosmolarity due to type 1 diabetes mellitus (disorder)	368561000119102
Renal disorder due to type 2 diabetes mellitus (disorder)	420279001
Mononeuropathy associated with type II diabetes mellitus (disorder)	420436000
Exudative maculopathy associated with type I diabetes mellitus (disorder)	420486006
Persistent proteinuria associated with type I diabetes mellitus (disorder)	420514000
Persistent microalbuminuria associated with type II diabetes mellitus (disorder)	420715001
Diabetic cataract associated with type II diabetes mellitus (disorder)	420756003
Diabetic retinopathy associated with type I diabetes mellitus (disorder)	420789003
Mononeuropathy associated with type I diabetes mellitus (disorder)	420918009
Diabetic oculopathy associated with type I diabetes mellitus (disorder)	421165007
Neurologic disorder associated with type II diabetes mellitus (disorder)	421326000

	SNOMED
Peripheral circulatory disorder associated with type I diabetes mellitus (disorder)	421365002
Neurological disorder associated with type I diabetes mellitus (disorder)	421468001
Exudative maculopathy associated with type II diabetes mellitus (disorder)	421779007
Renal disorder associated with type I diabetes mellitus (disorder)	421893009
Diabetic cataract associated with type I diabetes mellitus (disorder)	421920002
Persistent proteinuria associated with type II diabetes mellitus (disorder)	421986006
Diabetic retinopathy associated with type II diabetes mellitus (disorder)	422034002
Diabetic oculopathy associated with type II diabetes mellitus (disorder)	422099009
Gastroparesis due to type 1 diabetes mellitus (disorder)	713702000
Gastroparesis due to type 2 diabetes mellitus (disorder)	713703005
Polyneuropathy due to type 1 diabetes mellitus (disorder)	713705003
Polyneuropathy due to type 2 diabetes mellitus (disorder)	713706002
Gangrene associated with type 1 diabetes mellitus	420825003
Gangrene associated with type 2 diabetes mellitus	421631007
Cataract of right eye due to diabetes mellitus	768792007
Cataract of left eye due to diabetes mellitus	768793002
Gangrene associated with type 2 diabetes mellitus	421631007
Diabetic neuropathic arthropathy due to type 1 diabetes mellitus (disorder)	71771000119100
Hypoglycemic coma co-occurrent and due to diabetes mellitus type II (disorder)	719216001
Hyperosmolar hyperglycemic coma due to diabetes mellitus without ketoacidosis (disorder)	735537007
Lactic acidosis co-occurrent and due to diabetes mellitus (disorder)	735538002
Metabolic acidosis co-occurrent and due to diabetes mellitus (disorder)	735539005
<b>HF001. The percentage of patients with a diagnosis of heart failure (diagnosed on or after 1 April 2006) which has been confirmed by an echocardiogram or by specialist assessment 3 months before or 12 months after entering on to the register</b>	
Pulmonary hypertension due to systolic systemic ventricular dysfunction (disorder)	697925001

	SNOMED
<b>OST004. The contractor establishes and maintains a register of patients:</b>	
<b>1. Aged 50 or over and who have not attained the age of 75 with a record of a fragility fracture on or after 1 April 2012 and a diagnosis of osteoporosis confirmed on DXA scan, and</b>	
<b>2. Aged 75 or over with a record of a fragility fracture on or after 1 April 2014 and a diagnosis of osteoporosis</b>	
Collapse of cervical vertebra due to osteoporosis (disorder)	311806008
Collapse of lumbar vertebra due to osteoporosis (disorder)	311890007
Collapse of thoracic vertebra due to osteoporosis (disorder)	311891006
Pathological fracture due to osteoporosis (disorder)	443165006
<b>RA001. The contractor establishes and maintains a register of patients aged 16 or over with rheumatoid arthritis</b>	
Deformity of right hand co-occurrent and due to rheumatoid arthritis (disorder)	1073861000119104
Deformity of left hand co-occurrent and due to rheumatoid arthritis (disorder)	1073871000119105
Deformity of right foot co-occurrent and due to rheumatoid arthritis (disorder)	1073881000119108
Deformity of left foot co-occurrent and due to rheumatoid arthritis (disorder)	1073891000119106
Erosion of joint surface co-occurrent and due to rheumatoid arthritis (disorder)	735599007
Pericarditis co-occurrent with extraarticular rheumatoid arthritis (disorder)	7607008

