

2014 No.3

THE NATIONAL HEALTH SERVICE (WALES) ACT 2006

Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) Directions 2014

Made - - - - 16 June 2014

Coming into force in accordance with direction 1(3)

The Welsh Ministers in exercise of the powers conferred on them by sections 45, 203(9) and (10) and 204(1) of the National Health Service (Wales) Act 2006⁽¹⁾, and after consulting in accordance with section 45(4) of that Act with the bodies appearing to them to be representative of persons to whose remuneration these Directions relate, hereby give the following Directions:

Title, commencement and application

1.—(1) The title of these Directions is the Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) Directions 2014.

(2) These Directions are given to Local Health Boards and apply in relation to Wales.

(3) These Directions come into force on 17 June 2014 but shall have effect from 1 April 2014.

Amendments to the Statement of Financial Entitlements

2. The Directions to Local Health Boards as to the Statement of Financial Entitlements⁽²⁾ which came into force on 11 June 2013, as amended by the Directions listed in Annex J to these Directions, are further amended as follows. .

Amendment to the Table of Contents

3. The Table of Contents is amended as follows:

(a) in the Table of Contents in Part 2 Section 5 (Aspiration Payments), for the heading “Calculation of Monthly Aspiration Payments: the 70% method”, substitute “Calculation of Monthly Aspiration Payments: the 49% method”; and

(b) in the Table of Contents in the Annexes, for “J. Amendments to the Statement of Financial Entitlements which came into force on 30 April 2005”, substitute “J. Amendments to the Directions to Local Health Boards as to the Statement of Financial Entitlements Directions 2013 which came into force on 11 June 2013”.

Amendment of Section 2 – Global Sum Payments

4. Section 2 (Global Sum Payments) is amended as follows:

(1) The National Health Service (Wales) Act 2006 (c.42).

(2) The Directions to Local Health Boards as to the Statement of Financial Entitlements 2013 (2013 No.8) as amended.

- (a) in paragraph 2.3, for the figure “£68.28”, substitute “£71.56”;
- (b) in paragraph 2.5:
 - (i) omit the three references to “or Out of Hours”;
 - (ii) in the heading of Table 1, omit “or Out of Hours”; and
 - (iii) in Table 1, omit “out of Hours Services” and the corresponding “6.0”.
- (c) in paragraph 2.8(b), omit the words “or Out of Hours”;
- (d) in paragraph 2.10, omit the two references to “or Out of Hours”;
- (e) in paragraph 2.12, omit the words “or Out of Hours”;
- (f) for paragraph 2.18, substitute —

“2.18 The Contractor Population Index (CPI) of a contractor, mentioned in paragraph 2.16(c), is the contractor’s most recently established CRP divided by the NARP.

2.19 The value of a QOF point will be recalculated each year, after the NARP has been established and apply to the following financial year subject to any uplift that may or may not be applied. The value is to be calculated by dividing the NARP that applies to the current financial years payments by the NARP that applied to the preceding financial year’s payments and multiplying the current years QOF point value by this value.”

Amendment of Section 4 – General Provisions Relating to the Quality and Outcomes Framework

5. Section 4 (General Provisions Relating to the Quality and Outcomes Framework) is amended as follows:

- (a) in paragraph 4.5 (a), for “70%”, substitute “49%”;
- (b) for the heading preceding paragraph 4.8 “The five principal domains of the QOF”, substitute “The four principal domains of the QOF”.
- (c) in paragraph 4.8 (d), for “the quality and productivity domain which will apply only for the period commencing on 1st April 2013 and ending on 31st March 2014;”, substitute “the GP cluster network development domain.”; and
- (d) omit paragraph 4.8(e).

Amendment of Section 5 – Aspiration Payments: Calculation, Payment Arrangements and Conditions of Payments

6. Section 5 (Aspiration Payments: Calculation, Payment Arrangements and Conditions of Payments) is amended as follows:

- (a) for the heading preceding paragraph 5.3 “Calculation of Monthly Aspiration Payments: the 70% method”, substitute “Calculation of Monthly Aspiration Payments: the 49% method”;
- (b) in paragraph 5.3, for “70%”, substitute “49%”;
- (c) in paragraph 5.4, for “70%”, substitute “49%”;
- (d) in paragraph 5.7, for “70%” in the two places it occurs, substitute “49%”;
- (e) in paragraph 5.13, for the figure “£153.14”, substitute “£154.83”; and
- (f) in paragraph 5.14, for “70%”, substitute “49%”.

Amendment of Section 6 – Achievement Payments: Calculation, Payment Arrangements and Conditions of Payments

7. Section 6 (Achievement Payments: Calculation, Payment Arrangements and Conditions of Payments) is amended as follows:

- (a) in paragraph 6.6(b), for the figure “£153.14”, substitute “£154.83”;
- (b) in paragraph 6.7, for the figure “£153.14”, substitute “£154.83”;

- (c) for paragraph 6.7(b), substitute “(b) indicator 004 in the smoking area of the public health domain; and”;
- (d) in paragraph 6.7(c), for “BP001”, substitute “BP001W”; and
- (e) in paragraph 6.8, for the figure “£153.14”, substitute “£154.83”.

Amendment of Section 7 – Childhood Immunisations

8. Section 7 (Childhood Immunisations) is amended as follows:

- (a) in paragraph 7.10(a), for “£722.68”, substitute “£726.65”;
- (b) in paragraph 7.10(b), for “£2,168.04”, substitute “£2,179.96”;
- (c) in paragraph 7.20, for “58” in the three places it occurs, substitute “61”;
- (d) in paragraph 7.20(a), for “£223.85”, substitute “£225.08”; and
- (e) in paragraph 7.20(b), for “£671.55”, substitute “£675.23”.

Amendment of Section 8 – Rotavirus Vaccine

9. In section 8 (Rotavirus Vaccine), in paragraph 8.3, for “£7.67”, substitute “£7.71”.

Amendment of Section 9 –Pneumococcal Vaccine and HIB/MENC Booster Vaccine

10. Section 9 (Pneumococcal Vaccine and HIB/MENC Booster Vaccine) is amended as follows:

- (a) in paragraph 9.3, for “£15.02”, substitute “£15.10”;
- (b) in paragraph 9.6, for “£15.02”, substitute “£15.10”;
- (c) in paragraph 9.8, for “£15.02”, substitute “£15.10”;
- (d) in paragraph 9.9(b), for “£15.02”, substitute “£15.10”;
- (e) in paragraph 9.10, for “£15.02”, substitute “£15.10”;
- (f) in paragraph 9.11, for “£15.02”, substitute “£15.10”;
- (g) in paragraph 9.12, for “£15.02”, substitute “£15.10”; and
- (h) in paragraph 9.15, for “£15.02”, substitute “£15.10”.

