NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

QUALITY AND OUTCOMES FRAMEWORK (QOF) INDICATOR DEVELOPMENT PROGRAMME

Indicator Assessment Report

Output: Advice for NHS England

Date of QOF Advisory Committee meeting: 18th September 2013

1. Introduction

In August 2013, NHS England formally asked NICE to undertake a piece of work to inform a review of the indicators within the QOF that NICE is responsible for (clinical and public health domains). The aim of this work is to provide independent advice to NHS England.

The key issue NHS England asked NICE to consider is which indicators would be the most important to retain in the event that the number of indicators in the QOF were reduced. NICE was asked to review both existing indicators and those indicators currently on the NICE menu.

NHS England also asked NICE to provide more general views relating to the size of the QOF and possible ways of reducing it so that it can focus more strongly on those interventions or outcomes of the greatest value. NHS England also asked for views on workload and how workload impact could be assessed.

NHS England may then use the work to inform negotiations between NHS Employers and the General Practitioners Committee (GPC) of the British Medical Association (BMA).

2. Review methods

NHS England asked NICE to take into account the following indicator dimensions when undertaking the review:

- Indicator classifications (register, structure, process, outcome)
- Underpinning evidence and strength of guideline recommendation
- Association of the indicators with patient experience and patient safety
- Whether indicators are working as intended or whether there are known problems
- Workload
- Duplication
- Overlap with other QOF indicators, existing regulations or legal requirements
- Small numbers
- Health and Social Care Information Centre (HSCIC) published achievement and exception reporting data

Appendix A provides a full description of the indicator dimensions and their meaning in the context of indicator review.

A meeting of the NICE QOF Advisory Committee took place on 18th September 2013 to consider the request from NHS England and to provide independent advice.

The NICE QOF Advisory Committee members were presented with an assessment against each indicator dimension, and a description of the quality of evidence as considered by the guideline development group documented in the source guideline. The Health and Social Care Information Centre (HSCIC)

supported NICE in developing these papers advising on known issues, such as whether indicators are working as intended.

This report is a record of the advice provided at the meeting and is structured as follows:

- Section 3: a summary by area of the information considered at the meeting and the conclusions about which indicators would be most important to retain in the event that the number of indicators in the QOF was reduced.
- Section 4: general views relating to the size of the QOF and possible ways of reducing the size so that it can focus more strongly on those interventions or outcomes of the greatest value.
- Appendix A: a full description of the indicator dimensions and their meaning in the context of indicator review
- Appendix B: a summary table of the Committees advice on the importance to retain each indicator

The information presented should be considered as advice to NHS England. It is not a set of formal recommendations.

3. Review of clinical and public health areas

3.1 QOF Disease Registers

The Committee discussed disease registers and agreed that this discussion would apply to disease registers across all areas within the QOF unless noted otherwise.

Background discussion

The Committee highlighted that before the introduction of the QOF, registers were not well defined and generally not used in any structured way to help manage patients with chronic conditions. In the Committee's view, the introduction of the QOF has improved the accuracy of disease registers through consistency in clinical coding and through tightening the diagnostic criteria for inclusion on the register. The Committee noted that registers ensure correct and consistent diagnosis, and are therefore required to establish an accurate denominator for each indicator within the clinical area. The Committee also suggested that registers may not need continued incentivisation once established through the QOF.

The Committee discussed the workload involved in setting up and maintaining disease registers. They agreed that when a new disease area is introduced into the QOF, a significant amount of work is required to ensure the correct people are identified and included. The Committee also agreed that for some well-established registers there is a degree of work to maintain these e.g. chronic kidney disease and atrial fibrillation, but other disease areas require less maintenance. The Committee agreed the workload associated with registers therefore varies depending on the disease.

The Committee highlighted that registers have other purposes outside of general practice and the information stored on general practice registers is helpful in other settings e.g. providing national estimates of prevalence and incidence.

