



Update on
QOF
Changes for 2022-23

A Guidance Document for Practices

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Overview

Update on Quality Outcomes Framework changes for 2022/23	Letter
<ul style="list-style-type: none">• To provide practice stability and support recovery, QOF for 2022/23 will be based on the indicator set already agreed for 2021/22, with the only changes being the introduction of two new Quality Improvement modules. Full reinstatement of QOF from 1 April 2022 is central to plans for recovery in long-term condition management within and beyond primary care. <p>The size of QOF has stayed the same at 635 points. The value of a QOF point in 2022/23 will be £207.56 and the national average practice population figure will be 9,374. There are no changes to QOF indicators or payment thresholds for 2022/23.</p> <p>The Quality Improvement modules for 2022/23 are:</p> <ul style="list-style-type: none">• Prescription Drug Dependency• Optimising Access to General Practice	<p>Update on Quality Outcomes Framework changes for 2022/23</p>

Section 1: Introduction

Purpose of this document	Resources
<p>• This document provides guidance on the interpretation and verification of the QOF indicators for 2022/23 in England, which are listed in Annex D of the Statement of Financial Entitlements Directions (SFE). It is effective from 1 April 2022 and replaces versions issued in previous years.</p> <p>This document covers the below in a summarized fashion with links to full pieces within the guidance document on the right:</p> <ul style="list-style-type: none"> • Section 2: the list of QOF indicators as detailed in Annex D of the SFE Directions • Section 3: specific information about each clinical indicator including the rationale for inclusion and any specific requirements which contractors need to demonstrate to ensure achievement • Section 4: specific information about each public health indicator including the rationale for inclusion and any specific requirements which contractors need to demonstrate to ensure achievement • Section 5: detailed information about the requirements of the quality improvement domain • Section 6: detailed information about Personalised Care Adjustment • Section 7: a full list of indicators which are no longer in QOF but are subject to ongoing data collection • Section 8: glossary of acronyms • Section 9: the process for raising queries in relation to QOF indicators and their interpretation This guidance should be read in conjunction with the SFE Directions and Business Rules. 	<p>Update on Quality Outcomes Framework changes for 2022/23</p>
<p>*For further information within the introduction section, please go to pages 4 to 8 of the guidance within the link above, right.</p>	

Section 2: Summary of all indicators

Summary of all indicators	Resources
<ul style="list-style-type: none"> ● Clinical domain = 401 points (This domain applies to all contractors participating in QOF). <i>Including: Atrial fibrillation (AF), Secondary prevention of coronary heart disease (CHD), Heart Failure (HF), Hypertension (HYP), Peripheral arterial disease (PAD), Stroke and transient ischaemic attack (STIA), Diabetes mellitus (DM), Asthma (AST), Chronic obstructive pulmonary disease (COPD), Dementia (DEM), Depression (DEP), Mental health (MH), Cancer (CAN), Chronic kidney disease (CKD), Epilepsy (EP), Learning Disability (LD), Osteoporosis: secondary prevention of fragility (OST), Rheumatoid arthritis (RA), Palliative care (PC) and Non diabetic hyperglycaemia (NDH).</i> ● Public health domain = 160 points (This domain applies to all contractors participating in QOF, with the exception of the additional services sub-domain). <i>Including: Blood pressure (BP), Obesity (OB), Smoking (SMOK) and Vaccination and Immunisations (VI).</i> ● Public health domain – additional service sub-domain = 11 points (The additional services sub-domain applies to contractors who provide additional services under the terms of the GMS contract and participate in QOF). <i>Including: Cervical screening (CS).</i> ● Quality improvement domain = 74 points (This domain applies to all contractors participating in QOF). <i>Including: Prescription Drug Dependency and Optimising Access to General Practice.</i> 	Update on Quality Outcomes Framework changes for 2022/23
<p>*For further information of the summary of all indicators, please go to pages 9 to 20 of the guidance within the link above, right.</p>	

Section 3: Clinical domain

Clinical domain					Resources	
<ul style="list-style-type: none"> The following lists the points and thresholds for each indicator: 					Update on Quality Outcomes Framework changes for 2022/23	
	Code	Indicator	Points	Thresholds		
Atrial fibrillation (AF)	AF001	Records	5	N/A		
	AF006	Ongoing management	12	40-90%		
	AF007	“	12	40-70%		
Secondary prevention of coronary heart disease (CHD)	CHD001	Records	4	N/A		
	CHD005	Ongoing management	7	59-96%		
	CHD008	“	12	40-77%		
	CHD009	“	5	46-86%		
Heart Failure (HF)	HF001	Records	4	N/A		
	HF005	Initial diagnosis	6	50-90%		
	HF003	Ongoing management	6	60-92%		
	HF006	“	6	60-92%		
	HF007	“	7	50-90%		
Hypertension (HYP)	HYP001	Records	6	N/A		
	HYP003	Ongoing management	14	40-77%		
	HYP007	“	5	40-80%		
Peripheral arterial disease (PAD)	PAD001	Records	2	N/A		
<p style="color: red; margin: 0;">*For further information on the above clinical domains, please go to pages 21 to 31 of the guidance within the link above, right.</p>						

Section 3: Clinical domain (cont.)

