
DIRECTIONS

NATIONAL HEALTH SERVICE, ENGLAND

The General Medical Services Statement of Financial Entitlements (Amendment) Directions 2022

The Secretary of State gives the following Directions in exercise of the powers conferred by sections 87, 272(7) and (8) and 273(1) of the National Health Service Act 2006(a).

In accordance with section 87(4) of that Act, the Secretary of State has consulted with the body appearing to the Secretary of State to be representative of persons to whose remuneration these Directions relate.

Citation, commencement, extent, application and interpretation

1.—(1) These Directions may be cited as the General Medical Services Statement of Financial Entitlements (Amendment) Directions 2022 and come into force on the day after the day on which they are signed.

(2) The Directions extend to England and Wales, but apply to England only.

(3) In these Directions, “the Principal Directions” means the General Medical Services Statement of Financial Entitlements (No. 2) Directions 2021(b).

Amendment of the Principal Directions

2.—(1) The Principal Directions are amended as follows.

(2) In Section 4 (general provisions relating to the quality and outcomes framework)—

(a) in paragraph (2), after “pdf” insert “as supplemented by the letter of 7 December 2021 which can be obtained on https://www.england.nhs.uk/wp-content/uploads/2021/12/C1475_Letter-about-temporary-GP-contract-changes-to-support-COVID-19-vaccination-programme.pdf”;

(b) at the beginning of paragraph (7) insert “Subject to paragraph (7A),”;

(c) after paragraph (7), insert—

“(7A) For the financial year 2021/22 Achievement Points will comprise of two types of Points, Conditional Points and Income Protected Points, referred to collectively as ‘Achievement Points’ hereafter, and any reference to Achievement Points in relation to this financial year is to be construed accordingly. Conditional Points are set out in Tables 1 and 2 of Annex D and Income Protected Points are set out in Tables 3, 4 and 5 of Annex D. Achievement Points are awarded as follows—

(a) 2006 (c.41). Section 87 was amended by paragraph 33 of Schedule 4 to the Health and Social Care Act 2012 (c.7). By virtue of section 271(1) of the National Health Service Act 2006, the powers conferred by these sections are exercisable by the Secretary of State only in relation to England.

(b) The General Medical Statement of Financial Entitlements (No. 2) Directions 2021, which revoked the General Medical Statement of Financial Entitlements Directions 2021, were signed on 1 October 2021. They were amended by the General Medical Statement of Financial Entitlements (No. 2) (Amendment) Directions 2021 signed on 21 December 2021. Copies of the Directions are available from the Primary Care team, Department of Health and Social Care, 4th Floor, 39 Victoria Street, London SW1H 0EU.

- (a) Conditional Points are calculated (as detailed in this Section and in Section 6) on the basis of the contractor's achievement in the financial year 2021/22;
- (b) Income Protected Points that are set out in Tables 3 and 4 of Annex D are calculated (as detailed in this Section and in Section 6) on the basis of the contractor's achievement in previous financial years; and
- (c) Income Protected Points that are set out in Table 5 of Annex D are automatically awarded in full to all contractors.

(7B) The Achievement Points available by domain (including Indicator ID prefixes in parentheses) are as follows—

Area	Total Conditional Points available	Total Income Protected Points available	Total Achievement Points available
Clinical Domain			
Vaccinations and Immunisations (VI)	64	0	64
Atrial Fibrillation (AF)	30	12	42
Coronary Heart Disease (CHD)	19	17	36
Heart Failure (HF)	28	13	41
Hypertension (HYP)	6	19	25
Peripheral Arterial Disease (PAD)	2	0	2
Stroke and Transient Ischaemic Attack (STIA)	10	5	15
Diabetes Mellitus (DM)	24	52	76
Asthma (AST)	4	41	45
Chronic Obstructive Pulmonary Disease (COPD)	8	11	19
Dementia (DEM)	5	39	44
Depression (DEP)	0	10	10
Mental Health (MH)	4	14	18
Cancer (CAN)	5	0	5
Chronic Kidney Disease (CKD)	6	0	6
Epilepsy (EP)	1	0	1
Learning Disabilities (LD)	4	0	4
Osteoporosis (OST)	3	0	3