Amendment of Section 10 – Shingles Immunisation Programme

11. Section 10 (Shingles Immunisation Programme) is amended as follows:

- (a) for paragraph 10.2, substitute —

“10.2(a) The LHB must pay to the contractor who qualifies for the payment, a payment of £7.71 in respect of each registered patient of the contractor who has received the Shingles vaccine during the financial year ending 31 March, and who, on 1 September has attained the age of 70 years but has not yet attained the age of 71 years (“Target Age Group”).;

10.2(b) A registered patient who attained the age of 70 years but not 71 years on 1 September 2013 and who did not receive the Shingles vaccine during the financial year ending on 31 March 2014 remains eligible to have the Shingles vaccine in future financial years if they have not yet attained the age of 80 years. The LHB must pay the contractor who qualifies for the payment, a payment of £7.71 in respect of each registered patient of the contractor who receives the Shingles vaccine in these circumstances.”;
- (b) for paragraph 10.3(l), substitute —

“(l) the patient in respect of whom the payment is claimed falls within the Target Age Group referred to in paragraph 10.2(a) when the vaccine is administered, or in the circumstances outlined in paragraph 10.2(b);”;
- (c) for paragraph 10.5, substitute —

“The contractor is not entitled to payment of more than £7.71 in respect of any patient under this Section, other than where the contractor claims for payment for the vaccine administered under the circumstances set out in paragraphs 10.2(a) or 10.2(b).”; and

(d) for paragraph 10.8 (a)(iv), substitute —

“(iv) confirmation that the patient has received the vaccine in accordance with paragraphs 10.2(a) or 10.2(b).”.

Amendment of Annex A, Part 2 Definitions

12. Annex A, Part 2 Definitions is amended as follows:

(a) under the definition for “Locum Practitioner” omit (b)(v) “out of hours services;”

(b) after “Monthly Aspiration Payment” insert —

““The National Average of Registered Patients (NARP)” is the aggregate CRP of contractors in Wales, as calculated using the number of patients recorded on the Exeter Registration System as being registered with contractors on the 1 January in the year immediately before the commencement of the financial year to which the relevant payment relates.”.

Amendment of Annex D – Quality and Outcomes Framework

13. For Annex D substitute with Annex D attached at Schedule 1 to these Directions.

Amendment of Annex E – Calculation of the Additional Services Sub-Domain of the Public Health Domain Achievement Points

14. For Annex E substitute with Annex E attached at Schedule 2 to these Directions.

Amendment of Annex F – Adjusted Practice Disease Factor Calculations – Adjusted Practice Disease Factor

15. Annex F is amended as follows:

(a) in paragraph F.1(a) for “BP001, SMOK001W, 003 and 004W);” substitute “BP001W and SMOK004);”;

(b) in paragraph F.4.1(c), for “1st April 2013 and ending on 31st March 2014 would receive £183.77” substitute “1st April 2014 and ending on 31st March 2015 would receive £185.80”; and

(c) in paragraph F5, for “smoking indicators 001W, 003 and 004W or BP001).” substitute “BP001W and SMOK004).”.

Amendment of Annex G – Dispensing Payments

16. Annex G is amended as follows:

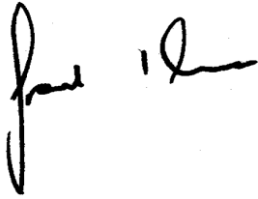
(a) in Part 2 of Annex G omit the Table and the wording that states “to apply from 1 October 2013 up to and including 31 March 2014”; and

(b) in Part 3 of Annex G omit the Table and the wording that states “to apply from 1 October 2013 up to and including 31 March 2014”.

Amendment of Annex J - Amendments to the Statement of Financial Entitlements which came into force on 30 April 2005

17. For Annex J substitute Annex J attached at Schedule 3 to these Directions.

Signed by Dr Grant L. Duncan, Deputy Director, Healthcare Policy Division under the authority of the Minister for Health and Social Services, one of the Welsh Ministers

A handwritten signature in black ink, appearing to read 'Grant L. Duncan', written in a cursive style.

Date: 16 June 2014

SCHEDULE 1 Direction 13

ANNEX D

QUALITY AND OUTCOMES FRAMEWORK

SECTION 1

General

D.1 The Quality and Outcomes Framework (QOF) rewards contractors for the provision of quality care and helps to standardise improvements in the delivery of primary medical services. Contractor participation in QOF is voluntary.

D.2 The percentages for the achievement threshold levels for the fraction indicators included in QOF for the financial year commencing on 1st April 2014 and ending on 31st March 2015 are set out in this Annex.

Glossary of terms used in Annex D

| <i>Abbreviation</i> | <i>Definition</i> |
|------------------------|---------------------------------------------------------------------------|
| ACE-Inhibitor or ACE-I | Angiotensin Converting Enzyme Inhibitor |
| AF | Atrial Fibrillation |
| ARB | Angiotensin Receptor Blocker |
| AST | Asthma |
| BMI | Body Mass Index |
| BP | Blood Pressure |
| CAN | Cancer |
| CHD | Coronary Heart Disease |
| CHS | Child Health Surveillance |
| CHADS ₂ | Congestive (HF) Hypertension Age (75 and over) Diabetes Stroke |
| CKD | Chronic Kidney Disease |
| CON | Contraception |
| COPD | Chronic Obstructive Pulmonary Disease |
| CS | Cervical Screening |
| CVD | Cardiovascular Disease |
| CVD-PP | CVD Primary Prevention |
| DEM | Dementia |
| DEP | Depression |
| DM | Diabetes Mellitus |
| DXA | Dual-energy X-ray Absorptiometry |
| EP | Epilepsy |
| FBC | Full Blood Count |
| FEV ₁ | Forced Expiratory Volume in One Second |
| GP | General Practitioner |
| GPPAQ | GP Physical Activity Questionnaire |
| HbA1c | Glycated Haemoglobin |
| HF | Heart Failure |
| HYP | Hypertension |
| IFCC | International Federation of Clinical Chemistry and Laboratory Medicine |
| IUS | Intrauterine System |

| | |
|--------|---------------------------------------------------|
| LD | Learning Disabilities |
| LHB | Local Health Board |
| LVSD | Left Ventricular Systolic Dysfunction |
| MAT | Maternity |
| MH | Mental Health |
| MmHg | Millimetres of Mercury |
| mmol/l | Millimoles per Litre |
| NICE | National Institute for Health and Care Excellence |
| OB | Obesity |
| OST | Osteoporosis |
| PAD | Peripheral Arterial Disease |
| PC | Palliative Care |
| PE | Patient Experience |
| QP | Quality and Productivity |
| RA | Rheumatoid Arthritis |
| RCP | Royal College of Physicians |
| SMOK | Smoking |
| STIA | Stroke and Transient Ischemic Attack |
| THY | Hypothyroidism |
| TIA | Transient Ischemic Attack |
| TSH | Thyroid Stimulating Hormone |

Interpretation of words and expressions used in Annex D

D.3 In this Annex, unless the context otherwise requires, words and expressions have the following meaning—

- (a) “currently treated” in respect of a patient is to be construed as a patient who has been prescribed a specified medicine within a period of six months which ends on the last day of the financial year to which the achievement payment relates;
- (b) “excepted patients” means persons who fall within the description of patients in paragraph D.11 (exception reporting);
- (c) “exclusions” means persons who fall within the description of patient in paragraph D.10; and
- (d) “financial year” means the period of 12 months commencing on 1st April and ending on 31st March;

Indicators: general

D.4.1 For the purposes of calculating achievement payments, contractor achievement against QOF indicators is measured—

- (a) on the last day of the financial year (31st March); or
- (b) in the case where the contract terminates mid-year, on the last day on which the contract subsists.