The Committee agreed that disease registers are technically important to establish the correct cohort of people. If registers are removed the clinical codes will be specified in each indicator and the denominator then in effect becomes the register.

Summary of key points

The Committee advised that for new disease registers or certain areas of care, ensuring correct and consistent clinical coding is important and incentivisation through the QOF may be necessary.

3.2 Atrial fibrillation

AF001	The contractor establishes and maintains a register of patients with atrial fibrillation
AF002	The percentage of patients with atrial fibrillation in whom stroke risk has been assessed using the CHADS2 risk stratification scoring system in the preceding 12 months (excluding those whose previous CHADS2 score is greater than 1)
AF003	In those patients with atrial fibrillation in whom there is a record of a CHADS2 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
AF004	In those patients with atrial fibrillation whose latest record of a CHADS2 score is greater than 1, the percentage of patients who are currently treated with anti-coagulation therapy

Indicator ID	Year of implementation in QOF	Indicator classification (see appendix A)	Relationship to the guideline recommendation	Average number of relevant patients per practice	Duplication?	Relevant to patient experience?	Relevant to patient safety?	Underlying Achievement 2011/12	Exception rate 2011/12	Achievement thresholds 2013/14	Points 2013/14
AF001	2006/07	R	N/A – register	101	No	No	No	N/A - register	N/A - register	N/A - register	5
AF002	2012/13	PI	Strong	No data available	No	No	No	No data available	No data available	40-90%	10
AF003	2012/13	PD	Strong	98	No	No	No	93.7%	3.2%	57-97%	6
AF004	2012/13	PD	Strong	98	No	No	No	93.7%	3.2%	40-70%	6

Background discussion

Particular points were made around the following indicators:

AF001 – See section 3.1 for general discussion of registers.

AF002, AF003 & AF004 – The Committee discussed whether any single indicator could be removed but felt that they were interlinked.

Summary of key points

The Committee advised that it is important to retain all the indicators for atrial fibrillation.

3.3 Secondary prevention of coronary heart disease

CHD001	The contractor establishes and maintains a register of patients with coronary heart disease
CHD002	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
CHD003	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
CHD004	The percentage of patients with coronary heart disease who have had influenza immunisation in the preceding 1 September to 31 March
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
CHD006	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
NM68	The percentage of patients aged 79 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

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CHD001	2004/05	R	N/A - register	231	No	No	No	N/A - register	N/A - register	N/A - register	4
CHD002	2004/05	IO	Weak	225	Yes	No	Yes	90.1%	2.6%	53-93%	17
CHD003	2004/05	IO	Strong	210	Yes	No	Yes	80.4%	9.0%	45-85%	17
CHD004	2004/05	PD	N/A	204	No	No	Yes	92.5%	11.8%	56-96%	7
CHD005	2004/05	PD	Strong	224	No	No	No	93.3%	2.8%	56-96%	7
CHD006	2011/12	PD	Weak	5	No	No	No	91.1%	24.2%	60-100%	10
NM68	NICE menu	IO	Strong	No data available	Yes	No	No	No data available	No data available	N/A	N/A

Background discussion

Particular points were made around the following indicators:

CHD001 - See section 3.1 for general discussion of registers.

CHD004 – The Committee agreed that immunising people against influenza is very important for people with CHD. However, the Committee also discussed the potential to cover the immunisation of at risk groups together i.e. people with chronic conditions. It was highlighted that it is important to continue to target at risk groups as uptake rates are not very high. The Committee felt that consideration could be given to how this is done within the directed enhanced services (DES) framework to determine if there is any overlap of services.

Summary of key points

The Committee advised that it is important to retain all the indicators for coronary heart disease (CHD). The Committee felt CHD is a disease area of high prevalence throughout the UK and effective chronic disease management, largely done in primary care, reduces morbidity and mortality.