Rheumatoid Arthritis (RA)	1	5	6
Palliative Care (PC)	3	0	3
Public Health Domain			
Blood Pressure (BP)	0	15	15
Obesity (OB)	8	0	8
Smoking (SMOK)	0	62	62
Public Health Domain – additional services sub-domain			
Cervical Screening (CS)	11	0	11
Quality Improvement Domain			
Quality Improvement (QI)	0	74	74
Totals	246	389	635

”;

(d) in paragraph (20), omit sub-paragraph (c).

(3) In Section 6 (achievement payments: calculation, payment arrangements and conditions of payments)—

(a) at the end of paragraph (1), insert “As mentioned above, for the financial year 2021/22, Achievement Points are to be construed in accordance with Section 4(7A).”;

(b) after paragraph (1), insert—

“(1A) Entitlement to Conditional Points (as set out in Tables 1 and 2 of Annex D) will be calculated in accordance with paragraphs (6)-(11). Entitlement to Income Protected Points (as set out in Tables 3, 4 and 5 of Annex D) will be calculated in accordance with paragraphs (11A)-(11C).”;

(c) at the end of paragraph (3), insert “The contractor’s entitlement to Achievement Points will be the appropriate portion, calculated on a pro rata basis, of the total points available to the contractor over the financial year.”;

(d) after paragraph (11), insert—

“(11A) The Income Protected Points for the indicators set out in Table 3 of Annex D are calculated by reference to a percentage of the points available as follows—

(a) the points available for an indicator are set out in the third column of Table 3 of Annex D;

(b) the percentage for that indicator is the average percentage of available points which the contractor achieved for indicators in the relevant area in the financial year 2018/19, discounting the indicators set out in Tables 1 and 2 of Annex D. The areas are identified in the first column of the table in Section 4(7B);

(c) for each indicator the percentage calculated in sub-paragraph (b) is applied to the points identified in sub-paragraph (a) and rounded to the nearest whole number;

(d) where the contractor has no, or incomplete, reported historical achievement data for the financial year 2018/19, the calculation under sub-paragraph (b) will be based on the contractor’s achievement data for the financial year 2019/20. Where the contractor also has no, or incomplete, reported historical achievement data for the financial year 2019/20, the contractor’s commissioner will reasonably determine the Income Protected Points to be credited to the contractor; and

- (e) where the contractor has merged with one or more other contractors since the financial year 2018/19, the calculation under sub-paragraph (b) will be based on the achievement data of the contractor identified by the code registered with the Organisation Data Service within NHS Digital which is active in the financial year 2021/22.

(11B) The Income Protected Points for the indicators set out in Table 4 of Annex D are calculated by reference to a percentage of the points available as follows—

- (a) the points available for an indicator are set out in the third column of Table 4 of Annex D;
- (b) the percentage for that indicator is the average percentage of available points which the contractor achieved for indicators in the relevant area in the financial year 2019/20, discounting the indicators set out in Tables 1 and 2 of Annex D. The areas are identified in the first column of the table in paragraph (7B);
- (c) for each indicator the percentage calculated in sub-paragraph (b) is applied to the points identified in sub-paragraph (a) and rounded to the nearest whole number;
- (d) where the contractor has no, or incomplete, reported historical achievement data for the financial year 2019/20, the contractor’s commissioner will reasonably determine the Income Protected Points to be credited to the contractor; and
- (e) where the contractor has merged with one or more other contractors since the financial year 2019/20, the calculation under sub-paragraph (b) will be based on the achievement data of the contractor identified by the code registered with the Organisation Data Service within NHS Digital which is active in the financial year 2021/22.

(11C) The Income Protected Points as set out in Table 5 of Annex D are awarded to the contractor in full.”