D.4.2 For example, for payments relating to the financial year 1st April 2014 to 31st March 2015, unless the contract terminates mid-year, achievement is measured on 31st March 2015. If the GMS contract ends on 30th June 2014, achievement is measured on 30th June 2014.

D.4.3 Indicators generally set out the target, intervention or measurement to be recorded within a specified time period to establish eligibility for achievement payments. Unless otherwise stated, time periods referred to mean the period which ends on the last day of the financial year to which the achievement payment relates. For example—

- (a) in indicator CHD002, “the percentage of patients with coronary heart disease in whom the last blood pressure reading (measured in the preceding 15 months) is 150/90mmHg or less”, the phrase “preceding 15 months” means the period of 15 months which ends on 31st March in the financial year to which the achievement payments relate;

- (b) in indicator CAN003W, “the percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months or where clinically appropriate within 3 months of the contractor receiving confirmation of the diagnosis”....., the phrase “within the preceding 15 months” means the period of 15 months which ends on 31st March in the financial year to which the achievement payments relate;
- (c) in indicator HYP006, “the percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less”, the phrase “in the preceding 12 months” means the period of 12 months which ends on 31st March in the financial year to which the achievement payments relate;
- (d) in indicator CS002, “the percentage of women (aged 25 or over and who have not attained the age of 65) whose notes record that a cervical screening test has been performed in the preceding 5 years”, the phrase “in the preceding 5 years” means the period of 5 years which ends on 31st March in the financial year to which the achievement payments relate; and
- (e) in indicator CHD004W, “the percentage of patients with coronary heart disease who have had influenza immunisation in the preceding 1st August to 31st March”, the phrase “ in the preceding 1st August to 31st March” means the period of 8 months which ends on 31st March in the financial year to which the achievement payments relate.

D.4.4 In the case of a contract that has come to an end before 31st March in any relevant financial year, the reference to periods of time must be calculated on the basis that the period ends on 31st March in the financial year to which the achievement payments relate.

Disease registers

D.5 An important feature of the QOF is the establishment of disease registers. These are lists of patients registered with the contractor who have been diagnosed with the disease or risk factor described in the register indicator. While it is recognised that these may not be completely accurate, it is the responsibility of the contractor to demonstrate that it has systems in place to maintain a high-quality register. Verification may involve asking how the register is constructed and maintained. The LHB may compare the reported prevalence with the expected prevalence and ask contractors to explain any reasons for variations.

D.6 For some indicators, there is no disease register, but instead there is a target population group. For example, for cervical screening the target population group is women who have attained the age of 25 years or over and who have not attained the age of 65 years. Indicators in the Clinical and Public Health Domain are arranged in terms of clinical areas. Most of these areas either relate to a register or to a target population group.

D.7 Some areas in the clinical domain and the public health domain do not have a register indicator, or there may be more than one register to calculate the Adjusted Practice Disease Factor for different indicators within the area. For all relevant areas, the registered population used to calculate the Adjusted Practice Disease Factor are set out in the summary of indicators.

D.8 Indicators in the Cluster Network Development Domain have neither a disease register nor a target population. These are indicators which require a particular activity to be carried out and where the points available are awarded in full if it is carried out or not at all if it is not carried out.

Exception reporting and exclusions

D.9 Exception reporting applies to those indicators in any domain of the QOF where the achievement is determined by the percentage of patients receiving the specified level of care (fraction indicators).

D.10 Some indicators refer to a sub-set of patients on the relevant disease register, or in the target population group. Patients who are on the disease register or target group, but not included in an indicator denominator for the clinical area concerned for definitional reasons are called “exclusions”.

D.11 “Exceptions” relate to registered patients who are in the relevant disease register or target group and would ordinarily be included in the indicator denominator, but who are excepted by the contractor on the basis of one or more of the exception criteria set out below. Patients are removed from the denominator if they have been excepted and also the care specified in the indicators has not been carried out. These patients are referred to as

“excluded patients”. If the patient has been excepted but subsequently the care has been carried out in the relevant time period the patient will be included in both the denominator and the numerator.

D.12 Patients may be excepted if they meet the following criteria for exception reporting—

- (a) patients who have been recorded as refusing to attend review who have been invited on at least 3 occasions during the financial year to which the achievement payments relate (except in the case of indicator CS002, where the patient should have been invited on at least 3 occasions during the period specified in the indicator during which the achievement is to be measured (i.e. the preceding 5 years ending on 31st March in the financial year to which achievement payments relate);
- (b) patients for whom it is not appropriate to review the chronic disease parameters due to particular circumstances, for example, a patient who has a terminal illness or is extremely frail;
- (c) patients newly diagnosed or who have recently registered with the contractor who should have measurements made within three months and delivery of clinical standards within nine months e.g. blood pressure or cholesterol measurements within target levels;
- (d) patients who are on maximum tolerated doses of medication whose levels remain sub-optimal;
- (e) patients for whom prescribing a medication is not clinically appropriate e.g. those who have an allergy, contraindication or have experienced an adverse reaction;
- (f) where a patient has not tolerated medication;
- (g) where a patient does not agree to investigation or treatment (informed dissent) and this has been recorded in their patient record following a discussion with the patient;
- (h) where the patient has a supervening condition which makes treatment of their condition inappropriate e.g. cholesterol reduction where the patient has liver disease; or
- (i) where an investigative service or secondary care service is unavailable.

D.13 In the case of exception reporting on criteria (a) and (b) these patients are removed from the denominator for all indicators in that disease area where the care has not been delivered. For example, in a contractor with 100 patients on the Coronary Heart Disease (CHD) disease register, in which four patients have been recalled for follow-up on three occasions but have not attended and one patient has become terminally ill with metastatic breast carcinoma during the year, the denominator for reporting would be 95. However, all 100 patients with CHD would be included in the calculation of the Adjusted Practice Disease Factor. This would apply to all relevant indicators in the CHD set.

D.14 In addition, contractors may exception report patients from single indicators if they meet criteria in D12. (c)-(i), for example a patient who has heart failure due to left ventricular systolic dysfunction (LVSD) but who is intolerant of angiotensin receptor converting enzyme inhibitors (ACE inhibitors) and angiotensin receptor blocker (ARB) could be exception reported from Heart Failure (HF) indicator HF003W. This would result in the patient being removed from the denominator for that indicator only.

D.15 Contractors should report the number of exceptions for each indicator set and individual indicator. Contractors will not be expected to report why individual patients were exception reported. However, contractors may be called on to explain why they have excepted patients from an indicator and this should be identifiable in the patient record.

Additional guidance on exception reporting is included in the Quality and Outcomes Framework Guidance for the GMS Contract Wales 2014/2015 which is published by Welsh Government and can be obtained on www.wales.nhs.uk/GMS.

