D I R E C T I O N S

NATIONAL HEALTH SERVICE, ENGLAND

The General Medical Services Statement of Financial Entitlements (Amendment) Directions 2015

The Secretary of State for Health gives the following directions as to payments to be made under general medical services contracts in exercise of the powers conferred by sections 87, 272(7) and (8) and 273(1) of the National Health Service Act 2006(**a**).

In accordance with section 87(4) of that Act, the Secretary of State for Health has consulted the body appearing to the Secretary of State to be representative of persons to whose remuneration these Directions relate and has consulted such other persons as the Secretary of State for Health considers appropriate.

PART 1

General

Citation and commencement

1.—(1) These Directions may be cited as the General Medical Services Statement of Financial Entitlements (Amendment) Directions 2015.

(2) They come into force on 1st April 2015.

Interpretation

2. In these Directions, "the principal Directions" means the General Medical Services Statement of Financial Entitlements Directions 2013(**b**).

(**a**) 2006 (c.4); section 87 of the National Health Service Act 2006 ("the 2006 Act") was amended by section 55(1) of, and paragraph 33 of Schedule 4 to, the Health and Social Care Act 2012 (c.7) ("the 2012 Act"). By virtue of section 271(1) of the 2006 Act, the powers conferred by these sections are exercisable by the Secretary of State only in relation to England. Section 273 of the 2006 Act was amended by section 21(6), 47(7) and 55(1) of, and paragraph 137 of Schedule 4 to, the 2012 Act.

(**b**) Those Directions were signed on 27th March 2013 and were amended by the General Medical Services Statement of Financial Entitlements (Amendment) Directions 2013 which were signed on 18th September 2013; the General Medical Services Statement of Financial Entitlements (Amendment) Directions 2014 which were signed on 28th March 2014; and the General Medical Services Statement of Financial Entitlements (Amendment No.2) Directions 2014 which were signed on 30th September 2014. Copies of these Directions are available at: https://www.gov.uk/government/publications/nhs-primary-medical-services-directions-2013 and from the Department of Health, Richmond House, 79 Whitehall, London SW1A 2NS.

PART 2

Amendment of Part 1 of the principal Directions (global sum and minimum practice income guarantee)

Amendment of Section 2 of the principal Directions

3. In Section 2 of the principal Directions (global sum payments)—

(a) in paragraph 2.3 (calculation of a contractor's first Initial Global Sum Monthly Payment), for "£73.56" substitute "£75.77"; and

(b) in paragraph 2.5 (calculation of Adjusted Global Sum Monthly Payments), in column 2 of Table 1 (percentage of initial GSMP), for "5.46" substitute "5.39".

PART 3

Amendment of Part 2 of the principal Directions (Quality and Outcomes Framework)

Amendment of Section 4 of the principal Directions

4. In Section 4 of the principal Directions (general provisions relating to the quality and outcomes framework)—

(a) in paragraph 4.3, for "1st April 2014" substitute "1st April 2015";

(b) in paragraph 4.19, for "the financial year commencing on 1st April 2014 and ending on 31st March 2015" substitute "the financial year commencing on 1st April 2015 and ending on 31st March 2016"; and

(c) in paragraph 4.20, for "1st April 2014 to 31st March 2015" substitute "1st April 2016 to 31st March 2017".

Amendment of Section 6 of the principal Directions

5. In Section 6 of the principal Directions (achievement payments: calculation, payment, arrangements and conditions of payment, in paragraphs 6.6, 6.7 and 6.8, for "£156.92" substitute "£160.15".

PART 4

Amendment of Part 3 of the principal Directions (Directed Enhanced Services)

Amendment of Section 7 of the principal Directions

6. In Section 7 of the principal Directions (extended hours access scheme for the period 1st April 2014 to 31st March 2015)—

(a) in the heading, for "1st APRIL 2014 TO 31st MARCH 2015" substitute "1st APRIL 2015 TO 31st MARCH 2016";

(b) in paragraph 7.1, for the words beginning ""financial year" to the end of the paragraph substitute ""financial year" means the period commencing on 1st April 2015 and ending on 31st March 2016";

(c) in paragraph 7.2, for "31st March 2015" in sub-paragraph (a), substitute "31st March 2016"; and

(d) in paragraph 7.7, for "31st March 2015" substitute "31st March 2016".

Omission of Section 8 of the principal Directions

7. Omit Section 8 of the principal Directions (alcohol related risk reduction scheme for the period 1st April 2014 to 31st March 2015).