## Indicators no longer in QOF (INLIQ)

For a summary of these indicators, see the '2019/20 General Medical Services (GMS) contract Quality and Outcomes Framework (QOF). Guidance for GMS contract 2019/20 in England.'<sup>13</sup> document or the SFE.

### **Payment, management and cohort information**

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

### **Clinical codes**

For details of the clinical codes for INLIQ, see the Business Rules<sup>14</sup> on the NHS Digital website.

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<sup>13</sup> NHS England. 2019/20 QOF guidance. <https://www.england.nhs.uk/gp/gpfv/investment/gp-contract/>

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

# Section 4. Contractual requirements

## Alcohol-related risk reduction scheme

### Clinical codes

**Table 4: 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
Assessment using Alcohol Use Disorders Identification Consumption Questionnaire	335811000000106
Alcohol Use Disorders Identification Test - Consumption score	1084581000000106

There are no codes available which indicate a positive FAST or AUDIT-C test result therefore practices should add a value to a field associated with the code. A value of three or more is regarded as positive for FAST and a value of five or more is regarded as positive for AUDIT-C.

**Table 5: Alcohol codes – full screening codes**

	SNOMED
Alcohol use disorders identification test	273265007
Alcohol use disorders identification test score	443280005
Assessment using alcohol use disorders identification	450760003
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 6: 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 7: 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	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 8: 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.

## 2018/19 dementia data collection (from 1 October 2018 to 30 September 2019)

### Clinical codes

Diagnostic codes for dementia are as per QOF DEM\_COD cluster. 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><sup>15</sup>

**Table 9: 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
Dementia care plan declined	956881000000103

<sup>15</sup> If clicking on the link doesn't direct you to the spreadsheet, copy and paste the full link in to your browser.

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

**Table 10: 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 11: 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 recorded on their general practice's dementia register, as per the current QOF definition, who are female and aged 30-34 years 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 years 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 years 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 years 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 years 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 years 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 years 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 years 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 years 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 years 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 years 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 years 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 years or over 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 years 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 years 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 years 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 years 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 years 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 years 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 years 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 years 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 years 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 years 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 years 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 years 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 years 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 years or over 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.

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 recorded on their general practice's dementia register, as per the current QOF definition 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.
- DEMMI162: The number of patients recorded on their general practice's dementia register, as per the current QOF definition 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 recorded on their general practice's dementia register, as per the current QOF definition 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 recorded on their general practice's dementia register, as per the current QOF definition and who have prescription for antipsychotic medication in the six weeks up to the end of the reporting period.
- DEMMI160: The number of patients recorded on their general practice's dementia register, as per the current QOF definition 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 recorded on their general practice's dementia register, as per the current QOF definition 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)**

- DEMCC001: The number of registered patients with no dementia diagnosis before 1

October 2018.

- DEMCC0014: The number of registered patients with a dementia diagnosis at the end of the reporting period.
- DEMCC003: The number of registered patients on the GP practice list at the end of the reporting period.

## **2019/20 dementia data collection (from 1 October 2019 to 30 September 2020)**

This section will be added in a later version of this document.

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

## Clinical codes

**Table 12: Named GP codes**

	SNOMED
Informing patient of named accountable general practitioner	908481000000105
Patient allocated named accountable general practitioner	965831000000103
Over 75 health check <sup>16</sup>	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 each year, or within 21 days if aged 75 or over or newly registered.

