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D I R E C T I O N S

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**NATIONAL HEALTH SERVICE, ENGLAND**

**The General Medical Services Statement of Financial Entitlements (Amendment) Directions 2016**

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.

**Citation and commencement**

1.—(1) These Directions may be cited as the General Medical Services Statement of Financial Entitlements (Amendment) Directions 2016.

(2) They come into force on 1st April 2016.

**Interpretation**

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

**Amendment of Section 2 of the principal Directions**

3. In Section 2 of the principal Directions (Global Sum payments: general)—

- (a) in paragraph 2.3 (calculation of contractor’s first Initial Global Sum Monthly Payment), for “£76.51” substitute “£80.59”; and
- (b) in paragraph 2.5 (calculation of adjusted Global Sum Monthly Payments), in column 2 of Table 1, in sub-paragraph (b) (percentage of Initial GSMP), for “5.34” substitute “5.15”.

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(a) 2006 (c.4); section 87 of the National Health Service Act 2006 (“the 2006 Act”) was amended by section 55 of, and paragraph 33 of Schedule 4 to, the Health and Social Care Act 2012 (c.7) (“the 2012 Act”). 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. 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.

(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; the General Medical Services Statement of Financial Entitlements (Amendment No.2) Directions 2014, which were signed on 30th September 2014; the General Medical Services Statement of Financial Entitlements (Amendment) Directions 2015, which were signed on 23rd March 2015; the General Medical Services Statement of Financial Entitlements (Amendment No.2) Directions 2015, which were signed on 28th September 2015; the General Medical Services Statement of Financial Entitlements (Amendment No.3) Directions 2015, which were signed on 6th October 2015; and the General Medical Services Statement of Financial Entitlements (Amendment No.4) Directions 2015, which were signed on 4th December 2015. Copies 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.

#### **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 (background), for “1st April 2015” substitute “1st April 2016”; and
- (b) in paragraph 4.19 (thresholds), for “the financial year commencing on 1st April 2015 and ending on 31st March 2016” substitute “the financial year commencing on 1st April 2016 and ending on 31st March 2017”.

#### **Amendment of Section 5 of the principal Directions**

5. In Section 5 of the principal Directions (aspiration payments: calculation, payment arrangements and conditions of payments), in paragraph 5.13 (calculation of monthly aspiration payments: the aspiration points total method), for “£156.92” substitute “£165.18”.

#### **Amendment of Section 6 of the principal Directions**

6. In Section 6 of the principal Directions (achievement payments: calculation, payment arrangements and conditions of payments)—

- (a) in paragraphs 6.6(b), 6.7 and 6.8 (calculation of achievement payments), for “£160.15” substitute “£165.18”; and
- (b) in paragraph 6.9 (calculation of achievement payments), for “£156.92” substitute “£165.18”.

#### **Amendment of Section 7 of the principal Directions**

7. In Section 7 of the principal Directions (extended hours access scheme for the period 1st April 2015 to 31st March 2016)—

- (a) in the heading, for “1st APRIL 2015 TO 31st MARCH 2016” substitute “1st APRIL 2016 TO 31st MARCH 2017”;
- (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 2016 and ending on 31st March 2017”;
- (c) in paragraph 7.2, for “31st March 2016” in sub-paragraph (a), substitute “31st March 2017”; and
- (d) in paragraph 7.7, for “31st March 2015” substitute “31st March 2016”.

#### **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 2015 to 31st March 2016)—

- (a) in the heading, for “1st APRIL 2015 TO 31st MARCH 2016” substitute “1st APRIL 2016 TO 31st MARCH 2017”;
- (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 2016 and ending on 31st March 2017”;
- (c) in paragraph 9.5, for “31st March 2015” substitute “31st March 2016”;
- (d) in paragraph 9.10, for “31st March 2016” substitute “31st March 2017”; and
- (e) in paragraph 9.15 and its heading, for “31st March 2016” at both places substitute “31st March 2017”.

