



North & South Essex

Local Medical Committees

Quality and Outcomes Framework (QOF) Guidance 2024-25

A guidance document for practices

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Section 1: Introduction

Purpose of this document	Resources
<ul style="list-style-type: none"> • This document provides guidance on the interpretation and verification of the QOF indicators for 2024/25 in England, which are listed in Annex D of the Statement of Financial Entitlements Directions (SFE). It is effective from 1 April 2024 and replaces versions issued in previous years. <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 <ul style="list-style-type: none"> • This guidance should be read in conjunction with the SFE Directions and Business Rules. 	<p style="text-align: center;"> Quality Outcomes Framework guidance 2024/25 (1 April 2024) </p>
<p>*For further information within the introduction section, please go to pages 1 to 5 of the guidance within the link above, right.</p>	

Section 2: Summary of all indicators

Summary of all indicators	Resources
<p>Income Protected Indicators = 212 points</p> <ul style="list-style-type: none"> ● NHS England has income protected an increased number of indicators for 2024/25. Building upon the income protection of the disease register indicators within QOF for 2023/24, a further 13 indicators will be subject to income protection in the 2024/25 QOF, bringing the total to 32. This includes 19 register indicators, 6 clinical indicators, 1 public health indicator and 6 quality improvement indicators. These 32 indicators have a total of 212 points assigned to them, which is a third of the total points available within QOF. ● For the indicators that are income protected, practices will have their 2024/25 achievement in points set at the same level as that achieved in 2023/24. It should be noted that this means practices will not be penalised for falling performance within the income protected indicators, but neither will they be rewarded for improvements in those indicators. ● Income protection does not mean that the payment amount will be the same in 2024/25 as in 2023/24. QOF earnings will continue to be subject to prevalence adjustments, list size variation, with these being based on 2024/25 figures. Therefore, the final payment amount may be different. ● Practices will continue to be expected to maintain the registers and accurately code patient records with up-to-date information on diagnoses, as this activity performs an important role in maintaining clinical quality. There will continue to be a GPES extract of diagnosis which is used to calculate prevalence adjustments for indicators. Failure to maintain the registers will have an impact on prevalence adjustments and therefore will impact on practice income at the end of the financial year. ● Where practices open, close or merge between 2023/24 and 2024/25 achievement will be calculated as below: <ol style="list-style-type: none"> a. For practices merging, the combined 2023/24 performance, list and prevalence data for the practices that merged will be used to calculate new practice data that can be used in 2024/25. In some cases, the merging may be complex enough that this is not possible. In this case, we propose using the higher performance of the original practices or 2024/25 data for list and prevalence adjustments. b. Practices splitting into multiple practices will be paid based on the 2023/24 performance of the practice they were created from. 2024/25 list and 2024/25 prevalence adjustments will be used. 	<p style="text-align: center;"> Quality Outcomes Framework guidance 2024/25 (1 April 2024) </p>
<p>*For further information of the summary of all indicators, please go to pages 6 to 25 of the guidance within the link above, right.</p>	

Section 2: Summary of all indicators (cont...)

Summary of all indicators (cont...)	Resources
<p>c. New practices will be paid based on actual performance in 2024/25, using list and practice adjustments from 2024/25.</p> <ul style="list-style-type: none"> ● For situations that are not covered by the above, commissioners, informed by working with the practice, will determine the most appropriate way of calculating achievement for the income protected points. ● When dealing with practices mergers, opening and closing practices commissioners and practices should refer to the Primary Medical Care Policy and Guidance Manual. ● The Income protected points for the indicators set out in the Summary of Indicators in Annex D of the Statement of Financial Entitlements (SFE) are available as follows: <ul style="list-style-type: none"> • The points available for an indicator are set out in the second column of the Summary of Indicators in Annex D. • The income protected indicators are noted clearly in the table in Section 2.1 in the Summary of Indicators of Annex D; • The income protected indicators are the disease register indicators, noted clearly in the Summary of Indicators of Annex D. 	<p>Quality Outcomes Framework guidance 2024/25 (1 April 2024)</p>
<p>*For further information of the summary of all indicators, please go to pages 6 to 25 of the guidance within the link above, right.</p>	

Domains

Domains	Resources
<ul style="list-style-type: none">The following domains lists the total number of points that are available: <p>Clinical Domain = 401 points</p> <p>Public Health Domain = 160 points</p> <p>Quality Improvement Domain = 74 points</p>	<p><u>Quality Outcomes Framework guidance 2024/25 (1 April 2024)</u></p>
<p>*For information and breakdown of points available for each of the above domains, please go to pages 11 to 12 of the guidance within the link above, right.</p>	

Section 6: Personalised care adjustment

Personalised care adjustment	Resources
<p>● Since April 2019, exception reporting is being replaced with a Personalised Care Adjustment (PCA). This allows 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). 5. Newly diagnosed or newly registered patients, as per existing rules. <p>ii. 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>iii. 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 style="text-align: center;"> Quality Outcomes Framework guidance 2024/25 (1 April 2024) </p>
<p>*For confirmation and further information on the above, please go to pages 127 to 134 of the above guidance on the right.</p>	

Section 7: Glossary of acronyms

Glossary of acronyms	Resources
<ul style="list-style-type: none">• A full glossary of acronyms can be found on pages 135 to 140 in the guidance document within the link on the right.	<p>Quality Outcomes Framework guidance 2024/25 (1 April 2024)</p>

Section 8: Queries

Queries	Resources
<ul style="list-style-type: none">• Queries fall into three main categories:• Those which can be resolved by referring to guidance and/or FAQs• Those requiring interpretation of the guidance or business rules• Those not anticipated in guidance <p>Queries may incorporate one or more of the following areas: 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. The chart below outlines where questions should be directed to, depending on the subject of the query.</p>	<p>Quality Outcomes Framework guidance 2024/25 (1 April 2024)</p>
<p>*For further information on queries, please go to pages 141 and 142 of the guidance within the link above, right.</p>	



North & South Essex

Local Medical Committees

North & South Essex Local Medical Committees Ltd
Unit 5 Whitelands, Terling Road, Hatfield Peverel,
Chelmsford, Essex.
Essex CM3 2AG

Tel: 01245 383430

Email: info@essexlmc.org.uk

Web www.essexlmc.org.uk