**Table 13: Frailty assessment and diagnosis codes**

	SNOMED
Electronic frailty index score	1084961000000105
Frailty assessment	1086611000000106
Assessment using frailty assessment tool	1092591000000101
Assessment using Groningen Frailty Indicator	713633006
Frailty Index score	713636003
Assessment using CSHA (Canadian Study of Health and Aging) Clinical Frailty Scale	763228001
CSHA (Canadian Study of Health and Aging) Clinical Frailty Scale score	763264000
Assessment using Edmonton frail scale	836841000000102
Frailty assessment declined	1086621000000100
Mild frailty	925791000000100

<sup>16</sup> In the event that a patient over the age of 75 receives a health check, this is the recommended code.

Moderate frailty	925831000000107
Severe frailty	925861000000102

**Table 14: 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
Dispensing review of use of medicines declined	286291000000107

**Table 15: 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

	SNOMED
Refer for falls assessment	391034007
Falls	161898004
Fall from wheelchair	17886000
Fall	1912002
Fall from bed	20902002
Fall in train	213912005
Fall on train	213917004
Fall from train	213925002
Fall on stairs in water transport	215634008
Fall whilst on board aircraft	216131006
Fall on or from stairs or steps	217083007
Fall on or from escalator	217084001
Fall from escalator	217086004
Fall on or from stairs	217088003
Fall from stairs	217090002
Fall on or from steps	217092005
Fall on steps	217093000
Fall from steps	217094006
Accident caused by fall into swimming pool	217121009
Accidental fall into storm drain	217126004
Fall into dock	217130001
Fall from stationary vehicle	217150002
Fall on same level from slipping	217155007
Fall on same level from tripping	217156008

	SNOMED
Fall on same level from stumbling	217157004
Fall on travelling pavement	217158009
Fall from bump against object	217173005
Fell onto outstretched hand	225054009
Fall from stationary railway vehicle	242079006
Fall down stairs of motor bus whilst boarding or alighting	242109009
Fall from car in street whilst boarding or alighting	242111000
Fall from car whilst boarding or alighting due to tripping on seat belt	242112007
Fall on wet deck on board vessel	242185001
Fall due to slipping on ice or snow	242387001
Fall due to wet surface	242389003
Fall due to polished surface	242390007
Fall due to discarded object	242391006
Fall in bath or shower	242392004
Fall due to defective pavement	242393009
Fall due to accidental trip by another person	242394003
Fall due to trip on loose carpet	242395002
Fall due to uneven surface indoors	242396001
Fall due to loss of equilibrium	242398000
Fall due to failure of support	242399008
Fall due to failure of rail	242400001
Fall due to leaning on insecure furniture	242401002
Fall on same level due to accidental impact with another person	242402009
Fall due to impact against pedestrian conveyance	242404005

	SNOMED
Fall due to impact against pram	242405006
Fall due to impact against supermarket trolley	242406007
Fall due to impact against wheelbarrow	242407003
Fall from stool	242414001
Fall from ambulance stretcher	242417008
Fall from toilet seat	242419006
Fall on same level from impact against object	269699007
Fall on same level due to nature of surface	274918000
Fall on same level due to impact against another person	274919008
Recurrent falls	279992002
Fall on same level	33036003
Fall in home	40104005
Unexplained recurrent falls	404911003
Falls caused by medication	408561005
Fall on stairs	414190009
Fall from chair	83468000

**Table 16: 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.
- 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 2020.

- 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.

# National diabetes audit 2018/19 (from 1 August 2018 to 31 May 2019)

## Clinical codes

The clinical codes used for the collection of data for the national diabetes audit (NDA) are available in the Business Rules.

## 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 17: 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 18: 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.

## **National diabetes audit 2019/20 (from 1 August 2019 to 31 May 2020)**

This section will be added in a later version of this document.