Amendment of Section 9 of the principal Directions

8. In Section 9 of the principal Directions (learning disabilities health check scheme for the period 1st April 2014 to 31st March 2015)—

(a) in the heading, for "1st APRIL 2014 TO 31st MARCH 2015" substitute "1st APRIL 2015 TO 31st MARCH 2016";

(b) in paragraph 9.1, for the words beginning ""financial year" to the end of the paragraph substitute ""financial year" means the period commencing on 1st April 2015 and ending on 31st March 2016";

(c) in paragraph 9.5, for "31st March 2014" substitute "31st March 2015";

(d) in paragraph 9.10, for "31st March 2015" substitute "31st March 2016"; and

(e) in paragraph 9.15 and its heading, for "31st March 2015", in each place where it appears, substitute "31st March 2016".

Omission of Section 10 of the principal Directions

9. Omit Section 10 of the principal Directions (patient participation scheme).

Amendment of Section 11 of the principal Directions

10. In Section 11 of the principal Directions (childhood immunisations)—

(a) in paragraph 11.10—

(i) for "63", in each place where it appears, substitute "64",

(ii) for "£722.61" substitute "£632.11", and

(iii) for "£2,167.82" substitute "£1,896.82"; and

(b) in paragraph 11.20, for "61" substitute "63".

PART 5

Amendment of Part 4 of the principal Directions (payments for specific purposes)

Amendment of Section 14 of the principal Directions

11. In Section 14 of the principal Directions (shingles immunisation programme)—

(a) for paragraph 14.1 substitute—

"**14.1.**—(1) This Section makes provision for payments to be made to a contractor, which is contracted to provide the Shingles vaccine as part of an Additional Service, in respect of the administration by the contractor of the vaccine as part of the Shingles Immunisation Programme.

(2) Payments to a contractor provided for under this Section are conditional upon the administration by the contractor of the Shingles vaccines in accordance with the Green Book which contains information for public health professionals regarding immunisation and which can be found at: https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book"; and

(b) for paragraph 14.2 substitute—

"**14.2.** The Board must pay £7.64 in respect of each registered patient of the contractor who has—

(a) attained the age of 70 years on or after 1st September 2013 but who has not yet attained the age of 80 years; and

(b) received the Shingles vaccine during the financial year ending 31st March 2016.".

Insertion of new Section 14C into the principal Directions

12. After Section 14B of the principal Directions (hepatitis B vaccinations for babies) insert—

"**Human Papilloma Virus (HPV) Booster**

14C.1.—(1) This Section makes provision for payments to be made to a contractor, which is contracted to provide the Human Papilloma Virus (HPV) Booster vaccine as part of an Additional Service, in respect of the administration by the contractor of the vaccine to girls in the Target Group which is adolescent girls who have attained the age of 14 years on or after 1st April 2015 but who have not yet attained the age of 18 years in the financial year.

(2) Payments to a contractor provided for under this Section are conditional upon the administration by the contractor of the HPV Booster vaccines in accordance with the Green Book which contains information for public health professionals regarding immunisation and which can be found at: https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book

14C.2.—(1) The Board must pay to the contractor which is contracted to provide the Vaccines and Immunisations Programme as an Additional Service, a payment of £7.64 for each dose of the HPV Booster vaccine which is administered to a registered patient in the Target Group who has not taken up the offer of the vaccination from the national school age vaccination programme for HPV Booster whether pursuant to a request from patient or otherwise.

(2) Where a patient referred to in paragraph (1) commenced a course of the HPV Booster vaccine before her 15th birthday and—

(a) has received the second dose of the vaccine before her 18th birthday but has not received the final completing dose of the vaccine; and

(b) the contractor administers the final completing dose of the HPV Booster vaccine to that patient,

the Board must pay the contractor in accordance with paragraph 14C.2.

(3) Where a patient referred to in paragraph (1) commenced but has failed to complete a course of the HPV Booster vaccine after her 15th birthday and the contractor administers the outstanding doses of the vaccine to the patient, the Board must pay the contractor in accordance with paragraph 14C.2 if—

(a) the contractor administers the second dose of the vaccine to the patient—

(i) at least one month following the administration of the first dose, and

(ii) before the patient's 18th birthday; and

(b) the contractor administers the final completing dose of the vaccine to the patient between four and six months after the date on which it administered the second dose of the vaccine to the patient.

(4) The Board must pay the contactor in accordance with paragraph 14C.2 where the vaccination status of a patient in the Target Group for the HPV Booster vaccine described in paragraph (1) is unknown and the contractor is able to begin administering the vaccine to the patient—

(a) before the patient's 15th birthday, and the contactor administers two doses of the vaccine to the patient with an interval of at least six months between each dose; or

(b) after the patient's 15th birthday, and the contractor administers—

(i) the first dose of the vaccine to the patient,

(ii) a second dose of the vaccine to the patient one month after the administration of the first dose, and

(iii) the final completing dose of the vaccine to the patient at least four to six months after the administration of the second dose,

the Board must pay the contractor in accordance with paragraph 14C.2.

