

The Quality and Outcomes Framework (QOF)

January 2019

This note provides a brief overview of changes to the Quality and Outcomes Framework which will be implemented as part of the new contract deal from 2019. Further detail, including the list of indicators in full, will be provided in the QOF guidance to be updated by April 2019.



What will change?

1. Some indicators will be retired

From April 2019, 28 indicators worth 175 points in total will be retired, including annual cholesterol check for diabetes, dementia bloods, annual FEV1, osteoporosis and peripheral artery disease indicators. This follows advice from the QOF Technical Working Group, on the development of an objective indicator assessment methodology. The 28 are 'low value' indicators which either: (a) do not now align with national evidence-based guidance; or (b) have poor measurement properties; or (c) are now viewed as a core professional responsibility.

2. New indicators will be introduced

From the indicators which will be retired, 101 points will be recycled into 15 more clinically appropriate indicators, some of which are modifications of existing indicators. The new indicators cover five areas including; aligning blood pressure control targets with NICE guidance, reducing iatrogenic harm and improving outcomes in diabetes care, supporting an age-appropriate cervical screening offer, offering pulmonary rehabilitation (where available) for patients with chronic obstructive pulmonary disease and improving focus on weight management as part of physical health care for patients with schizophrenia, bipolar affective disorder and other psychoses.

3. Quality Improvement domain will be introduced

The remaining 74 points will be used to create two Quality Improvement modules within a new quality improvement domain (each worth 37 points). NHS England and GPC England are working with the Royal College of General Practitioners, NICE and the Health Foundation to develop these. For 2019/20, the modules will cover:

- Prescribing safety: This module will cover the safe prescribing of NSAIDs, lithium and valproate in women of child bearing age and will dovetail with the expansion of clinical pharmacists in general practice;
- End-of-life care. The current QOF indicator on end of life care has been retired, and instead this module will focus on the wider aspects of care for patients who are expected to die within the coming months as well as support for their carers.

4. Personalised care adjustments will be introduced

The current system of exception reporting will be replaced with a more precise 'personalised care adjustment'. It will allow practices to differentiate between five different reasons for adjusting care and removing a patient from the indicator denominator including;

1. The QOF-prescribed care being unsuitable for the patient
2. Patient choosing not to receive the prescribed care
3. Patient not responding to invitations
4. Where the specific service is not available (in relation to a limited number of indicators only)
5. Newly diagnosed or newly registered patients, as per existing rules.

5. Testbed Programme will be established

Prior to introduction, any future QOF indicators and modules will be tested by different clusters of GP practices (on a voluntary basis). Each cluster will be commissioned nationally, topic by topic, normally through open calls for practice or network participation. Network participation in research will also be encouraged.

6. Payment thresholds will remain

There will be no threshold increases.

7. Funding will change marginally

QOF point value will be amended in line with population changes.

8. Amendments to indicators will be made in line with clinical evidence

NHS England and GPC England have agreed to an ongoing programme of indicator review in key priority areas, including heart failure, asthma and COPD care for changes in 2020/21, and mental health for changes in 2021/22.