(4) In Annex D (quality and outcomes framework)—

- (a) after paragraph D.1, insert—

“D.1A Achievement payments are based on contractor achievement against QOF indicators as set out in this Annex. For the financial year commencing on 1st April 2021 and ending on 31st March 2022 some indicators are based on performance in 2021/22 (see Tables 1 and 2); others are based on historical performance (see Tables 3 and 4) or are automatically awarded in full (see Table 5).”;

- (b) for Section 2 (Summary of all indicators) substitute—

“SECTION 2: Summary of all indicators

Section 2.1: Indicators based on performance in 2021/22 (246 points)

Table 1: Performance based indicators (total 165 points)

Indicator ID	Indicator Descriptions	Conditional Points for 2021/22	Payment thresholds	Points accrued at the minimum threshold
VI001	The percentage of babies who reached 8 months old in the preceding 12 months, who have received at least 3 doses of a diphtheria, tetanus and pertussis containing vaccine before the age of 8 months <i>(NICE 2020 menu ID: NM197)</i>	18	90-95%	3

VI002	The percentage of children who reached 18 months old in the preceding 12 months, who have received at least 1 dose of MMR between the ages of 12 and 18 months. <i>(NICE 2020 menu ID: NM198)</i>	18	90-95%	7
VI003	The percentage of children who reached 5 years old in the preceding 12 months, who have received a reinforcing dose of DTaP/IPV and at least 2 doses of MMR between the ages of 1 and 5 years. <i>(NICE 2020 menu ID: NM199)</i>	18	87-95%	7
VI004	The percentage of patients who reached 80 years old in the preceding 12 months, who have received a shingles vaccine between the ages of 70 and 79 years. <i>(based on NM201)</i>	10	50-60%	-
CS005	The proportion of women eligible for screening and aged 25-49 years at the end of the period reported whose notes record that an adequate cervical screening test has been performed in the previous 3 years and 6 months	7	45-80%	-
CS006	The proportion of women eligible for screening and aged 50-64 years at the end of the period reported whose notes record that an adequate cervical screening test has been performed in the previous 5 years and 6 months	4	45-80%	-
AF007	In those patients with atrial fibrillation with a record of a CHA ₂ DS ₂ -VAS _c score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy <i>(NICE 2014 menu ID: NM82)</i>	25	40-70%	-
CHD005	The percentage of patients with coronary heart disease with a record in the preceding 12 months that aspirin, an alternative anti-platelet therapy, or an anti-coagulant is being taken <i>(NICE 2015 menu ID: NM88)</i>	15	56-96%	-
HF003	In those patients with a current diagnosis of heart failure due to left ventricular systolic dysfunction, the percentage of patients who are currently treated with an ACE-I or ARB	12	60-92%	-

	<i>(NICE 2019 menu ID: NM172)</i>			
HF006	The percentage of patients with a current diagnosis of heart failure due to left ventricular systolic dysfunction, who are currently treated with a beta-blocker licensed for heart failure <i>(NICE 2019 menu ID: NM173)</i>	12	60-92%	-
STIA007	The percentage of patients with a stroke shown to be non-haemorrhagic, or a history of TIA, who have a record in the preceding 12 months that an anti-platelet agent, or an anti-coagulant is being taken <i>(NICE 2015 menu ID: NM94)</i>	8	57-97%	-
DM006	The percentage of patients with diabetes, on the register, with a diagnosis of nephropathy (clinical proteinuria) or micro-albuminuria who are currently treated with an ACE-I (or ARBs) <i>(NICE 2015 menu ID: NM95)</i>	6	57-97%	-
DM022	The percentage of patients with diabetes aged 40 years and over, with no history of cardiovascular disease and without moderate or severe frailty, who are currently treated with a statin (excluding patients with type 2 diabetes and a CVD risk score of <10% recorded in the preceding 3 years) <i>(NICE 2018 menu ID: NM162)</i>	8	50-90%	-
DM023	The percentage of patients with diabetes and a history of cardiovascular disease (excluding haemorrhagic stroke) who are currently treated with a statin <i>(NICE 2018 menu ID: NM163)</i>	4	50-90%	-

