Issue 95: 27th June 2022

#### **Contents:**

- ICARS Newsletter 27.06.22
- Shingles Active call at age 70
- NHS Cervical Screening Programme- National Ceasing Audit
- CQRS Notification Final Update re INT Flu Data Issue & National ICB Update
- Further Information

## **ICARS Newsletter 27.06.22**

Please find this week's ICARS newsletter attached to this email.

# Shingles - Active call at age 70

A reminder that the shingles routine and catch-up programme requires a call for vaccination for patients becoming eligible at 70 years of age, and vaccination opportunistically, or if requested, until the age of 80 years. This applies for both Zostavax® and Shingrix® vaccines.

GPs should offer the non-live shingles vaccine Shingrix® to all those who are eligible for shingles vaccination but are clinically contraindicated to receive the live vaccine Zostavax® due to their immunocompromised status.

In relation to the introduction of Shingrix®, we suggest GPs can search their systems for any eligible patients aged 70 to 79 years who have not received Zostavax® and have a code for contra-indicated for shingles vaccine (Herpes zoster vaccination contraindicated (situation) or another code for immunosuppression (as used to identify those eligible for flu or COVID-19 vaccination).

These patients can then be contacted or, for those outside of the call and recall cohort, flagged for opportunistic vaccination with Shingrix® when they present at the surgery for another purpose, or request vaccination, at a later date.

At the time of presentation for vaccination the patient's immunosuppressed status should be checked against the new green book chapter in case there has been a change and they are now indicated for Zostavax®

Further details including details of these codes can be found at <u>Annexe A: shingles vaccine</u> information and guidance for healthcare professionals - GOV.UK (www.gov.uk)

# NHS Cervical Screening Programme- National Ceasing Audit

Please see below an update from the national S7a Screening and Immunisation Team.

For the next phase of the national ceasing audit of the NHS Cervical Screening Programme, the Cervical Screening Administration Service (CSAS) will reinstate all individuals who are recorded on the National Cervical Screening Call and Recall IT system as ceased from the NHS Cervical Screening Programme since 1<sup>st</sup> April 2010 for the ceasing reason 'other' and there is no record that a ceasing notification letter was sent to them. Other' was removed from the ceasing audit guidance in 2004 and is no longer accepted as a valid ceasing reason by the NHS Cervical Screening Programme. As there is insufficient evidence or documentation for CSAS to recategorise these individuals with a valid ceasing reason or ask GPs to verify their ceasing reason, reinstating them back into the NHS Cervical Screening Programme is the safest option.

This process will commence on 30<sup>th</sup> June 2022 and it will take CSAS 2 weeks to action this. Please can you ensure that you check your prior notification lists (PNLs) particularly carefully in the subsequent 4 weeks following the reinstatement process, as they will include the patients that were previously ceased from the NHS Cervical Screening Programme for the ceasing reason 'other'.

When reviewing the PNL, if you have evidence or documentation that an individual is not eligible for screening then please cease them as normal using the relevant PNL category. This means that they will then be sent a letter confirming that they have been ceased from the NHS Cervical Screening Programme. Any individuals who remain un-ceased will receive an invitation letter for cervical screening approximately 6 weeks after they first appear on the PNL. As a result, you may then receive queries or requests for screening from individuals who thought they had been ceased from the Programme. If these patients should not remain in the screening programme, please cease them by sending the appropriate form (<a href="www.csas.nhs.uk.docx(live.com">www.csas.nhs.uk.docx(live.com</a>) to CSAS via the online portal (<a href="Screening - Cease/Opt Out · CSAS">Screening - Cease/Opt Out · CSAS</a>). A valid ceasing reason must be provided on this form.

Nearly 50% of the individuals that will be reinstated into the NHS Cervical Screening Programme will be over the eligible age for screening. However, any individuals aged over 65 that did not have their last test between the ages of 60 to 65 are still eligible for their final test. The cervical screening laboratory providers have been asked not to reject these samples.

There are 1,325 registered patients that will be reinstated into the NHS Cervical Screening Programme across 1,074 GP practices. These practices will be contacted directly by CSAS and provided with a list of their affected patients.

In July 2022 CSAS will issue a bespoke letter to all individuals recorded on the National Cervical Screening Call and Recall IT system as ceased from the NHS Cervical Screening Programme since 1<sup>st</sup> April 2010 for the ceasing reason 'informed consent' **and** there is no record that a ceasing notification letter was sent to them. This letter will advise these individuals to contact their GP or local sexual health centre to request a cervical screening appointment if they now wish to be invited for screening. No action is required for individuals that wish to continue to be ceased from the Programme. As result, you may receive queries or requests for screening from individuals that were previously ceased from the programme for informed consent. Please ensure that a screening appointment is offered if requested.

