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## DIRECTIONS

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### NATIONAL HEALTH SERVICE, ENGLAND

#### The General Medical Services Statement of Financial Entitlements (Amendment) (No. 2) Directions 2022

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

In accordance with section 87(4) of that Act, the Secretary of State has consulted with bodies 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) (No. 2) Directions 2022 and come into force on 1 April 2022.

(2) These Directions are given to the Board.

(3) These Directions extend to England and Wales and apply to England only.

(4) In these Directions, “the Principal Directions” means the General Medical Services Statement of Financial Entitlements (No. 2) Directions 2021<sup>(b)</sup>.

#### Amendment of Section 3

2.—(1) Section 3 (global sum payments) of the Principal Directions is amended as follows.

(2) In paragraph (4), for “£96.78” substitute “£99.70”.

(3) in paragraph (9), for “£96.78” substitute “£99.70”.

(4) in paragraph (19)—

(a) for “2022” substitute “2023”;

(b) for “9085” substitute “9374”.

#### Amendment of Section 4

3.—(1) Section 4 (quality and outcomes framework) of the Principal Directions is amended as follows.

(2) In paragraph (2), for the words from “https”, in the first place it occurs, to the end substitute “<https://www.england.nhs.uk/publication/quality-and-outcomes-framework-2022-23>”.

(3) In paragraphs (3) and (19)—

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(a) 2006 c. 41. Section 87 is 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 Directions were signed on 1st October 2021 and were amended by the General Medical Services Statement of Financial Entitlements (No. 2) (Amendment) Directions 2021 signed on 21st December 2021 and the General Medical Services Statement of Financial Entitlements Amendment Directions 2022 signed on 8th March 2022. Copies of the Directions are available at [www.gov.uk/government/publications/nhs-primary-medical-services-directions-2013](http://www.gov.uk/government/publications/nhs-primary-medical-services-directions-2013). Hard copies can be obtained from the Department of Health and Social Care, 39 Victoria St, London SW1H 0EU.

- (a) for “April 2021” substitute “April 2022”;
- (b) for “March 2022” substitute “March 2023”.
- (4) In paragraph (7), omit “Subject to paragraph (7A),”.
- (5) Omit paragraphs (7A) and (7B).
- (6) In paragraph (19)—
  - (a) for “April 2021” substitute “April 2022”;
  - (b) for “March 2022” substitute “March 2023”.
- (7) In paragraph (20)—
  - (a) for “1st April 2021 to 31st March 2022” substitute “1st April 2022 and ending on 31st March 2023”;
  - (b) after sub-paragraph (b) insert—
    - “(c) the minimum threshold is set 40 percentage points lower than the new maximum threshold. For example, if the new maximum threshold is proposed to be 93%, the new minimum threshold would be proposed as 53%.”.

#### **Amendment of Section 5**

**4.**—(1) Section 5 (quality and outcomes framework: aspiration payments) of the Principal Directions is amended as follows.

- (2) In paragraph (6), for “2022 is 9085” substitute “2023 is 9374”.
- (3) In paragraph (13), for “£201.16” substitute “£207.56”.

#### **Amendment of Section 6**

**5.**—(1) Section 6 (quality and outcomes framework: achievement payments) of the Principal Directions is amended as follows.

- (2) In paragraph (1), omit the last sentence.
- (3) Omit paragraph (1A).
- (4) In paragraph (3), omit the last sentence.
- (5) In paragraphs (6), (7) and (8), for “£201.16” substitute “£207.56”.
- (6) Omit paragraphs (11A) to (11C).

#### **Amendment of Section 7**

**6.**—(1) Section 7 (network participation payments) of the Principal Directions is amended as follows.

- (2) In the heading, for “1st APRIL 2021 TO 31st MARCH 2022” substitute “1st APRIL 2022 TO 31st MARCH 2023”.
- (3) In paragraph (4)—
  - (a) for “April 2021”, in each place it occurs, substitute “April 2022”;
  - (b) for “March 2022”, in both places it occurs, substitute “March 2023”.
- (4) In paragraph (5)—
  - (a) for “2022”, in both places it occurs, substitute “2023”;
  - (b) in sub-paragraph (a), for “Board’s Network Contract Directed Enhanced Services Specification” substitute “the Specification referred to in direction 4 of the DES Directions(a) (“the Specification”)”;

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(a) The DES Directions are defined in Part 2 of Annex A to the General Medical Services Statement of Financial Entitlements (No. 2) Directions 2021.