Table 2: Register based indicators (total 81 points)

Indicator ID	Indicator	Conditional Points
AF001	The contractor establishes and maintains a register of patients with atrial fibrillation	5
CHD001	The contractor establishes and maintains a register of patients with coronary heart disease	4
HF001	The contractor establishes and maintains a register of patients with heart failure	4
HYP001	The contractor establishes and maintains a register of patients with established hypertension	6
PAD001	The contractor establishes and maintains a register of patients with peripheral arterial disease	2
STIA001	The contractor establishes and maintains a register of patients with stroke or TIA	2
DM017	The contractor establishes and maintains a register of all patients aged 17 or over with diabetes mellitus, which specifies the type of diabetes where a diagnosis has been confirmed	6
AST005	The contractor establishes and maintains a register of patients with asthma aged 6 years or over, excluding patients with asthma who have been prescribed no asthma related drugs in the preceding 12 months	4
COPD009	The contractor establishes and maintains a register of: <ul style="list-style-type: none"> 1. Patients with a clinical diagnosis of COPD before 1 April 2020; and 2. Patients with a clinical diagnosis of COPD on or after 1 April 2020 whose diagnosis has been confirmed by a quality assured post bronchodilator spirometry FEV1/FVC ratio below 0.7 between 3 months before and 6 months after diagnosis (or if newly registered in the preceding 12 months a record of an FEV1/FVC ratio below 0.7 recorded within 6 months of registration); and 3. Patients with a clinical diagnosis of COPD on or after 1 April 2020 who are unable to undertake spirometry 	8
DEM001	The contractor establishes and maintains a register of patients diagnosed with dementia	5
MH001	The contractor establishes and maintains a register of patients with schizophrenia, bipolar	4

	affective disorder and other psychoses and other patients on lithium therapy	
CAN001	The contractor establishes and maintains a register of all cancer patients defined as a 'register of patients with a diagnosis of cancer excluding non-melanotic skin cancers diagnosed on or after 1 April 2003'	5
CKD005	The contractor establishes and maintains a register of patients aged 18 or over with CKD with classification of categories G3a to G5 (previously stage 3 to 5)	6
EP001	The contractor establishes and maintains a register of patients aged 18 or over receiving drug treatment for epilepsy	1
LD004	The contractor establishes and maintains a register of patients with learning disabilities	4
OST004	The contractor establishes and maintains a register of patients: 1. Aged 50 or over and who have not attained the age of 75 with a record of a fragility fracture on or after 1 April 2012 and a diagnosis of osteoporosis confirmed on DXA scan, and 2. Aged 75 or over with a record of a fragility fracture on or after 1 April 2014 and a diagnosis of osteoporosis	3
RA001	The contractor establishes and maintains a register of patients aged 16 or over with rheumatoid arthritis	1
PC001	The contractor establishes and maintains a register of all patients in need of palliative care/support irrespective of age	3
OB002	The contractor establishes and maintains a register of patients aged 18 years or over with a BMI ≥ 30 in the preceding 12 months	8

Section 2.2 – Indicators based on historical performance (315 points)

Table 3: Indicators based on performance in 2018/19 (total 244 points)

Indicator ID	Indicator Description	Income Protected Points Available
AF006	The percentage of patients with atrial fibrillation in whom stroke risk has been assessed using the CHA ₂ DS ₂ -VASc score risk stratification scoring system in the preceding 12 months (excluding those patients with a previous CHADS ₂ or CHA ₂ DS ₂ -VASc score of 2 or more)	12