# CQRS Notification Final Update re INT Flu Data Issue & National ICB Update

This is a notification regarding Public Health Section 7a services that NHS England and NHS Improvement (NHSEI) -South West commission from you via Calculating Quality Reporting Service (CQRS).

Please share with all staff working on CQRS

# \*\*\*Final Update\*\*\*

# **INT Flu Data Issue**

This is a final update regarding our previous communication issued on 8<sup>th</sup> June 2022, whereby we notified practices of an issue with the INT Flu Service extracts which resulted in some incorrect submissions for this service.

In response, NHS Digital has been working to re-extract data to correct claims that have not yet been approved. **This extract has now completed**.

### **Impact**

 Practices impacted by this issue may have previously received an incorrect calculation for the INT Flu Service

#### **Action required**

Approvals for the INT Flu Service may resume

### **Next Update**

No further update required

# \*\*\*For Information\*\*\*

# **CQRS National ICB Update**

In preparation for the launch of Integrated Care Boards (ICBs), The CQRS team have shared some key information and updates to the Calculating Quality Reporting Service National (CQRS).

The CQRS team have been working closely with NHS England and NHS Improvement (NHSEI) and other system suppliers to explore how to apply changes to CQRS National to

ensure it continues to run smoothly and support the wider health system through the transition phase starting from July 1st 2022.

Each Integrated Care System (ICS) will have an Integrated Care Board which is a statutory organisation bringing the NHS together locally to improve population health and establish shared strategic priorities within the NHS. When ICBs are legally established, Clinical Commissioning Groups (CCGs) will be abolished and referred to within CQRS National as Sub ICB Locations.

#### Impact of system changes on payments

Following the approval of payments in CQRS National by the finance commissioner, CQRS National transfers the outcome of the payment calculation to PCSE Online. To support a smooth transition from CCGs to ICBs, CQRS National will suspend this transfer from 1400 on 28 June until approximately 1000 on 1 July. This suspension is not expected to cause any issues with regards to meeting deadlines for paying at the end of the month. However, it may impact some areas that have payment dates between 11<sup>th</sup> and 14<sup>th</sup> of the month, where payments approved after 1400 28 June may not be made until the adhoc payment date later in July.

To support a smooth transition, we would encourage practices to declare activity before 1400 on 28 June. Services to focus on for approvals include the Primary Care Network monthly payments and the vaccination and immunisation services for activity completed in May.

#### What is happening to organisation codes to support the transition to ICBs?

The NHS Digital ODS team are completing the change to organisation data in two phases. Phase 1 in July means that the current CCGs will be retained within the ODS system and referred to as the "Sub ICB Location". The NHS Digital team will then be engaging with ICBs to plan the second phase of the changes. We expect that the second phase of the changes will be completed in April 2023, although the implications for CQRS are not yet fully confirmed. More information about the ODS changes can be found on the NHS Digital website.

#### Will anything change in the CQRS National system following the ICB changes?

The system will look and process the same, however the labelling of a CCG will be changed to Sub ICB location and the labelling of a Sustainable Transformation Partnership (STP) will be changed to Integrated Care Board (ICB).

#### What do the ICB changes mean for existing CQRS National users?

Current users of the system will maintain their current access to CQRS. CQRS will automatically be reconfigured from your current STP and CCG, to your new ICB and ICB Sub location. The commissioning relationship for the associated PCNs / Practices will also be updated. The commissioning of services and payment approvals will still take place under Sub ICB Location (CCG) and Commissioning Regions where appropriate.

We will shortly be updating the CQRS website with further FAQs to provide more detail on any changes within CQRS, which can be found here <u>CQRS National - CSU Collaborative</u>.

NHSEI general information on ICB changes can be found here <u>NHS England » Integrated Care Boards in England</u> and here <u>Integrated Care Boards - NHS Digital.</u>

# In summary practices need to ensure that they declare any May 2022 activity before 1400 on 28<sup>th</sup> June 2022

If you have any queries relating to any of the above, please do not hesitate to contact us using the contact details below.

- BaNES, Gloucestershire, Swindon, Wiltshire and Dorset practices please contact the Integrated Public Health Commissioning Team <a href="mailto:phonormatics-pho
- BNSSG, Somerset, Devon and Kernow practices please contact the South West Primary Care Team <a href="mailto:england.primarycaremedical@nhs.net">england.primarycaremedical@nhs.net</a>

## **Further Information**

- Back issues of these bulletins and attachments are available on the NHSEI website here.
- If you have any questions or wish to provide feedback, please contact the Integrated Public Health Team at <a href="mailto:england.swscreeningandimms@nhs.net">england.swscreeningandimms@nhs.net</a>

# NHS England and NHS Improvement South West

