

# SIS10130 User Guide

QOF v22 Business Rule Changes

Seasonal Influenza Audit 2012/13

MMR Catch-Up Reporting



### Table of Editions and Contents

Date	Version	Contents	Output
23.07.2012	2	V22, MMR Catch-up reporting	
06.08.2012	3	Children with only one dose of MMR now includes those with a stage 0	HTML and PDF
07.08.2012	4	'qualifying' added to Data Extract section	HTML and PDF
08.08/2012	5	Dep7 17pts 50-90%, changed to 8pts 45-80% DM31 now 40-65% Influenza Audit 2012/13	HTML and PDF
21/08/2012	6	Delete old INPS Version1 Audits, separate what's new added	HTML and PDF

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# SIS 10130

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## What's New in SIS 10130

- **Delivery of the following Clinical Audits:**
  - **New QOF V22 Clinical Audits** – There are various changes to the business rules. The new audits will replace your existing QOF Audits, you will therefore need reactivate your reminders. See "[Changes in QOF v22 Business Rules](#)" on page 4.
  - **HPA Seasonal Influenza Clinical Audit 2012/2013** – The dates now include 1 September 2012 to 31 March 2013 and there are no other content changes. See "[HPA Seasonal Influenza Audit 2012/13](#)" on page 19.
- **HPA MMR Catch-up Reporting (England)** – MMR Catch Up Reporting is now included in the electronic reports sent to ImmForm . See "[HPA Reporting– MMR Catch up – England](#)" on page 20.
- **Automatic removal of In Practice Systems Audits Version 1** – On receipt of SIS 10130, if you still have the old In Practice System Audits Version 1, they will be automatically removed from your system. Any audits in the temporary file will also be removed. You can upload version 2 of the In Practice Systems Audits from the [INPS website](#).

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## Changes in QOF v22 Business Rules

The following key changes to QOF are included in the 2012/13 Business Rules:

- The retirement of seven indicators (CHD13, AF4, QP1, QP2, QP3, QP4, QP5) releasing 45 points to fund new and replacement indicators
- The replacement of seven indicators with eight NICE recommended replacement indicators, focusing on six clinical areas namely Diabetes, Mental Health, Asthma, Depression, Atrial Fibrillation and Smoking
- The introduction of nine new NICE recommended clinical indicators, including two new clinical areas (Atrial Fibrillation, Smoking, PAD and Osteoporosis)
- The introduction of three new organisational indicators for improving Quality and Productivity which focus on accident and emergency attendances (this change is included for information only, there will be no clinical audit)
- Amendments to indicator wording for CHD9, CHD10, CHD14, STROKE12, DM26, DM27, DM28 and DEM3
- Inclusion of telephone reviews for Epilepsy 6.

### Reminders

After SIS 10130 has installed the new QOF Audits, all reminders are inactivated and you will need to go through and reactivate them.

## Increased thresholds

For the following indicators, the thresholds have changed from 40-90 to 50-90:

CHD9, CHD12, HF2, Stroke7, Stroke12, BP4, DM2, DM10, DM13, DM21, DM22, DM28, DM29, Epilepsy6, Epilepsy9, Thyroid 2, Cancer3, MH11, MH12, MH13, MH17, MH18, DEP6, DEP7, CKD2, AF6, Smoking5, Smoking6, Smoking7, SH2 and SH3

For the following indicators, where the upper threshold is between 70 to 85, the lower threshold has changed from 40 to 45:

CHD8, CHD14, HF3, Stoke13, Stroke10, DM27, DM30, DM15, DM18, COPD15, COPD8, Epilepsy8, MH19, MH20, MH16, Asthma8, Asthma3, Asthma9, DEM4, DEP8, CKD3, CKD5, CKD6, LD2, CS1

For the following indicators, the upper thresholds have changed as follows:

2012/13 QOF ID	Points	2011/12 Threshold	2012/13 Threshold	2012/13 QOF ID	Points	2011/12 Threshold	2012/13 Threshold
CHD6	17	40-71	40-75	Stroke6	5	40-71	40-75
CHD10	7	40-60	40-65	Stroke8	5	40-60	40-65
CVD-PP1	8	40-70	40-75	DM31	3	40-60	40-65
CVD-PP2	5	40-70	40-75	DM17	6	40-70	40-75
HF4	9	40-60	40-65	COPD10	7	40-70	40-75

For the following indicators, the lower and upper thresholds have changed as follows:

2012/13 QOF ID	Points	2011/12 Threshold	2012/13 Threshold	2012/13 QOF ID	Points	2011/12 Threshold	2012/13 Threshold
BP5	55	40-70	45-80	DEM2	15	25-60	35-70
MH10	6	25-50	30-55				

## Asthma changes in v22

### Indicators

Asthma 03 replaced by Asthma 10: The percentage of patients with asthma between the ages of 14 and 19 years in whom there is a record of smoking status in the preceding 15 months. (6 points, 45-80%)

Asthma 06 replaced by Asthma 09: The percentage of patients with asthma who have had an asthma review in the preceding 15 months that includes an assessment of asthma control using the 3 RCP questions. (20 points, 45-70%)

### Codes

New asthma diagnostic code:

H3120 Chronic asthmatic bronchitis

Asthma exercise:

- 6635. Increasing exercise wheeze
- 663P. Asthma limiting activities
- 663Q. Asthma not limiting activities
- 663e. Asthma restricts exercise
- 663e0 Asthma sometimes restricts exercise
- 663e1 Asthma severely restricts exercise
- 663f. Asthma never restricts exercise
- 663w. Asthma limits walking up hills or stairs
- 663x. Asthma limits walking on the flat

Asthma sleep codes:

- 663N. Asthma disturbing sleep
- 663N0 Asthma causing night waking
- 663N1 Asthma disturbs sleep weekly
- 663N2 Asthma disturbs sleep frequently
- 663O. Asthma not disturbing sleep
- 663O0 Asthma never disturbs sleep
- 663r. Asthma causes night symptoms 1-2 times per month
- 66YP. Asthma night-time symptoms
- 66Ys. Asthma never causes night symptoms

Asthma day symptoms:

- 663q. Asthma daytime symptoms
- 663s. Asthma never causes daytime symptoms



663t. Asthma causes daytime symptoms 1-2 times per month

663u. Asthma causes daytime symptoms 1-2 times per week

663v. Asthma causes daytime symptoms most days

Asthma smoking exception reporting:

137k. Refusal to give smoking status

## Atrial fibrillation changes in v22

### Indicators

Removal of indicator AF4: (AF diagnosed with ECG or specialise referral) and therefore removal of atrial fibrillation diagnosis codes

AF6 and AF7 have replaced AF3:

Indicator AF6: In those patients with atrial fibrillation in whom there is a record of a CHADS<sub>2</sub> score of 1 (latest in the preceding 15 months), the percentage of patients who are currently treated with anti-coagulation drug therapy or anti-platelet therapy. (6 points, 50-90%)

Indicator AF7: In those patients with atrial fibrillation whose latest record of a CHADS<sub>2</sub> score is greater than 1, the percentage of patients who are currently treated with anti-coagulation therapy. (6 points, 40-70%).

New indicator AF5: The percentage of patients with atrial fibrillation in whom stroke risk has been assessed using the CHADS<sub>2</sub> risk stratification scoring system in the preceding 15 months (excluding those whose previous CHADS<sub>2</sub> score is greater than 1). (10 points, 40-90%)

### Codes

New code for stroke assessment using CHADS<sub>2</sub>:

38DE. Cong heart fail. hypertens, age, diab, stroke 2 risk score

## Cancer changes in v22

Cancer3 threshold has changed to 50-90%

## CHD changes in v22

### Indicators:

Indicator CHD13 removed: CHD patients with newly diagnosed angina diagnosed after 1st April 2011 referred for specialist assessment

CHD9 threshold changed to 50-90%

CHD12 threshold changed to 50-90%

CHD8 threshold changed to 45-70%

CHD14 threshold changed to 45-80%

CHD6 threshold changed to 17 points, 40-75%

CHD10 threshold changed to 7 points, 40-65%

## **Codes**

Influenza vaccination:

n47..% (Excluding n47A., n47B., n47r., n47s., n47t.)

65ED. Seasonal influenza vaccination

65E20 Seasonal influenza vaccin given by other healthcare provider

Influenza vaccination contraindication expiring exceptions:

68NE. No consent - influenza imm

90X51. Influenza vaccination declined (Read dictionary Q1, 2012)

8I2F0 Seasonal flu vac contraindicat (Read dictionary Q1, 2012)

8I6D0 Seasonal flu vac not indicated (Read dictionary Q1, 2012)

(Note: 8I2F. and 8I6D. removed)

Angina codes removed.