### **Amendment of Section 11 of the principal Directions**

9. In Section 11 of the principal Directions (childhood immunisations)—
- (a) in paragraph 11.10 (calculation of quarterly two-year-olds immunisation payments), for “64” in each place where it appears substitute “65”; and
  - (b) in paragraph 11.20 (calculation of quarterly five-year-olds immunisation payments), for “63” in each place where it appears substitute “62”.

### **Amendment of Section 14 of the principal Directions**

10. In Section 14 of the principal Directions (Shingles immunisation programme)—
- (a) in paragraph 14.2 (payment for administration of the Shingles vaccine)—
    - (i) for “£7.64” substitute “£9.80”, and
    - (ii) in sub-paragraph (b), for “31st March 2016” substitute “31st March 2017”; and
  - (b) in paragraph 14.5 (eligibility for payment), for “£7.63” substitute “£9.80”.

### **Amendment of Section 14C of the principal Directions**

11. In Section 14C of the principal Directions (Human Papilloma Virus (HPV Booster)), in paragraph 14C.2(1), for “£7.64” substitute “£9.80”.

### **Amendment of Section 14D of the principal Directions**

12. In Section 14D of the principal Directions (Meningococcal C (MenC) Booster Vaccination)—
- (a) for the heading substitute “**Meningococcal Booster Vaccination**”;
  - (b) for the references to “Meningococcal C (MenC) Booster vaccine” and “MenC Booster vaccine” in each place where they occur, substitute “Meningococcal C containing vaccine”; and
  - (c) in paragraph 14D.2—
    - (i) in sub-paragraph (1), for “£7.64” substitute “£9.80”, and
    - (ii) omit sub-paragraph (2)(a);

### **Amendment of Section 16 of the principal Directions**

13. In Section 16 of the principal Directions (payments for locums covering sickness leave), in the bracketed wording at the end of paragraph 16.3 (entitlement to payments for covering sickness leave), for “paragraph 15.5” substitute “paragraph 16.5”.

### **Amendment of Section 19 of the principal Directions**

14. In Section 19 of the principal Directions (seniority payments), for the Table after paragraph 19.12 (calculation of the full annual rate of Seniority Payments) substitute the revised Table in Schedule 1.

### **Amendment to Section 23 of the principal Directions**

15. In Section 23 of the principal Directions (dispensing), in paragraph 23.6 (products not covered by this Section)—
- (a) for sub-paragraph (d) substitute—
    - “(d) Meningococcal C conjugate vaccine or Hib/MenC vaccine (for children under 5 years of age). The Meningococcal element will end on 1st July 2016;”;
  - (b) after sub-paragraph (d) insert—

“(dd) MenACWY vaccine for adolescents and persons entering the first year of higher education;”.

#### **Amendment of Annex A of the principal Directions**

**16.** In Annex A of the principal Directions (glossary), for the definition of “DES Directions” in Part 2 (definitions) substitute—

““DES Directions” means the Primary Medical Services (Directed Enhanced Services) Directions signed on 31st March 2016;”.

#### **Amendments to Chapter 2 of Annex B of the principal Directions**

**17.** In Annex B of the principal Directions (Global Sum), in Chapter 2 of Part 2 (vaccines and immunisations which are not required for the purposes of foreign travel)—

- (a) in column 1 of Table 1 (vaccines and immunisations in respect of disease), in paragraph 5, for “Meningococcal vaccine (MenC)” substitute “Meningococcal C containing vaccine”; and
- (b) in column 2 of Table 1 (circumstances in which vaccines or immunisations are to be offered and given)—
  - (i) in paragraph 4(d) (Measles, Mumps and Rubella (MMR)), omit the words “and are sero-negative”,
  - (ii) in paragraph 4(e) (Measles, Mumps and Rubella (MMR)), for “male staff” substitute “all health care professionals”,
  - (iii) in paragraphs 5(b) and 5(c) (Meningococcal Vaccine (MenC)), for “meningococcal C vaccine” in each place where it appears substitute “meningococcal C containing vaccine”, and
  - (iv) in paragraph 5(c), for “1st April 2015 and ending 31st March 2016” substitute “1st April 2016 and ending 31st March 2017”.