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3.4 Cardiovascular disease – primary prevention

CVD-PP001	In those patients with a new diagnosis of hypertension aged 30 or over and who have not attained 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 ≥20% in the preceding 12 months: the percentage who are currently treated with statins
CVD-PP002	The percentage of patients diagnosed with hypertension (diagnosed after 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

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CVD-PP001	2013/14	PD	Strong	No data available	No	No	No	No data available	No data available	40-90%	10
CVD-PP002	2009/10	PI	Strong	110	No	Yes	No	81.5%	5.9%	40-75%	5

Background discussion

Particular points were made around the following indicators:

CVD PP001 - The Committee stated that from a public health perspective it is relatively difficult to assess the impact of the indicator at this point as it has not been in the QOF for long. However, they felt that it is changing clinical practice in terms of making a fuller and appropriate assessment of patients presenting with the risk factor of hypertension.

CVD PP002 – The Committee agreed that these interventions should be undertaken if there is a positive finding of hypertension, but that it is probably now part of routine practice and the indicator does not assess the quality of the intervention. This indicator is

therefore less important to retain, but the Committee stated that there would not necessarily be a reduction in the workload for practices.

Summary of key points

The Committee advised that it was important to retain the area of cardiovascular disease (CVD). However, they felt some indicators were more important to retain than others but acknowledged that CVD (and other public health issues covered in the QOF) needs further discussion with Public Health England to ensure that any changes fit with current and emerging strategies.

Although not necessarily part of this review, it was felt that these indicators, if retained, may be better suited to the hypertension clinical area.

3.5 Heart failure

HF001	The contractor establishes and maintains a register of patients with heart failure
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
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
HF004	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-blocker licensed for heart failure
NM48	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

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HF001	2006/07	R	N/A - register	49	No	No	No	N/A - register	N/A - register	N/A - register	4
HF002	2006/07	PI	Strong	25	No	No	No	95.7%	5.1%	50-90%	6
HF003	2006/07	PD	Strong	24	No	No	No	87.3%	7.6%	60-100%	10
HF004	2009/10	PD	Strong	15	No	No	No	83.9%	29.0%	40-65%	9
NM48	NICE menu	PI	Strong	No data available	No	No	No	No data available	No data available	N/A	N/A

Background discussion

Particular points were made around the following indicators:

HF001 - See section 3.1 for general discussion of registers.

HF002 – The Committee acknowledged that it was challenging to make a diagnosis of heart failure and that the indicator supported this diagnosis. The Committee also felt that the indicator could drive up the availability of local specialist services, and that it allowed for flexibility in patients' management.

Summary of key points

The Committee advised that it is important to retain all the indicators for heart failure. The Committee felt that there is significant morbidity and mortality from heart failure, the indicators as a whole set have led to significant positive outcomes for people with heart failure and heart failure continues largely to be monitored and managed in primary care.

3.6 Hypertension/Blood pressure

HYP001	The contractor establishes and maintains a register of patients with established hypertension
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
HYP003	The percentage of patients aged 79 or under with hypertension in whom the last blood pressure reading (measured in the preceding 9 months) is 140/90 mmHg or less
HYP004	The percentage of patients with hypertension aged 16 or over and who have not attained the age of 75 in whom there is an assessment of physical activity, using GPPAQ, in the preceding 12 months
HYP005	The percentage of patients with hypertension aged 16 or over and who have not attained 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
NM66	The percentage of patients with a new diagnosis of hypertension (diagnosed on or after 1 April 2014) which has been confirmed by ambulatory blood pressure monitoring (ABPM) or home blood pressure monitoring (HBPM) in the three months before entering on to the register
BP001	The percentage of patients aged 40 or over who have a record of blood pressure in the preceding 5 years

