

Summary of 2011/12 QOF indicator changes, points and thresholds

Retirements

2010/11 QOF ID	2010/11 Indicator Wording	Points	Threshold
CHD5	The percentage of patients with coronary heart disease whose notes have a record of blood pressure in the previous 15 months	7	40-90%
CHD7	The percentage of patients with coronary heart disease whose notes have a record of total cholesterol in the previous 15 months	7	40-90%
DM5	The percentage of patients with diabetes who have a record of HbA1c or equivalent in the previous 15 months	3	40-90%
DM11	The percentage of patients with diabetes who have a record of the blood pressure in the previous 15 months	3	40-90%
DM16	The percentage of patients with diabetes who have a record of total cholesterol in the previous 15 months	3	40-90%
STR5	The percentage of patients with TIA or stroke who have a record of blood pressure in the notes in the preceding 15 months	2	40-90%
MH7	The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who do not attend the practice for their annual review who are identified and followed up by the practice team within 14 days of non-attendance	3	40-90%
EP7	The percentage of patients age 18 and over on drug treatment for epilepsy who have a record of medication review involving the patient and/or carer in the previous 15 months	4	40-90%
Information4	If a patient is removed from a practice's list, the practice provides an explanation of the reasons in writing to the patient and information on how to find a new practice, unless it is perceived that such an action would result in a violent response by the patient	1	-
Records21	Ethnic origin is recorded for 100% of new registrations	1	-
PE7	The percentage of patients who, in the appropriate national survey, indicated that they were able to obtain a consultation with a GP (in England) or appropriate professional (in Scotland, Wales and NI) within 2 working days (in Wales this will be within 24 hours)	23.5	70-90%
PE8	The percentage of patients who, in the appropriate national survey, indicate that they are able to book an appointment with a GP more than 2 days ahead	35	60-90%

Replacement Indicators – indicator wording amendments

2009/11 QOF ID	NICE ID	2011/12 QOF ID	2011/12 Indicator Wording	Points	Threshold
CHD11	NM07	CHD14	The percentage of patients with a history of myocardial infarction (from 1 April 2011) currently treated with an ACE inhibitor (or ARB if ACE intolerant), aspirin or an alternative anti-platelet therapy, beta blocker and statin (unless a contraindication or side effects are recorded)	10	40-80%
CHD2	NM08	CHD13	For patients with newly diagnosed angina (diagnosed after 1 April 2011), the percentage who are referred for specialist assessment	7	40-90%
PP1	NM06	PP1	In those patients with a new diagnosis of hypertension (excluding those with pre-existing CHD, diabetes, stroke and/or TIA) recorded between the preceding 1 April to 31 March: the percentage of patients aged 30 to 74 years who have had a face to face cardiovascular risk assessment at the outset of diagnosis (within 3 months of the initial diagnosis) using an agreed risk assessment tool	8	40-70%
DM23	NM14	DM26	The percentage of patients with diabetes in whom the last IFCC-HbA1c is 59 mmol/mol (equivalent to HbA1c of 7.5% in DCCT values) or less (or equivalent test/reference range depending on local laboratory) in the preceding 15 months	17	40-50%
DM24	-	DM27	The percentage of patients with diabetes in whom the last IFCC-HbA1c is 64 mmol/mol (equivalent to HbA1c of 8% in DCCT values) or less (or equivalent test/reference range depending on local laboratory) in the preceding 15 months	8	40-70%
DM25	-	DM28	The percentage of patients with diabetes in whom the last IFCC-HbA1c is 75 mmol/mol (equivalent to HbA1c of 9% in DCCT values) or less (or equivalent test/reference range depending on local laboratory) in the preceding 15 months	10	40-90%
DM9	NM13	DM29	The percentage of patients with diabetes 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 or previous ulcer) or 4) ulcerated foot within the preceding 15 months	4	40-90%
DM12	NM01	DM30	The percentage of patients with diabetes in whom the last blood pressure is 150/90 or less in the preceding 15 months	8	40-71%
DM12	NM02	DM31	The percentage of patients with diabetes in whom the last blood pressure is 140/80 or less in the preceding 15 months	10	40-60%

MH9	NM15	MH11	The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of alcohol consumption in the preceding 15 months	4	40-90%
	NM16	MH12	The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of BMI in the preceding 15 months	4	40-90%
	NM17	MH13	The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of blood pressure in the preceding 15 months	4	40-90%
	NM18	MH14	The percentage of patients aged 40 years and over with schizophrenia, bipolar affective disorder and other psychoses who have a record of total cholesterol:hdl ratio in the preceding 15 months	5	40-80%
	NM19	MH15	The percentage of patients aged 40 years and over with schizophrenia, bipolar affective disorder and other psychoses who have a record of blood glucose level in the preceding 15 months	5	40-80%
	NM20	MH16	The percentage of patients (aged from 25 to 64 in England and Northern Ireland, from 20 to 60 in Scotland and from 20 to 64 in Wales) with schizophrenia, bipolar affective disorder and other psychoses whose notes record that a cervical screening test has been performed in the preceding 5 years	5	40-80%
MH4	NM21	MH17	The percentage of patients on lithium therapy with a record of serum creatinine and TSH in the preceding 9 months	1	40-90%
MH5	NM22	MH18	The percentage of patients on lithium therapy with a record of lithium levels in the therapeutic range within the preceding 4 months	2	40-90%
DEP2	NM10	DEP4	In those patients with a new diagnosis of depression, recorded between the preceding 1 April to 31 March, the percentage of patients who have had an assessment of severity at the time of diagnosis using an assessment tool validated for use in primary care	17*	40-90%
DEP3	NM11	DEP5	In those patients with a new diagnosis of depression and assessment of severity recorded between the preceding 1 April to 31 March, the percentage of patients who have had a further assessment of severity 4-12 weeks (inclusive) after the initial recording of the assessment of severity. Both assessments should be completed using an assessment tool validated for use in primary care	8*	40-80%