Clinical domain (cont.)					Resources	
<ul style="list-style-type: none"> The following lists the points and thresholds for each indicator: 					Update on Quality Outcomes Framework changes for 2022/23	
	Code	Indicator	Points	Thresholds		
Stroke and transient ischaemic attack (STIA)	STIA001	Records	2	N/A		
	STIA007	Ongoing management	4	57-97%		
	STIA010	“	3	40-73%		
	STIA011	“	2	46-86%		
Diabetes mellitus (DM)	DM017	Records	6	N/A		
	DM006	Ongoing management	3	57-97%		
	DM012	“	4	50-90%		
	DM014	“	11	40-90%		
	DM019	“	10	38-78%		
	DM020	“	17	35-75%		
	DM021	“	10	52-92%		
	DM022	“	4	50-90%		
	DM023	“	2	50-90%		
Asthma (AST)	AST005	Records	4	N/A		
	AST006	Initial diagnosis	15	45-80%		
	AST007	Ongoing management	20	45-70%		
	AST008	“	6	45-80%		
<p>*For further information on the above clinical domains, please go to pages 31 to 46 of the guidance within the link above, right.</p>						

Section 3: Clinical domain (cont.)

Clinical domain (cont.)					Resources
<ul style="list-style-type: none"> The following lists the points and thresholds for each indicator: 					Update on Quality Outcomes Framework changes for 2022/23
	Code	Indicator	Points	Thresholds	
Chronic obstructive pulmonary disease (COPD)	COPD009	Records	8	N/A	
	COPD010	Ongoing management	9	50-90%	
	COPD008	“	2	40-90%	
Dementia (DEM)	DEM001	Records	5	N/A	
	DEM004	Ongoing management	39	35-70%	
Mental Health (MH)	MH001	Records	4	N/A	
	MH002	Ongoing management	6	40-90%	
	MH003	“	4	50-90%	
	MH006	“	4	50-90%	
	MH007	“	4	50-90%	
	MH011	“	8	50-90%	
	MH012	“	8	50-90%	
Cancer (CAN)	CAN001	Records	5	N/A	
	CAN004	Ongoing management	6	50-90%	
	CAN005	“	2	70-90%	
Chronic kidney disease (CKD)	CKD005	Records	6	N/A	
Epilepsy (EP)	EP001	Records	1	N/A	
<p style="color: red; margin: 0;">*For further information on the above clinical domains, please go to pages 47 to 67 of the guidance within the link above, right.</p>					

Section 3: Clinical domain (cont.)

Clinical domain (cont.)					Resources
<ul style="list-style-type: none"> The following lists the points and thresholds for each indicator: 					Update on Quality Outcomes Framework changes for 2022/23
	Code	Indicator	Points	Thresholds	
Learning disabilities (LD)	LD004	Records	4	N/A	
Osteoporosis: secondary prevention of fragility fractures (OST)	OST004	Records	3	N/A	
Rheumatoid arthritis (RA)	RA001	Records	1	N/A	
	RA002	Ongoing management	5	40-90%	
Palliative care (PC)	PC001	Records	3	N/A	
Non diabetic hyperglycaemia (NDH)	NDH001	Records	18	50-90%	
<p>*For further information on the above clinical domains, please go to pages 67 to 77 of the guidance within the link above, right.</p>					

Section 4: Public Health domain

(including additional services)

Public Health domain					Resources
<ul style="list-style-type: none"> The following lists the points and thresholds for each indicator: 					Update on Quality Outcomes Framework changes for 2022/23
	Code	Indicator	Points	Thresholds	
Blood pressure (BP)	BP002	N/A	15	50-90%	
Obesity (OB)	OB002	Records	8	N/A	
Smoking (SMOK)	SMOK002	Records	25	50-90%	
	SMOK004	Ongoing management	12	40-90%	
	SMOK005	"	25	56-96%	
Vaccination and Immunisations (VI)	VI001	N/A	18	90-95%	
	VI002	N/A	18	90-95%	
	VI003	N/A	18	87-95%	
	VI004	N/A	10	50-60%	
Cervical Screening (CS)	CS005	N/A	7	45-80%	
	CS006	N/A	4	45-80%	
<p>*For further information on the above clinical domains, please go to pages 78 to of the guidance within the link above, right.</p>					