CHD008	The percentage of patients aged 79 years or under with coronary heart disease in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less	12
CHD009	The percentage of patients aged 80 years or over with coronary heart disease in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less	5
HF005	The percentage of patients with a diagnosis of heart failure on or after 1 April 2021 which: <ul style="list-style-type: none"> 1. Has been confirmed by an echocardiogram or by specialist assessment between 3 months before and 6 months after entering on to the register; or 2. If newly registered in the preceding 12 months, with no record of the diagnosis originally being confirmed by echocardiogram or specialist assessment, a record of an echocardiogram or a specialist assessment within 6 months of the date of registration. 	6
HF007	The percentage of patients with a diagnosis of heart failure on the register, who have had a review in the preceding 12 months, including an assessment of functional capacity and a review of medication to ensure medicines optimisation at maximal tolerated doses	7
STIA010	The percentage of patients aged 79 years or under with a history of stroke or TIA in whom the least blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less	3
STIA011	The percentage of patients aged 80 years and over with a history of stroke or TIA in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less	2
AST006	The percentage of patients with asthma on the register from 1 April 2021 with either: <ul style="list-style-type: none"> 1. A record of spirometry and one other objective test (FeNO or reversibility or variability) between 3 months before and 6 months after diagnosis; or 2. If newly registered in the preceding 12 months with a diagnosis of asthma recorded on or after 1 April 2021 but no record of objective tests being performed at the date of registration, with a record of spirometry and one other objective test (FeNO or reversibility or variability) recorded within 6 months of registration. 	15
AST007	The percentage of patients with asthma on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using a validated asthma control questionnaire, a recording of the number of exacerbations, an assessment of inhaler technique and a written personalised action plan	20
AST008	The percentage of patients with asthma on the register aged 19 or under, in whom there is a record of either personal smoking status or exposure to second-hand smoke in the preceding 12 months	6

COPD010	The percentage of patients with COPD on the register, who have had a review in the preceding 12 months, including a record of the number of exacerbations and an assessment of breathlessness using the Medical Research Council dyspnoea scale	9
COPD008	The percentage of patients with COPD and Medical Research Council (MRC) dyspnoea scale ≥ 3 at any time in the preceding 12 months, with a subsequent record of an offer of referral to a pulmonary rehabilitation programme (excluding those who have previously attended a pulmonary rehabilitation programme)	2
DEM004	The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months	39
DEP003	The percentage of patients aged 18 or over with a new diagnosis of depression in the preceding 1 April to 31 March, who have been reviewed not earlier than 10 days after and not later than 56 days after the date of diagnosis	10
MH002	The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive care plan documented in the record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate	6
MH003	The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of blood pressure in the preceding 12 months	4
MH006	The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of BMI in the preceding 12 months	4
RA002	The percentage of patients with rheumatoid arthritis, on the register, who have had a face-to-face review in the preceding 12 months	5
BP002	The percentage of patients aged 45 or over who have a record of blood pressure in the preceding 5 years	15
SMOK002	The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months	25
SMOK004	The percentage of patients aged 15 or over who are recorded as current smokers who have a record of an offer of support and treatment within the preceding 24 months	12
SMOK005	The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses who are recorded as current smokers who have a record of an offer of support and treatment within the preceding 12 months	25

Table 4: Indicators based on performance in 2019/20 (total 71 points)

Indicator ID	Indication Description	Income Protected Points Available
DM012	The percentage of patients with diabetes, on the register, 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 in previous ulcer) or 4) ulcerated foot within the preceding 12 months	4
DM014	The percentage of patients newly diagnosed with diabetes, on the register, in the preceding 1 April to 31 March who have a record of being referred to a structured education programme within 9 months after entry on to the diabetes register	11
DM019	The percentage of patients with diabetes, on the register, without moderate or severe frailty in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less	10
DM020	The percentage of patients with diabetes, on the registers, without moderate or severe frailty in whom the last IFCC-HbA1c is 58 mmol/mol or less in the preceding 12 months	17
DM021	The percentage of patients with diabetes, on the register, with moderate or severe frailty in whom the last IFCC-HbA1c is 75 mmol/mol or less in the preceding 12 months	10
HYP003	The percentage of patients aged 79 years or under with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less	14
HYP007	The percentage of patients aged 80 years and over with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less	5