Cholesterol:

44P1-44P4. removed

## **CKD changes in v22**

CKD2 has changed in points value (from 6 in 2011/2012) to 4 points, 50-90% in 2012/2013

CKD3 threshold has changed to 45-70%

CKD5 threshold has changed to 45-80%

CKD6 threshold has changed to 45-80%

## **COPD changes in v22**

COPD15 threshold has changed to 45-80%

COPD8 threshold has changed to 45-85%

## **CVD PP changes in v22**

CVD-PP1 threshold has changed to 8 points, 40-75%

CVD-PP2 threshold has changed to 5 points, 40-75%

Additional code for TIA:

ZV12D [V]Personal history of transient ischaemic attack  
Code removed from TIA codes:  
F4236 Amaurosis fugax

Changes in diabetic diagnostic codes (see Diabetes changes in v22)

## Cytology changes in v22

CS1 threshold has changed to 45-80%

## Dementia changes in v22

### Indicators

DEM03 has become DEM04: The percentage of patients with a new diagnosis of dementia recorded between the preceding 1 April to 31 March with a record of FBC, calcium, glucose, renal and liver function, thyroid function tests, serum vitamin B12 and folate levels recorded 6 months before or after entering on to the register. (6 points, 45-80%).

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Note that Exception 1 excludes patients with dementia diagnosis before 1 October 2011. Patients diagnosed *within* 18 months are further considered. 18 months means that if the patient is diagnosed in the last 6 months, it is not obligatory to do all the tests. If all the tests are done within 6 months, the patient is counted for this year. If the tests are not done within 6 months, the patient is not counted and they get excepted; but they cannot expect to get excepted this year and not get properly counted next year if the work required is not done.

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DEM2 threshold has changed to 15 points, 35-70%

### Codes

Removed in v22 from liver function tests:

- 44F3. Total alkaline phosphatase (v20)
- 44FA. Plasma alkaline phosphatase liver isoenzyme level
- 44FD. Serum alkaline phosphatase liver isoenzyme level
- 44FH. Alkaline phosphatase liver isoenzyme level (v20)
- 44G4. Gamma – GT level (v20)
- 44CU. Plasma alkaline phosphatase (v20)

New code:

- 8IEG. Blood glucose test declined

## Depression changes in v22

### Indicators:

DEP1 has been amended as Indicator DEP 6: In those patients with a new diagnosis of depression, recorded between the preceding 1 April to 31 March, the percentage of patients who have had an assessment of severity at the time of diagnosis using an assessment tool validated for use in primary care. (6 points, 50-90%)

DEP4 has been amended as Indicator DEP 7: In those patients with a new diagnosis of depression and assessment of severity recorded between the preceding 1 April to 31 March, the percentage of patients who have had a further assessment of severity 2-12 weeks (inclusive) after the initial recording of the assessment of severity. Both assessments should be completed using an assessment tool validated for use in primary care. (17 points, 50-90%)

DEP6 threshold has changed to 50-90%

DEP7 threshold has changed to 45-80%

### Codes

Changes in diabetic diagnostic codes (see Diabetes changes in v22)

## Diabetes changes in v22

### Indicators

DM19 has been replaced by DM32: The practice can produce a register of all patients aged 17 years and over with diabetes mellitus, which specifies the type of diabetes where a diagnosis has been confirmed. (6 points)

DM2 points value and threshold has changed to 1 point, 50-90%

DM10 threshold has changed to 50-90%

DM13 threshold has changed to 50-90%

DM21 threshold has changed to 50-90%

DM22 points value and threshold has changed to 1 point, 50-90%

DM28 threshold has changed to 50-90%

DM29 threshold has changed to 50-90%

DM27 threshold has changed to 45-70%

DM30 threshold has changed to 45-71%

DM15 threshold has changed to 45-80%

DM18 threshold has changed to 45-85%

DM31 threshold has changed to 10 points, 40-65%

DM17 threshold has changed to 6 points, 40-75%

## **Codes**

Changes in diabetes diagnostic codes:

- C10.. Diabetes mellitus
- C109J Insulin treated Type 2 diabetes mellitus
- C109K Hyperosmolar non-ketotic state in type 2 diabetes mellitus
- C10C. Diabetes mellitus autosomal dominant
- C10D. Diabetes mellitus autosomal dominant type 2
- C10E.% Type 1 diabetes mellitus
- C10F.% Type 2 diabetes mellitus (Excluding C10F8)
- C10G.% Secondary pancreatic diabetes mellitus
- C10H.% Diabetes mellitus induced by non-steroid drugs
- C10M.% Lipoatrophic diabetes mellitus
- C10N.% Secondary diabetes mellitus