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HYP001	2004/05	R	N/A - register	932	No	No	No	N/A - register	N/A - register	N/A - register	6
HYP002	2004/05	IO	Weak	897	Uncertain	No	Yes	79.70%	3.70%	44-84%	10
HYP003	2013/14	IO	Strong	No data available	Uncertain	No	No	No data available	No data available	40-80%	50
HYP004	2013/14	PI	Weak	No data available	No	No	No	No data available	No data available	40-80%	5
HYP005	2013/14	PI	Weak	No data available	No	Yes	No	No data available	No data available	40-80%	6
NM66	NICE menu	PI	Strong	No data available	No data available	No	No	No data available	No data available	N/A	N/A
BP001	2004/05	PI	N/A	2,853	Yes	No	No	88.9%	0.4%	50-90%	15

Background discussion

Particular points were made around the following indicators:

HYP001 - See section 3.1 for general discussion of registers.

HYP002 & HYP003 - The Committee acknowledged the importance of blood pressure control in people with hypertension and the timeframe for the blood pressure control indicators. The Committee considered that changing the timeframe for measurement from 9 months to annually would reduce workload without having a negative impact on patient outcomes. The Committee felt that the frequency of the measurement of blood pressure control should be based on clinical need, but would occur at least annually (15 months in the indicator construction). The Committee discussed the frequency of measurement of blood pressure and for patients with well controlled hypertension felt there is no real gain from six monthly checks, and that in those with poorly controlled hypertension, frequency of measurement would be based on individual clinical need.

HYP004 & HYP005 - The Committee felt that for the indicators relating to physical activity, it was not possible to measure the quality of the brief intervention and the impact on subsequent patient behaviour. The Committee considered that both indicators were less important to keep in the QOF, as their removal would not have a significant impact on patient outcomes.

NM66 - The Committee noted that there was a strong evidence base for this indicator and that consideration should be given as to its inclusion in the QOF. The Committee felt that the use of ABPM or HBPM could partially reduce the workload for practices by ensuring that patients were accurately diagnosed and not placed on the register inappropriately.

BP001 - The Committee stated that there is a significant workload associated with this indicator. The Committee considered that the age range for this indicator could be subject to local commissioning agreements depending on local priorities, and that this indicator was therefore less important to keep in the QOF. However, it is acknowledged that blood pressure recording (and other public health issues covered in the QOF) needs further discussion with Public Health England to ensure that any changes fit with current and emerging strategies.

Summary of key points

The Committee advised that this area forms a large part of the work of general practice. However, they felt some indicators were more important to retain than others.

3.7 Peripheral arterial disease (PAD)

PAD001	The contractor establishes and maintains a register of patients with peripheral arterial disease
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
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
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
NM67	The percentage of patients aged 79 or under with peripheral arterial disease in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less

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PAD001	2012/13	R	N/A - register	No data available	Yes	No	No	N/A - register	N/A - register	N/A - register	2
PAD002	2012/13	IO	Weak	No data available	Yes	No	Yes	No data available	No data available	40-90%	2
PAD003	2012/13	IO	Strong	No data available	Yes	No	Yes	No data available	No data available	40-90%	3
PAD004	2012/13	PD	Strong	No data available	Yes	No	No	No data available	No data available	40-90%	2
NM67	NICE menu	IO	Strong	No data available	Yes	No	No	No data available	No data available	N/A	N/A

Background discussion

Particular points were made around the following indicators:

PAD001 - See section 3.1 for general discussion of registers.

PAD002, PAD003 & PAD004 - The Committee discussed the PAD indicators as a collective indicator set. The Committee felt that as the indicators are fairly new, there is not enough information available to make a judgement about their impact and advise on the removal of these indicators.

The Committee considered it likely that almost all patients with PAD would potentially be in other registers (CHD, hypertension diabetes or stroke/TIA) and would receive the care processes covered by the PAD indicators. It may therefore be that the number of patients with PAD only would be extremely small. The Health and Social Care Information Centre confirmed data could be extracted via GPES or another dataset to assess and confirm whether removing these indicators would affect only a small number of patients. The Committee also suggested that, although PAD was the largest cause of leg amputations in the UK, by treating the other vascular diseases, amputations would be reduced.