Eligibility for payment

14C.3. A contractor is only eligible for a payment if the following conditions are met—

(a) the contractor is contracted to provide vaccines and immunisations as part of Additional Services;

(b) the patient in respect of whom the payment is claimed was on the contractor's list of registered patients at the time the vaccine was administered;

(c) the contractor administers the vaccine to the patient in respect of whom the payment is claimed;

(d) the patient in respect of whom the payment is claimed is a person who falls within the Target Group referred to in paragraph 14C.2 when the vaccine was administered;

(e) the contractor does not receive any payment from any other source in respect of the vaccine (if the contractor does receive any such payment from any other source, the Board must give serious consideration to recovering any payment made under this Section in respect of that patient pursuant to paragraphs 25.1 and 25.2 (overpayments and withheld amounts); and

(f) the contractor submits the claim within 6 months of administering the vaccine.

14C4. The Board may set aside the requirement that the contractor submit the claim within 6 months of administering the vaccine if it considers it reasonable to do so.

Claims for payment

14C.5. The contractor must submit claims in respect of each dose of the vaccine after they have been administered at a frequency to be agreed between the Board and the contractor (which must be a frequency which provides for the relevant claim to be submitted within 6 months of administering the final completing vaccination), or if agreement cannot be reached, within 14 days of the end of the month during which the final completing course of the vaccine was administered. Any amount payable falls due on the next date, following the expiry of 14 days after the claim is submitted, when the contractor's Payable GSMP falls due.

14C.6. The Board must ensure that the receipt and payment in respect of any claims are properly recorded and that each such claim has a clear audit trail.

Conditions attached to payment

14C.7. A payment under the provisions of this Section is only payable if the contractor satisfies the following conditions—

(a) the contractor must supply the Board with the following information in respect of each patient for which a payment is claimed—

(i) the name of the patient,

(ii) the date of birth of the patient,

(iii) the NHS number, where known, of the patient,

(iv) confirmation that the patient has received the vaccine in accordance with paragraph 14C.2, and

(v) the date or dates on which the vaccine was administered by the contractor,

but, where the patient objects to details of the patient's name or date of birth being supplied to the Board, the contractor need not supply such information to the Board but must supply the patient's NHS number;

(b) the contractor must provide appropriate information and advice to the patient about the vaccine and immunisation;

(c) the contractor must record in the patient's records, kept in accordance with paragraph 73 of Schedule 6 to the 2004 Regulations, any refusal of an offer of the HPV vaccine;

(d) where the HPV vaccine is administered, the contractor must record in the patient's records kept in accordance with paragraph 73 of Schedule 6 to the 2004 Regulations, those matters set out in paragraph 4(3)(e) of Schedule 2 to the 2004 Regulations;

(e) the contractor must ensure that any health care professional who performs any clinical service in connection with the administration of the vaccine has such clinical experience and training as are necessary to enable that health care professional to properly perform such services and that such health care professionals are trained in the recognition and initial treatment of anaphylaxis;

(f) the contractor must make available to the Board any information which the Board does not have but needs, and the contractor either has or could be reasonably expected to obtain, in order to form its opinion on whether the contractor is eligible for the payment under the provisions of this Section;

(g) the contractor must make any returns required of it (whether computerised or otherwise) to the Exeter Registration System(**a**), and do so promptly and fully; and

(h) all information provided pursuant to or in accordance with this paragraph must be accurate.

14C.8. If the contractor breaches any of these conditions, the Board may, in appropriate circumstances, withhold payment of all or any part of any payment due under this Section.

Meningococcal C (MenC) Booster Vaccination

14D.1.—(1) This Section makes provision for payments to be made to a contractor, which is contracted to provide the Meningococcal C (MenC) Booster vaccine part of an Additional Service, in respect of the administration by the contractor of the vaccine to all patients in the Target Group which is patients who have attained the age of 14 years on or after 1st April 2015 but who have not yet attained the age of 26 years in the financial year.

(2) Payments to a contractor provided for under this Section are conditional upon the administration by the contractor of the MenC Booster vaccine in accordance with the Green Book which contains information for public health professionals regarding immunisation and which can be found at: https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book

14D.2.—(1) The Board must pay to a contractor who is contracted to provide the Vaccines and Immunisations Programme as an Additional Service a payment of £7.64 for each dose of the MenC Booster vaccine which is administered to a registered patient in the Target Group who has not previously taken up the offer of the vaccination from the national

(**a**) The Exeter Registration System is an NHS database of all patients who are registered with an NHS GP practice in England.

school age vaccination programme for MenC whether pursuant to a request of that patient or otherwise.

(3) Where the vaccination status of a patient in the Target Group for the MenC vaccination described in paragraph (1) is incomplete or unknown and the contractor administers a booster dose of the MenC vaccine to the patient—

(a) after the patient's 10th birthday; and

(b) before the patient reaches the age of 26 years,

the Board must pay the contractor in accordance with paragraph 14D.3.

