

Coding for Flu and CQRS 2018-19

Public Health Contracts Support
Leicestershire, Lincolnshire, Northamptonshire
Screening and Immunisation Team

England.limms@nhs.net

September 2018



Contents

- 1 Flu Bulletin and PGDs
- 2 Snomed / Dual Coding
- 3 Recording Fluad
- 4 Who needs 9OX4.
- 5 Health and Social Care workers Flu



Flu bulletin 2018-19

**Flu Season Special Bulletin
was emailed to all practices 21.8.2018**

**Also Includes PGDs for all flu vaccines which are
also on our web pages**

<https://www.england.nhs.uk/mids-east/info-professionals/ll-immunisation/pgds/>

Dual Coding/ Snomed

- Transition to Snomed so there is dual coding: use same codes as last year Read V2 / CTV3 (until Snomed terms become available)
- **Follow guidance you may receive from your clinical system supplier on coding**
- In the meantime, same as last year:
 - EMIS **65ED.** +vaccine details
 - S1 **XaZ0d seasonal influenza** +vaccine details

Fluad – 65 and older on 31/3/2019

S1 practices

- S1 : **XaZ0d seasonal influenza +vaccine details**
- Fluad should now be in the available list of vaccines to record in patient records

EMIS

- use **65ED**. then you have add the manufacturer, batch number and **add descriptive text “FLUAD”**

Coding patients <65 for payment

Under 65, the count looks for both the flu vaccination **AND** that the patient is eligible due to clinical risk factor.

Most are found automatically BUT...

- **Pregnant women** – last year only 621.. “Patient currently pregnant” was picked up by the search. Please use this code for continuity. Where you can see Snomed coding this should map to “77386006 – pregnant”

90X4.

- *** **There are a number of clinical factors that the search will not find as eligible from clinical coding alone** these patients require additional eligibility code “ 90X4. Needs Influenza Immunisation” adding to their records to be found by the GPES search.

90X4./requires influenza vaccination

- If you can see Snomed coding this should map to “185903001 requires influenza vaccination”
- 90X4. has to be added after 1.9.2018 and prior to the data extraction for the month the patient was vaccinated in order to trigger the count
- Any 90X4. codes that were added last year will only be a guide to finding patients that may need the code applying again for this year
- NB - this year health and social care workers are not part of the “main” flu service on CQRS so should NOT be 90X4. – see separate slides

Who Needs 90X4.

- **Children with lower respiratory tract infection admissions**
- **Carers**
- **Based on individual assessment, to vulnerable individuals with chronic neurological conditions** such as those with
 - cerebral palsy
 - multiple sclerosis and related or similar conditions;
 - or hereditary and degenerative disease of the nervous system or muscles; or severe neurological disability.
 - learning disability patients
- **Locum GPs** - should be vaccinated by their own GP (all other GP's and primary care staff are the responsibility of their employer as part of occupational health arrangements).
- **Immunosuppressed due to Steroids** (see over)

Immunosuppression due to Steroids

- Individuals treated with or likely to be treated with systemic steroids for more than a month at a dose equivalent to prednisolone at 20 mg or more per day (any age), or for children under 20 kg, a dose of 1 mg or more per kg per day.

It is difficult to define at what level of immunosuppression a patient could be considered to be at a greater risk of the serious consequences of influenza and should be offered seasonal influenza vaccination.

This decision is best made on an individual basis and left to the patient's clinician. Some immune-compromised patients may have a suboptimal immunological response to the vaccine.

Seasonal Flu – Health & Social Care Workers Enhanced Service

The full document can be found at

<https://www.england.nhs.uk/publication/gp-contract-2017-18-enhanced-service-specifications>

In outline:

Provide seasonal influenza vaccination to all eligible patients registered at the GP practice; unless contra-indicated.

- a) Eligible patients for this ES are those who are registered at the practice, who are health and social care staff, employed by a registered residential care/nursing home or registered domiciliary care provider and, health and care staff employed by a voluntary managed hospice provider who are directly involved in the care of vulnerable patients/clients who are at increased risk from exposure to influenza

Vulnerable means those patients/clients in a clinical risk group or aged 65 years and over.

H&SCW flu (2)

- b) Patients should be vaccinated on an opportunistic basis, when the patient presents and requests vaccination. Prior to vaccination the patient should provide suitable identification that demonstrates they work in a designated direct care environment, caring for at-risk patients as described in the seasonal flu DES specification or Green Book
- c) As part of the consultation and prior to vaccination the clinician is required to check the patients eligibility for flu vaccination against the clinical criteria under the terms of the seasonal influenza DES. If the patient qualifies under one of the clinical indications the vaccination should be recorded accordingly, if they do not qualify they should then be vaccinated under the terms of this enhanced service.

H&SCW flu (3)

- d. Immunisation is contra-indicated where the patient has previously had a confirmed anaphylactic reaction to a previous dose of the vaccine, or to any component of the vaccine.
- e. Vaccination must be delivered during the period of this ES, namely between 1 September 2018 and 31 March 2019. The target timeframe for the influenza programme is three months from 1 September 2018 to 30 November 2018 in order to achieve maximum impact. Those eligible should be vaccinated as soon as vaccine is available. Widespread immunisation may continue until December but where possible should be completed before influenza starts to circulate in the community. However influenza can circulate considerably later than this and clinicians should apply clinical judgement to assess the needs of individual patients for immunisation beyond this point. This should take into account the level of flu-like illness in the community and the fact that immune response following immunisation takes about two weeks to fully develop.

H&SCW Coding / Payment

- As this programme did not exist as stand alone claim last year, V2 / CTV3 Read codes do not exist for this service.
- GP systems do not yet work in SNOMED, proxy Read/CTV codes will be created to record this information. However, these codes will not be in place until the end of October.
- **In the interim, you should keep a record of the patients that you have vaccinated under this programme in order for you to be able to:**
 - enter a manual claim on CQRS in respect of work carried out in vaccinating Health & Social Care Workers against Seasonal Flu
 - **AND** apply these proxy codes to the patient records retrospectively when they become available
 - Sample XLS provided – NB internal use only, you do not need to submit this and can choose to use a different method to log these patients

H&SCW Coding / Payment (2)

- Code vaccination activity as any other patient receiving flu jab
 - EMIS : **65ED. and vaccine details**
 - S1 : **XaZ0d Seasonal influenza and vaccine details**
- **NB the GPES Flu Extraction will correctly omit these patients from the “main” seasonal flu count (unless the patient has their own clinical risk eligible under the service)**
- The H&SCW patients are claimed through a separate Monthly manual claim line - practices to enter count each month
- Ensure that when reviewing the extracted “main” flu data to keep the H&SCW patients separate / do not double count. **Nb: These patients are not on 90X4.**
- Keep internal log of who you vaccinate and add proxy codes when they become available

NB: You are not able to claim for vaccinating front line staff in general practice