Summary of key points

The Committee advised that it was important to retain all the indicators for PAD. They felt that PAD may be less important than other clinical areas if patients are covered by other indicators, but that evidence would be needed to assess this.

3.8 Stroke and transient ischaemic attack

STIA001	The contractor establishes and maintains a register of patients with stroke or TIA
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
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
STIA004	The percentage of patients with stroke or TIA who have a record of total cholesterol in the preceding 12 months
STIA005	The percentage of patients with a 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
STIA006	The percentage of patients with stroke or TIA who have had influenza immunisation in the preceding 1 September to 31 March
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
NM69	The percentage of patients aged 79 or under with stroke or TIA in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less

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STIA001	2004/05	R	N/A - register	119	No	No	No	N/A - register	N/A - register	N/A - register	2
STIA002	2004/05	PI	Strong	36	No	No	No	89.6%	6.6%	45-80%	2
STIA003	2004/05	IO	Weak	114	Yes	No	Yes	88.6%	4.2%	40-75%	5
STIA004	2012/13	PI	Strong	114	Yes	No	No	91.4%	4.2%	50-90%	2
STIA005	2004/05	IO	Strong	105	No	No	Yes	77.2%	11.9%	40-65%	5
STIA006	2004/05	PD	N/A	102	No	No	No	90.0%	13.8%	55-95%	2
STIA007	2004/05	PD	Strong	77	No	No	No	93.6%	3.6%	57-97%	4

NM69	NICE menu	IO	Strong	No data available	Yes	No	No	No data available	No data available	N/A	N/A

Background discussion

Particular points were made around the following indicators:

STIA001 - See section 3.1 for general discussion of registers.

STIA002 - The Committee felt that this indicator is about the quality of diagnosis which affects the following care and is therefore an important indicator to retain.

STIA003 – The Committee felt that this indicator is important to retain although there is some overlap with other hypertension indicators. However, they considered this to be less so for people with stroke than other vascular disease.

STIA004 - The Committee considered that this indicator is important to keep but requires amendment to ensure it is clinically correct and is consistent with STIA005 covering patients with non-haemorrhagic stroke.

STIA006 – The Committee stated that it is important to continue to target at risk groups as uptake rates are currently not very high for flu vaccination. The Committee felt that consideration could be given to how this is done within the directed enhanced services (DES) framework to determine if there is any overlap of services.

Summary of key points

The Committee advised that it is important to retain all the indicators for stroke. The Committee suggested that it is an important area of care to address as it carries high morbidity and mortality, there is no good argument to remove any of these indicators and it would not impact on practice workload.

3.9 Diabetes mellitus

DM001	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
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
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
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
DM005	The percentage of patients with diabetes, on the register, with a diagnosis of nephropathy (clinical proteinuria) or micro-albuminuria who are currently treated with ACE-I (or ARBs)
DM006	The percentage of patients with diabetes, on the register, who have a record of an albumin:creatinine ratio test in the preceding 12 months
DM007	The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 59 mmol/mol or less in the preceding 12 months
DM008	The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months
DM009	The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 75 mmol/mol or less in the preceding 12 months
DM010	The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 September to 31 March
DM011	The percentage of patients with diabetes, on the register, who have a record of retinal screening in the preceding 12 months
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
DM013	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
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
DM015	The percentage of male patients with diabetes, on the register, with a record of being asked about erectile dysfunction in the preceding 12 months
DM016	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
NM12	The percentage of patients with diabetes with a record of testing of foot sensation using a 10 g monofilament or vibration (using biothesiometer or calibrated tuning fork), within the preceding 15 months
NM70	The percentage of women with diabetes aged 17 or over and who have not attained the age of 45 who have a record of being given information and advice about pregnancy or conception or contraception tailored to their pregnancy and contraceptive intentions recorded in the preceding 12 months