#### **Amendment to Chapter 4 of Annex B of the principal Directions**

**18.** In Annex B of the principal Directions (Global Sum), in Chapter 4 (vaccines and immunisations which are required in the case of a localised outbreak), in paragraph B.32—

- (a) for “B29”, substitute “B31”; and
- (b) in sub-paragraph (c), after “Meningococcal Group C” insert “or MenACWY as appropriate”.

#### **Amendment of Annex D of the principal Directions**

**19.** In Annex D of the principal Directions (Quality and Outcomes Framework)—

- (a) in paragraph D.2 (general), for “the financial year commencing on 1st April 2013 and ending 31st March 2014” substitute “the financial year commencing on 1st April 2016 and ending 31st March 2017”;
- (b) after paragraph D5 (disease registers) insert—

“**D.5A.** The purpose of a register in QOF is to define a cohort of patients with a particular condition or risk factor. In some cases, this register then informs other indicators in that disease area. QOF registers must not be used as the sole input for the purposes of individual patient care and clinical audit, i.e. the call and recall of patients for check-ups, treatments etc. There are patients for whom a particular treatment activity is clinically appropriate but they might not meet the criteria as defined by the QOF register and therefore would not be picked up by a search based solely on the QOF register. As such, although QOF registers can be used to supplement clinical audit, they should be supported by appropriate clinical

judgement to define which patients should be reviewed, invited for consultation etc. to ensure patients do not miss out on appropriate and sometimes critical care.” ; and  
(c) for Section 2 of Annex D (summary of QOF indicators), substitute the text in Schedule 2.

**Amendment of Annex E of the principal Directions**

**20.** In Annex E of the principal Directions (calculation of the additional services sub-domain of the public health domain achievement points), in paragraphs E.5 and E.6 (achievement points), for “£160.15” substitute “£165.18”.

**Substitution of Annex I of the principal Directions**

**21.** For Annex I of the principal Directions (routine childhood vaccines and immunisations) substitute the revised text in Schedule 3.

Signed by authority of the Secretary of State for Health



Peter Howitt  
Member of the Senior Civil Service  
Department of Health

Date 31/03/16

**SCHEDULE 1**

**Revised Table for inclusion in Section 19**

Years of reckonable service	Adjusted rate of full annual payments from 1st October 2015	Full annual rate of payment per practitioner from 1st April 2016
0	£0.00	£0.00
1	£0.00	£0.00
2	£0.00	£0.00
3	£0.00	£0.00
4	£0.00	£0.00
5	£0.00	£0.00
6	£0.00	£0.00
7	£0.00	£0.00
8	£581.27	£0.00
9	£650.74	£646.98
10	£728.71	£725.35
11	£815.94	£812.18
12	£913.97	£909.76
13	£1,023.59	£1,018.87
14	£1,147.10	£1,141.81

15	£1,284.50	£1,278.58
16	£2,458.62	£2,447.29
17	£2,704.87	£2,692.40
18	£2,975.04	£2,961.33
19	£3,272.24	£3,257.16
20	£3,599.54	£3,582.95
21	£3,959.26	£3,941.02
22	£5,237.59	£5,213.45
23	£5,395.06	£5,370.20
24	£5,556.40	£5,530.79
25	£5,723.14	£5,696.76
26	£5,895.28	£5,868.11
27	£6,072.05	£6,044.07
28	£6,349.18	£6,319.92
29	£6,526.72	£6,496.65
30	£6,709.67	£6,678.75
31	£6,897.25	£6,865.47
32	£7,091.01	£7,058.33
33	£7,281.68	£7,248.12
34	£7,493.19	£7,458.66
35	£7,703.16	£7,667.66
36	£7,918.53	£7,882.03
37	£8,140.84	£8,103.33
38	£8,368.56	£8,330.00
39	£8,602.46	£8,562.82
40	£8,844.08	£8,803.32
41	£9,091.10	£9,049.20
42	£9,345.84	£9,302.77
43	£9,607.52	£9,563.25
44	£9,876.93	£9,831.41
45	£10,153.28	£10,106.49
46	£10,437.35	£10,389.26
47	£10,729.92	£10,680.47