Section 2.3 – Indicators awarded in full (74 points)**Table 5: Indicators awarded in full**

Indicator ID	Indicator Description	Income Protected Points Allocated
QIECD005	The contractor can demonstrate continuous quality improvement activity focused upon early cancer diagnosis as specified in the QOF guidance.	27
QIECD006	The contractor has participated in network activity to regularly share and discuss learning from quality improvement activity focused on early cancer diagnosis as specified in the QOF guidance. This would usually include participating in a minimum of two peer review meetings	10
QILD007	The contractor can demonstrate continuous quality improvement activity focused on care of patients with a learning disability as specified in the QOF guidance	27

QILD008	The contractor has participated in network activity to regularly share and discuss learning from quality improvement activity focused on the care of patients with a learning disability as specified in the QOF guidance. This would usually include participating in a minimum of two network peer review meetings	10
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Disease registers for heart failure

There are two disease registers used for the HF indicators for the purpose of calculating the Adjusted Practice Disease Factor in accordance with Annex F (“the APDF”):

- (a) a register of patients with HF is used to calculate APDF for HF001, HF005, and HF007,
- (b) a register of patients with HF due to left ventricular systolic dysfunction (LVSD) is used to calculate APDF for HF003 and HF006.

Register 1 is defined in indicator HF001. Register 2 is a sub-set of register 1 and is composed of patients with a diagnostic code for LVSD as well as for HF.

Disease register for depression

There is no register indicator for the depression indicator. The disease register for the depression indicator for the purpose of calculating the APDF is defined as all patients aged 18 or over, diagnosed on or after 1 April 2006, who have an unresolved record of depression in their patient record.

Disease register for mental health

Due to the way repeat prescribing works in general practice, patients on lithium therapy are defined as patients with a prescription of lithium within the preceding six months.

Remission from serious mental illness

Making an accurate diagnosis of remission can be challenging. In the absence of strong evidence of what constitutes ‘remission’ from serious mental illness, clinicians should only consider using these codes if the patient has been in remission for at least five years, that is where there is:

- (a) no record of anti-psychotic medication;
- (b) no mental health in-patient episodes; and
- (c) no secondary or community care mental health follow-up for at least five years.

Where a patient is recorded as being ‘in remission’ they remain on the MH001 register (in case their condition relapses at a later date) but they are excluded from the denominator for indicators MH002, MH003, and MH006.

The accuracy of this coding should be reviewed on an annual basis by a clinician. Should a patient who has been coded as ‘in remission’ experience a relapse then this should be recorded as such in their patient record.

In the event that a patient experiences a relapse and is coded as such, they will again be included in all the associated indicators for schizophrenia, bipolar affective disorder and other psychoses and their care plan should be updated.

Where a patient has relapsed after being recorded as being in remission, their care plan should be updated subsequent to the relapse. Care plans dated prior to the date of the relapse will not be acceptable for QOF purposes.

Disease register for osteoporosis

Although the register indicator OST004 defines two separate registers, the disease register for the purpose of calculating the APDF is defined as the sum of the number of patients on both registers.

Disease register for palliative care

There is no APDF calculation in respect of the palliative care indicators. In the rare case of a nil register at year end, if a contractor can demonstrate that it established and maintained a register during the financial year then they will be eligible for payment for PC001.

Disease register for smoking

The disease register for the purpose of calculating the APDF for SMOK002 and SMOK005 is defined as the sum of the number of patients on the disease registers for each of the conditions listed in the indicators. Any patient who has one or more co-morbidities e.g. diabetes and CHD, is only counted once on the register for SMOK002 and SMOK005.

There is no APDF calculation for SMOK004.

Requirements for recording smoking status: Smokers

For patients who smoke this recording should be made in the preceding 12 months for SMOK002.

