

Summary of QOF indicators

Clinical domain

Atrial fibrillation (AF)

Indicator	Points	Achievement thresholds
Records		
AF001. The contractor establishes and maintains a register of patients with atrial fibrillation	5	
Ongoing management		
AF002. The percentage of patients with atrial fibrillation in whom stroke risk has been assessed using the CHADS ₂ risk stratification scoring system in the preceding 12 months (excluding those whose previous CHADS ₂ score is greater than 1) <i>NICE 2011 menu ID: NM24</i>	10	40-90%
AF003. In those patients with atrial fibrillation in whom there is a record of a CHADS ₂ score of 1 (latest in the preceding 12 months), the percentage of patients who are currently treated with anti-coagulation drug therapy or anti-platelet therapy <i>NICE 2011 menu ID: NM45</i>	6	57-97%
AF004. In those patients with atrial fibrillation whose latest record of a CHADS ₂ score is greater than 1, the percentage of patients who are currently treated with anti-coagulation therapy <i>NICE 2011 menu ID: NM46</i>	6	40-70%

Secondary prevention of coronary heart disease

(CHD)

Indicator	Points	Achievement thresholds
Records		
CHD001. The contractor establishes and maintains a register of patients with coronary heart disease	4	

Ongoing management		
CHDoo2. The percentage of patients with coronary heart disease in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less	17	53-93%
CHDoo3. The percentage of patients with coronary heart disease whose last measured total cholesterol (measured in the preceding 12 months) is 5 mmol/l or less	17	45-85%
CHDoo4. The percentage of patients with coronary heart disease who have had influenza immunisation in the preceding 1 September to 31 March	7	56-96%
CHDoo5. 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	56-96%
CHDoo6. The percentage of patients with a history of myocardial infarction (on or after 1 April 2011) currently treated with an ACE-I (or ARB if ACE-I intolerant), aspirin or an alternative anti-platelet therapy, beta-blocker and statin <i>NICE 2010 menu ID: NM07</i>	10	60-100%

Heart failure (HF)

Indicator	Points	Achievement thresholds
Records		
HF001. The contractor establishes and maintains a register of patients with heart failure	4	
Initial diagnosis		
HF002. The percentage of patients with a diagnosis of heart failure (diagnosed on or after 1 April 2006) which has been confirmed by an echocardiogram or by specialist assessment 3 months before or 12 months after entering on to the register	6	50-90%
Ongoing management		
HF003. The percentage of patients with heart failure diagnosed within the preceding 15 months with a subsequent record of an offer of referral for an exercise-based rehabilitation programme within the preceding 15 months <i>NICE 2012 menu ID: NM48</i>	5	40-90%
HF004. 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	10	60-100%
HF005. In those patients with a current diagnosis of heart failure due to left ventricular systolic dysfunction who are currently treated with an ACE-I or ARB, the percentage of patients who are additionally currently treated with a beta-	9	40-65%

blocker licensed for heart failure		
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Hypertension (HYP)

Indicator	Points	Achievement thresholds
Records		
HYP001. The contractor establishes and maintains a register of patients with established hypertension	6	
Ongoing management		
HYP002. The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 9 months) is 150/90 mmHg or less	10	44-84%
HYP003. The percentage of patients aged 79 and under with hypertension in whom the last blood pressure reading (measured in the preceding 9 months) is 140/90 mmHg or less <i>NICE 2012 menu ID: NM53</i>	45	40-80%
HYP004. The percentage of patients with hypertension aged 16 or over and under the age of 75 in whom there is an annual assessment of physical activity, using GPPAQ, in the preceding 12 months <i>NICE 2011 menu ID: NM36</i>	3	40-90%
HYP005. The percentage of patients with hypertension aged 16 or over and under the age of 75 who score 'less than active' on GPPAQ in the preceding 12 months, who also have a record of a brief intervention in the preceding 12 months <i>NICE 2011 menu ID: NM37</i>	3	40-90%

Peripheral arterial disease (PAD)

Indicator	Points	Achievement thresholds
Records		
PAD001. The contractor establishes and maintains a register of patients with peripheral arterial disease <i>NICE 2011 menu ID: NM32</i>	2	
Ongoing management		
PAD002. The percentage of patients with peripheral arterial disease in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less <i>NICE 2011 menu ID: NM34</i>	2	40-90%
PAD003. The percentage of patients with peripheral arterial disease in whom the last measured total cholesterol (measured in the preceding 12 months) is 5 mmol/l or less	3	40-90%