## SCHEDULE 2

Revised text of Section 2 of Annex D of the principal Directions

### **Section 2: Summary of all 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
<b>Records</b>		
AF001. The contractor establishes and maintains a register of patients with atrial fibrillation	5	
<b>Ongoing management</b>		
AF006. The percentage of patients with atrial fibrillation in whom stroke risk has been assessed using the CHA2DS2-VASc score risk stratification scoring system in the preceding 12 months (excluding those patients with a previous CHADS2 or CHA2DS2-VASc score of 2 or more) <i>NICE 2014 menu ID: NM81</i>	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 <i>NICE 2014 menu ID: NM82</i>	12	40-70%

For AF007, patients with a previous score of 2 or above using CHADS2, recorded prior to 1 April 2015 will be included in the denominator.

### Secondary prevention of coronary heart disease (CHD)

Indicator	Points	Achievement thresholds
<b>Records</b>		
CHD001. The contractor establishes and maintains a register of patients with coronary heart disease	4	
<b>Ongoing management</b>		
CHD002. The percentage of patients with coronary heart disease in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less <i>NICE 2015 menu ID: NM86</i>	17	53–93%
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 <i>NICE 2015 menu ID: NM88</i>	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 <i>NICE 2015 menu ID: NM87</i>	7	56–96%

## Heart failure (HF)

Indicator	Points	Achievement thresholds
<b>Records</b>		
HF001. The contractor establishes and maintains a register of patients with heart failure	4	
<b>Initial diagnosis</b>		
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 <i>NICE 2015 menu ID: NM116</i>	6	50–90%
<b>Ongoing management</b>		
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 <i>NICE 2015 menu ID: NM89</i>	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 <i>NICE 2015 menu ID: NM90</i>	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
<b>Records</b>		
HYP001. The contractor establishes and maintains a register of patients with established hypertension	6	
<b>Ongoing management</b>		



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 <i>NICE 2015 menu ID: NM91</i>	20	45–80%
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### Peripheral arterial disease (PAD)

Indicator	Points	Achievement thresholds
<b>Records</b>		
PAD001. The contractor establishes and maintains a register of patients with peripheral arterial disease <i>NICE 2011 menu ID: NM32</i>	2	
<b>Ongoing management</b>		
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 <i>NICE 2011 menu ID: NM34</i>	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 <i>NICE 2011 menu ID: NM33</i>	2	40–90%

### Stroke and transient ischaemic attack (STIA)

Indicator	Points	Achievement thresholds
<b>Records</b>		
STIA001. The contractor establishes and maintains a register of patients with stroke or TIA	2	
<b>Initial diagnosis</b>		
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 <i>NICE 2015 menu ID: NM92</i>	2	45–80%
<b>Ongoing management</b>		
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 <i>NICE 2015 menu ID: NM93</i>	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 <i>NICE 2015 menu ID: NM84</i>	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 <i>NICE 2015 menu ID: NM140</i>	2	55–95%
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### Diabetes mellitus (DM)

Indicator	Points	Achievement thresholds
<b>Records</b>		
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 <i>NICE 2011 menu ID: NM41</i>	6	
<b>Ongoing management</b>		
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 <i>NICE 2010 menu ID: NM01</i>	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 <i>Based on NICE 2010 menu ID: NM02</i>	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) <i>NICE 2015 menu ID: NM95</i>	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 <i>NICE 2010 menu ID: NM14</i>	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 <i>NICE 2015 menu ID: NM96</i>	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 <i>NICE 2015 menu ID: NM97</i>	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 <i>NICE 2010 menu ID: NM13</i>	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 <i>NICE 2011 menu ID: NM27</i>	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 <i>NICE 2015 menu ID: NM139</i>	3	55–95%