Section 5: Quality Improvement domain

Quality Improvement domain					Resources
<ul style="list-style-type: none"> The following lists the points and thresholds for each indicator: 					Update on Quality Outcomes Framework changes for 2022/23
	Code	Indicator	Points	Thresholds	
Prescription Drug Dependency	QIPDD009	N/A	27	N/A	
	QIPDD010	N/A	10	N/A	
Optimising Access to General Practice	QIOA011	N/A	27	N/A	
	QIOA012	N/A	10	N/A	
<p>*For further information on the above clinical domains, please go to pages 78 to 111 of the guidance within the link above, right.</p>					

Section 6: Personalised care adjustment

Personalised care adjustment	Resources
<p>● As of 1 April 2019, exception reporting is being replaced with a Personalised Care Adjustment (PCA). This will allow practices to differentiate between the following reasons for adjusting care and removing a patient from the indicator denominator:</p> <ol style="list-style-type: none"> 1. Unsuitability for the patient, e.g., because of medicine intolerance or allergy, or contra-indicated polypharmacy. 2. Patient choice, following a shared decision-making conversation. 3. The patient did not respond to offers of care – recording of this will change to capture actual invitations sent to patients. 4. The specific service is not available (in relation to a limited number of indicators only); or 5. Newly diagnosed or newly registered patients, as per existing rules. <p>As with exception reporting applying a PCA to the patient record will remove that patient from an indicator denominator if the QOF defined intervention has not been delivered. It will not result in patients being removed from the disease register or other target population.</p> <p>This mechanism differs from ‘exclusions’ which refer to patients on a particular clinical register who are not included in an indicator denominator for definitional reasons. For example, an indicator (and therefore the denominator) may refer only to patients of a specific age group, patients with a specific status (e.g., those who smoke), or patients with a specific length of diagnosis, within the register for that clinical area.</p>	<p>Update on Quality Outcomes Framework changes for 2022/23</p>
<p>*For further information on the above clinical domains, please go to pages 112 to 117 of the guidance within the link above, right.</p>	

Section 7: Indicators no longer in QOF (INLIQ)

Indicators no longer in QOF				Resources
<ul style="list-style-type: none"> There are no changes to the INLIQ extraction from 1 April 2022. The indicators included in INLIQ in 2022/23 are detailed below. 				Update on Quality Outcomes Framework changes for 2022/23
Indicator ID	Indicator description	Indicator ID	Indicator description	
CHD003	The percentage of patients with coronary heart disease whose last measured cholesterol (measured in the preceding 12 months) is 5 mmol/l or less.	CVD-PP002	The percentage of patients diagnosed with hypertension (diagnosed after or on 1 April 2009) who are given lifestyle advice in the preceding 12 months for: smoking cessation, safe alcohol consumption and healthy diet.	
CKD002	The percentage of patients on the CKD register in whom the last blood pressure reading (measured in the preceding 12 months) is 140/85 mmHg or less.	DM005	The percentage of patients with diabetes, on the register, who have a record of an albumin:creatinine ratio test in the preceding 12 months.	
CKD004	The percentage of patients on the CKD register whose notes have a record of a urine albumin:creatinine ratio (or protein:creatinine ratio) test in the preceding 12 months.	DM011	The percentage of patients with diabetes, on the register, who have a record of retinal screening in the preceding 12 months.	
NM84	The percentage of patients on the CKD register with hypertension and proteinuria who are currently treated with renin-angiotensin system antagonists.	EP002	The percentage of patients 18 or over on drug treatment for epilepsy who have been seizure free for the last 12 months recorded in the preceding 12 months.	
<p>*For clarification of the above indicators that are no longer in QOF, please go to page 118 of the guidance within the link above, right.</p>				

Section 7: Indicators no longer in QOF (INLIQ) (cont.)