NICE 2011 menu ID: NM35		
PAD004. The percentage of patients with peripheral arterial disease with a record in the preceding 12 months that aspirin or an alternative anti-platelet is being taken NICE 2011 menu ID: NM33	2	40-90%

Stroke and transient ischaemic attack (STIA)

Indicator	Points	Achievement thresholds
Records		
STIA001. The contractor establishes and maintains a register of patients with stroke or TIA	2	
Initial diagnosis		
STIA002. The percentage of patients with a stroke or TIA (diagnosed on or after 1 April 2008) who have a record of a referral for further investigation between 3 months before or 1 month after the date of the latest recorded stroke or TIA	2	45-80%
Ongoing management		
STIA003. The percentage of patients 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	5	40-75%
STIA004. The percentage of patients with stroke or TIA who have a record of total cholesterol in the preceding 12 months	2	50-90%
STIA005. The percentage of patients with stroke shown to be non-haemorrhagic, or a history of TIA, whose last measured total cholesterol (measured in the preceding 12 months) is 5 mmol/l or less NICE 2012 menu ID: NM60	5	40-65%
STIA006. The percentage of patients with stroke or TIA who have had influenza immunisation in the preceding 1 September to 31 March	2	55-95%
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	57-97%

Diabetes mellitus (DM)

Indicator	Points	Achievement thresholds
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Records		
DM001. The contractor establishes and maintains a register of all patients aged 17 and over with diabetes mellitus, which specifies the type of diabetes where a diagnosis has been confirmed <i>NICE 2011 menu ID: NM41</i>	6	
Ongoing management		
DM002. The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less <i>NICE 2010 menu ID: NM01</i>	8	53-93%
DM003. The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less <i>NICE 2010 menu ID: NM02</i>	10	38-78%
DM004. The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less	6	40-75%
DM005. The percentage of patients with diabetes, on the register, who have a record of an albumin:creatinine ratio test in the preceding 12 months <i>NICE 2012 menu ID: NM59</i>	3	50-90%
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	57-97%
DM007. The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA _{1c} is 59 mmol/mol or less in the preceding 12 months <i>NICE 2010 menu ID: NM14</i>	17	35-75%
DM008. The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA _{1c} is 64 mmol/mol or less in the preceding 12 months	8	43-83%
DM009. The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA _{1c} is 75 mmol/mol or less in the preceding 12 months	10	52-92%
DM010. The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 September to 31 March	3	55-95%
DM011. The percentage of patients with diabetes, on the register, who have a record of retinal screening in the preceding 12 months	5	50-90%

DMo12. 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 <i>NICE 2010 menu ID: NM13</i>	4	50–90%
DMo13. The percentage of patients with diabetes, on the register, who have a record of a dietary review by a suitably competent professional in the preceding 12 months <i>NICE 2011 menu ID: NM28</i>	3	40-90%
DMo14. 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 <i>NICE 2011 menu ID: NM27</i>	11	40-90%
DMo15. The percentage of male patients with diabetes, on the register, with a record of being asked about erectile dysfunction in the preceding 12 months <i>NICE 2012 menu ID: NM51</i>	4	40-90%
DMo16. The percentage of male patients with diabetes, on the register, who have a record of erectile dysfunction with a record of advice and assessment of contributory factors and treatment options in the preceding 12 months <i>NICE 2012 menu ID: NM52</i>	6	40-90%

Hypothyroidism (THY)

Indicator	Points	Achievement thresholds
Records		
THY001. The contractor establishes and maintains a register of patients with hypothyroidism who are currently treated with thyroxine	1	
Ongoing management		
THY002. The percentage of patients with hypothyroidism, on the register, with thyroid function tests recorded in the preceding 12 months	6	50–90%

Asthma (AST)

Indicator	Points	Achievement thresholds
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Records		
AST001. The contractor establishes and maintains a register of patients with asthma, excluding patients with asthma who have been prescribed no asthma-related drugs in the preceding 12 months	4	
Initial diagnosis		
AST002. The percentage of patients aged 8 and over with asthma (diagnosed on or after 1 April 2006), on the register, with measures of variability or reversibility recorded between 3 months before or anytime after diagnosis	15	45–80%
Ongoing management		
AST003. 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 the 3 RCP questions <i>NICE 2011 menu ID: NM23</i>	20	45–70%
AST004. The percentage of patients with asthma aged 14 or over and under the age of 20, on the register, in whom there is a record of smoking status in the preceding 12 months	6	45–80%