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DM001	2004/05	R	N/A - register	316	No	No	No	N/A - register	N/A - register	N/A - register	6
DM002	2011/12	IO	Weak	304	Yes	No	No	89.9%	3.9%	53-93%	8

DM003	2011/12	IO	Strong	292	No	No	No	70.7%	7.7%	38-78%	10
DM004	2004/05	IO	Strong	286	No	No	Yes	81.7%	9.5%	40-75%	6
DM005	2004/05	PD	Strong	34	No	No	Yes	87.4%	6.6%	50-90%	3
DM006	2013/14	PI	Strong	286	No	No	No	No data available	No data available	57-97%	3
DM007	2011/12	IO	Weak	284	No	No	Yes	69.9%	10.0%	35-75%	17
DM008	2011/12	IO	Weak	289	No	No	Yes	78.7%	8.6%	43-83%	8
DM009	2011/12	IO	Weak	295	No	No	Yes	88.6%	6.7%	52-92%	10
DM010	2004/05	PD	N/A	270	No	No	No	90.7%	14.4%	55-95%	3
DM011	2006/07	PD	Strong	294	Yes	No	Yes	91.9%	7.0%	50-90%	5
DM012	2011/12	PI	Strong	295	No	No	No	89.6%	6.6%	50-90%	4
DM013	2013/14	PI	Strong	No data available	No	No	No	No data available	No data available	40-90%	3
DM014	2013/14	PI	Strong	No data available	No	No	No	No data available	No data available	40-90%	11
DM015	2013/14	PI	Strong	No data available	No	Yes	No	No data available	No data available	40-90%	4
DM016	2013/14	PI	Strong	No data available	No	Yes	No	No data available	No data available	40-90%	6

NM12	NICE menu	PI	Strong	No data available	No	No	No	No data available	No data available	N/A	N/A
NM70	NICE menu	PI	Strong	No data available	No	No	No	No data available	No data available	N/A	N/A

Background discussion

Particular points were made around the following indicators:

DM001 - See section 3.1 for general discussion of registers.

DM007, DM008 & DM009 – The Committee discussed the evidence base behind the HbA1c targets and the fact that the targets within the QOF do not directly relate to the guideline recommendations. The Committee also considered that there is a major work load implication to working to tighter targets and individually agreed personal levels may be more appropriate. The Committee however felt that this in itself would require a significant amount of work, is a possible safety issue as controlling to levels can be complicated especially in older people and time may be better spent on the other cardiovascular concerns which represent a greater risk to patients. The Committee agreed that removing the individual HbA1c targets would reduce work load. However, the Committee also agreed that these indicators should be retained in the QOF until further evidence related to individualised target levels for patients has been evaluated and indicators piloted.

DM010 – The Committee felt that it is important to continue to target at risk groups as uptake rates are currently not very high for flu vaccination. The Committee acknowledged that consideration could be given to how this is done within the directed enhanced services (DES) framework to determine if there is any overlap of services.

DM011 – The Committee felt this was an important indicator to retain in the QOF to ensure people with diabetes receive retinal screening. The Committee also felt that although screening is often organised regionally, the GP record provides a useful central point where all the patient information is stored.

DM013 – The Committee felt that dietary review represents a high workload and is something that could potentially be done within patient education programmes at the point of diagnosis. However, the Committee agreed that this is important to retain as dietary review is considered first line care for people with diabetes and that many practice nurses have been trained to support this activity in practice.

DM0015 and DM016 – The Committee agreed that these indicators reflect important issues to discuss with patients but do not need to be annual indicators. The Committee considered these indicators could potentially be removed from the QOF for a period (suggested 3 years) or included within the structured education programme (DM0014) without a significant effect on patients' health.