Verification

D.16 The contractor must ensure that it is able to provide any information that the LHB may reasonably request of it to demonstrate that it is entitled to each achievement point to which it says it is entitled, and the contractor must make that information available to the LHB on request. In verifying that an indicator has been achieved and information correctly recorded, the LHB 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.

Section 2: Summary of QOF indicators

The clinical domain

2.1 This Section 2.1 (the Clinical domain) applies to all contractors participating in QOF.

Atrial fibrillation (AF)

| <i>Indicator</i> | <i>Points</i> | <i>Achievement Thresholds</i> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------|
| Records | | |
| AF001. The contractor establishes and maintains a register of patients with atrial fibrillation | 2 | |
| Ongoing Management | | |
| AF002. The percentage of patients with atrial fibrillation in whom stroke risk has been assessed using the CHADS ₂ risk stratification scoring system in the preceding 3 years (excluding those whose previous CHADS ₂ score is greater than 1) <i>NICE 2011 menu ID: NM24</i> | 5 | 50-90% |
| AF004. In those patients with atrial fibrillation whose latest record of a CHADS ₂ score is greater than 1, the percentage of patients who are currently treated with anti-coagulation therapy <i>NICE 2011 menu ID: NM46</i> | 6 | 40-70% |
| AF005W. In those patients with atrial fibrillation in whom there is a record of a CHADS ₂ score of 1, in the preceding 3 years, the percentage of patients who are currently treated with anti-coagulation drug therapy or anti-platelet therapy <i>NICE 2011 menu ID: NM45</i> | 3 | 54-94% |

Secondary prevention of coronary heart disease (CHD)

| <i>Indicator</i> | <i>Points</i> | <i>Achievement Thresholds</i> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------|
| Records | | |
| CHD001. The contractor establishes and maintains a register of patients with coronary heart disease | 2 | |
| Ongoing Management | | |
| CHD002. The percentage of patients with coronary heart disease in whom the last blood pressure reading (measured in the preceding 15 months) is 150/90 mmHg or less | 17 | 51-91% |
| CHD005. The percentage of patients with coronary heart disease with a record in the preceding 15 months that aspirin, an alternative anti-platelet therapy, or an anti-coagulant is being taken | 7 | 53-93% |
| CHD006. The percentage of patients with a history of myocardial infarction (on or after 1 April 2011) currently treated with an ACE-I (or ARB if ACE-I intolerant), aspirin or an alternative anti-platelet therapy, beta-blocker and statin <i>NICE 2010 menu ID: NM07</i> | 10 | 60-100% |
| CHD007W. The percentage of patients with coronary heart disease who have had influenza immunisation in the | 7 | 53-93% |

preceding 1 August to 31 March

Heart Failure (HF)

| <i>Indicator</i> | <i>Points</i> | <i>Achievement Thresholds</i> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------|
| Records | | |
| HF001. The contractor establishes and maintains a register of patients with heart failure | 2 | |
| Initial Diagnosis | | |
| HF002. 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 between 3 months before and 12 months after entering on to the register | 6 | 50-90% |
| Ongoing Management | | |
| HF003. In those patients with a current diagnosis of heart failure due to left ventricular systolic dysfunction, the percentage of patients who are currently treated with an ACE-I or ARB | 10 | 50-90% |
| HF004. In those patients with a current diagnosis of heart failure due to left ventricular systolic dysfunction who are currently treated with an ACE-I or ARB, the percentage of patients who are additionally currently treated with a beta-blocker licensed for heart failure | 9 | 50-65% |
| HF005W. The percentage of patients with heart failure diagnosed within the preceding 15 months with a subsequent record of an offer of referral for an exercise-based rehabilitation programme within the preceding 15 months | 5 | 40-90% |

NICE 2012 menu ID:NM48

Disease registers in relation to Heart Failure

- (a) There are two disease registers used for the Heart Failure area for the purposes of calculating Adjusted Practice Disease Factor—
 - (i) a register of patients with heart failure which is used to calculate Adjusted Practice Disease Factor for HF001, HF002 and HF005W; and
 - (ii) a register of patients with heart failure due to left ventricular systolic dysfunction (LVSD) which is used to calculate Adjusted Practice Disease Factor for HF003 and HF004.
- (b) Register (i) is defined in indicator HF001. Register (ii) is a sub-set of register (i) and is composed of patients with a diagnostic code for LVSD as well as for heart failure.

Hypertension (HYP)

| <i>Indicator</i> | <i>Points</i> | <i>Achievement Thresholds</i> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------|
| Records | | |
| HYP001. The contractor establishes and maintains a register of patients with established hypertension | 2 | |
| Ongoing Management | | |
| HYP006. The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less | 25 | 45-80% |

Stroke and transient ischaemic attack (STIA)

| <i>Indicator</i> | <i>Points</i> | <i>Achievement Thresholds</i> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------|
| Record | | |
| STIA001. The contractor establishes and maintains a register of patients with stroke or TIA | 2 | |
| Ongoing Management | | |
| STIA003. The percentage of patients with a history of stroke or TIA in whom the last blood pressure reading (measured in the preceding 15 months) is 150/90 mmHg or less | 5 | 50–80% |
| STIA007. The percentage of patients with a stroke shown to be non-haemorrhagic, or a history of TIA, who have a record in the preceding 15 months that an anti-platelet agent, or an anti-coagulant is being taken | 4 | 54-94% |
| Initial Diagnosis | | |
| STIA008W. The percentage of patients with a stroke or TIA (diagnosed on or after 1 April 2014) who have a record of a referral for further investigation between 3 months before or 1 month after the date of the first TIA only and after each latest recorded stroke | 2 | 45-80% |
| Ongoing Management | | |
| STIA009. The percentage of patients with a history of a stroke or TIA who have had influenza immunisation in the preceding 1 August to 31 March | 2 | 50-90% |

Diabetes mellitus (DM)

| <i>Indicator</i> | <i>Points</i> | <i>Achievement Thresholds</i> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------|
| Records | | |
| DM001. 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 <i>NICE 2011 menu ID: NM41</i> | 2 | |
| Ongoing management | | |
| DM002. The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 15 months) is 150/90 mmHg or less <i>NICE 2010 menu ID: NM01</i> | 8 | 51-91% |
| DM003. The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 15 months) is 140/80 mmHg or less <i>NICE 2010 menu ID: NM02</i> | 10 | 40-72% |
| DM007. The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 59 mmol/mol or less in the preceding 15 months <i>NICE 2010 menu ID: NM14</i> | 17 | 40-72% |
| DM008. The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 15 months | 8 | 45-81% |
| DM010. The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March | 3 | 52-92% |