Eligibility for payment

14D.3. A contractor is only eligible for a payment under this Section in circumstances where the following conditions are met—

(a) the contractor is contracted to provide vaccines and immunisations as part of Additional Services;

(b) the patient in respect of whom the payment is claimed was on the contractor's list of registered patients at the time the vaccine was administered;

(c) the contractor administers the vaccine to the patient in respect of whom the payment is claimed;

(d) the patient in respect of whom the payment is claimed is a person who falls within the Target Group referred to in paragraph 14D.1 when the vaccine was administered;

(e) the contractor does not receive any payment from any other source in respect of the vaccine (if the contractor does not receive any such payment from any other source, the Board must give serious consideration to recovering any payment made under this Section in respect of that patient pursuant to paragraphs 25.1 and 25.2 (overpayments and withheld amounts); and

(f) the contractor submits the claim within 6 months of administering the vaccine.

14D.4. The Board may set aside the requirement that the contractor submit the claim within 6 months of administering the vaccine if it considers it reasonable to do so.

Claims for payment

14D.5. The contractor is to submit claims in respect of the final completing dose of the vaccine after they have been administered at a frequency to be agreed between the Board and the contractor (which must be a frequency which provides for the relevant claim to be submitted within 6 months of administering the final completing vaccination), or if agreement cannot be reached, within 14 days of the end of the month during which the final completing course of the vaccine was administered. Any amount payable falls due on the next date, following the expiry of 14 days after the claim is submitted, when the contractor's Payable GSMP falls due.

14D.6. The Board must ensure that the receipt and payment in respect of any claims are properly recorded and that each such claim has a clear audit trail.

Conditions attached to payment

14D.7. A payment under the provisions of this Section is only payable if the contractor satisfies the following conditions—

(a) the contractor must supply the Board with the following information in respect of each patient for which a payment is claimed—

(i) the name of the patient,

(ii) the date of birth of the patient,

(iii) the NHS number, where known, of the patient,

(iv) confirmation that the patient has received the vaccine in accordance with paragraph 14D.2, and

(v) the date or dates on which the vaccine was administered by the contractor,

but, where the patient objects to details of the patient's name or date of birth being supplied to the Board, the contractor need not supply such information to the Board but must supply the patient's NHS number;

(b) the contractor must provide appropriate information and advice to the patient about the vaccine and immunisation;

(c) the contractor must record in the patient's records, kept in accordance with paragraph 73 of Schedule 6 to the 2004 Regulations, any refusal of an offer of the MenC vaccine;

(d) where the MenC vaccine is administered, the contractor must record in the patient's records kept in accordance with paragraph 73 of Schedule 6 to the 2004 Regulations, those matters set out in paragraph 4(3)(e) of Schedule 2 to the 2004 Regulations;

(e) the contractor must ensure that any health care professional who performs any clinical service in connection with the administration of the vaccine has such clinical experience and training as are necessary to enable that health care professional to properly perform such services and that such health care professionals are trained in the recognition and initial treatment of anaphylaxis;

(f) the contractor must make available to the Board any information which the Board does not have but needs, and the contractor either has or could be reasonably expected to obtain, in order to form its opinion on whether the contractor is eligible for the payment under the provisions of this Section;

(g) the contractor must make any returns required of it (whether computerised or otherwise) to the Exeter Registration System(**a**), and do so promptly and fully; and

(h) all information provided pursuant to or in accordance with this paragraph must be accurate.

14D.8. If the contractor breaches any of these conditions, the Board may, in appropriate circumstances, withhold payment of all or any part of any payment due under this Section."

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Amendment of Section 15 of the principal Directions

13. In Section 15 of the principal Directions (payments for locums covering maternity, paternity and adoptive leave)—

(a) in the heading "LOCUMS" substitute "GP PERFORMERS";

(b) in paragraph 15.2, after the words "the contractor may need to employ a locum" insert "or use the services of a GP performer who is a party to the contract or who is already employed or engaged by the contractor";

(c) in paragraph 15.3—

(i) after the words "and necessarily engages a locum" insert "or uses the services of a GP performer who is a party to the contract or who is already employed or engaged by the contractor (or more than one such person)",

(ii) at the end of sub-paragraph (c) omit "and", and

(iii) for sub-paragraph (d) substitute—

(**a**) The Exeter Registration System is an NHS database of all patients who are registered with an NHS GP practice in England.