# Section 5. Vaccination programmes (commencing April 2019)

For a summary of the changes to the vaccination programmes for 2019/20, please see the annex in the GMS guidance and audit requirements document on the NHS England website<sup>17</sup>.

## Hepatitis B (newborn babies) vaccination programme

### Clinical codes

**Table 19: Hepatitis B codes**

	SNOMED
First hepatitis B junior vaccination	865061000000108
Second hepatitis B junior vaccination	865081000000104
Third hepatitis B junior vaccination	865101000000105
Fourth hepatitis B junior vaccination	865121000000101
Diphtheria, tetanus and acellular pertussis, inactivated polio, Haemophilus influenzae type b and hepatitis B vaccination	1082431000000104
First diphtheria, tetanus and acellular pertussis, inactivated polio, Haemophilus influenzae type b and hepatitis B vaccination	1082441000000108
Second diphtheria, tetanus and acellular pertussis, inactivated polio, Haemophilus influenzae type b and hepatitis B vaccination	1082451000000106
Third diphtheria, tetanus and acellular pertussis, inactivated polio, Haemophilus influenzae type b and hepatitis B vaccination	1082461000000109

**Table 20: Hepatitis B results of blood test codes**

	SNOMED
Hepatitis B surface antigen level	1014211000000100

<sup>17</sup> NHS England. V&I. Summary of changes document. <https://www.england.nhs.uk/gp/gpfv/investment/gp-contract/>

Hepatitis B surface antigen negative	406010001
Hepatitis B surface antigen positive	165806002
Hepatitis B surface antigen enzyme-linked immunosorbent assay positive	406117000
Hepatitis B surface antigen enzyme-linked immunosorbent assay negative	406118005

## 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.

## Human papilloma virus (HPV) completing dose (booster) vaccination programme

### Clinical codes

**Table 21: 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 pre-filled 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
Human papillomavirus (type 6, 11, 16, 18) vaccine (adsorbed) suspension for injection 0.5 ml pre-filled syringes 1 pre-filled disposable injection	10879911000001108

### Payment and management information

#### Payment count

- HPV002: Monthly count of the number of patients who achieved 14 years of age and who have not achieved the age of 25 years in the contract year, 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 for school aged patients).

#### 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 (programme for patients aged 16 years and over and the new catch-up programme for 10 and 11 year olds)

### Clinical codes

Although the requirements are defined in two separate programmes in the SFE, the MMR catch up programme (16 years and over) and the new catch-up programme for 10 and 11 year olds are set up as one service on CQRS.

**Table 22: MMR – first and 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
Measles/mumps/rubella vaccine powder and solvent for injection solution vial	347649008
M-M-RVAXPRO vaccine powder and solvent for suspension for injection 0.5ml pre-filled syringes (Merck Sharp & Dohme Ltd)	13968211000001108
Measles, Mumps and Rubella vaccine (live) powder and solvent for suspension for injection 0.5ml pre-filled syringes	14015211000001108
MMR II vaccine injection 0.5mL	2144301000001109
Measles mumps and rubella vaccination - first dose	308081000000105
Priorix vaccine injection powder+diluent 0.5mL	3403401000001100
Priorix vaccine powder and solvent for solution for injection 0.5ml pre-filled syringes (GlaxoSmithKline UK Ltd)	34925111000001104
Measles, Mumps and Rubella vaccine (live) powder and solvent for solution for injection 0.5ml pre-filled syringes	34938511000001103
Administration of measles, mumps, rubella, and varicella vaccine	432636005
Priorix vaccine powder and solvent for solution for injection 0.5ml vials (GlaxoSmithKline UK Ltd)	4621611000001106
M-M-R II vaccine powder and solvent for solution for injection 0.5ml vials (Merck Sharp & Dohme Ltd)	4830211000001107
Administration of measles + mumps + rubella live vaccine	571591000119106
Administration of measles + mumps + rubella + varicella live vaccine	572511000119105