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------|
| DM012. The percentage of patients with diabetes, on the register, with a record of a foot examination and risk classification: 1) low risk (normal sensation, palpable pulses), 2) increased risk (neuropathy or absent pulses), 3) high risk (neuropathy or absent pulses plus deformity or skin changes in previous ulcer) or 4) ulcerated foot within the preceding 15 months <i>NICE 2010 menu ID: NM13</i> | 4 | 55–90% |
| DM014. The percentage of patients newly diagnosed with diabetes, on the register, in the preceding 1 April to 31 March who have a record of being referred to a structured education programme within 9 months after entry on to the diabetes register <i>NICE 2011 menu ID: NM27</i> | 11 | 40-90% |
| DM015W. The percentage of male patients with diabetes, on the register, with a record of being asked about erectile dysfunction in the preceding 3 years <i>NICE 2012 menu ID: NM51</i> | 4 | 40-90% |
| DM016W. The percentage of male patients with diabetes, on the register, who have a record of erectile dysfunction with a record of advice and assessment of contributory factors and treatment options in the preceding 3 years <i>NICE 2012 menu ID: NM52</i> | 3 | 40-90% |

Asthma (AST)

| <i>Indicator</i> | <i>Points</i> | <i>Achievement Threshold</i> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------|
| Records | | |
| AST001. The contractor establishes and maintains a register of patients with asthma, excluding patients with asthma who have been prescribed no asthma-related drugs in the preceding 12 months | 2 | |
| Initial diagnosis | | |
| AST002. The percentage of patients aged 8 or over with asthma (diagnosed on or after 1 April 2006), on the register, with measures of variability or reversibility recorded between 3 months before and anytime after diagnosis | 15 | 45–80% |
| Ongoing management | | |
| AST003. The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 15 months that includes an assessment of asthma control using the 3 RCP questions <i>NICE 2011 menu ID: NM23</i> | 20 | 45–70% |
| AST004. The percentage of patients with asthma aged 14 or over and who have not attained the age of 20, on the register, in whom there is a record of smoking status in the preceding 15 months | 6 | 50–80% |

Chronic obstructive pulmonary disease (COPD)

| <i>Indicator</i> | <i>Points</i> | <i>Achievement Thresholds</i> |
|------------------------------------------------------------------------------------|---------------|-------------------------------|
| Records | | |
| COPD001. The contractor establishes and maintains a register of patients with COPD | 2 | |

Initial diagnosis

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--------|
| COPD002. The percentage of patients with COPD (diagnosed on or after 1 April 2011) in whom the diagnosis has been confirmed by post bronchodilator spirometry between 3 months before and 12 months after entering on to the register | 5 | 45–80% |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--------|

Ongoing management

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--------|
| COPD003. The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 15 months | 9 | 50–90% |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--------|

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--------|
| COPD004W. The percentage of patients with COPD and a MRC dyspnoea score greater than or equal to 3 in the preceding 15 months who also have a record of FEV1 in the preceding 15 months. Patients with MRC dyspnoea scoring less than 3 will be monitored according to an agreed management plan. | 4 | 50–75% |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--------|

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--------|
| COPD005. The percentage of patients with COPD and Medical Research Council dyspnoea grade ≥ 3 at any time in the preceding 15 months, with a record of oxygen saturation value within the preceding 15 months | 5 | 40-90% |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--------|

NICE 2012 menu ID: NM63

| | | |
|-------------------------------------------------------------------------------------------------------------------------|---|--------|
| COPD007. The percentage of patients with COPD who have had influenza immunisation in the preceding 1 August to 31 March | 6 | 54-94% |
|-------------------------------------------------------------------------------------------------------------------------|---|--------|

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--------|
| COPD008W. The percentage of patients with COPD and Medical Research Council dyspnoea grade ≥ 3 at any time in the preceding 15 months, with a subsequent record of an offer of referral to a pulmonary rehabilitation programme within the preceding 15 months | 5 | 40-90% |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--------|

*NICE 2012 menu ID: NM47***Dementia (DEM)**

| <i>Indicator</i> | <i>Points</i> | <i>Achievement Thresholds</i> |
|------------------|---------------|-------------------------------|
|------------------|---------------|-------------------------------|

Records

| | | |
|-------------------------------------------------------------------------------------------------|---|--|
| DEM001. The contractor establishes and maintains a register of patients diagnosed with dementia | 2 | |
|-------------------------------------------------------------------------------------------------|---|--|

Ongoing management

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------|----|--------|
| DEM002. The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 15 months | 15 | 35–70% |
|---------------------------------------------------------------------------------------------------------------------------------------------|----|--------|

Depression (DEP)

| <i>Indicator</i> | <i>Points</i> | <i>Achievement Thresholds</i> |
|------------------|---------------|-------------------------------|
|------------------|---------------|-------------------------------|

Initial management

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------|
| DEP003W. The percentage of patients aged 18 or over with a new diagnosis of depression in the preceding 1 April to 31 March who have been reviewed not earlier than 2 weeks after and not later than 8 weeks after the date of diagnosis | 10 | 45-80% |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------|

Disease register in relation to Depression

- (a) There is no register indicator for the depression indicators. The disease register for the indicators in the Depression Area for the purposes of calculating the Adjusted Practice Disease Factor is defined as all patients aged 18 or over, diagnosed on or after 1 April 2006, who have an unresolved record of depression in their patient record.

Mental Health (MH)

| <i>Indicator</i> | <i>Points</i> | <i>Achievement Threshold</i> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------|
| Records | | |
| MH001. The contractor establishes and maintains a register of patients with schizophrenia, bipolar affective disorder and other psychoses and other patients on lithium therapy | 2 | |
| Ongoing management | | |
| MH002. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive care plan documented in the record, in the preceding 15 months, agreed between individuals, their family and/or carers as appropriate | 6 | 40-90% |
| MH007. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of alcohol consumption in the preceding 15 months | 4 | 50-90% |
| <i>NICE 2010 menu ID: NM15</i> | | |
| MH008. The percentage of women aged 25 or over and who have not attained the age of 65 with schizophrenia, bipolar affective disorder and other psychoses whose notes record that a cervical screening test has been performed in the preceding 5 years | 5 | 45-80% |
| <i>NICE 2010 menu ID: NM20</i> | | |
| MH009. The percentage of patients on lithium therapy with a record of serum creatinine and TSH in the preceding 9 months | 1 | 50-90% |
| <i>NICE 2010 menu ID: NM21</i> | | |
| MH010. The percentage of patients on lithium therapy with a record of lithium levels in the therapeutic range in the preceding 4 months | 2 | 50-90% |
| <i>NICE 2010 menu ID: NM22</i> | | |
| MH011W. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of blood pressure and BMI in the preceding 15 months and in addition for those aged 40 or over, a record of blood glucose or HbA1c in the preceding 15 months. | 12 | 45-85% |

Disease register in relation to Mental Health

- (a) Due to the way repeat prescribing works in general practice, patients on lithium therapy are defined as patients with a prescription of lithium within the preceding six months.