*Points reduced from 2010/11 to 2011/12 – DEP4 reduced by 8 points and DEP5 reduced by 12 points

Replacement Indicators – changed due to noteworthy coding or business logic amendments

2009/11 QOF ID	NICE ID	2011/12 QOF ID	2011/12 Indicator Wording	Points	Threshold
COPD1	-	COPD1 4	The practice can produce a register of patients with COPD	3	-
COPD12	-	COPD1 5	The percentage of all patients with COPD diagnosed after 1 April 2011 in whom the diagnosis had been confirmed by post bronchodilator spirometry	5	40-80%
MH6	-	MH10	The percentage of patients on the register who have a comprehensive care plan documented in the records agreed between individuals, their family and/or careers as appropriate	6	25-50%

New Indicators

NICE ID	2011/12 QOF ID	2011/12 Indicator Wording	Points	Threshold
NM03	EP9	The percentage of women under the age of 55 years who are taking antiepileptic drugs who have a record of information and counselling about contraception, conception and pregnancy in the preceding 15 months	3	40-90%
NM04	LD2	Percentage of patients on the Learning Disability register with Down's Syndrome aged 18 years and over who have a record of blood TSH in the preceding 15 months (excluding those who are on the thyroid disease register)	3	40-70%
NM09	DEM3	The percentage of patient with a new diagnosis of dementia from April 2011 to have FBC, calcium, glucose, renal and liver function, thyroid function tests, serum vitamin B12 and folate levels recorded 6 months before or after entering on to the register	6	40-80%
-	QP1	The practice conducts an internal review of their prescribing to assess whether it is clinically appropriate and cost effective, agrees with the PCO three areas for improvement and produces a draft plan for each area no later than 30 June 2011	6	-
-	QP2	The practice participates in an external peer review of prescribing with a group of practices and agrees plans for three prescribing areas for improvement firstly with the group and then with the PCO no later than 30 September 2011	7	-
-	QP3	The percentage of prescriptions complying with the agreed plan for the first improvement area as a percentage of all prescriptions in that improvement area during the period 1 January 2012 to 31 March 2012 .	5	*Locally determined

		*(Payment stages to be determined locally according to the method set out in the indicator guidance below with 20 percentage points between upper and lower thresholds)		
-	QP4	The percentage of prescriptions complying with the agreed plan for the second improvement area as a percentage of all prescriptions in that improvement area during the period 1 January 2012 to 31 March 2012 . *(Payment stages to be determined locally according to the method set out in the indicator guidance below with 20 percentage points between upper and lower thresholds)	5	*Locally determined
-	QP5	The percentage of prescriptions complying with the agreed plan for the third improvement area as a percentage of all prescriptions in that improvement area during the period 1 January 2012 to 31 March 2012 . *(Payment stages to be determined locally according to the method set out in the indicator guidance below with 20 percentage points between upper and lower thresholds)	5	*Locally determined
-	QP6	The practice meets internally to review the data on secondary care outpatient referrals provided by the PCO	5	-
-	QP7	The practice participates in an external peer review with a group of practices to compare its secondary care outpatient referral data either with practices in the group of practices or with practices in the PCO area and proposes areas for commissioning or service design improvements to the PCO	5	-
-	QP8	The practice engages with the development of and follows three agreed care pathways for improving the management of patients in the primary care setting (unless in individual cases they justify clinical reasons for not doing this) to avoid inappropriate outpatient referrals and produces a report of the action taken to the PCO no later than 31 March 2012	11	-
-	QP9	The practice meets internally to review the data on emergency admissions provided by the PCO	5	-
	QP10	The practice participates in an external peer review with a group of practices to compare its data on emergency admissions either with practices in the group of practices or practices in the PCO area and proposes areas for commissioning or	15	-

		service design improvements to the PCO		
	QP11	The practice engages with the development of and follows three agreed care pathways (unless in individual cases they justify clinical reasons for not doing this) in the management and treatment of patients in aiming to avoid emergency admissions and produces a report of the action taken to the PCO no later than 31 March 2012	27.5	-

Reduced points – change only in point value

2010/11 QOF ID	2011/12 QOF ID	Indicator Wording	2009/10 Points	2010/12 Points	Threshold
DEP1	DEP1	The percentage of patients on the diabetes register and/or the CHD register for whom case finding for depression has been undertaken on one occasion during the preceding 15 months using two standard screening questions	8	6	40-90%
BP4	BP4	The percentage of patients with hypertension in whom there is a record of the blood pressure in the preceding 9 months	18	16	40-90%

Increased thresholds

2010/11 QOF ID	2011/12 QOF ID	Indicator Wording	Points	Threshold
CHD6	CHD6	The percentage of patients with coronary heart disease in whom the last blood pressure reading (measured in the preceding 15 months) is 150/90 or less	17	40-71%
STROKE6	STROKE6	The percentage of patients with a history of TIA or stroke in whom the last blood pressure reading (measured in the preceding 15 months) is 150/90 or less	5	40-71%
DM12	DM30	The percentage of patients with diabetes in whom the last blood pressure is 150/90 or less	8	40-71%

* Each of the above thresholds increased by one percentage point