Measles, mumps and rubella vaccination given	150971000119104
MMR vaccine injection 0.5mL	3063401000001105
Priorix vaccine injection (pdr for recon)+diluent	3403301000001108
Measles, Mumps and Rubella vaccine (live) powder and solvent for solution for injection 0.5ml vials	347649008
Measles, Mumps and Rubella vaccine (live) powder and solvent for solution for injection 0.5ml pre-filled syringes	34938511000001103
Administration of second measles, mumps, rubella, and varicella vaccine	433733003
Measles mumps rubella catch-up vaccination	505001000000109
Measles + Mumps + Rubella vaccine	61153008
MMR II vaccine injection (pdr for recon)+diluent	652601000001108
M-M-RVAXPRO powder and solvent for suspension for injection 0.5mL	9927501000001103
Measles mumps and rubella booster vaccination	170431005
Mumps-measles-rubella pre-school booster vaccination	170432003
Measles mumps and rubella vaccination - second dose	170433008

**Table 23: 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

### MMR – Inactive codes

‘Inactive codes’ are no longer available for use. They are no longer included in this document, for information in case it is necessary to look for evidence of past vaccinations they can be found in the 2018/19 version of this document<sup>18</sup>.

### 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.
- MMR002: Monthly count of patients aged 10 or 11 years on or after 1 September 2018 who have not previously been fully vaccinated against MMR, who have been

<sup>18</sup> NHS Employers. Technical requirements document. 2018/19. <https://www.nhsemployers.org/your-workforce/primary-care-contacts/general-medical-services/vaccination-and-immunisation>

invited (via parent or guardian) for vaccination by the GP practice and who have attended the practice and been fully vaccinated.

- MMR003: Monthly count of patients aged 10 or 11 years on or after 1 September 2018 who have not previously been fully vaccinated against MMR, who have been invited (via parent or guardian) for vaccination by the GP practice and who have not responded.
- MMR004: Monthly count of patients aged 10 or 11 years on or after 1 September 2018 who have not previously been fully vaccinated against MMR, who have been invited (via parent or guardian) for vaccination by the GP practice and who have chosen not to receive the vaccination.

### **Management information counts**

There are no management information counts for this service.

### **Cohort count**

- MMRCC001: Monthly count of patients aged 10 or 11 years on 1 September 2018 who have not previously been fully vaccinated against MMR.

# Meningococcal B (MenB) infant vaccination programme

## Clinical codes

**Table 24: 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
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
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

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 25: 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 26: Meningococcal – vaccine codes**

	SNOMED
Menveo vaccine powder and solvent for solution for injection 0.5 ml vials (GlaxoSmithKline UK Ltd) 1 vial	1718881000001102
Nimenrix vaccine powder and solvent for solution for injection 0.5 ml pre-filled syringes (Pfizer Ltd)	2051781000001104
Nimenrix vaccine powder and solvent for solution for injection 0.5 ml pre-filled syringes (Pfizer Ltd) 1 pre-filled disposable injection	2051791000001109
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	1719221000001101
Meningococcal polysaccharide A, C, W135 and Y vaccine powder and solvent for solution for injection 0.5 ml pre-filled syringes	2055621000001108

	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
Meningococcal polysaccharide vaccine powder and solvent for injection solution vial (product)	347659009

## Payment and management information

### Payment count

- MACWY03: Monthly count of the number of patients who attained 14 years of age on or after 1 September 2010 and have not yet attained 19 years on 31 August 2019, 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 2019 and before attaining 25 years of age, administered by the GP practice within the reporting period.