"(d) the GP performer who is a party to the contract or who is already employed or engaged by the contractor is not employed full time; and

(e) the contractor is not also claiming another payment for locum cover in respect of the performer on leave pursuant to this Part,";

(d) for paragraph 15.4 substitute—

"**15.4.** The Board must consider whether or not it is necessary for the contractor to engage, or continue to engage, a locum or to use, or continue to use, the services of a GP performer who is a party to the contract or who is already employed or engaged by the contractor to cover for the absence of a GP performer under this Section having regard to the following principles—

(a) it should not normally be considered necessary for the contractor to employ a locum, or to use the services of a GP performer who is a party to the contract or who is already employed or engaged by the contractor, if the performer on leave had a right to return but that right has been extinguished;

(b) it should not normally be considered necessary for the contractor to employ a locum, or to use the services of a GP performer who is a party to the contract or who is already employed or engaged by the contractor, if the contractor has engaged a new employee or partner to perform the duties of the performer on leave and it is not carrying a vacancy in respect of another position which the performer on leave will fill on his return.";

(e) for paragraph 15.5 substitute—

"**Amounts payable**

15.5. The maximum amount payable under this Section by the Board in respect of cover for a GP performer is—

(a) in respect of the first two weeks for which the Board provides reimbursement, £1,113.74 per week; and

(b) in respect of any week thereafter for which the Board provides reimbursement, £1,734.18 per week.";

(f) in paragraph 15.7(d), after "actual cost to it of the locum cover" insert ", or the additional cost to it of the cover provided by another GP performer who is already employed or engaged by it ,"; and

(g) in paragraph 15.7, omit the word "locum" in each place where it appears in sub-paragraphs (d) and (e).

Amendment of Section 19 of the principal Directions

14. In Section 19 of the principal directions (seniority payments)—

(a) in paragraph 19.1 (general), for sub-paragraph (a)(ii) substitute—

"(ii) on 31st March 2020 to all contractors by way of an annual reduction in the level of payments made."; and

(b) in the second column of the table in paragraph 19.12 (full annual rate of payment per practitioner", for "672" substitute "0".

Amendment of Section 21 of the principal Directions

15. Omit Section 21 of the principal Directions (returners scheme).

PART 6

Amendment of Part 5 of the principal Directions (supplementary provisions)

Amendment of Section 25 of the principal Directions

16. In Section 25 of the principal Directions (administrative provisions), for paragraph 25.12 (time limitation for claiming payments) substitute—

"**Time limitation for claiming payments**

25.12.—(1) Payments are only payable if claimed before the end of the period of six years beginning with the date on which they could first have fallen due (albeit that the due date has changed pursuant to paragraph 25.5).

(2) Sub-paragraph (1) does not apply to any claims for payments which fall due under a provision of this SFE in respect of which an alternative time limit for making claims for such payments is imposed unless, in the opinion of the Board, exceptional circumstances exist which make it reasonable for that time limit to be disapplied.".

PART 7

Amendment of Annex A (Glossary) and Annex B (Global Sum)

Amendment of Part 2 of Annex A

17. In Part 2 of Annex A (definitions), for the definition of "DES Directions" substitute—

""DES Directions" means the Primary Medical Services (Directed Enhanced Services Directions) 2015 signed on 23rd March 2015;".

Amendment to Part 2 of Annex B to the principal Directions

18. In Part 2 of Annex B to the principal Directions (vaccines and immunisations), in sub-paragraph (c) of the entry in column 1 of the table in respect of Meningococcal Vaccine (MenC), for "period commencing 1st April 2014 and ending 31st March 2015" substitute "period commencing 1st April 2015 and ending 31st March 2016".

PART 8

Amendment of Annex D (Quality and Outcomes Framework)

Amendment of Section 1 of Annex D to the principal Directions

19. In section 1 of Annex D to the principal Directions (introduction)—

(a) in paragraph D4.3 (indicators: general), for sub-paragraph (b) substitute—

"(b) in indicator CAN003, "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 date or 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;";

(b) omit paragraph D.8 (disease registers);

(c) in paragraph D.15, for "www.nhsemployers.org" substitute "www.nhsemployers.org/QoF".

Amendment of Section 2 of Annex D to the principal Directions

20. In Section 2 of Annex D of the principal Directions (summary of QOF indicators), for Sections 2.1 (clinical domain) and 2.2 (public health domain) substitute the text in Schedule 1.

PART 9

Changes to Annex E (calculation of the additional services sub-domain of the public health domain achievement points and Annex I (routine childhood vaccinations and immunisations)

Amendment of Annex E of the principal Directions

21. In Annex E of the principal Directions (calculation of the additional services sub-domain achievement points), in paragraphs E.5 and E.6 of Annex E (achievement points), for "£156.92" substitute "£160.15".

Amendment of Annex I of the principal Directions

22. In Annex I of the principal Directions (routine childhood vaccines and immunisations), in the third row of the table in paragraph I.1.3 (immunisations for children who have reached the aged four months), omit the entry in respect of Meningococcal C (MenC).