Requirements for recording smoking status: Non-smokers

It is recognised that life-long non-smokers are very unlikely to start smoking and indeed find it quite irritating to be asked repeatedly regarding their smoking status. Smoking status for this group of patients should be recorded in the preceding 12 months for SMOK002 until the end of the financial year in which the patient reaches the age of 25.

Once a patient is over the age of 25 years (e.g. in the financial year in which they reach the age of 26 or in any year following that financial year) to be classified as a non-smoker they should be recorded as “never smoked”, both after their 25th birthday and after the earliest diagnosis date for the disease which led to the patient’s inclusion on the SMOK002 register (e.g. one of the conditions listed on the SMOK002 register).

Requirements for recording smoking status: Ex-smokers

Ex-smokers can be recorded as such in the preceding 12 months for SMOK002. Practices may choose to record ex-smoking status on an annual basis for three consecutive financial years and after that smoking status need only be recorded if there is a change. This is to recognise that once a patient has been an ex-smoker for more than three years they are unlikely to restart.”.

(5) In Annex F (adjusted practice disease factor calculations), in paragraph F.2, for the second sentence substitute “Subject to the exceptions specified at the end of Section 2 of Annex D in respect of specific diseases, the register to be used to calculate the Raw Practice Disease Prevalence is the register as set out in Table 2 in Section 2 of Annex D for the area concerned.”.

(6) In Annex H (dispensary services quality scheme), in paragraph H.20, for “10%” in both places it occurs, substitute “7.5%”.

Representations relating to total points allocation for the 2021/2022 financial year

3.—(1) During the period starting on 1st April 2022 and ending on 30th June 2022, a contractor may make representations to the Board that the contractor’s total points allocation for the financial year starting on 1st April 2021 and ending on 31st March 2022 (“the 2021/2022 financial year”)

was lower than it would have been, had it not been for the changes made to the Principal Directions by these Directions.

(2) Representations under paragraph (1) may only relate to the total points allocation for the 2021/2022 financial year on the basis of actions undertaken during that financial year.

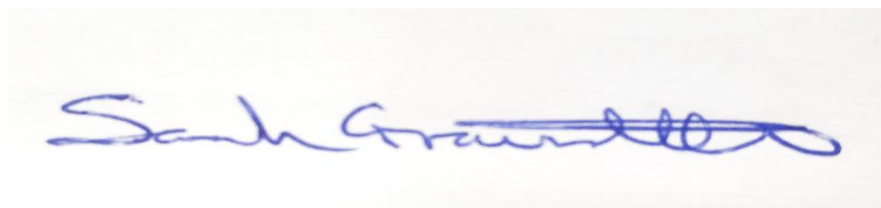
(3) In determining whether it is reasonably satisfied by representations made under paragraph (1), the Board must only consider any evidence that it is reasonably satisfied is relevant to the representations under paragraph (1). Evidence that is relevant to the representations under paragraph (1) includes:

- (a) a Calculating Quality Reporting System (CQRS) year-end report as evidence of total points allocation;
- (b) a completed Quality Improvement monitoring template;
- (c) evidence that a contractor participated in a minimum of two network peer review meetings where quality improvement was discussed to demonstrate continuous quality improvement during the 2021/2022 financial year; and
- (d) evidence of a contractor's rates of personalised care adjustments.

(4) Where the Board determines it is reasonably satisfied by a contractor's representations under paragraph (1), the Board must adjust the total points allocated to the contractor for the 2021/2022 financial year to the total points the contractor would have received, had it not been for the changes made to the Principal Directions by these Directions.

(5) Where the Board adjusts a contractor's total points allocation under paragraph (4), the Board must pay the contractor a lump sum representing the balance of the difference in points as set out in paragraph (4). Such a payment falls due on the last day of the month following the month in which the Board adjusts the total points under paragraph (4).

Signed by authority of the Secretary of State for Health and Social Care.



Sarah Gravenstede
A member of the Senior Civil Service
Department for Health and Social Care

Date: 08/03/2022