
DIRECTIONS

NATIONAL HEALTH SERVICE, ENGLAND

The General Medical Services Statement of Financial Entitlements (Amendment) Directions 2021

The Secretary of State for Health and Social Care gives the following directions as to payments to be made under general medical services contracts 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 for Health and Social Care has consulted the body appearing to the Secretary of State to be representative of persons to whose remuneration these Directions relate and has consulted such other persons as the Secretary of State considers appropriate.

Citation, commencement, interpretation, extent and application

1.—(1) These Directions may be cited as the General Medical Services Statement of Financial Entitlements (Amendment) Directions 2021.

(2) These Directions come into force on the day after the date on which they are signed.

(3) In these Directions, “the principal Directions” means the General Medical Services Statement of Financial Entitlements Directions 2013(b).

(4) These Directions extend to England and Wales, but apply to England only(c).

Amendments to Section 4 of the principal Directions

2. In Section 4 of the principal Directions (General Provisions relating to the Quality and Outcomes Framework)—

(a) 2006 (c.41); section 87 of the National Health Service Act 2006 (“the 2006 Act”) was amended by section 55 of, and paragraph 33 of Schedule 4 to, the Health and Social Care Act 2012 (c.7) (“the 2012 Act”). Section 273 of the 2006 Act was amended by section 21(6), 47(7) and 55(1) of, and paragraph 137 of Schedule 4 to, the 2012 Act.

(b) Those Directions were signed on 27th March 2013 and were amended by the General Medical Services Statement of Financial Entitlements (Amendment) Directions 2013, signed on 18th September 2013; the General Medical Services Statement of Financial Entitlements (Amendment) Directions 2014, signed on 28th March 2014; the General Medical Services Statement of Financial Entitlements (Amendment No.2) Directions 2014, signed on 30th September 2014; the General Medical Services Statement of Financial Entitlements (Amendment) Directions 2015, signed on 23rd March 2015; the General Medical Services Statement of Financial Entitlements (Amendment No.2) Directions 2015, signed on 28th September 2015; the General Medical Services Statement of Financial Entitlements (Amendment No.3) Directions 2015, signed on 6th October 2015; the General Medical Services Statement of Financial Entitlements (Amendment No.4) Directions 2015, signed on 4th December 2015; the General Medical Services Statement of Financial Entitlements (Amendment) Directions 2016, signed on 31st March 2016; the General Medical Services Statement of Financial Entitlements (Amendment No.2) Directions 2016, signed on 9th May 2016; the General Medical Services Statement of Financial Entitlements (Amendment No.3) Directions 2016, signed on 24th November 2016; the General Medical Services Statement of Financial Entitlements (Amendment) Directions 2017, signed on 31st March 2017; the General Medical Services Statement of Financial Entitlements (Amendment) (No.2) Directions 2017, signed on 30th October 2017; the General Medical Services Statement of Financial Entitlements (Amendment) Directions 2018, signed on 29th March 2018; the General Medical Services Statement of Financial Entitlements (Amendment) (No.2) Directions 2018, signed on 23rd October 2018; the General Medical Services Statement of Financial Entitlements (Amendment) Directions 2019, signed on 29th March 2019; the General Medical Services Statement of Financial Entitlements (Amendment) (No.2) Directions 2019, signed on 30th September 2019; the General Medical Services Statement of Financial Entitlements (Amendment) Directions 2020, signed on 26th February 2020; the General Medical Services Statement of Financial Entitlements (Amendment) (No.2) Directions 2020, signed on 31st March 2020; and the General Medical Services Statement of Financial Entitlements (Amendment) (No.3) Directions 2020, signed on 30 November 2020. Copies are available from the Primary Care team, Department of Health and Social Care, 4th Floor, 39 Victoria Street, London SW1H 0EU.

(c) By virtue of section 271(1) of the 2006 Act, the powers being exercised by the Secretary of State in the making of these Directions are exercisable only in relation to England.

(a) in paragraph 4(2) for the words “can be obtained on” until the end of the paragraph, substitute “can be obtained on <https://www.england.nhs.uk/wp-content/uploads/2020/09/C0713-202021-General-Medical-Services-GMS-contract-Quality-and-Outcomes-Framework-QOF-Guidance.pdf> and https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C1026_Freeing-up-GP-practices-letter_070121.pdf.”;

(b) at the beginning of paragraph 4(7), insert “Subject to paragraph 4(7A),”;

(c) after paragraph 4(7), insert—

“(7A) For the financial year 2020/21 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) 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 2020/21;

(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			
Atrial Fibrillation (AF)	5	24	29
Coronary Heart Disease (CHD)	18	24	42
Heart Failure (HF)	4	25	29
Hypertension (HYP)	6	19	25
Peripheral Arterial Disease (PAD)	2	0	2
Stroke and Transient Ischaemic Attack (STIA)	6	9	15
Diabetes Mellitus (DM)	12	61	73
Asthma (AST)	4	30	34
Chronic Obstructive Pulmonary Disease (COPD)	20	11	31
Dementia (DEM)	5	39	44
Depression (DEP)	0	10	10
Mental Health (MH)	4	14	18

Cancer (CAN)	5	6	11
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
Non-diabetic Hyperglycaemia (NDH)	0	0	0
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)	22	0	22
Quality Improvement Domain			
Quality Improvement (QI)	0	74	74
Totals	139	428	567

”;

(d) in paragraph 4(11)(a) for “(i.e. with a value of zero points)” substitute “(as set out in the final column of Table 1 of Annex D (Performance based indicators))”; and

(e) omit sub-paragraph 4(20)(c).