Remission from serious mental illness

- (a) Making an accurate diagnosis of remission can be challenging. In the absence of strong evidence of what constitutes ‘remission’ from serious mental illness, clinicians should only consider using the remission codes if the patient has been in remission for at least five years, that is where there is—
 - (i) no record of antipsychotic medication
 - (ii) no mental health in-patient episodes; and
 - (iii) no secondary or community care mental health follow-up, for at least five years.
- (b) Where a patient is recorded as being ‘in remission’ they remain on the MH001 register (in case their condition relapses at a later date) but they are excluded from the denominators for mental health indicators MH002, MH007, MH008 and MH011W.
- (c) The accuracy of this coding should be reviewed on an annual basis by a clinician. Should a patient who has been coded as ‘in remission’ experience a relapse then this should be recorded as such in their patient record.
- (d) In the event that a patient experiences a relapse and is coded as such, they will once again be included in all the associated indicators for schizophrenia, bipolar affective disorder and other psychoses.
- (e) Where a patient has relapsed after being recorded as being in remission, their care plan should be updated subsequent to the relapse. Care plans dated prior to the date of the relapse will not be acceptable for QOF purposes.

Cancer (CAN)

| <i>Indicator</i> | <i>Points</i> | <i>Achievement Thresholds</i> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------|
| Records | | |
| 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’ | 2 | |
| Ongoing management | | |
| CAN003W. The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the contractor receiving confirmation of the diagnosis or where clinically appropriate within 3 months. This patient review can be undertaken via a telephone consultation but with an offer of a face to face appointment. <i>NICE 2012 menu ID: NM62</i> | 6 | 50–90% |

Epilepsy (EP)

| <i>Indicator</i> | <i>Points</i> | <i>Achievement Thresholds</i> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------|
| Records | | |
| EP001. The contractor establishes and maintains a register of patients aged 18 or over receiving drug treatment for epilepsy | 1 | |
| Ongoing management | | |
| EP003W. The percentage of women with epilepsy aged 18 or over and who have not attained the age of 55 who are taking antiepileptic drugs who have a record of being given information and advice about pregnancy or | 2 | 50–90% |

conception or contraception tailored to their pregnancy and contraceptive intentions recorded in the preceding 3 years

Learning disability (LD)

| <i>Indicator</i> | <i>Points</i> | <i>Achievement Thresholds</i> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------|
| Records | | |
| LD001. The contractor establishes and maintains a register of patients with learning disabilities | 2 | |
| Ongoing management | | |
| LD002W. The percentage of patients on the learning disability register with Down's Syndrome aged 18 or over who have a record of blood TSH in the preceding 15 months (excluding those who are on the thyroid disease register) <i>NICE 2010 menu ID: NM04</i> | 3 | 45–70% |

Osteoporosis: secondary prevention of fragility fractures

| <i>Indicator</i> | <i>Points</i> | <i>Achievement Thresholds</i> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------|
| Records | | |
| OST001. The contractor establishes and maintains a register of patients: 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 2. Aged 75 or over with a record of a fragility fracture on or after 1 April 2012 <i>NICE 2011 menu ID: NM29</i> | 2 | |
| Ongoing management | | |
| OST002. The percentage of patients aged 50 or over and who have not attained the age of 75, with a fragility fracture on or after 1 April 2012, in whom osteoporosis is confirmed on DXA scan, who are currently treated with an appropriate bone-sparing agent <i>NICE 2011 menu ID: NM30</i> | 3 | 30-60% |
| OST005. The percentage of patients aged 75 or over with a fragility fracture on or after 1 April 2012, who are currently treated with an appropriate bone-sparing agent <i>NICE 2011 menu ID: NM31</i> | 3 | 30-60% |

Disease register in relation to Osteoporosis

- (a) Although the register indicator OST001 defines two separate registers, the disease register for the purposes of calculating the Adjusted Practice Disease Factor is defined as the sum of the number of patients on both registers.

Rheumatoid arthritis (RA)

| <i>Indicator</i> | <i>Points</i> | <i>Achievement Threshold</i> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------|
| Records | | |
| RA001. The contractor establishes and maintains a register of patients aged 16 or over with rheumatoid arthritis <i>NICE 2012 menu ID: NM55</i> | 1 | |
| Ongoing management | | |
| RA002. The percentage of patients with rheumatoid arthritis, on the register, who have had a face-to-face review in the preceding 15 months <i>NICE 2012 menu ID: NM58</i> | 5 | 40-90% |
| RA003W. The percentage of patients with rheumatoid arthritis aged 30 or over and who have not attained the age of 85 who have had a cardiovascular risk assessment using a CVD risk assessment tool adjusted for RA in the preceding 3 years <i>NICE 2012 menu ID: NM56</i> | 4 | 40-90% |
| RA004. The percentage of patients aged 50 or over and who have not attained the age of 91 with rheumatoid arthritis who have had an assessment of fracture risk using a risk assessment tool adjusted for RA in the preceding 3 years <i>NICE 2012 menu ID: NM57</i> | 5 | 40-90% |

Palliative care (PC)

| <i>Indicator</i> | <i>Points</i> | <i>Achievement Thresholds</i> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------|
| Records | | |
| PC001. The contractor establishes and maintains a register of all patients in need of palliative care/support irrespective of age | 3 | |
| Ongoing management | | |
| PC002W. The contractor has regular (at least 2 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed | 6 | |

Disease register in relations to palliative care

- (a) There is no Adjusted Practice Disease Factor calculation in respect of the palliative care indicators. In the rare case of a nil register at year end, if a contractor can demonstrate that it established and maintained a register during the financial year then they will be eligible for payment for PC001W.

The Public health domain

2.2.1 This Section 2.2.1 (the public health domain but does not include the additional services sub-domain which is set out in Section 2.2.2) applies to all contractors participating in QOF.

Cardiovascular disease – primary prevention (CVD – PP)

| <i>Indicator</i> | <i>Points</i> | <i>Achievement Thresholds</i> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------|
| Ongoing management | | |
| CVD-PP001. In those patients with a new diagnosis of hypertension aged 30 or over and who have not attained the age of 75, recorded between the preceding 1 April to | 10 | 40–90% |

31 March (excluding those with pre-existing CHD, diabetes, stroke and/or TIA), who have a recorded CVD risk assessment score (using an assessment tool agreed with the LHB) of $\geq 20\%$ in the preceding 15 months: the percentage who are currently treated with statins
NICE 2011 menu ID: NM26

Disease register in relation to Cardiovascular Disease Primary Prevention

- (a) The disease register for the purposes of calculating the Adjusted Practice Disease Factor for the indicators in the Cardiovascular Disease - Primary Prevention Area is defined as follows: patients diagnosed with a first episode of hypertension on or after 1 April 2009, excluding patients with the following conditions—
- (i) CHD or angina;
 - (ii) stroke or TIA;
 - (iii) peripheral vascular disease;
 - (iv) familial hypercholesterolemia;
 - (v) diabetes; and
 - (vi) CKD (US National Kidney Foundation: Stage 3 to 5 CKD).