PART 10

Saving in respect of revocations

Saving of the effect of sections 8 and 10 of the principal Directions

23. Notwithstanding the omissions made by directions 7 and 9, sections 8 and 10 of the principal Directions, as in force immediately before 1st April 2014, are to continue to apply to the extent necessary to assess any entitlement to payment, or to make any such payment, in respect of services provided under arrangements made in accordance with—

(a) the Alcohol Related Risk Reduction Scheme for the period 1st April 2014 to 31st March 2015; and

(b) the Patient Participation Scheme.

Signed by authority of the Secretary of State for Health

Name
Member of the Senior Civil Service
Department of Health

Date

SCHEDULE 1

Revised text of Section 2 of Annex D to the principal directions

Section 2: Summary of QOF indicators

Section 2.1: Clinical domain (435 points)

Section 2.1. applies to all contractors participating in QOF.

Atrial fibrillation (AF)

Indicator	Points	Achievement thresholds
Records		
AF001. The contractor establishes and maintains a register of patients with atrial fibrillation	5	
Ongoing management		
AF006. The percentage of patients with atrial fibrillation in whom stroke risk has been assessed using the CHA_2DS_2-VASc score risk stratification scoring system in the preceding 12 months (excluding those patients with a previous $CHADS_2$ or CHA_2DS_2-VASc score of 2 or more) *NICE 2014 menu ID: NM81*	12	40-90%
AF007. In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy *NICE 2014 menu ID: NM82*	12	40-70%

For AF007, patients with a previous score of 2 or above using $CHADS_2$, recorded prior to 1 April 2015 will be included in the denominator.

Secondary prevention of coronary heart disease (CHD)

Indicator	Points	Achievement thresholds
Records		
CHD001. The contractor establishes and maintains a register of patients with coronary heart disease	4	
Ongoing management		
CHD002. The percentage of patients with coronary heart disease in whom the last blood pressure reading (measured in the preceding	17	53–93%

12 months) is 150/90 mmHg or less		
CHD005. The percentage of patients with coronary heart disease with a record in the preceding 12 months that aspirin, an alternative anti-platelet therapy, or an anti-coagulant is being taken	7	56–96%
CHD007. The percentage of patients with coronary heart disease who have had influenza immunisation in the preceding 1 August to 31 March	7	56–96%

Heart failure (HF)

Indicator	Points	Achievement thresholds
Records		
HF001. The contractor establishes and maintains a register of patients with heart failure	4	
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 3 months before or 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	60–100%
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	40–65%

Disease registers for heart failure

There are two disease registers used for the HF indicators for the purpose of calculating APDF (practice prevalence):

1. a register of patients with HF is used to calculate APDF for HF001 and HF002,
2. a register of patients with HF due to left ventricular systolic dysfunction (LVSD) is used to calculate APDF for HF003 and HF004.

Register 1 is defined in indicator HF001. Register 2 is a sub-set of register 1 and is composed of patients with a diagnostic code for LVSD as well as for HF.

Hypertension (HYP)

Indicator	Points	Achievement thresholds

Records		
HYP001. The contractor establishes and maintains a register of patients with established hypertension	6	
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	20	45–80%

Peripheral arterial disease (PAD)

Indicator	Points	Achievement thresholds
Records		
PAD001. The contractor establishes and maintains a register of patients with peripheral arterial disease *NICE 2011 menu ID: NM32*	2	
Ongoing management		
PAD002. The percentage of patients with peripheral arterial disease in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less *NICE 2011 menu ID: NM34*	2	40–90%
PAD004. The percentage of patients with peripheral arterial disease with a record in the preceding 12 months that aspirin or an alternative anti-platelet is being taken *NICE 2011 menu ID: NM33*	2	40–90%

Stroke and transient ischaemic attack (STIA)

Indicator	Points	Achievement thresholds
Records		
STIA001. The contractor establishes and maintains a register of patients with stroke or TIA	2	
Initial diagnosis		
STIA008. 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 latest recorded stroke or the first TIA	2	45–80%
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 12 months) is 150/90 mmHg or less	5	40–75%

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 12 months that an anti-platelet agent, or an anti-coagulant is being taken	4	57–97%
STIA009. The percentage of patients with stroke or TIA who have had influenza immunisation in the preceding 1 August to 31 March	2	55–95%

Diabetes mellitus (DM)

Indicator	Points	Achievement thresholds
Records		
DM017. 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 *NICE 2011 menu ID: NM41*	6	
Ongoing management		
DM002. The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less *NICE 2010 menu ID: NM01*	8	53–93%
DM003. The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less *Based on NICE 2010 menu ID: NM02*	10	38–78%
DM004. The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less	6	40–75%
DM006. The percentage of patients with diabetes, on the register, with a diagnosis of nephropathy (clinical proteinuria) or micro-albuminuria who are currently treated with an ACE-I (or ARBs)	3	57–97%
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 12 months *NICE 2010 menu ID: NM14*	17	35–75%
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 12 months	8	43–83%
DM009. The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 75 mmol/mol or less in the preceding 12 months	10	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 12 months *NICE 2010 menu ID: NM13*	4	50–90%
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 *NICE 2011 menu ID: NM27*	11	40–90%
DM018. The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March	3	55–95%