Amendments to Section 6 of the principal Directions

3. In Section 6 of the principal Directions (Achievement Payments: Calculation, Payment Arrangements and Conditions of Payments)—

(a) at the end of paragraph 6(1), insert “As mentioned above, for the financial year 2020/21, Achievement Points are to be construed in accordance with paragraph 4(7A).” ;

(b) after paragraph 6(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(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 6(11A)-(11C).”;

(c) at the end of paragraph 6(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.”; and

(d) after paragraph 6(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 paragraph 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 2020/21.

(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 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 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 2020/21.

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

Amendments to Annex D to the principal Directions

4. In Annex D of the principal Directions (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 2020 and ending on 31st March 2021 some indicators are based on performance in 2020/21 (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) in the Glossary of terms used in Annex D following paragraph D.2—

- (i) in the column headed “Abbreviation”, for “QP” substitute “QI”; and

- (ii) in the column headed “Definition”, for “Quality and Productivity” substitute “Quality Improvement”; and
- (c) for Section 2 (Summary of all indicators) substitute in its entirety—

“SECTION 2: Summary of all indicators

Section 2.1: Indicators based on performance in 2020/21 (139 points)

Table 1: Performance based indicators

Indicator ID	Indicator Descriptions	Updated Conditional Points for 2020/21	Payment thresholds	Points accrued at the minimum threshold
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	14	45-80%	3
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	8	45-80%	1
COPD007	The percentage of patients with COPD who have had influenza immunisation in the preceding 1 August to 31 March	12	57-97%	3
DM018	The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March	6	55-95%	2
STIA009	The percentage of patients with stroke or TIA who have had influenza immunisation in the preceding 1 August to 31 March	4	55-95%	1
CHD007	The percentage of patients with coronary heart disease who have had influenza immunisation in the preceding 1 August to 31 March	14	56-96%	3
	Total	58		

Table 2: Register based indicators

Indicator ID	Indicator	Conditional Points	Payment thresholds
AF001	The contractor establishes and maintains a register of patients with atrial fibrillation	5	NA

CHD001	The contractor establishes and maintains a register of patients with coronary heart disease	4	NA
HF001	The contractor establishes and maintains a register of patients with heart failure	4	NA
HYP001	The contractor establishes and maintains a register of patients with established hypertension	6	NA
PAD001	The contractor establishes and maintains a register of patients with peripheral arterial disease	2	NA
STIA001	The contractor establishes and maintains a register of patients with stroke or TIA	2	NA
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	NA
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	NA
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 or 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	NA
DEM001	The contractor establishes and maintains a register of patients diagnosed with dementia	5	NA
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	NA
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	NA

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	NA
EP001	The contractor establishes and maintains a register of patients aged 18 or over receiving drug treatment for epilepsy	1	NA
LD004	The contractor establishes and maintains a register of patients with learning disabilities	4	NA
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	NA
RA001	The contractor establishes and maintains a register of patients aged 16 or over with rheumatoid arthritis	1	NA
PC001	The contractor establishes and maintains a register of all patients in need of palliative care/support irrespective of age	3	NA
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	NA
Total		81	

Section 2.2 – Indicators based on historical performance (428 points)

Table 3: Indicators based on performance in 2018/19

Indicator ID	Indicator Description	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
AF007	In those patients with atrial fibrillation with a record of a CHA ₂ DS ₂ -VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy	12
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	7

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
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	6
HF005	The percentage of patients with a diagnosis of heart failure on or after 1 April 2020 which: <ul style="list-style-type: none"> 1. Has been confirmed by an echocardiogram or by specialist assessment between 3 months before or 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
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	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
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	4
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 2020 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 or 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 2020 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. 	4

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
CAN003	The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis	6
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
NDH001	The percentage of patients with non-diabetic hyperglycaemia who have had an HbA1c or fasting blood glucose performed in the preceding 12 months	0
BP002	The percentage of patients aged 45 or over who have a record of	15

	blood pressure in the preceding 5 years	
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

Indicator ID	Indication Description	Points Available
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)	3
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
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)	4
DM023	The percentage of patients with diabetes and a history of	2

	cardiovascular disease (excluding haemorrhagic stroke) who are currently treated with a statin	
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	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

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.

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:

- (a) never smoked which is 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.”.

Amendment to Annex F to the principal Directions

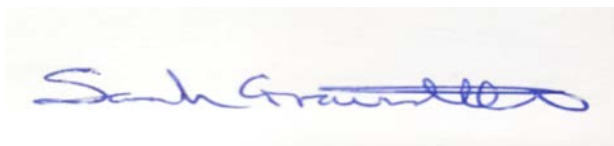
5. In paragraph F.2 of Annex F of the principal Directions (Adjusted Practice Disease Factor Calculations), for “defined in the first indicator for the indicator area concerned (“the register indicator”) in the summary of indicators set out in Section 2 of Annex D, except in a case where there is no register indicator”, substitute “set out in Table 2 in Section 2 of Annex D for the area concerned (“the register indicator”), except in a case where there is no register indicator in an area”.

Amendment to Annex K to the principal Directions

6. In Annex K to the principal Directions (amendments to the General Medical Services Statement of Financial Entitlements signed in March 2013 (amendments made from April 2013)), after paragraph (s) insert the following—

- “(t) The General Medical Services Statement of Financial Entitlements (Amendment) Directions 2021, signed on 3rd March 2021.”

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

A handwritten signature in blue ink, appearing to read 'Sarah Grant', is centered on a light-colored rectangular background.

Date: 3rd March 2021

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