The Oberoi Consulting Guide to QOF:
Updates for 2019/20

1 Improving the Quality and Outcomes Framework (QOF)

- An extensive review into the QOF was launched in 2017 involving analysis of evidence, engagement with practices, organisations and the public.
- Whilst the review concluded a “significant refresh” is needed, the general consensus in England, unlike Scotland and Wales is for evolution of QOF over abolition.
- Positives of QOF include its ability and focus on specific biomedical markers which are evidence based to improve care, whilst negatives include reversal of quality achievement when indicators are dropped.

2 Notable Weaknesses

- QOF has been said to feel like “tick-box medicine” and there may be better outcomes by taking a **“holistic, personalised and targeted approach”**.
- Arrangements for exception reporting are too crude and lack transparency
- The scheme is slow in adapting to changing evidence bases.

3 Retiring and Recycling Indicators

- 28 indicators worth 175 points (31% of the scheme have been retired in April 2019).
- Of these 175 points, 101 points have been recycled into 15 more clinically appropriate indicators.

4 Five New Indicators

- Reducing iatrogenic harm and improving outcomes in diabetes care (43 points)
- Aligning blood pressure control targets with NICE guidance (41 points)
- Supporting an age-appropriate cervical screening offer (11 points)
- Offering pulmonary rehabilitation for patients with COPD (2 points)
- Improving focus on weight management as part of physical health care for patients with Schizophrenia, Bipolar Affective Disorder and other Psychoses (4 points)

5 Personalised Care Adjustment

- Whilst exception reporting is a required element of the QOF, the current process doesn’t allow practices to distinguish between patients who have not received or been offered care and those who have done so on the basis of informed choices.
- High levels of exception reporting can therefore often be unjustly translated to poor quality care.
- The current exception reporting system has now been replaced by a more precise ‘personalised care adjustment’.
- Practices can now specify reasons using five options for adjusting care and removing a patient from the indicator denominator:
    - Unsuitability for the patient
    - Patient choice
    - Patient didn’t respond to offers of care
    - Specific service is not available (only for use with limited indicators, HF002, AST002, COPD002, DM014 and the new pulmonary rehabilitation indicator)
    - Newly diagnosed/newly registered

6 Quality Improvement

- The remaining 74 points arising from indicator retirement will be used to create two Quality Improvement modules within a new Quality Improvement domain.
- In 2019/20, the modules will cover Prescribing Safety and End of Life Care.

Source: https://www.england.nhs.uk/wp-content/uploads/2019/05/gms-contract-qof-guidance-april-2019.pdf

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New Indicators for 2019/20

Clinical Area	Indicator	Points	Achievement Thresholds
Cervical Screen	**CS005** - The proportion of women eligible for screening aged 25-49 years at end of period reported whose notes record that an adequate cervical screening test has been performed in the previous 3 years and 6 months.	**7**	**45-80%**
Cervical Screen	**CS006** - The proportion of women eligible for screening and aged 50-64 years at end of period reported whose notes record that an adequate cervical screening test has been performed in the previous 5 years and 6 months.	**4**	**45-80%**
COPD	**COPD008** - The % of patients with COPD and Medical Research Council (MRC) dyspnoea scale ≥3 at any time in the preceding 12 months, with a subsequent record of an offer of referral to a pulmonary rehabilitation programme (excl. those who have previously attended a pulmonary rehabilitation programme.	**2**	**40-90%**
Diabetes	**DM019** - The % of patients with diabetes, on the register, without moderate or severe frailty in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80mmHg or less.	**10**	**38-78%**
Diabetes	**DM020** - The % of patients with diabetes, on the register, without moderate or severe frailty in whom the last IFCC-HbA1c is 58 mmol/mol or less in the preceding 12 months.	**17**	**35-75%**
Diabetes	**DM021** - The % of patients with diabetes, on the register, with moderate or severe frailty in whom the last IFCC-HbA1c is 75 mmol/mol or less in the preceding 12 months.	**10**	**52-92%**
Diabetes	**DM022** - The % of patients with diabetes aged 40 years and over, with no history of cardiovascular disease and without moderate or severe frailty, who are currently treated with a statin (excl. patients with type 2 diabetes and a CVD risk score of <10% recorded in the preceding 3 years).	**4**	**50-90%**
Diabetes	**DM023** - The % of patients with diabetes and a history of cardiovascular disease (excl. haemorrhagic stroke) who are currently treated with a statin.	**2**	**50-90%**
Hypertension	**HYP003** - The % of patients aged 79 years or under with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less.	**14**	**40-77%**
Hypertension	**HYP007** - The % of patients aged 80 years and over with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less.	**5**	**40-80%**
Mental Health	**MH006** - The % of patients with schizophrenia, bipolar affective diso psychoses who have a record of BMI in the preceding 12 months.	**4**	**50-90%**
CHD	**CHD008** - The % of patients aged 79 years or under with coronary heart disease in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less.	**12**	**40-77%**
CHD	**CHD009** - The % of patients aged 80 years or over with coronary heart disease in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less.	**5**	**46-86%**
Stroke/TIA	**STIA010** - The % of patients aged 79 years or under with a history of stroke or TIA in whom the least blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less.	**3**	**40-73%**
Stroke/TIA	**STIA011** - The % of patients aged 80 years and over with a history of stroke or TIA in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less.	**2**	**46-86%**
QI	**QI001** - The contractor can demonstrate continuous quality improvement activity focused upon prescribing safety as specified in the QOF guidance.	**27**	**N/A**
QI	**QI002** - The contractor has participated in network activity to regularly share and discuss learning from quality improvement activity as specified in the QOF guidance. This would usually include participating in a minimum of two peer review meetings.	**10**	**N/A**
QI	**QI003** - The contractor can demonstrate continuous quality improvement activity focused upon end of life care as specified in the QOF guidance.	**27**	**N/A**
QI	**QI004** - The contractor has participated in network activity to regularly share and discuss learning from quality improvement activity as specified in the QOF guidance. This would usually include participating in a minimum of two peer review meetings.	**10**	**N/A**

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