Chronic obstructive pulmonary disease (COPD)

Indicator	Points	Achievement thresholds
Records		
COPD001. The contractor establishes and maintains a register of patients with COPD	3	
Initial diagnosis		
COPD002. The percentage of patients with COPD (diagnosed on or after 1 April 2011) in whom the diagnosis has been confirmed by post bronchodilator spirometry between 3 months before and 12 months after entering on to the register	5	45–80%
Ongoing management		
COPD003. The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months	9	50–90%
COPD004. The percentage of patients with COPD with a record of FEV ₁ in the preceding 12 months	7	40–75%

COPD005. The percentage of patients with COPD and Medical Research Council dyspnoea grade ≥ 3 at any time in the preceding 12 months, with a record of oxygen saturation value within the preceding 12 months <i>NICE 2012 menu ID: NM63</i>	5	40-90%
COPD006. The percentage of patients with COPD and Medical Research Council dyspnoea grade ≥ 3 at any time in the preceding 12 months, with a subsequent record of an offer of referral to a pulmonary rehabilitation programme within the preceding 12 months <i>NICE 2012 menu ID: NM47</i>	5	40-90%
COPD007. The percentage of patients with COPD who have had influenza immunisation in the preceding 1 September to 31 March	6	57-97%

Dementia (DEM)

Indicator	Points	Achievement thresholds
Records		
DEM001. The contractor establishes and maintains a register of patients diagnosed with dementia	5	
Ongoing management		
DEM002. The percentage of patients diagnosed with dementia whose care has been reviewed in the preceding 12 months	15	35-70%
DEM003. The percentage of patients with a new diagnosis of dementia recorded in the preceding 1 April to 31 March with a record of FBC, calcium, glucose, renal and liver function, thyroid function tests, serum vitamin B12 and folate levels recorded between 6 months before or after entering on to the register <i>NICE 2010 menu ID: NM09</i>	6	45-80%

Depression (DEP)

Indicator	Points	Achievement thresholds
Initial diagnosis		
DEP001. The percentage of patients with a new diagnosis of depression in the preceding 1 April to 31 March, in the target population, who have had a bio-psychosocial assessment by the point of diagnosis. The completion of the assessment is to be recorded on the same day as the diagnosis is recorded <i>NICE 2012 menu ID: NM49</i>	21	50-90%
Initial management		
DEP002. The percentage of patients with a new diagnosis of	10	45-80%

depression in the preceding 1 April to 31 March, in the target population, who have been reviewed not earlier than 10 days after and not later than 35 days after the date of diagnosis <i>NICE 2012 menu ID: NM50</i>		
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Disease register

As there is no register indicator for the depression indicators, the disease register for the indicators in the Depression Area for the purposes of calculating the Adjusted Practice Disease Factor is defined as all patients aged 18 and over, diagnosed on or after 1 April 2006, who have an unresolved record of depression in their clinical record.

Mental health (MH)

Indicator	Points	Achievement thresholds
Records		
MH001. The contractor establishes and maintains a register of patients with schizophrenia, bipolar affective disorder and other psychoses	4	
Ongoing management		
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	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 <i>NICE 2010 menu ID: NM17</i>	4	50-90%
MH004. The percentage of patients aged 40 and over with schizophrenia, bipolar affective disorder and other psychoses who have a record of total cholesterol:hdl ratio in the preceding 12 months <i>NICE 2010 menu ID: NM18</i>	5	45-80%
MH005. The percentage of patients aged 40 and over with schizophrenia, bipolar affective disorder and other psychoses who have a record of blood glucose or HbA1c in the preceding 12 months <i>NICE 2011 menu ID: NM42</i>	5	45-80%
MH006. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of BMI in the preceding 12 months <i>NICE 2010 menu ID: NM16</i>	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 <i>NICE 2010 menu ID: NM15</i>	4	50–90%
MH008. The percentage of women aged 25 or over and under the age of 65 with schizophrenia, bipolar affective disorder and other psychoses whose notes record that a cervical screening test has been performed in the preceding 5 years <i>NICE 2010 menu ID: NM20</i>	5	45–80%
MH009. The percentage of patients on lithium therapy with a record of serum creatinine and TSH in the preceding 9 months <i>NICE 2010 menu ID: NM21</i>	1	50–90%
MH010. The percentage of patients on lithium therapy with a record of lithium levels in the therapeutic range in the preceding 4 months <i>NICE 2010 menu ID: NM22</i>	2	50–90%

Disease register

The denominator for Indicators MH009 and MH010 is not based on the mental health register. Instead the denominator is based on patients currently treated with lithium therapy. Due to the way repeat prescribing works in general practice, only patients with a prescription of lithium within the preceding six months are included.