NM70 – The Committee stated that results of piloting suggested this area of care is not happening routinely and therefore merits incentivisation. However, the Committee agreed that the health gain of this indicator for patients against the workload is small, so felt that it is less important to retain in the QOF.

Summary of key points

The Committee advised that the care of people with diabetes forms an important part of the workload in general practice, the prevalence of diabetes increases year on year and the condition is managed in primary care so has a very significant workload. However, they felt some indicators were more important to retain than others.

3.10 Hypothyroidism

THY001	The contractor establishes and maintains a register of patients with hypothyroidism who are currently treated with levothyroxine
THY002	The percentage of patients with hypothyroidism, on the register, with thyroid function tests recorded in the preceding 12 months

Indicator ID	Year of implementation in QOF	Indicator classification (see appendix A)	Relationship to the guideline recommendation	Average number of relevant patients per practice	Duplication?	Relevant to patient experience?	Relevant to patient safety?	Underlying Achievement 2011/12	Exception rate 2011/12	Achievement thresholds 2013/14	Points 2013/14
THY001	2004/05	R	N/A - register	213	No	No	No	N/A - register	N/A - register	N/A - register	1
THY002	2004/05	PI	N/A	212	No	No	No	96.0%	0.5%	50-90%	6

Background discussion

Particular points were made around the following indicators:

THY001 - See section 3.1 for general discussion of registers.

THY002 - The Committee felt that removing this indicator would not reduce the workload for practices as the work would still be done. The Committee discussed the frequency of review for those on the thyroid register and felt that the time frame could be moved to 18 to 24 months for some patients without impact.

Summary of key points

The Committee advised that this work is important and patients are required to be monitored on a periodic basis. Removing the indicators would therefore have no impact on workload and these indicators should be retained.

3.11 Asthma

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
AST002	The percentage of patients aged 8 or over with asthma (diagnosed on or after 1 April 2006), on the register, with measures of variability or reversibility recorded between 3 months before and anytime after diagnosis
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
AST004	The percentage of patients with asthma aged 14 or over and who have not attained the age of 20, on the register, in whom there is a record of smoking status in the preceding 12 months

Indicator ID	Year of implementation in QOF	Indicator classification (see appendix A)	Relationship to the guideline recommendation	Average number of relevant patients per practice	Duplication?	Relevant to patient experience?	Relevant to patient safety?	Underlying Achievement 2011/12	Exception rate 2011/12	Achievement thresholds 2013/14	Points 2013/14
AST001	2004/05	R	N/A - register	406	No	No	No	N/A - register	N/A - register	N/A - register	4
AST002	2006/07	PI	Strong	66	No	No	No	87.2%	5.2%	45-80%	15
AST003	2012/13	PI	Strong	383	No	Yes	No	78.1%	5.5%	45-70%	20
AST004	2004/05	PI	Strong	30	No	Yes	No	89.0%	3.1%	45-80%	6

Background discussion

Particular points were made around the following indicators:

AST001 - See section 3.1 for general discussion of registers.

AST002 - The Committee felt the indicator had impacted on making a correct diagnosis and therefore ensures the resulting treatment is correct and improves health outcomes for patients with asthma.

AST003 – The Committee felt that the timeframe of the indicator could be extended to 15 months to alleviate workload and that review was less important in patients who are well controlled and potentially using only a small volume of medication. However, they acknowledged that the register is not constructed to stratify the severity of asthma or medication usage, which includes all patients with asthma who have been prescribed any asthma related drugs. The Committee felt that further work could be done to address this indicator construction but would require careful consideration and piloting.

AST004 – The Committee acknowledged that it was important to record smoking status in asthmatics aged 14 – 20 years and that data from piloting showed recording for this age group was poor.

Summary of key points

The Committee advised that it was important to retain all the indicators for asthma.