### Asthma (AST)

Indicator	Points	Achievement thresholds
<b>Records</b>		
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	
<b>Initial diagnosis</b>		
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%
<b>Ongoing management</b>		
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 <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 12 months	6	45–80%

### Chronic obstructive pulmonary disease (COPD)

Indicator	Points	Achievement thresholds
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<b>Records</b>		
COPD001. The contractor establishes and maintains a register of patients with COPD	3	
<b>Initial diagnosis</b>		
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 <i>NICE 2015 menu ID: NM103</i>	5	45–80%
<b>Ongoing management</b>		
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 <i>NICE 2015 menu ID: NM104</i>	9	50–90%
COPD004. The percentage of patients with COPD with a record of FEV <sub>1</sub> in the preceding 12 months <i>NICE 2015 menu ID: NM105</i>	7	40–75%
COPD005. The percentage of patients with COPD and Medical Research Council dyspnoea grade $\geq 3$ at any time in the preceding 12 months, with a record of oxygen saturation value within the preceding 12 months <i>NICE 2012 menu ID: NM63</i>	5	40-90%
COPD007. The percentage of patients with COPD who have had influenza immunisation in the preceding 1 August to 31 March <i>NICE 2015 menu ID: NM106</i>	6	57-97%

### Dementia (DEM)

Indicator	Points	Achievement thresholds
<b>Records</b>		
DEM001. The contractor establishes and maintains a register of patients diagnosed with dementia	5	
<b>Ongoing management</b>		
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 <i>NICE 2015 menu ID: NM107</i>	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 <i>Based on NICE 2010 menu ID: NM09</i>	6	45–80%

## Depression (DEP)

Indicator	Points	Achievement thresholds
<b>Initial management</b>		
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 <i>Based on NICE 2012 menu ID: NM50</i>	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
<b>Records</b>		
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	
<b>Ongoing management</b>		
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 <i>NICE 2015 menu ID: NM108</i>	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 <i>NICE 2010 menu ID: NM17</i>	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 <i>NICE 2010 menu ID: NM15</i>	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 <i>NICE 2010 menu ID: NM20</i>	5	45–80%
MH009. The percentage of patients on lithium therapy with a record of serum creatinine and TSH in the preceding 9 months <i>NICE 2010 menu ID: NM21</i>	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 <i>NICE 2010 menu ID: NM22</i>	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
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<b>Records</b>		
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	
<b>Ongoing management</b>		
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 <i>Based on NICE 2012 menu ID: NM62</i>	6	50–90%

### Chronic kidney disease (CKD)

Indicator	Points	Achievement thresholds
<b>Records</b>		
CKD005. The contractor establishes and maintains a register of patients aged 18 or over with CKD with classification of categories G3a to G5 (previously stage 3 to 5) <i>NICE 2014 menu ID: NM83</i>	6	

### Epilepsy (EP)

Indicator	Points	Achievement thresholds
<b>Records</b>		
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
<b>Records</b>		
LD003. The contractor establishes and maintains a register of patients with learning disabilities <i>NICE 2015 menu ID: NM73</i>	4	

### Osteoporosis: secondary prevention of fragility fractures (OST)

Indicator	Points	Achievement thresholds
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<b>Records</b>		
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 <i>NICE 2011 menu ID: NM29</i>	3	
<b>Ongoing management</b>		
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 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 <i>NICE 2011 menu ID: NM31</i>	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
<b>Records</b>		
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	
<b>Ongoing management</b>		
RA002. The percentage of patients with rheumatoid arthritis, on the register, who have had a face-to-face review in the preceding 12 months <i>NICE 2012 menu ID: NM58</i>	5	40–90%