Cholesterol:

- 44P1-44P4. removed

## **Epilepsy changes in v22**

Epilepsy6 threshold has changed to 50-90%

Epilepsy9 threshold has changed to 50-90%

Epilepsy8 threshold has changed to 45-70%

## **HF changes in v22**

HF2 threshold changed to 50-90%

HF4 threshold changed to 9 points, 40-65%

## **Hypertension changes in v22**

BP4 has changed in points value (from 16 in 2011/2012) to 8 points, 50-90% in 2012/2013.

BP5 has changed in points value (from 57 in 2011/2012) to 55, 45-80% in 2012/2013

## **Learning disabilities changes in v22**

LD2 threshold has changed to 45-70%

## Mental health changes in v22

### Indicators

MH19 has replaced MH 14: The percentage of patients aged 40 years and over with schizophrenia, bipolar affective disorder and other psychoses who have a record of total cholesterol:hdl ratio in the preceding 15 months. (5 points, 45-80%)h

MH20 has replaced MH 15: The percentage of patients aged 40 years and over with schizophrenia, bipolar affective disorder and other psychoses who have a record of blood glucose or HbA1c in the preceding 15 months. (5 points, 45-80%)

MH11 threshold has changed to 50-90%

MH12 threshold has changed to 50-90%

MH13 threshold has changed to 50-90%

MH17 threshold has changed to 50-90%

MH18 threshold has changed to 50-90%

MH16 threshold has changed to 45-80%

MH10 threshold has changed to 6 points, 30-55%

### Codes

Diabetes diagnostic codes change (see Diabetes changes in v22)

## Obesity changes in v22

No changes in v22.

## Osteoporosis – new in v22

New clinical area. The full title is Osteoporosis: Secondary prevention of fragility fractures.

### Indicators

Indicator OST1: The practice can produce a register of patients:

1. Aged 50-74 years with a record of a fragility fracture after 1 April 2012 and a diagnosis of osteoporosis confirmed on DXA scan, and
2. Aged 75 years and over with a record of a fragility fracture after 1 April 2012

(3 points, 30-60%)

Indicator OST2: The percentage of patients aged between 50 and 74 years, with a fragility fracture, in whom osteoporosis is confirmed on DXA scan, who are currently treated with an appropriate bone-sparing agent

(3 points, 30-60%)

Indicator OST3: The percentage of patients aged 75 years and over with a fragility fracture, who are currently treated with an appropriate bone-sparing agent

(3 points, 30-60%)

### Codes

Fragility fractures:

N331N Fragility fracture

N331M Fragility fracture due to unspecified osteoporosis

Osteoporosis:

N330.% Osteoporosis (Excluding N3305, N3307, N3308, N3309, N330A, N330D)

N3312 Postophorectomy osteoporosis with pathological fracture

N3313 Osteoporosis of disuse with pathological fracture

N3316 Idiopathic osteoporosis with pathological fracture

N3318 Osteoporosis + pathological fracture lumbar vertebrae

N3319 Osteoporosis + pathological fracture thoracic vertebrae

N331A Osteoporosis + pathological fracture cervical vertebrae

N331B Postmenopausal osteoporosis with pathological fracture

N331H Collapse of cervical vertebra due to osteoporosis

N331J Collapse of lumbar vertebra due to osteoporosis

N331K Collapse of thoracic vertebra due to osteoporosis

N331L Collapse of vertebra due to osteoporosis NOS

N331M Fragility fracture due to unspecified osteoporosis

NyuB0 [X]Other osteoporosis with pathological fracture

NyuB1 [X]Other osteoporosis

NyuB8 [X]Unspecified osteoporosis with pathological fracture

DXA scan - DXA scan result of osteoporotic without a value (codes required to be present from all groups to qualify a patient for inclusion)

58E4. Forearm DXA scan result osteoporotic

58EA. Heel DXA scan result osteoporotic

58EG. Hip DXA scan result osteoporotic

58EM. Lumbar DXA scan result osteoporotic

58EV. Femoral neck DEXA scan result osteoporotic

DXA codes - a DXA scan result with a T score value <-2.5 (minus 2.5)