The disease register used for the purposes of calculating the Adjusted Practice Disease Factor for all the indicators in the Mental Health area is the sum of the number of patients on the mental health register defined in MH001 and the number of patients currently treated with lithium therapy (i.e. the base population for the denominator for ~~for both~~ MH009 and 010 (before removing any [excluded] or excepted patients).

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 the remission codes if the patient has been in remission for at least five years, that is where there is:

- no record of antipsychotic medication
- no mental health in-patient episodes; and
- 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 mental health indicators MH002-MH008.

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 medical record.

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

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)

Indicator	Points	Achievement thresholds
Records		
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	
Ongoing management		
CAN002. The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 3 months of the contractor receiving confirmation of the diagnosis <i>NICE 2012 menu ID: NM62</i>	6	50–90%

Chronic kidney disease (CKD)

Indicator	Points	Achievement thresholds
Records		
CKD001. The contractor establishes and maintains a register of patients aged 18 and over with CKD (US National Kidney Foundation: Stage 3 to 5 CKD)	6	
Ongoing management		
CKD002. The percentage of patients on the CKD register in whom the last blood pressure reading (measured in the preceding 12 months) is 140/85 mmHg or less	11	41–81%
CKD003. The percentage of patients on the CKD register with hypertension and proteinuria who are currently treated with an ACE-I or ARB	9	45–80%

CKD004. The percentage of patients on the CKD register whose notes have a record of a urine albumin:creatinine ratio (or protein:creatinine ratio) test in the preceding 12 months	6	45–80%
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Epilepsy (EP)

Indicator	Points	Achievement thresholds
Records		
EP001. The contractor establishes and maintains a register of patients aged 18 and over receiving drug treatment for epilepsy	1	
Ongoing management		
EP002. The percentage of patients aged 18 and over on drug treatment for epilepsy who have been seizure free for the last 12 months recorded in the preceding 12 months	6	45–70%
EP003. The percentage of women aged 18 or over and under the age of 55 who are taking antiepileptic drugs who have a record of information and counselling about contraception, conception and pregnancy in the preceding 12 months <i>NICE 2010 menu ID: NM03</i>	3	50–90%

Learning disability (LD)

Indicator	Points	Achievement thresholds
Records		
LD001. The contractor establishes and maintains a register of patients aged 18 and over with learning disabilities	4	
Ongoing management		
LD002. The percentage of patients on the learning disability register with Down's Syndrome aged 18 and over who have a record of blood TSH in the preceding 12 months (excluding those who are on the thyroid disease register) <i>NICE 2010 menu ID: NM04</i>	3	45–70%

Osteoporosis: secondary prevention of fragility fractures

Indicator	Points	Achievement thresholds
Records		
OST001. The contractor establishes and maintains a register of patients: 1. Aged 50 or over and under the age of 75 with a record of a fragility fracture on or after 1 April 2012 and a diagnosis of	3	

osteoporosis confirmed on DXA scan, and 2. Aged 75 and over with a record of a fragility fracture on or after 1 April 2012 <i>NICE 2011 menu ID: NM29</i>		
Ongoing management		
OST002. The percentage of patients aged 50 or over and under the age of 75, with a fragility fracture on or after 1 April 2012, in whom osteoporosis is confirmed on DXA scan, who are currently treated with an appropriate bone-sparing agent <i>NICE 2011 menu ID: NM30</i>	3	30-60%
OST003. The percentage of patients aged 75 and over with a fragility fracture on or after 1 April 2012, who are currently treated with an appropriate bone-sparing agent <i>NICE 2011 menu ID: NM31</i>	3	30-60%

Disease register

Although the register indicator OST001 defines two separate registers, the disease register for the purposes of calculating the Adjusted Practice Disease Factor is defined as the sum of the number of patients on both registers.