- (c) in sub-paragraph (c), for the words from “Network”, in the last place it occurs, to the end substitute “the Specification”.
- (5) In paragraph (7)—
  - (a) for “April 2021” substitute “April 2022”;
  - (b) for “March 2022” substitute “March 2023”.

### **Amendment of Section 8**

- 7.—(1) Section 8 (learning disabilities health check scheme) is amended as follows.
  - (2) In the heading, for “1st APRIL 2021 to 31st MARCH 2022” substitute “1st APRIL 2022 to 31st MARCH 2023”.
  - (3) In paragraph (1)—
    - (a) for “April 2021” substitute “April 2022”;
    - (b) for “March 2022” substitute “March 2023”.
  - (4) In paragraph (2), for sub-paragraphs (b) and (c) substitute—
    - “(b) the contractor maintains a learning disabilities register (“the Register”) in accordance with the requirements of the Learning Disabilities Health Check Scheme;
    - (c) the contractor records a relevant code on a registered patient’s medical record to indicate that the patient is included on the Register;
    - (d) the contractor has carried out annual health checks in accordance with the requirements of the Learning Disabilities Health Check Scheme (“compliant health checks”);
    - (e) the contractor has made available to the Board information about compliant health checks carried out in the monthly period to which the claim for payment relates ,”.
  - (5) In paragraph (3), for sub-paragraph (b) substitute—
    - “(b) the number of compliant health checks undertaken by the contractor during the monthly period to which the payment relates in respect of patients on the Register who are aged 14 years or over.”.
  - (6) Omit paragraph (5).
  - (7) In paragraph (6), omit the words from “(including” to the end.
  - (8) In paragraph (10), for “2022” substitute “2023”.
  - (9) In paragraph (15), for “2022”, in both places it occurs, substitute “2023”.

### **Amendment of Section 16**

- 8.—(1) Section 16 (dispensing) of the Principal Directions is amended as follows.
  - (2) In paragraph (7)—
    - (a) at the end of sub-paragraph (a), omit “or”;
    - (b) after sub-paragraph (a) insert—
      - “(aa) Pneumococcal Polysaccharide Vaccine (PPV) which is centrally supplied by the Department of Health and Social Care as part of its Pneumococcal programme against the Pneumococcal virus; or”.

### **Amendment of Section 18**

- 9.—(1) Section 18 (payments for vaccines and immunisations) of the Principal Directions is amended as follows.
  - (2) In paragraph (5), for “1st April 2021 but before 1st April 2022” substitute “1st April 2022 but before 1st April 2023”.

## Amendment of the Annexes

10.—(1) The Annexes to the Principal Directions are amended as follows.

(2) In Annex A (glossary), in Part 2 (definitions), for the definition of “DES Directions” substitute—

““DES Directions” means the Primary Medical Services (Directed Enhanced Services) Directions 2022 signed on 31st March 2022 (a);”.

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

- (a) omit paragraph D.1A;
- (b) in paragraph D.2—
  - (i) for “April 2021” substitute “April 2022”;
  - (ii) for “March 2022” substitute “March 2023”;
- (c) for Section 2 substitute—