58E2. Forearm DXA scan T score

58E8. Heel DXA scan T score

58EE. Hip DXA scan T score

58EG. Hip DXA scan result osteoporotic  
58EK. Lumbar spine DXA scan T score  
58ES. Femoral neck DEXA scan T score

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Note - The presence of either DXA codes – osteoporotic without an associated value' OR DXA codes – with an associated T score value that is < -2.5' is required

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Osteoporosis exception

9hP..% Exception reporting: osteoporosis quality indicators  
9hP0. Excepted osteoporosis quality indicators: patient unsuitable  
9hP1. Excepted osteoporosis quality indicators: informed dissent

Bone sparing agent cat1 contra-indications: persistent

14LT. H/O: bisphosphonate allergy  
ZV14K [V]Personal history of bisphosphonate allergy

Bone sparing agent cat1 contra-indications: expiring

8I3e. Bisphosphonates declined  
8I6R. Bisphosphonates not indicated  
8I7E. Bisphosphonates not tolerated  
8I2V. Bisphosphonates contraindicated

Bone sparing agent cat2 contra-indications: persistent

14La. H/O: raloxifene allergy

Bone sparing agent cat2 contra-indications: expiring

8I6p. Raloxifene not indicated  
8I7P. Raloxifene not tolerated  
8IEH. Raloxifene declined  
8I2I. Raloxifene contraindicated

Bone sparing agent cat3 contra-indications: persistent

14Lb. Teriparatide allergy

Bone sparing agent cat3 contra-indications: expiring

8I6q. Teriparatide not indicated  
8I7Q. Teriparatide not tolerated  
8IED. Teriparatide declined



8I2m. Teriparatide contraindicated

Bone sparing agent cat4 contra-indications: persistent

14LW. H/O: strontium ranelate allergy

ZV14H [V]Personal history of strontium ranelate allergy

Bone sparing agent cat4 contra-indications: expiring

8I3h. Strontium ranelate declined

8I6V. Strontium ranelate not indicated

8I7H. Strontium ranelate not tolerated

8I2Y. Strontium ranelate contraindicated

Bone sparing agents

fo1..% , fo4..% , fo6..% , fv1..% , fu3..% , fu5..%

## Peripheral arterial disease (PAD) – new in v22

New clinical area.

### Indicators

Indicator PAD 1: The practice can produce a register of patients with peripheral arterial disease (2 points)

Indicator PAD 2: The percentage of patients with peripheral arterial disease with a record in the preceding 15 months that aspirin or an alternative anti-platelet is being taken. (2 points, 40-90%)

Indicator PAD 3: The percentage of patients with peripheral arterial disease in whom the last blood pressure reading (measured in the preceding 15 months) is 150/90 or less. (2 points, 40-90%)

Indicator PAD 4: The percentage of patients with peripheral arterial disease in whom the last measured total cholesterol (measured in preceding 15 months) is 5.0mmol/l or less (3 points, 40-90%)

PAD diagnostic codes:

G73.. Other peripheral vascular disease

G73z.% Peripheral vascular disease NOS (excluding G73z1 Spasm of peripheral artery)

Gyu74. [X]Other specified peripheral vascular diseases

PAD exception codes:

9hS.. Exception report: peripheral arterial disease quality indicat

9hS0. Excepted from peripheral arterial dis qual ind: pt unsuitable

9hS1. Except from peripheral arter dis qual indicat: informed dissent

## Palliative care changes in v22

No changes in v22

## Records changes in v22

### Indicator

Records 23 has been amended as Smoking 7: The percentage of patients aged 15 years and over whose notes record smoking status in the preceding 27 months.

## Sexual health changes in v22

SH2 and SH3 thresholds have changed to 50-90%

## Smoking changes in v22

### Indicators

Smoking 3 has been replaced by Smoking 5: The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 15 months. (25 points\*, 50-90%)

Smoking 4 has been replaced by Smoking 6: The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses who smoke whose notes contain a record of an offer of support and treatment within the preceding 15 months. (25 points\*, 50-90%)

**\*Note:** Points reduced from 2011/12 to 2012/13 – Both Smoking 5 and Smoking 6 reduced by 5 points.

Smoking 8: The percentage of patients aged 15 years and over who are recorded as current smokers who have a record of an offer of support and treatment within the preceding 27 months. (12 points, 40-90%)

Smoking 7 (previously Records 23) : The percentage of patients aged 15 years and over whose notes record smoking status in the preceding 27 months. (11 points, 50-90%)