### Management information counts

- MACWYMI03: Monthly count of the number of patients aged at least 19 years on 31 August 2019 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 2019 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 27: 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) (PCV/HibMenC) vaccination programme

## Clinical codes

**Table 28: 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)
First pneumococcal conjugated vaccination	247631000000101
Second pneumococcal conjugated vaccination	247641000000105
Third pneumococcal conjugated vaccination	247651000000108
Supplemental pneumococcal conjugated vaccination	820741000000108
First vaccination with Haemophilus influenzae type B and Neisseria meningitidis serotype C combination vaccine	712834006
First Haemophilus influenzae type B and Neisseria meningitidis serotype C combination vaccination	764121000000104
Haemophilus type b / Meningococcal C conjugate vaccine powder and solvent for solution for injection 0.5ml vials 1 vial	9903611000001100

## 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 (PPV) programme

### Clinical codes

**Table 29: Pneumococcal polysaccharide vaccination codes**

	SNOMED
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 30: Pneumococcal polysaccharide procedure codes**

	SNOMED
Pneumococcal vaccination (procedure)	12866006
Pneumococcal vaccination given (finding)	310578008
Pneumococcal vaccination contraindicated	390795005
Pneumococcal vaccination not indicated	415119001
Pneumococcal vaccination declined	401086001
No consent pneumococcal immunisation	171292006

	SNOMED
Pneumococcal vaccination given by other healthcare provider	382551000000109

## Clinical codes used for payment

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

<https://www.england.nhs.uk/gp/gp/v/investment/gp-contract/>

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 2020, 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 2020 and identified as at risk, with at least one clinical 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 2020 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 2020 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 2020, identified as at risk for whom the pneumococcal vaccination (PPV) was contra-indicated up to the end of the reporting period.
- PNEUMI003: The number of patients aged 65 years or over on 31 March 2020 who declined a pneumococcal vaccination (PPV) within the reporting period.
- PNEUMI004: The number of patients aged 2 years to 64 years on 31 March 2020, 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 2020 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 2020 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 2020 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 2020 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 2020 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 2020 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 31 March 2020.
- PNEUCC002: The number of registered patients aged between 2 years and 64 years inclusive at 31 March 2020 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 31 March 2020 with the “requires pneumococcal vaccination” code in their patient record (excluding patients identified in count PNEUCC002).
- PNEUCC004: The number of registered patients aged between 2 years and 64 years inclusive at 31 March 2020 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 31: 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 reporting 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 reporting 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 reporting 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 reporting 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 reporting 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 the age of 30 weeks (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 32: Shingles clinical codes<sup>19</sup>**

	SNOMED
Herpes zoster vaccination	859641000000109
Administration of herpes zoster vaccine	722215002
Administration of varicella zoster vaccine	737081007
Herpes zoster vaccination contra-indicated	868531000000103
Herpes zoster vaccination declined	868551000000105
No consent for herpes zoster vaccination	868601000000108
Varicella zoster vaccination refused by patient	723062007
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 2020 (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 2020 (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 2020 (inclusive), who have declined a shingles vaccination within the reporting period.
- SHROUMI03: Monthly count of the number of registered patients who are aged 70

<sup>19</sup> These clinical codes apply to both the routine and catch-up vaccination programmes.

years on 1 September 2013 or who attain 70 years of age at any point between 1 September 2013 and 31 March 2020 (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 September 2013 and 31 March 2020 (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 2020 (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 2020 (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 2020.

# 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 2019)**

## **Childhood seasonal influenza vaccination programme**

This section will be added in a later version of this document.