Blood pressure (BP)

| <i>Indicator</i> | <i>Points</i> | <i>Achievement Thresholds</i> |
|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------|
| BP001W. The percentage of patients aged 50 or over who have a record of blood pressure in the preceding 5 years <i>NICE 2012 menu ID: NM61</i> | 10 | 50-90% |

Obesity (OB)

| <i>Indicator</i> | <i>Points</i> | <i>Achievement Thresholds</i> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------|
| Records OB001. The contractor establishes and maintains a register of patients aged 16 or over with a BMI ≥ 30 in the preceding 15 months | 2 | |

Smoking (SMOK)

| <i>Indicator</i> | <i>Points</i> | <i>Achievement Thresholds</i> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------|
| Records SMOK002. 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 <i>NICE 2011 menu ID: NM38</i> | 25 | 60–90% |
| Ongoing management SMOK004. The percentage of patients aged 15 or over who are recorded as current smokers who have a record of an offer of support and treatment within the preceding 27 months <i>NICE 2011 menu ID: NM40</i> | 12 | 40-90% |
| SMOK005. The percentage of patients with any or any combination of the following conditions: CHD, PAD, | 25 | 53-93% |

stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses who are recorded as current smokers who have a record of an offer of support and treatment within the preceding 15 months
NICE 2011 menu ID: NM39

Disease register in relation to Smoking

- (a) The disease register for the purposes of calculating the Adjusted Practice Disease Factor for SMOK002 and SMOK005 is defined as the sum of the number of patients on the disease registers for each of the conditions listed in the indicators.
- (b) Any patient who has one or more co-morbidities e.g. diabetes and coronary heart disease, is only counted once in the register for SMOK002 and SMOK005.
- (c) There is no Adjusted Practice Disease Factor calculation for SMOK004.

Requirements for recording smoking status

Smokers

- (a) For patients who smoke this recording should be made in the preceding 15 months for SMOK002.

Non-smokers

- (a) It is recognised that lifelong non-smokers are very unlikely to start smoking and indeed find it quite irritating to be asked repeatedly regarding their smoking status. Smoking status for this group of patients should be recorded in the preceding 15 months (for SMOK002) until the end of the financial year in which the patient attains the age of 25.
- (b) Once a patient is over the age of 25 years (i.e. in the financial year in which they attain the age of 26 or in any year following that financial year) to be classified as a non-smoker they require—
 - (i) for SMOK002, a recording of never smoked which is **both after** their 25th birthday **and after** the earliest diagnosis date of a disease which has led to their inclusion in the SMOK002 register (i.e. the register of patients on the disease registers for each of the conditions listed in SMOK002).

Ex-smokers

- (a) There are two ways in which a patient can be recorded as an ex-smoker—
 - (i) ex-smokers can be recorded as such in the preceding 15 months (for SMOK002W); or
 - (ii) practices may choose to record ex-smoking status on an annual basis for three consecutive financial years, and after that smoking status need only be recorded if there is a change. This is in recognition of the fact it is recognised that once a patient has been an ex-smoker for more than three years they are unlikely to restart.

The Public health domain: additional services sub-domain

2.2.2 This sub-section 2.2.2 (the public health domain additional services sub-domain) applies to contractors who provide additional services under the terms of their GMS contract and participate in QOF.

Cervical screening (CS)

| <i>Indicator</i> | <i>Points</i> | <i>Achievement Thresholds</i> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------|
| CS001. The contractor has a protocol that is in line with national guidance agreed with the LHB for the management of cervical screening, which includes | 7 | |

staff training, management of patient call/recall, exception reporting and the regular monitoring of inadequate sample rates

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------|
| CS002. The percentage of women aged 25 or over and who have not attained the age of 65 whose notes record that a cervical screening test has been performed in the preceding 5 years | 11 | 45-80% |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------|

The Organisational Domain

2.3 Section 2.3. applies to all contractors participating in QOF.

Medicines management

| <i>Indicator</i> | <i>Points</i> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| MED005W. The contractor meets the LHB prescribing advisor at least annually and agrees up to three actions related to prescribing | 4 |
| MED006W. The contractor meets the LHB prescribing advisor at least annually, has agreed up to three actions related to prescribing and subsequently provided evidence of change | 4 |
| MED007W. A medication review is recorded in the notes in the preceding 15 months for all patients being prescribed 4 or more repeat medicines | 10 |
| Standard 80% | |

The GP cluster network development domain

2.4 This Section 2.4 (the cluster network development domain) applies to all contractors participating in QOF.

| <i>Indicator</i> | <i>Points</i> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Agreeing a Practice Development Plan | |
| CND001W. The contractor undertakes a review of local need and the provision of services within the practice, developing priorities for action to inform the production of a Practice Development Plan. | 30 |
| <p>The contractor completes the Practice Development Plan (utilising the proforma at Annex 2 within the GP Cluster Network Development Domain (GPCNDD) of the Quality and Outcomes Framework Guidance for the GMS Contract Wales 2014/15 (“QOF Guidance”)) to assist practice analysis and planning and to inform discussions at GP cluster network meetings.</p> <p>The contractor ensures patients have the opportunity to contribute to the development of priorities through a patient participation group or other formal / informal feedback obtained from patients.</p> | |

The Practice Development Plan objectives and priorities (at Annex 2 of the GPCNDD of the QOF Guidance) to be completed and shared with the LHB by 30 June 2014.

Agreeing a GP Cluster Network Action Plan

CND002W. The contractor participates in a cluster network meeting to discuss with peers the health needs and service development priorities for the population served by the GP Cluster Network, including relevant issues identified within the Practice Development Plan that can be most effectively addressed as a GP cluster network action. The contractor agrees the contents of a GP Cluster Network Action Plan to deliver against shared local objectives.

25

A GP Cluster Network Action Plan (based on the proforma at Annex 3 of the GPCNDD of the QOF Guidance) will address the following key areas:

- a. Access arrangements - comparison of core access arrangements (including capacity, profiling the normal working week and usage analysis); exploration of adjvants to access (including telephone arrangements); user experience; the impact of *My Health On Line* where it is available to practices. The analysis should also consider how practices respond to urgent requests and same day requests from care homes, Welsh Ambulance Services and hospital emergency departments.
- b. Actions to foster greater integration of health and social care.
- c. Consideration of how community resources can be maximised to meet local needs through the more effective use of local resources.
- d. Consideration of how Third Sector support may be maximised.
- e. Mapping of local GP services to highlight where services are delivered across practices (for example, contraceptive services, minor surgery)
- f. Consideration of how new approaches to the delivery of primary care might aid service delivery and ensure sustainability of local services. Developments might include new technologies, development of clinical roles, further development of cross referral and increased skill mix.
- g. Consideration of the impact of local care pathway work relating to previous QOF work.

The contractor participates in the completion of a GP Cluster Network Action Plan (at Annex 3 of the GPCNDD of the QOF Guidance).

The LHB Network Lead or nominated person will be responsible for collating and ensuring the GP Cluster Network

Action Plan is completed by 30 September 2014.

The GP cluster network members are responsible for the agreement and delivery of the GP Cluster Network Action Plan.

The GP Cluster Network Action Plan will be subject to review at each meeting as outlined below in indicator CND 003W.

The GP Cluster Network Action Plan (at Annex 3 of the GPCNDD of the QOF Guidance) to be completed and shared with the LHB by 30 September 2014.

Reviewing the implementation and delivery of the GP Cluster Network Action Plan

CND003W. The contractor participates in four GP cluster network meetings to review the implementation and delivery of the GP Cluster Network Action Plan. 25

The GP cluster network meetings will be facilitated by the LHB network lead or nominated person. This will ensure effective communication between the GP cluster network and the LHB and the alignment of the GP Cluster Network Action Plan with LHB strategic and operational priorities.