Asthma (AST)

Indicator	Points	Achievement thresholds
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	4	
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 or any time 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 12 months that includes an assessment of asthma control using the 3 RCP questions *NICE 2011 menu ID: NM23*	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 12 months	6	45–80%

Chronic obstructive pulmonary disease (COPD)

Indicator	Points	Achievement thresholds
Records		
COPD001. The contractor establishes and maintains a register of patients with COPD	3	
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 12 months	9	50–90%
COPD004. The percentage of patients with COPD with a record of FEV_1 in the preceding 12 months	7	40–75%
COPD005. The percentage of patients with COPD and Medical Research Council dyspnoea grade ≥3 at any time in the preceding 12 months, with a record of oxygen saturation value within the preceding 12 months *NICE 2012 menu ID: NM63*	5	40-90%
COPD007. The percentage of patients with COPD who have had influenza immunisation in the preceding 1 August to 31 March	6	57-97%

Dementia (DEM)

Indicator	Points	Achievement thresholds
Records		
DEM001. The contractor establishes and maintains a register of patients diagnosed with dementia	5	
Ongoing management		
DEM004. The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months	39	35–70%

DEM005. The percentage of patients with a new diagnosis of dementia recorded in the preceding 1 April to 31 March with a record of FBC, calcium, glucose, renal and liver function, thyroid function tests, serum vitamin B12 and folate levels recorded between 12 months before or 6 months after entering on to the register *Based on NICE 2010 menu ID: NM09*	6	45–80%

Depression (DEP)

Indicator	Points	Achievement thresholds
Initial management		
DEP003. 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 10 days after and not later than 56 days after the date of diagnosis *Based on NICE 2012 menu ID: NM50*	10	45–80%

Disease register for depression

There is no register indicator for the depression indicator. The disease register for the depression indicator for the purpose of calculating the APDF 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)

Indicator	Points	Achievement thresholds
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	4	
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 12 months, agreed between individuals, their family and/or carers as appropriate	6	40–90%
MH003. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of blood pressure in the preceding 12 months *NICE 2010 menu ID: NM17*	4	50–90%

MH007. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of alcohol consumption in the preceding 12 months *NICE 2010 menu ID: NM15*	4	50–90%
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 *NICE 2010 menu ID: NM20*	5	45–80%
MH009. The percentage of patients on lithium therapy with a record of serum creatinine and TSH in the preceding 9 months *NICE 2010 menu ID: NM21*	1	50–90%
MH010. The percentage of patients on lithium therapy with a record of lithium levels in the therapeutic range in the preceding 4 months *NICE 2010 menu ID: NM22*	2	50–90%

Disease register for mental health

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

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:

- no record of anti-psychotic medication
- no mental health in-patient episodes; and
- no secondary or community care mental health follow-up for at least five years.

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 denominator for mental health indicators MH002, MH003, MH007 and MH008.

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.

In the event that a patient experiences a relapse and is coded as such, they will again be included in all the associated indicators for schizophrenia, bipolar affective disorder and other psychoses and their care plan should be updated.

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)

Indicator	Points	Achievement thresholds
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'	5	
Ongoing management		
CAN003. 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 date of diagnosis *Based on NICE 2012 menu ID: NM62*	6	50–90%

Chronic kidney disease (CKD)

Indicator	Points	Achievement thresholds
Records		
CKD005. The contractor establishes and maintains a register of patients aged 18 or over with CKD with classification of categories G3a to G5 (previously CKD Stage 3 to 5) *Based on NICE 2014 menu ID: NM83*	6	

Epilepsy (EP)

Indicator	Points	Achievement thresholds
Records		
EP001. The contractor establishes and maintains a register of patients aged 18 or over receiving drug treatment for epilepsy	1	

Learning disability (LD)

Indicator	Points	Achievement thresholds
Records		
LD003. The contractor establishes and maintains a register of patients with learning disabilities	4	

Osteoporosis: secondary prevention of fragility fractures (OST)

Indicator	Points	Achievement thresholds
Records		
OST004 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 2014 and a diagnosis of osteoporosis *NICE 2011 menu ID: NM29*	3	
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 *NICE 2011 menu ID: NM30*	3	30–60%
OST005. The percentage of patients aged 75 or over with a record of a fragility fracture on or after 1 April 2014 and a diagnosis of osteoporosis, who are currently treated with an appropriate bone-sparing agent *NICE 2011 menu ID: NM31*	3	30–60%

Disease register for osteoporosis

Although the register indicator OST004 defines two separate registers, the disease register for the purpose of calculating the APDF is defined as the sum of the number of patients on both registers.