Smoking 5, Smoking 6 and Smoking 7 thresholds have changed to 50-90%

### Codes

Changes in diabetic diagnostic codes (see Diabetes changes in v22)

New asthma diagnostic code along with H33..%:

H3120 Chronic asthmatic bronchitis

Additional smoking exception code:

137k. Refusal to give smoking status

Removed from smoking exception codes:

9Ndg. Declined consent for follow-up by smoking cessation team

Codes for peripheral artery disease:

G73.. Other peripheral vascular disease

G73z.% Peripheral vascular disease NOS (excluding G73z1 Spasm of peripheral artery)

Gyu74. [X]Other specified peripheral vascular diseases

Support and refer Stop Smoking Service/Advisor replaces previous Smoking Cessation Advice:

8CAL. Smoking cessation advice

8HTK. Referral to stop-smoking clinic

8HkQ. Referral to NHS stop smoking service

8H7i. Referral to smoking cessation advisor

8IAj. Smok cessation advice declined

8IEK. Smok cessation program declined

9N2k. Seen by smoking cessation advisor

13p50 Practice based smoking cessation programme start date

9Ndf. Consent given for follow-up by smoking cessation team

9Ndg. Declined consent for follow-up by smoking cessation team

Smoking pharmacotherapy:

745H.% Smoking cessation therapy

8B3f. Nicotine replacement therapy provided free

8B2B. Nicotine replacement therapy

8B3Y. Over the counter nicotine replacement therapy

8IEM. Smoking cessation drug therapy declined

Or a Therapy entry of one of the following: du3..%, du6..%, du7..%, du8..%

## Stroke and TIA changes in v22

### Indicators

Stroke7 threshold changed to 50-90%

Stroke12 threshold changed to 50-90%

Stroke13 threshold changed to 45-80%  
 Stroke10 threshold changed to 45-85%  
 Stroke6 threshold changed to 5 points, 40-75%  
 Stroke8 threshold changed to 5 points, 40-65%

### Codes

Cholesterol:

44P1-44P4. removed

### Thyroid changes in v22

Thyroid2 threshold has changed to 50-90%

### QP

The following indicators have been retired:

2011/2012	2011/2012 Indicator wording	Points	Threshold
QP1	The practice conducts an internal review of their prescribing to assess whether it is clinically appropriate and cost effective, agrees with the PCO 3 areas for improvement and produces a draft plan for each area no later than 30 June 2011	6	-
QP2	The practice participates in an external peer review of prescribing with a group of practices and agrees plans for 3 prescribing areas for improvement firstly with the group and then with the PCO no later than 30 September 2011	7	-
QP3	The percentage of prescriptions complying with the agreed plan for the first improvement area as a percentage of all prescriptions in that improvement area during the period 1 January 2012 to 31 March 2012 (Payment stages to be determined locally according to the method set out in the indicator guidance below with 20 percentage points between upper and lower thresholds)	5	Locally determined
QP4	The percentage of prescriptions complying with the agreed plan for the second improvement area as a percentage of all prescriptions in that improvement area during the period 1 January 2012 to 31 March 2012 (Payment stages to be determined locally according to the method set out in the indicator guidance below with 20 percentage points between upper and lower thresholds)	5	Locally determined
QP5	The percentage of prescriptions complying with the agreed plan for the third improvement area as a percentage of all prescriptions in that improvement area during the period 1 January 2012 to 31 March 2012 (Payment stages to be determined locally according to the method set out in the indicator guidance below with 20 percentage points between upper and lower thresholds)	5	Locally determined

The wording has changed for the following indicators:

QP12	The practice meets internally to review the data on accident and emergency attendances provided by the PCO no later than 31 July 2012. The review will include consideration of whether access to clinicians in the practice is appropriate, in light of the patterns on A&E attendance	7	
QP13	The practice participates in an external peer review with a group of practices to compare its data on A&E attendances, either with practices in the group of practices or practices in the PCO area and agrees an improvement plan firstly with the group and then with the PCO no later than 30 September 2012. The review should include, if appropriate, proposals for improvement to access arrangements in the practice in order to reduce avoidable A&E attendances and may also include proposals for commissioning or service design improvements to the PCO	9	
QP14	The practice implements the improvement plan that aims to reduce avoidable accident and emergency attendances and produces a report of the action taken to the PCO no later than 31 March 2013	15	
EDU CATI ON 11	There is a record of all practice-employed clinical staff and clinical partners having attended training / updating in basic life support skills in the preceding 18 months	4	

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## HPA Seasonal Influenza Audit 2012/13

The HPA Seasonal Influenza Audit has been updated for 2012/13 and is included in SIS 101130. The dates now include 1 September 2012 to 31 March 2013 and there are no other content changes. The reporting element will be included in SIS 10140. Please see Clinical Audit on-screen help for further details.

