

Agreed QOF changes for 2015-16

The General Practitioners Committee (GPC) and NHS Employers (on behalf of NHS England) have now agreed changes to the Quality and Outcomes Framework (QOF) for 2015-16. These changes are:

- An adjustment to the value of a QOF point value for 2015-16 taking account of population growth and relative changes in practice list size from 1 January 2014 to 1 January 2015.
- The threshold changes planned for 1 April 2015 have been deferred for one year to 1 April 2016.
- Retire three chronic kidney disease indicators - CKD002, CKD003 and CKD004 (26 points) whilst retaining the existing CKD register - CKD001 (6 points)
- Retire coronary heart disease indicator CHD006 (10 points)
- Amend the atrial fibrillation indicator AF004, retire AF005 and replace with new indicator (NM81) in line with NICE recommendations with added points to reflect the increased work load across the new indicators

The new wording of the atrial fibrillation indicators are [note - new indicator numbers to be allocated]:

AF004: 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 anticoagulation drug therapy. (12 points)

New indicator NM81 (AF): The percentage of patients with atrial fibrillation in who stroke risk has been assessed using CH2AD2-ASc score risk stratification scoring system in the preceding 12 months (excluding those whose previous CH2AD2-ASc or CHADS2 score was 2 or above) (12 points).

- 24 points will be added to DEM002. This will mean that DEM002 will increase from 15 points to 39 points. The indicator wording will be amended to read as follows:

"The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months."

- There will also be changes of wording in respect of DEM003:

"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."

GPC's view

"It is important that general practice plays its part in meeting the needs of the growing number of individuals suffering from dementia as well as supporting their carers, particularly as dementia is expected to affect a million patients by 2021.

"These important clinically appropriate changes to QOF recognise the rising practice workload involved in ensuring that patients with dementia get the best possible care. In addition changes to the treatment of atrial fibrillation will help to reduce the risk of strokes and ultimately save lives whilst the changes to the chronic kidney disease domain will reduce the focus on box-ticking and free up GPs to treat these patients according to their clinical need."

- Richard Vautrey, deputy chair, GPC and executive lead on QOF