

Covid-19

----- Guidance for practices



Date: 27.11.2020

Please be aware that this is a rapidly evolving situation.

QOF 2020/21 repurposed in response to the Coronavirus pandemic

NHS England updated QOF requirements for 2020/21 in response to the pandemic and provided further guidance to practices at the beginning of September. The full guidance can be found [here](#).

Summary

- A total of 183 of the total 567 QOF points available in 2020/21 will be paid based upon recorded practice performance. These relate to the following indicators:
 - The four flu indicators targeted on patients with coronary heart disease, COPD, stroke/TIA and diabetes – these indicators will have the number of points attached to them doubled (36 points).
 - The two cervical screening indicators, which will also have the number of points attached to them doubled (22 points).
 - Maintaining both accurate disease registers (81 points) and the optimal prescribing of eight key medications to manage long-term conditions (44 points).
- The requirements of the Quality Improvement (QI) domain have been amended to focus upon care delivery and restoration of services using QI tools (74 points).
- The remaining 310 points will be subject to income protection based upon historical practice performance and subject to practices agreeing an approach to QOF population stratification with their commissioner.
- The total points available to practices will remain at 567 points and all payments will be subject to prevalence and list size adjustments.

Flu indicators

- These relate to the percentage of patients with the LTC who have had influenza immunization in the preceding 1 August to 31 March.
- COPD (12 points, threshold 57-97%).
- Diabetes (6 points, threshold 55-95%).
- Stroke/TIA (4 points, threshold 55-95%).
- Coronary heart disease (14 points, threshold 56-96%).

Cervical screening indicators

- The proportion of women eligible for screening and in the age group at the end of period reported whose notes record that an adequate cervical screening test has been performed in the previous stated time period.
- Women aged 25-49 years in the previous 3 years and 6 months (14 points, threshold 45-80%).
- Women 50-64 years in the previous 5 years and 6 months (8 points, threshold 45-80%).

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Long term condition indicators

- Practices must maintain accurate disease registers in QOF for 2020/21.
- The payment of these points is conditional on practices continuing to accurately maintain these registers and for disease prevalence to remain comparable with 2019/20 levels subject to reasonable assessments of the impact of excess Covid-19 related mortality upon practice list size, patient demographics and access to diagnostic services.
- **Atrial fibrillation** (disease register 5 points).
 - 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 (12 points, threshold 40-70%).
- **Coronary heart disease** (disease register 4 points).
 - 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 points, 56-96%).
- **Heart failure** (disease register 4 points).
 - 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 (6 points, threshold 60-92%).
 - The percentage of patients with a current diagnosis of heart failure due to left ventricular systolic dysfunction, who are currently treated with a beta-blocker licensed for heart failure (6 points, threshold 60-92%).
- **Hypertension** (disease register 6 points).
- **Peripheral arterial disease** (disease register 2 points).
- **Stroke/TIA** (disease register 2 points).
 - 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 points, threshold 57-97%).
- **Diabetes** (disease register 6 points).
 - 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 points, threshold 57-97%).
 - The percentage of patients with diabetes aged 40 years and over, with no history of cardiovascular disease and without moderate or severe frailty, who are currently treated with a statin (excluding patients with type 2 diabetes and a CVD risk score of <10% recorded in the preceding 3 years) (4 points, threshold 50-90%).
 - The percentage of patients with diabetes and a history of cardiovascular disease (excluding haemorrhagic stroke) who are currently treated with a statin (2 points, threshold 50-90%).
- **Asthma** (disease register 4 points).
- **COPD** (disease register 8 points).
- **Dementia** (disease register 5 points).
- **Mental health** - schizophrenia, bipolar affective disorder, psychosis, on lithium (disease register 4 points).

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- **Cancer** (disease register 5 points).
- **Chronic kidney disease** (disease register 6 points).
- **Epilepsy** (disease register 1 point).
- **Learning disabilities** (disease register 4 points).
- **Osteoporosis** (disease register 3 points).
- **Rheumatoid arthritis** (disease register 1 point).
- **Palliative care** (disease register 3 points).
- **Obesity** (disease register 8 points).

Quality Improvement

- **Cancer diagnosis**
 - Demonstrate continuous quality improvement activity focused upon early cancer diagnosis as specified in the QOF guidance. (27 points).
 - Participated in network activity to regularly share and discuss learning from quality improvement activity focused on early cancer diagnosis as specified (10 points).
- **Learning disabilities**
 - Demonstrate continuous quality improvement activity focused on care of patients with a learning disability as specified in the QOF guidance (27 points).
 - Participated in network activity to regularly share and discuss learning from quality improvement activity focused on the care of patients with a learning disability as specified in the QOF guidance. This would usually include participating in a minimum of two network peer review meetings (10 points).

Conditions of income protection

To be eligible for income protection practices will need to:

- Agree a plan for QOF population stratification with their commissioner during October and November 2020. This approach should include the identification and prioritisation of the highest risk patients for proactive review including:
 - Those most vulnerable to harm from Covid-19; evidence suggests that this includes patients from BAME groups and those from the 20% most deprived neighbourhoods nationally (LSOAs)
 - those at risk of harm from poorly controlled long-term condition parameters;
 - those with a history of missing reviews.
- Commit to making referrals to existing and any new weight management programmes and support offers commissioned during the year where this is identified as a key health and wellbeing intervention in these discussions.
- Practices will be asked to confirm their approach to population stratification via the General Practice Annual electronic declaration (eDEC) which will be published during October and November 2020.