Rheumatoid arthritis (RA)

Indicator	Points	Achievement thresholds
Records		
RA001. The contractor establishes and maintains a register of patients aged 16 or over with rheumatoid arthritis *NICE 2012 menu ID: NM55*	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 12 months *NICE 2012 menu ID: NM58*	5	40–90%

Palliative care (PC)

Indicator	Points	Achievement thresholds
Records		
PC001. The contractor establishes and maintains a register of all patients in need of palliative care/support irrespective of age	3	
Ongoing management		
PC002. The contractor has regular (at least 3 monthly) multi-disciplinary case review meetings where all patients on the palliative care register are discussed	3	

Disease register for palliative care

There is no APDF 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 PC001.

Section 2.2: Public health domain

Section 2.2.1: Public health domain (124 points)

Section 2.2.1. applies to all contractors participating in QOF.

Cardiovascular disease – primary prevention (CVD-PP)

Indicator	Points	Achievement thresholds
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 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 NHS CB) of ≥20% in the preceding 12 months: the percentage who are currently treated with statins *NICE 2011 menu ID: NM26*	10	40–90%

Disease register for CVD-PP

The disease register for the purpose of calculating the APDF for the CVD-PP indicator is defined as "patients diagnosed in the preceding 12 months with a first episode of hypertension, excluding patients with the following conditions:

- CHD or angina
- stroke or TIA
- peripheral vascular disease
- familial hypercholesterolemia
- diabetes
- CKD with classification of categories G3a to G5

Blood pressure (BP)

Indicator	Points	Achievement thresholds
BP002. The percentage of patients aged 45 or over who have a record of blood pressure in the preceding 5 years *NICE 2012 menu ID: NM61*	15	50–90%

Obesity (OB)

Indicator	Points	Achievement thresholds
Records		
OB002. The contractor establishes and maintains a register of patients aged 18 years or over with a BMI ≥30 in the preceding 12 months *NICE 2014 menu ID: NM85*	8	

Smoking (SMOK)

Indicator	Points	Achievement thresholds
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 12 months *NICE 2011 menu ID: NM38*	25	50–90%
Ongoing management		
SMOK003. The contractor supports patients who smoke in stopping smoking by a strategy which includes providing literature and offering appropriate therapy	2	

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 24 months *Based on NICE 2011 menu ID: NM40*	12	40–90%
SMOK005. The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses who are recorded as current smokers who have a record of an offer of support and treatment within the preceding 12 months *NICE 2011 menu ID: NM39*	25	56–96%

Disease register for smoking

The disease register for the purpose of calculating the APDF 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. Any patient who has one or more co-morbidities e.g. diabetes and CHD, is only counted once on the register for SMOK002 and SMOK005.

There is no APDF calculation forSMOK003 and SMOK004.

Requirements for recording smoking status

Smokers
For patients who smoke this recording should be made in the preceding 12 months for SMOK002.

Non-smokers
It is recognised that life-long 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 12 months for SMOK002 until the end of the financial year in which the patient reaches the age of 25.

Once a patient is over the age of 25 years (e.g. in the financial year in which they reach the age of 26 or in any year following that financial year) to be classified as a non-smoker they should be recorded as:

- never smoked which is both after their 25th birthday and after the earliest diagnosis date for the disease which led to the patients inclusion on the SMOK002 register (e.g. one of the conditions listed on the SMOK002 register).

Ex-smokers

Ex-smokers can be recorded as such in the preceding 12 months for SMOK002. 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 to recognise that once a patient has been an ex-smoker for more than three years they are unlikely to restart.

Section 2.2.2: Public health (PH) domain – additional services sub domain

Section 2.2.2. applies to contractors who provide additional services under the terms of the GMS contract and participate in QOF.

Cervical screening (CS)

Indicator	Points	Achievement thresholds
CS001. The contractor has a protocol that is in line with national guidance agreed with the NHS CB for the management of cervical screening, which includes staff training, management of patient call/recall, exception reporting and the regular monitoring of inadequate sample rates	7	
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%
CS004. The contractor has a policy for auditing its cervical screening service and performs an audit of inadequate cervical screening tests in relation to individual sample-takers at least every 2 years	2	

Contraception (CON)

Indicator	Points	Achievement thresholds
CON001. The contractor establishes and maintains a register of women aged 54 or under who have been prescribed any method of contraception at least once in the last year, or other clinically appropriate interval e.g. last 5 years for an IUS	4	
CON003. The percentage of women, on the register, prescribed emergency hormonal contraception one or more times in the preceding 12 months by the contractor who have received information from the contractor about long acting reversible methods of contraception at the time of or within 1 month of the prescription	3	50–90%