### “ SECTION 2: Summary of all indicators

#### Section 2.1: Clinical domain (401 points)

2.1. Section 2.1 applies to all contractors participating in QOF.

#### Atrial fibrillation (AF)

<i>Indicator</i>	<i>Points</i>	<i>Achievement thresholds</i>
<b>Records</b>		
AF001. The contractor establishes and maintains a register of patients with atrial fibrillation	5	N//A
<b>Ongoing Management</b>		
AF006. The percentage of patients with atrial fibrillation in whom stroke risk has been assessed using the CHA <sub>2</sub> DS <sub>2</sub> -VASc score risk stratification scoring system in the preceding 12 months (excluding those patients with a previous CHADS <sub>2</sub> or CHA <sub>2</sub> DS <sub>2</sub> -VASc score of 2 or more) (NICE 2014 menu ID: NM81)	12	40-90%
AF007. In those patients with atrial fibrillation with a record of a CHA <sub>2</sub> DS <sub>2</sub> -VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (NICE 2014 menu ID: NM82)	12	40-70%

For AF007, patients with a previous score of 2 or above using CHADS<sub>2</sub>, recorded prior to 1 April 2015 will be included in the denominator.

(a) The Directions are available at [www.gov.uk/government/publications/nhs-primary-medical-services-directions-2013](http://www.gov.uk/government/publications/nhs-primary-medical-services-directions-2013). Hard copies can be obtained from the Department of Health and Social Care, 39 Victoria St, London SW1H 0EU.

## Secondary prevention of coronary heart disease (CHD)

<i>Indicator</i>	<i>Points</i>	<i>Achievement thresholds</i>
<b>Records</b>		
CHD001. The contractor establishes and maintains a register of patients with coronary heart disease	4	N/A
<b>Ongoing Management</b>		
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 (NICE 2015 menu ID: NM88)	7	56–96%
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 (NICE 2013 menu ID: NM68)	12	40-77%
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 (NICE 2019 menu ID: NM191)	5	46-86%

## Heart Failure (HF)

<i>Indicator</i>	<i>Points</i>	<i>Achievement thresholds</i>
<b>Records</b>		
HF001. The contractor establishes and maintains a register of patients with heart failure	4	N/A
<b>Initial diagnosis</b>		
HF005. The percentage of patients with a diagnosis of heart failure on or after 1 April 2021 which: <ul style="list-style-type: none"> <li>(a) has been confirmed by an echocardiogram or by specialist assessment between 3 months before and 6 months after entering on to the register; or</li> <li>(b) 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.</li> </ul> (based on NM171)	6	50–90%
<b>Ongoing management</b>		
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 (NICE 2019 menu ID: NM172)	6	60–92%
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 (NICE 2019 menu ID: NM173)	6	60-92%
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	7	50-90%

doses (Based on NM174)		
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### Disease registers for heart failure

There are two disease registers used for the HF indicators for the purpose of calculating APDF (practice prevalence):

- (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.

### Hypertension (HYP)

<i>Indicator</i>	<i>Points</i>	<i>Achievement thresholds</i>
<b>Records</b>		
HYP001. The contractor establishes and maintains a register of patients with established hypertension	6	N/A
<b>Ongoing management</b>		
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 (NICE 2012 menu ID: NM53)	14	40-77%
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 (NICE 2012 menu ID: NM54)	5	40-80%

### Peripheral arterial disease (PAD)

<i>Indicator</i>	<i>Points</i>	<i>Achievement thresholds</i>
<b>Records</b>		
PAD001. The contractor establishes and maintains a register of patients with peripheral arterial disease (NICE 2011 menu ID: NM32)	2	N/A

### Stroke and transient ischaemic attack (STIA)

<i>Indicator</i>	<i>Points</i>	<i>Achievement thresholds</i>
<b>Records</b>		
STIA001. The contractor establishes and maintains a register of patients with stroke or TIA	2	N/A
<b>Ongoing management</b>		
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 (NICE 2015 menu ID: NM94)	4	57-97%
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 (NICE 2013 menu ID: NM69)	3	40-73%
STIA011. The percentage of patients aged 80 years and over with a history of stroke or TIA in whom the last blood pressure reading	2	46-86%

(measured in the preceding 12 months) is 150/90 mmHg or less (NICE 2019 menu ID: NM192)		
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### Diabetes Mellitus (DM)