The GP Cluster Network Action Plan is a dynamic plan and will be updated to reflect the agreed outcomes of each cluster network meeting.

Agreeing a GP Cluster Network Annual Report

CND004W. The contractor participates in one GP cluster network meeting to develop and agree a GP Cluster Network Annual Report (at Annex 4 of the GPCNDD of the QOF Guidance) and submits to the LHB by 31 March 2015. 5

Improving Clinical Governance

CND005W. The contractor completes the Clinical Governance Practice Self Assessment Toolkit (1) (CGPSAT) and confirms completion to the LHB by 31 March 2015. Information on the completion of CGPSAT is at Annex 5 of the GPCNDD of the QOF Guidance. 30

The contractor will include appropriate actions resulting from this analysis within the Practice Development Plan and will consider whether any issues need to be discussed at GP cluster level.

Participating in General Practice National Priority Areas

(1) Clinical Governance Practice Self Assessment Toolkit – <http://www.wales.nhs.uk/siteplus/888/page/44038>

CND006W: Understanding cancer care pathways and identifying opportunities for service improvement (guidance at Annex 6 of the GPCNDD of the QOF Guidance).

15

The contractor will:

1. Review the care of all patients newly diagnosed between 1 January 2014 and 31 December 2014 with lung (including mesothelioma) or digestive system cancer using a Significant Event Analysis tool.
2. Summarise learning and actions to be shared with the network and the wider LHB.
3. Identify and include any relevant actions to be addressed in the Practice Development Plan.
4. Summarise themes and actions for review with the GP cluster network and share information with the LHB as required.

The outcomes of the GP cluster analysis to be included in the GP Cluster Network Annual Report.

It is anticipated that the GP cluster network will discuss the learning from this work and agree necessary actions towards the end of the contract year.

The contractor to provide a statement to the LHB, by 31 March 2015, that they have identified outcomes from the GP cluster analysis to be considered for inclusion in the GP Cluster Network Annual Report and any relevant actions to be included in the Practice Development Plan.

CND007W: Improving end of life care (guidance at Annex 7 of the GPCNDD of the QOF Guidance).

15

The contractor will:

1. Identify all deaths **(1)** (up to a maximum of 5/ 1000 registered patients) occurring between 1 January 2014 and 31 December 2014.
2. Use the individual case review to assess delivery of end of life care (at Appendix 2, Annex 7 of the GPCNDD of the QOF Guidance).
3. Identify and include actions to be addressed in the Practice Development Plan.
4. Summarise themes and actions for review with the

(1) Exclude sudden deaths that could not have been anticipated e.g. due to accident.

cluster network at the meetings and share information with the LHB as required.

The outcomes of this work to be included within the GP Cluster Network Annual Report at indicator CND 004W.

It is anticipated that the GP cluster network will discuss the learning from this work and agree necessary actions towards the end of the contract year.

The contractor to provide a statement to the LHB, by 31 March 2015, that they have identified outcomes from the GP cluster analysis to be considered for inclusion in the GP Cluster Network Annual Report and any relevant actions to be included in the Practice Development Plan.

CND008W :Minimising the harms of polypharmacy (guidance at Annex 8 of the GPCNDD of the QOF Guidance)

15

The contractor will:

1. Identify and record number the % of patients aged 85 years or more receiving 6 or more medications.
2. Undertake face to face medication reviews, using the “No Tears“ approach or similar tool as agreed within the cluster, for at least 60% of the cohort defined in 1 above (for a minimum number equivalent to 5/1000 registered patients. If the minimum number of reviews cannot be undertaken because of the small size of the cohort defined in 1 above, consider reducing the age limit until the minimum is reached)
3. Identify actions to be addressed in the Practice Development Plan.
4. Summarise themes and actions for review with the GP cluster network and share information with the LHB as required.

The outcomes of this work to be included within the GP Cluster Network Annual Report at indicator CND 004W.

It is anticipated that the GP cluster network will discuss the learning from this work and agree necessary actions towards the end of the contract year.

The contractor to provide a statement to the LHB, by 31 March 2015, that they have identified outcomes from the GP cluster analysis to be considered for inclusion in the GP Cluster Network Annual Report and any relevant actions to be included in the Practice Development Plan.

SCHEDULE 2^{Direction 14}

CALCULATION OF THE CERVICAL SCREENING ADDITIONAL SERVICES SUB-DOMAIN OF THE PUBLIC HEALTH DOMAIN ACHIEVEMENT POINTS

CALCULATION OF THE CERVICAL SCREENING SUB-DOMAIN ADDITIONAL SERVICE

Achievement points

E.1 The additional service indicators do not apply to all of the contractor's registered population. Assessment of achievement is carried out in relation to the target population. The relevant target populations for cervical screening is—

| Additional service | Target Population |
|-----------------------------|----------------------------------------------------------------------------------------|
| Cervical screening services | Females who have attained the age of 25 years but not yet attained the age of 65 years |

E.2. For example, to meet the requirement of the cervical screening indicator, cervical screening will only need to be offered to the practice's registered population of females who have attained the age of 25 years but not yet attained the age of 65 years.

E.3. For the cervical screening additional service a Target Population Factor is to be calculated as follows—

- (i) first the number of patients registered with the contractor in the relevant target population at the relevant date (A) is to be divided by the contractor's CRP at the relevant date (B);
- (ii) then the average number of patients registered with all contractors in Wales in the relevant target population at the relevant date (C) is to be divided by the average CRP for Wales (according to the Exeter Registration System) at the relevant date (D); and
- (iii) the number produced by the calculation in paragraph (a) is then to be divided by the number produced by the calculation in paragraph (b) to produce the Target Population Factor for the cervical screening additional service.

E4. For the purposes of paragraph E.3, the "relevant date" is the date in respect of which the value of the contractors CPI that is being used to calculate its Achievement Payment is established. Generally this is the start of the final quarter of the financial year to which the Achievement Payment relates, but see paragraph 6.9.

E.5. The Target Population Factor for the cervical screening additional service is to be multiplied by £154.83 and by the Achievement Points obtained in respect of the cervical screening additional service (E) to produce the cash total in respect of the additional service (F).

E.6. This calculation could be expressed as –

$$\frac{(A \div B)}{(C \div D)} \times £154.83 \times E = F$$

E.7. If the contractor has not been under an obligation to provide the additional service for any period during the financial year to which the Achievement Payment relates, the adjusted total for that particular additional service is to be further adjusted by the fraction produced by dividing—

- (i) the number of days in the financial year during which its GMS contract had effect and the contractor was under no obligation to provide the additional service; by
- (ii) the number of days in the financial year during which the contract had effect.

E.8 The resulting cash amount, for the additional service, is the total amount in respect of the additional service domain.

SCHEDULE 3^{Direction 17}

ANNEX J

Amendments to the Directions to Local Health Boards as to the Statement of Financial Entitlements Directions 2013 which came into force on 11 June 2013

- (a) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) Directions 2013 (2013 No.60), which were made on 30 September 2013.