Rheumatoid arthritis (RA)

Indicator	Points	Achievement thresholds
Records		
RA001. The contractor establishes and maintains a register of patients aged 16 and over with rheumatoid arthritis <i>NICE 2012 menu ID: NM55</i>	1	
Ongoing management		
RA002. The percentage of patients with rheumatoid arthritis, on the register, who have had a face-to-face annual review in the preceding 12 months <i>NICE 2012 menu ID: NM58</i>	5	40-90%
RA003. The percentage of patients with rheumatoid arthritis aged 30 or over and under the age of 85 who have had a cardiovascular risk assessment using a CVD risk assessment tool adjusted for RA in the preceding 12 months <i>NICE 2012 menu ID: NM56</i>	7	40-90%
RA004. The percentage of patients aged 50 or over and under the age of 91 with rheumatoid arthritis who have had an assessment of fracture risk using a risk assessment tool adjusted for RA in the preceding 24 months <i>NICE 2012 menu ID: NM57</i>	5	40-90%

Palliative care (PC)

Indicator	Points	Achievement thresholds
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Records		
PC001. The contractor establishes and maintains a register of all patients in need of palliative care/support irrespective of age	3	
Ongoing management		
PC002. The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed	3	

Public health domain

Cardiovascular disease – primary prevention (CVD-PP)

Indicator	Points	Achievement thresholds
Ongoing management		
CVD-PP001. In those patients with a new diagnosis of hypertension aged 30 or over and under the age of 75, recorded between the preceding 1 April to 31 March (excluding those with pre-existing CHD, diabetes, stroke and/or TIA), who have a recorded CVD risk assessment score (using an assessment tool agreed with the NHS CB) of $\geq 20\%$ in the preceding 12 months: the percentage who are currently treated with statins <i>NICE 2011 menu ID: NM26</i>	10	40–90%
CVD-PP002. The percentage of patients diagnosed with hypertension (diagnosed on or after 1 April 2009) who are given lifestyle advice in the preceding 12 months for: smoking cessation, safe alcohol consumption and healthy diet	5	40–75%

Disease register

The disease register for the purposes of calculating the Adjusted Practice Disease Factor for the indicators in the Cardiovascular Disease – Primary Prevention Area is defined as follows: patients diagnosed with a first episode of hypertension on or after 1 April 2009.

CVD-PP001 and CVD-PP002 exclude patients with the following pre-existing conditions:

- CHD or angina
- stroke or TIA
- peripheral vascular disease
- familial hypercholesterolemia
- diabetes
- CKD (US National Kidney Foundation: Stage 3 to 5 CKD)

Blood pressure (BP)

Indicator	Points	Achievement thresholds
BP001. The percentage of patients aged 40 and over who have a record of blood pressure in the preceding 5 years NICE 2012 menu ID: NM61	15	50-90%

Obesity (OB)

Indicator	Points	Achievement thresholds
Records		
OB001. The contractor establishes and maintains a register of patients aged 16 and over with a BMI ≥ 30 in the preceding 12 months	8	

Smoking (SMOK)

Indicator	Points	Achievement thresholds
Records		
SMOK001. The percentage of patients aged 15 and over whose notes record smoking status in the preceding 24 months	11	50-90%
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 <i>NICE 2011 menu ID: NM38</i>	25	50-90%
Ongoing management		
SMOK003. The contractor supports patients who smoke in stopping smoking by a strategy which includes providing literature and offering appropriate therapy	2	
SMOK004. The percentage of patients aged 15 and over who are recorded as current smokers who have a record of an offer of support and treatment within the preceding 24 months <i>NICE 2011 menu ID: NM40</i>	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 who are recorded as current smokers who have a record of an offer of support and treatment within the preceding 12 months <i>NICE 2011 menu ID: NM39</i>	25	56-96%

Disease register

The disease register for the purposes of calculating the Adjusted Practice Disease Factor for SMOK002 and SMOK005 is defined as the sum of the number of patients on the disease registers for each of the conditions listed.

There is no Adjusted Practice Disease Factor calculation for SMOK002, 003 and 004.

Requirements for recording smoking status

Non-smokers

It is recognised that lifelong 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 up to the age of 25.

Ex-smokers

There are two ways in which a patient can be recorded as an ex-smoker. Ex-smokers can be recorded as such in the preceding 12 months. It is recognised that once a patient has been an ex-smoker for more than three years they are unlikely to restart. In recognition of this practices may choose to record ex-smoking status on an annual basis for three consecutive financial years. Thereafter, smoking status need only be recorded if there is a change.

For patients who smoke this recording should be made in the preceding 12 months. Ex-smokers should be recorded as described above. Those who have never smoked should be recorded as such in the preceding 12 months up to and including 25.