<i>Indicator</i>	<i>Points</i>	<i>Achievement thresholds</i>
<b>Records</b>		
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 (NICE 2011 menu ID: NM41)	6	N/A
<b>Ongoing management</b>		
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) (NICE 2015 menu ID: NM95)	3	57–97%
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 (NICE 2010 menu ID: NM13)	4	50–90%
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 (NICE 2011 menu ID: NM27)	11	40–90%
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 (NICE 2018 menu ID: NM159)	10	38-78%
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 (NICE 2018 menu ID: NM157)	17	35-75%
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 (NICE 2018 menu ID: NM158)	10	52-92%

<i>Indicator</i>	<i>Points</i>	<i>Achievement thresholds</i>
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>	4	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>	2	50-90%

### **Asthma (AST)**

<i>Indicator</i>	<i>Points</i>	<i>Achievement thresholds</i>
<b>Records</b>		
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 <i>(based on NM165)</i>	4	N/A
<b>Initial diagnosis</b>		
AST006. The percentage of patients with a diagnosis of asthma on or after 1 April 2021 with either: <ul style="list-style-type: none"> <li>(a) a record of spirometry and one other objective test (FeNO or reversibility or variability) between 3 months before and 6 months after diagnosis; or</li> <li>(b) 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.</li> </ul> <i>(based on NM166)</i>	15	45–80%
<b>Ongoing management</b>		
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 <i>(based on NM167)</i>	20	45–70%
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 <i>(based on NM168)</i>	6	45–80%

### **Chronic obstructive pulmonary disease (COPD)**



<i>Indicator</i>	<i>Points</i>	<i>Achievement thresholds</i>
<b>Records</b>		
COPD009. The contractor establishes and maintains a register of: <ul style="list-style-type: none"> <li>(a) Patients with a clinical diagnosis of COPD before 1 April 2021;</li> <li>(b) Patients with a clinical diagnosis of COPD on or after 1 April 2021 whose diagnosis has been confirmed by a quality assured post bronchodilator spirometry FEV<sub>1</sub>/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 FEV<sub>1</sub>/FVC ratio below 0.7 recorded within 6 months of registration); and</li> <li>(c) Patients with a clinical diagnosis of COPD on or after 1 April 2021 who are unable to undertake spirometry</li> </ul> (based on NM169)	8	N/A
<b>Ongoing management</b>		
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 (NICE 2019 menu ID: NM170)	9	50–90%
COPD008. The percentage of patients with COPD and Medical Research Council (MRC) dyspnoea scale $\geq 3$ 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) (NICE 2012 menu ID: NM47)	2	40-90%

### **Dementia (DEM)**

<i>Indicator</i>	<i>Points</i>	<i>Achievement thresholds</i>
<b>Records</b>		
DEM001. The contractor establishes and maintains a register of patients diagnosed with dementia	5	N/A
<b>Ongoing management</b>		
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 (NICE 2015 menu ID: NM107)	39	35–70%

## Depression (DEP)

<i>Indicator</i>	<i>Points</i>	<i>Achievement thresholds</i>
<b>Initial management</b>		
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 (Based on NM50)	10	45–80%

## 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.

## Mental health (MH)

<i>Indicator</i>	<i>Points</i>	<i>Achievement thresholds</i>
<b>Records</b>		
MH001. The contractor establishes and maintains a register of patients with schizophrenia, bipolar affective disorder and other psychoses and other patients on lithium therapy	4	N/A
<b>Ongoing management</b>		
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 (NICE 2015 menu ID: NM108)	6	40–90%
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 (based on NM17)	4	50–90%
MH006. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of BMI in the preceding 12 months (based on NM16)	4	50-90%
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 (based on NM15)	4	50-90%
MH011. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of a lipid profile in the preceding 12 months (in those patients currently prescribed antipsychotics, and/or smoke, and/or are overweight (BMI of $\geq 23$ kg/m <sup>2</sup> or $\geq 25$ kg/m <sup>2</sup> if ethnicity is recorded as White) or preceding 24 months for all other patients (based on NM129)	8	50-90%
MH012. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of blood glucose or HbA1c in the preceding 12 months (NICE 2015 menu ID: NM130)	8	50-90%

### 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.
- (d) 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, MH006, MH007, MH011 and MH012.