## **Seasonal influenza vaccination programme (including healthcare workers)**

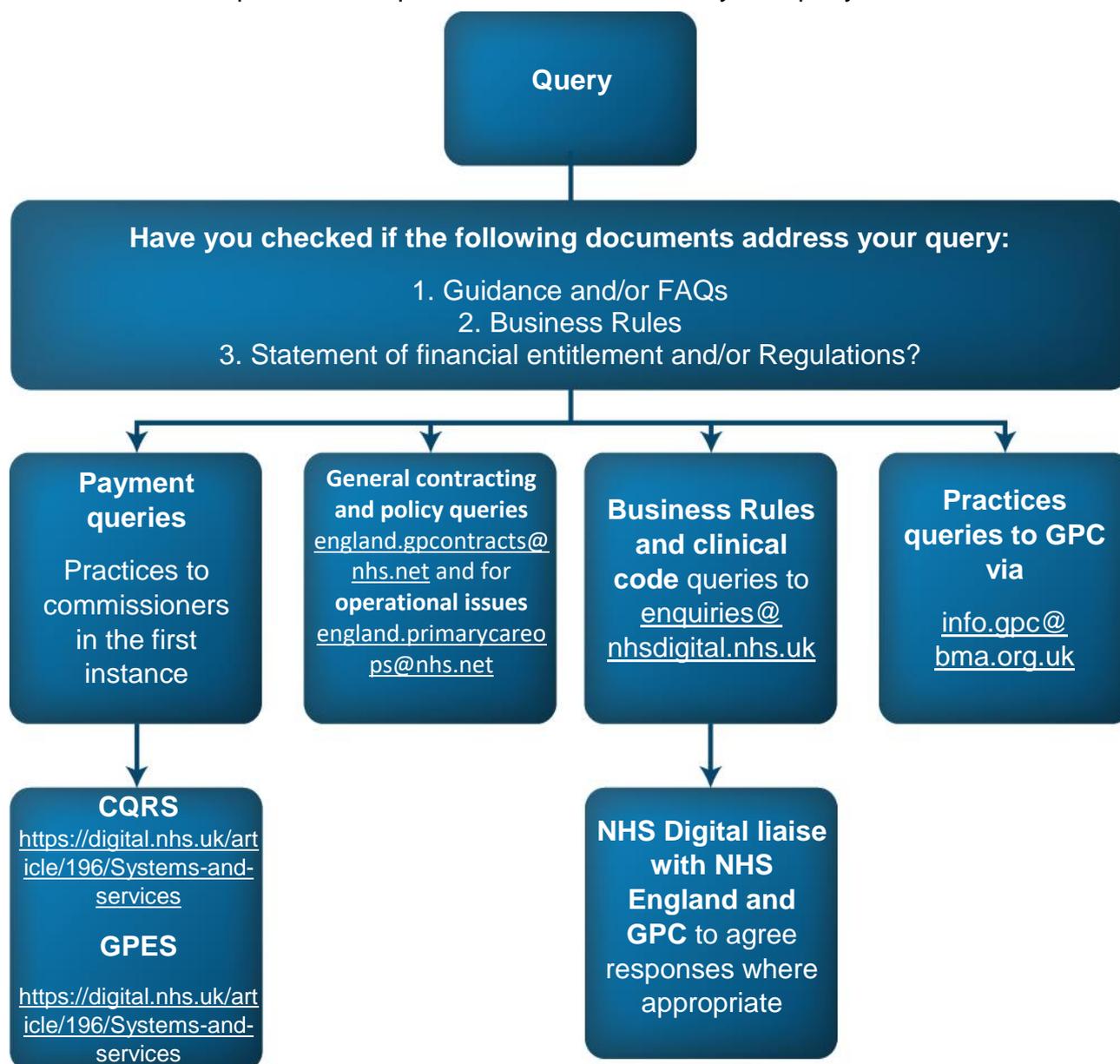
This section will be added in a later version of this document.

# Section 7. Queries

Queries fall into three main categories:

1. those which can be resolved by referring to guidance or service specifications<sup>20</sup>
2. those which can be resolved by referring to the SFE or DES Directions<sup>21</sup>
3. those requiring interpretation of the guidance or Business Rules<sup>22</sup>
4. 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.



<sup>20</sup> NHS England. 2019/20 guidance. <https://www.england.nhs.uk/gp/gpfv/investment/gp-contract/>

<sup>21</sup> DHSC. SFE and DES Directions. <https://www.gov.uk/government/publications/gp-contract-directions-2019-to-2020>

<sup>22</sup> NHS Digital. <http://content.digital.nhs.uk/qofesextractspecs>