Indicators no longer in QOF				Resources
<ul style="list-style-type: none"> • There are no changes to the INLIQ extraction from 1 April 2022. The indicators included in INLIQ in 2022/23 are detailed below. 				Update on Quality Outcomes Framework changes for 2022/23
Indicator ID	Indicator description	Indicator ID	Indicator description	
EP003	The percentage of women aged 18 or over and who have not attained the age of 55 who are taking antiepileptic drugs who have a record of information and counselling about contraception, conception and pregnancy in the preceding 12 months	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.	
LD002	The percentage of patients on the learning disability register with Down's syndrome aged 18 or over who have a record of blood TSH in the preceding 12 months	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.	
MH004	The percentage of patients aged 40 or over with schizophrenia, bipolar affective disorder and other psychoses who have a record of total cholesterol:hdl ratio in the preceding 12 months	PAD003	The percentage of patients with peripheral arterial disease in whom the last measured total cholesterol (measured in the preceding 12 months) is 5 mmol/l or less.	
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	PAD004	The percentage of patients with peripheral arterial disease with a record in the preceding 12 months that aspirin or an alternative antiplatelet is being taken.	
<p>*For clarification of the above indicators that are no longer in QOF, please go to pages 118 and 119 of the guidance within the link above, right.</p>				

Section 7: Indicators no longer in QOF (INLIQ) (cont.)

Indicators no longer in QOF				Resources
<ul style="list-style-type: none"> There are no changes to the INLIQ extraction from 1 April 2022. The indicators included in INLIQ in 2022/23 are detailed below. 				Update on Quality Outcomes Framework changes for 2022/23
Indicator ID	Indicator description	Indicator ID	Indicator description	
RA003	The percentage of patients with rheumatoid arthritis aged 30 or over and who have not attained the age of 85 who have had a cardiovascular risk assessment using a CVD risk assessment tool adjusted for RA in the preceding 12 months.	THY001	The contractor establishes and maintains a register of patients with hypothyroidism who are currently treated with levothyroxine.	
RA004	The percentage of patients aged 50 or over and who have not attained the age of 91 with rheumatoid arthritis who have had an assessment of fracture risk using a risk assessment tool adjusted for RA in the preceding 24 months.	THY002	The percentage of patients with hypothyroidism, on the register, with thyroid function tests recorded in the preceding 12 months.	
SMOK001	The percentage of patients aged 15 or over whose notes record smoking status in the preceding 24 months.			
STIA005	percentage of patients with a stroke shown to be non-haemorrhagic, or a history of TIA whose last measured total cholesterol (measured in the preceding 12 months) is 5 mmol/l or less.			
<p>*For clarification of the above indicators that are no longer in QOF, please go to page 119 of the guidance within the link above, right.</p>				

Section 8: Glossary of acronyms

Glossary of acronyms	Resources
<ul style="list-style-type: none"><li data-bbox="91 539 1749 571">• A full glossary of acronyms can be found on pages 120 to 125 in the guidance document within the link on the right.	Update on Quality Outcomes Framework changes for 2022/23

Section 9: Queries

Queries	Resources
<ul style="list-style-type: none">• Queries fall into three main categories:<ol style="list-style-type: none">1. Those which can be resolved by referring to guidance and/or FAQs.2. Those requiring interpretation of the guidance or Business Rules*.3. Those not anticipated in guidance. <p>Queries may incorporate one or more of the following areas:</p> <p>Business Rules, coding, payment, CQRS, GPES, and clinical or policy issues. The recipient of the query will liaise with other relevant parties in order to respond and where necessary the query will be redirected.</p> <p>*NHS Digital: Quality and Outcomes Framework (QOF), enhanced services and core contract extraction specifications (business rules)</p>	<p>Update on Quality Outcomes Framework changes for 2022/23</p>
<p>*For further information on queries, please go to page 126 of the guidance within the link above, right.</p>	

Updated QOF Guidance December 2022

Updated QOF Guidance December 2022	Resources
<ul style="list-style-type: none"> On Thursday, 8 December 2022 NHS England announced the production of an updated guidance document (version 2). <p>This document provides additional guidance on the interpretation and verification of the QOF indicators for 2022/23 in England, which are listed in Annex D of the Statement of Financial Entitlements Directions (SFE). It is effective from 1 April 2022 and replaces versions issued in previous years.</p> <p>This document covers: • Section 2: the list of QOF indicators as detailed in Annex D of the SFE Directions • Section 3: specific information about each clinical indicator including the rationale for inclusion and any specific requirements which contractors need to demonstrate to ensure achievement • Section 4: specific information about each public health indicator including the rationale for inclusion and any specific requirements which contractors need to demonstrate to ensure achievement • Section 5: detailed information about the requirements of the quality improvement domain • Section 6: detailed information about Personalised Care Adjustment • Section 7: a full list of indicators which are no longer in QOF but are subject to ongoing data collection • Section 8: glossary of acronyms • Section 9: the process for raising queries in relation to QOF indicators and their interpretation</p>	<p>Quality and Outcomes Framework guidance for 2022/23 – v2 – 8 December 2022</p>
<p>*Updates to the previous version are highlighted in yellow in the guidance within the link above, right.</p>	



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