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.

### Cancer (CAN)

<i>Indicator</i>	<i>Points</i>	<i>Achievement thresholds</i>
<b>Records</b>		
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	N/A
<b>Ongoing management</b>		
CAN004. The percentage of patients with cancer, diagnosed within the preceding 24 months, who have a patient Cancer Care Review using a structured template recorded as occurring within 12 months of the date of diagnosis (NICE menu 2020 ID: NM205)	6	50-90%
CAN005 The percentage of patients with cancer, diagnosed within the preceding 12 months, who have had the opportunity for a discussion and informed of the support available from primary care, within 3 months of diagnosis (based on NM204)	2	70-90%

### Chronic kidney disease (CKD)

<i>Indicator</i>	<i>Points</i>
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) (NICE 2014 menu ID: NM83)	6

**Epilepsy (EP)**

<i>Indicator</i>	<i>Points</i>
EP001. The contractor establishes and maintains a register of patients aged 18 or over receiving drug treatment for epilepsy	1

**Learning disability (LD)**

<i>Indicator</i>	<i>Points</i>
LD004. The contractor establishes and maintains a register of patients with learning disabilities (NICE 2013 menu ID: NM73)	4

**Osteoporosis: secondary prevention of fragility fractures (OST)**

<i>Indicator</i>	<i>Points</i>
OST004. The contractor establishes and maintains a register of patients: <ul style="list-style-type: none"> <li>(a) 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</li> <li>(b) aged 75 or over with a record of a fragility fracture on or after 1 April 2014 and a diagnosis of osteoporosis</li> </ul> (NICE 2011 menu ID: NM29)	3

**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.

**Rheumatoid arthritis (RA)**

<i>Indicator</i>	<i>Points</i>	<i>Achievement thresholds</i>
<b>Records</b>		
RA001. The contractor establishes and maintains a register of patients aged 16 or over with rheumatoid arthritis (NICE 2012 menu ID: NM55)	1	N/A
<b>Ongoing management</b>		
RA002. The percentage of patients with rheumatoid arthritis, on the register, who have had a face-to-face review in the preceding 12 months (NICE 2012 menu ID: NM58)	5	40–90%

**Palliative care (PC)**

<i>Indicator</i>	<i>Points</i>
PC001. The contractor establishes and maintains a register of all patients in need of palliative care/support irrespective of age	3

**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.

**Non diabetic hyperglycaemia (NDH)**

<i>Indicator</i>	<i>Points</i>	<i>Achievement thresholds</i>
<b>Records</b>		
NDH001. The percentage of patients with non-diabetic hyperglycaemia who have had an HbA1c or fasting blood glucose performed in the preceding 12 months (NICE 2017 menu: NM150)	18	50–90%

**Section 2.2: Public health domain (160 points)**

Section 2.2 applies to all contractors participating in QOF.

**Blood pressure (BP)**

<i>Indicator</i>	<i>Points</i>	<i>Achievement thresholds</i>
<b>Records</b>		
BP002. The percentage of patients aged 45 or over who have a record of blood pressure in the preceding 5 years (based on NM61)	15	50–90%

**Obesity (OB)**

<i>Indicator</i>	<i>Points</i>
OB002. The contractor establishes and maintains a register of patients aged 18 years or over with a BMI $\geq 30$ in the preceding 12 months (based on NM143)	8

**Smoking (SMOK)**

<i>Indicator</i>	<i>Points</i>	<i>Achievement thresholds</i>
<b>Records</b>		
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 (NICE 2011 menu ID: NM38)	25	50–90%
<b>Ongoing management</b>		
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 (based on NM40)	12	40–90%
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	25	56–96%

who are recorded as current smokers who have a record of an offer of support and treatment within the preceding 12 months (NICE 2011 menu ID: NM39)		
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### 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.