Public health additional services

For contractors providing additional services, the following indicators will apply.

Cervical screening (CS)

Indicator	Points	Achievement thresholds
CS001. The contractor has a protocol that is in line with national guidance agreed with the NHSCB for the management of cervical screening, which includes staff training, management of patient call/recall, exception reporting and the regular monitoring of inadequate smear rates	7	
CS002. The percentage of women aged 25 or over and under the age of 65 whose notes record that a cervical screening test has been performed in the preceding 5 years	11	45-80%
CS003. The contractor has a system for informing all women of the results of cervical smears	2	
CS004. The contractor has a policy for auditing its cervical screening service and performs an audit of inadequate cervical smears in relation to individual smear-takers at least every 2 years	2	

Child health surveillance (CHS)

Indicator	Points	Achievement thresholds
CHS001. Child development checks are offered at intervals that are consistent with national guidelines and policy agreed with the NHS CB	6	

Maternity services (MAT)

Indicator	Points	Achievement thresholds
MAT001. Antenatal care and screening are offered according to current local guidelines agreed with the NHS CB	6	

Contraception (CON)

Indicator	Points	Achievement thresholds
CON001. The contractor establishes and maintains a register of women aged 54 and under who have been prescribed any method of contraception at least once in the last year, or other clinically appropriate interval e.g. last 5 years for an IUS	4	

CONo02. The percentage of women, on the register, prescribed an oral or patch contraceptive method in the preceding 12 months who have also received information from the contractor about long acting reversible methods of contraception in the preceding 12 months	3	50-90%
CONo03. The percentage of women, on the register, prescribed emergency hormonal contraception one or more times in the preceding 12 months by the contractor who have received information from the contractor about long acting reversible methods of contraception at the time of or within 1 month of the prescription	3	50-90%

Quality and productivity (QP) domain

Indicator	Points
QP001. The contractor reviews data on secondary care outpatient referrals, for patients on the contractor's registered list, provided by the NHS CB	5
QP002. The contractor participates in an external peer review with other contractors who are members of the same clinical commissioning group to compare its secondary care outpatient referral data with that of the other contractors. The contractor agrees with the group areas for commissioning or service design improvements	5
QP003. The contractor engages with the development of and follows 3 care pathways, agreed with the NHS CB, for improving the management of patients in the primary care setting (unless in individual cases they justify clinical reasons for not doing this) to avoid inappropriate outpatient referrals	11
QP004. The contractor reviews data on emergency admissions, for patients on the contractor's registered list, provided by the NHS CB	5
QP005. The contractor participates in an external peer review with other contractors who are members of the same clinical commissioning group to compare its data on emergency admissions with that of the other contractors. The contractor agrees with the group areas for commissioning or service design improvements	15
QP006. The contractor engages with the development of and follows 3 care pathways, agreed with the NHS CB (unless in individual cases they justify clinical reasons for not doing this), in the management and treatment of patients in aiming to avoid emergency admissions	28
QP007. The contractor reviews the data on accident and emergency attendances, for patients on the contractor's registered list, provided by the NHS CB. The review will include consideration of whether access to clinicians in the contractor's premises is appropriate, in light of the patterns on accident and emergency attendance	7
QP008. The contractor participates in an external peer review with other contractors who are members of the same clinical commissioning group to compare its data on accident and emergency attendances with that of the other contractors. The contractor agrees an improvement plan with the group. The review should include, if appropriate, proposals for improvement to access arrangements in the contractor's premises in order to reduce avoidable accident and emergency attendances and may also include proposals for commissioning or service design improvements	9
QP009. The contractor implements the improvement plan that aims to reduce avoidable accident and emergency attendances	15

Patient experience (PE) domain

Indicator	Points
<p>PE001 (Length of consultations)</p> <p>The contractor ensures that the length of routine booked appointments with doctors in the surgery is not less than 10 minutes. If the contractor routinely admits extra patients during booked surgeries, then the average booked consultation length should allow for the average number of extra patients seen in a surgery session such that the length of booked appointment is not less than 10 minutes. If the extra patients are seen at the end of surgery, then it is not necessary to make this adjustment. For contractors with only an open surgery system, the average face-to-face time spent by the GP with the patient is not less than 8 minutes. Contractors that routinely operate a mixed economy of booked and open surgeries should ensure that the length of booked appointments is not less than 10 minutes and the length of open surgery appointments is not less than 8 minutes.</p>	33