### Palliative care (PC)

Indicator	Points	Achievement thresholds
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<b>Records</b>		
PC001. The contractor establishes and maintains a register of all patients in need of palliative care/support irrespective of age	3	
<b>Ongoing management</b>		
PC002. The contractor has regular (at least 3 monthly) multi-disciplinary case review meetings where all patients on the palliative care register are discussed <i>NICE 2015 menu ID: NM111</i>	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)**

<b>Indicator</b>	<b>Points</b>	<b>Achievement thresholds</b>
<b>Ongoing management</b>		
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 $\geq 20\%$ in the preceding 12 months: the percentage who are currently treated with statins <i>NICE 2011 menu ID: NM26</i>	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 <i>NICE 2012 menu ID: NM61</i>	15	50–90%

### Obesity (OB)

Indicator	Points	Achievement thresholds
<b>Records</b>		
OB002. The contractor establishes and maintains a register of patients aged 18 years or over with a BMI $\geq 30$ in the preceding 12 months <i>NICE 2014 menu ID: NM85</i>	8	

### Smoking (SMOK)

Indicator	Points	Achievement thresholds
<b>Records</b>		
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 <i>NICE 2011 menu ID: NM38</i>	25	50–90%
<b>Ongoing management</b>		
SMOK003. The contractor supports patients who smoke in stopping smoking by a strategy which includes providing literature and offering appropriate therapy <i>NICE 2015 menu ID: NM111</i>	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 <i>Based on 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, 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 <i>NICE 2011 menu ID: NM39</i>	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 for SMOK003 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
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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 <i>Based on NICE 2015 menu ID: NM115</i>	3	50–90%

## SCHEDULE 3

### Revised text of Annex I of the principal Directions

#### Annex I

#### Routine childhood vaccines and immunisations

##### The Routine Childhood Immunisation Programme

##### Background

**I.1.** Guidance and information on routine childhood vaccines and immunisations are set out in the Green Book which contains information for public health professionals regarding immunisations and which can be found at: <https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>

## Routine Childhood Immunisation Schedule

**I.2.** All children starting the immunisation programme at 2 months of age will follow the schedule (often referred to as the “Childhood Immunisation Schedule”) set out below in the Table.

**I.3.** The latest information and guidance on vaccines and vaccine procedures for all the vaccines referred to in the Table, including completing the schedule of vaccines in the case of children with interrupted, incomplete or unknown immunisation status or in relation to premature infants is contained in the Green Book.

**Table**

<b>When to immunise</b>	<b>What vaccine is given</b>	<b>How it is given</b>
Two months old	Diphtheria, tetanus, pertussis (whooping cough), polio and <i>Haemophilus influenzae</i> type b (DTaP/IPV/Hib)	One injection
	Pneumococcal (PCV)	One injection
	Rotavirus (Rota)	One oral dose
Three months old	Diphtheria, tetanus, pertussis (whooping cough), polio and <i>Haemophilus influenzae</i> type b (DTaP/IPV/Hib)	One injection
	Meningitis C (MenC) ( <i>from 1 July 2016 three month dose will cease</i> )	One injection
	Rotavirus (Rota)	One oral dose
Four months old	Diphtheria, tetanus, pertussis (whooping cough), polio and <i>Haemophilus influenzae</i> type b (DTaP/IPV/Hib)	One injection
	Pneumococcal (PCV)	One injection
Around twelve months	<i>Haemophilus influenzae</i> type b, Meningitis C (Hib/MenC)	One injection
	Measles, mumps and rubella (MMR)	One injection
	Pneumococcal (PCV)	One injection
Three years four months to five years old	Diphtheria, tetanus, pertussis (whooping cough) and polio (dTaP/IPV or DTaP/IPV)	One injection
	Measles, mumps and rubella (MMR)	One injection
Twelve to thirteen years old	Human Papillomavirus Vaccine (HPV)	Two injections, 6-12 months apart
Thirteen to eighteen years old ( <i>from August 2015</i> )	Meningitis ACWY (MenACWY)	One injection
	Tetanus, diphtheria and polio (Td/IPV)	One injection