#### *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).

#### *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.

### Vaccines and Immunisations (VI)

<i>Indicator</i>	<i>Points</i>	<i>Achievement thresholds</i>	<i>Points at lower threshold</i>
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 (NICE 2020 menu ID: NM197)	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. (NICE 2020 menu ID: NM198)	18	90-95%	7
VI003. The percentage of children who	18	87-95%	7

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. (NICE 2020 menu ID: NM199)			
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. (based on NM201)	10	50-60%	N/A

### Cervical screening (CS)

<i>Indicator</i>	<i>Points</i>	<i>Achievement thresholds</i>
CS005. The proportion of women eligible for screening and aged 25-49 years at the end of period reported whose notes record that an adequate cervical screening test has been performed in the previous 3 years and 6 months (NICE 2017 menu ID: NM154)	7	45-80%
CS006. The proportion of women eligible for screening and aged 50-64 years at the end of period reported whose notes record that an adequate cervical screening test has been performed in the previous 5 years and 6 months (NICE 2017 menu ID: NM155)	4	45-80%

### Section 2.3: Quality improvement domain (74 points)

Section 2.3 applies to all contractors participating in QOF.

### Prescription Drug Dependency (QIPDD)

<i>Indicator</i>	<i>Points</i>
QIPDD009. The contractor can demonstrate continuous quality improvement activity focused on prescription drug dependency as specified in the QOF guidance	27
QIPDD010. The contractor has participated in network activity to regularly share and discuss learning from quality improvement activity focused on prescription drug dependency as specified in the QOF guidance.	10

### Optimising Access to General Practice (QIOA)

<i>Indicator</i>	<i>Points</i>
QIOA11. The contractor can demonstrate continuous quality improvement activity focused on optimising access as specified in the QOF guidance	27
QIOA12. The contractor has participated in network activity to regularly share and discuss learning from quality improvement activity focused on optimising access as specified in the QOF guidance.	10

”.

(4) In Annex E (calculation of cervical screening achievement points), in paragraphs E.4 and E.5 for “£201.16” substitute “£207.56”.

(5) In Annex F (adjusted practice disease factor calculations), in paragraph F.2, for “at the end of” substitute “in”.

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

(7) In Annex I (routine vaccine and immunisations)—

(a) in Table 2—

(i) after the third entry (70 years (routine)), insert—

“

70 years (routine) immunocompromised individuals contraindicated for Zostavax	Shingles	Shingrix (2 dose schedule, 2nd dose 2 months after the 1st)
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”;

(ii) after the last entry (78-79 year (catch-up)), insert—

“

78-79 years (routine) immunocompromised individuals contraindicated for Zostavax	Shingles	Shingrix (2 dose schedule, 2nd dose 2 months after the 1st)”
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”;

(b) in Table 4, after the second entry (14-24 years HPV), insert—

“

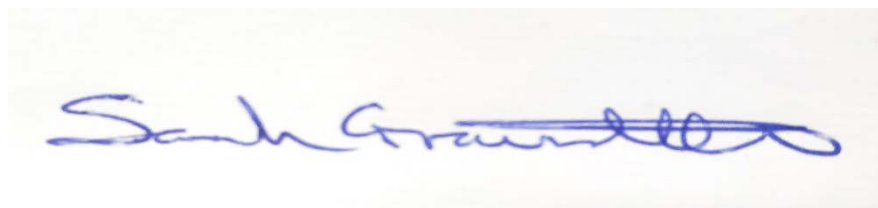
14-24 years (where the individual was eligible to receive the vaccine under routine schools immunisation programme but missed vaccination under the schools programme)	Human papillomavirus (HPV) HPV types (6, 11, 16, 18, 31, 33, 45, 52 and 58 – nine valent vaccine).	HPV
6 years and over (unknown or incomplete vaccination history where clinically indicated)	Measles, Mumps and Rubella	MMR”

”.

**Saving**

11. To the extent that it is necessary to assess any entitlement to payment or recovery of payment or to process any payment, adjustment or reconciliation in respect of the period 1st April 2021 to 31st March 2022, the Principal Directions continue to apply as if these Directions had not been made.

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



*Sarah Gravenstede*  
Member of the Senior Civil Service  
Department of Health and Social Care

31/March/2022, 16:29