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## HPA Reporting– MMR Catch up – England

For practices in England, it is now possible for some reports that need to be sent to the Health Protection Agency (HPA) Immform service to be sent electronically. This process is currently used for the Seasonal Flu Vaccine Uptake Report and the PPV Pneumococcal, and is now being extended to include the extraction and submission of the MMR catch-up vaccination annual uptake collection.

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**Note** – The HPA - MMR audit is available in all countries.

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### What do I need to do?

To be able to send the MMR Catch-up reports electronically, you must:

- **Leave Mail Gateway running on reporting day** – HPA reports are only sent as part of a scheduled Mail Gateway run, they are not sent by a manual **Run Now** (this has been fixed in DLM 410). You must therefore ensure that Mail Gateway is left running on reporting day and that there is a scheduled run due. See [www.inps.co.uk - My Vision - User Assistance - Vision - Messaging - GP Communicator](http://www.inps.co.uk - My Vision - User Assistance - Vision - Messaging - GP Communicator) for details on setting up a Mail Gateway schedule.

### MMR Catch-up Report

Vision automatically takes the results of the HPA – MMR audit from Clinical Audit and sends the report to HPA Immform without any user intervention as part of a scheduled Mail Gateway run.

#### *The Report Data Extraction*

The MMR audit group generated for the month ending 31<sup>st</sup> August data is compiled into an intermediate file and then automatically sent to the Immform web service as part of the Mail Gateway process. The submission dates for 2012 are 3<sup>rd</sup> to 10<sup>th</sup> Sept.

You must run Mail Gateway on the reporting day (or soon thereafter) to submit the report.

#### *Data Extracted*

The following figures are extracted and then totalled:

- Number registered on date of extraction
- Number NOT vaccinated with any qualifying doses of MMR on date of extraction
- Number vaccinated with only 1 dose of MMR on date of extraction (Those that have not had MMR but have had the single measles vaccination are included).
- Number vaccinated with 2 doses of MMR on date of extraction

For the following groups of patients:

- Becoming 2 (born 1st Sep 2009 to 31st Aug 2010 inclusive)
- Becoming 3 (born 1st Sep 2008 to 31st Aug 2009 inclusive)
- Becoming 4 (born 1st Sep 2007 to 31st Aug 2008 inclusive)
- Becoming 5 (born 1st Sep 2006 to 31st Aug 2007 inclusive)
- Becoming 6 (born 1st Sep 2005 to 31st Aug 2006 inclusive)
- Becoming 7 (born 1st Sep 2004 to 31st Aug 2005 inclusive)
- Becoming 8 (born 1st Sep 2003 to 31st Aug 2004 inclusive)
- Becoming 9 (born 1st Sep 2002 to 31st Aug 2003 inclusive)
- Becoming 10 (born 1st Sep 2001 to 31st Aug 2002 inclusive)
- Becoming 11 (born 1st Sep 2000 to 31st Aug 2001 inclusive)
- Becoming 12 (born 1st Sep 1999 to 31st Aug 2000 inclusive)
- Becoming 13 (born 1st Sep 1998 to 31st Aug 1999 inclusive)
- Becoming 14 (born 1st Sep 1997 to 31st Aug 1998 inclusive)
- Becoming 15 (born 1st Sep 1996 to 31st Aug 1997 inclusive)
- Becoming 16 (born 1st Sep 1995 to 31st Aug 1996 inclusive)
- Becoming 17 (born 1st Sep 1994 to 31st Aug 1995 inclusive)
- Becoming 18 (born 1st Sep 1993 to 31st Aug 1994 inclusive)

### **Multi Practices**

A multi-practice means a single Vision data set being shared by more than one GP partnership. The creation of a report for each practice that uses the system is **not** supported. Only one report per Vision system will be created.

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**Note** – If for any reason you do not want your MMR data exported to the ImmForm website, you need to delete the HPA - MMR audits.  
Please refer to the On-screen Help within Clinical Audit for details

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