3.12 Chronic obstructive pulmonary disease (COPD)

COPD001	The contractor establishes and maintains a register of patients with COPD
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
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
COPD004	The percentage of patients with COPD with a record of FEV1 in the preceding 12 months
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
COPD006	The percentage of patients with COPD who have had influenza immunisation in the preceding 1 September to 31 March
NM47	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

Indicator ID	Year of implementation in QOF	Indicator classification (see appendix A)	Relationship to the guideline recommendation	Average number of relevant patients per practice	Duplication?	Relevant to patient experience?	Relevant to patient safety?	Underlying Achievement 2011/12	Exception rate 2011/12	Achievement thresholds 2013/14	Points 2013/14
COPD001	2004/05	R	N/A – register	116	No	No	No	N/A - register	N/A - register	N/A - register	3
COPD002	2004/05	PI	Strong	10	No	No	No	93.0%	22.9%	45-80%	5
COPD003	2009/10	PI	Strong	104	No	Yes	No	91.8%	10.3%	50-90%	9
COPD004	2006/07	PI	Strong	103	No	No	No	88.8%	11.2%	40-75%	7
COPD005	2013/14	PI	Weak	No data available	No	No	No	No data available	No data available	40-90%	5
COPD006	2004/05	PD	Strong	101	No	No	No	93.1%	12.6%	57-97%	6
NM47	NICE Menu	PI	Strong	No data available	No	Yes	No	No data available	No data available	N/A	N/A

Background discussion

Particular points were made around the following indicators:

COPD001 - See section 3.1 for general discussion of registers.

COPD002 - The Committee felt that diagnosis of COPD can be complex and therefore it was important to retain this indicator.

COPD005 - The Committee considered that this indicator helps inform the need for future treatment which can prevent hospital admissions and is therefore important to keep in the QOF.

COPD006 – The Committee felt it important to continue to target at risk groups as uptake rates are currently not very high for flu vaccination. The Committee felt that consideration could be given to how this is done within the directed enhanced services (DES) framework to determine if there is any overlap of services.

NM47 - The Committee considered the availability of pulmonary rehabilitation programmes and the importance of commissioning to ensuring pulmonary rehabilitation programmes are available for people with COPD. The Committee discussed the potential to move this to the commissioning framework (CCG OIS) which would develop local services. However the Committee agreed removal from the QOF may diminish consideration of the appropriateness of making a referral at the individual patient level.

Summary of key points

The Committee advised that it was important to retain all the indicators for COPD as they felt inclusion of this area in the QOF has improved diagnosis and management.

3.13 Dementia

DEM001	The contractor establishes and maintains a register of patients diagnosed with dementia
DEM002	The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months
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
NM64	The percentage of patients with dementia (diagnosed on or after 1 April 2014) who have a record of attendance at a memory assessment service up to 12 months before entering on to the register
NM65	The percentage of patients with dementia with the contact details of a named carer on their record
NM72	The percentage of patients with dementia (diagnosed on or after 1 April 2014) with a record of FBC, calcium, glucose, renal and liver function, thyroid function tests, serum vitamin B12 and folate levels recorded up to 12 months before entering on to the register

Indicator ID	Year of implementation in QOF	Indicator classification (see appendix A)	Relationship to the guideline recommendation	Average number of relevant patients per practice	Duplication?	Relevant to patient experience?	Relevant to patient safety?	Underlying Achievement 2011/12	Exception rate 2011/12	Achievement thresholds 2013/14	Points 2013/14
DEM001	2006/07	R	N/A - register	36	No	No	No	N/A - register	N/A - register	N/A - register	5
DEM002	2006/07	PI	Weak	33	No	Yes	No	79.30%	7.80%	35-70%	15
DEM003	2011/12	PI	Strong	4	No	No	No	83.50%	40.70%	45-80%	6
NM64	NICE menu	PI	Strong	No data available	No	No	No	No data available	No data available	N/A	N/A
NM65	NICE menu	S	Strong	4	Yes	No	No	No data available	No data available	N/A	N/A
NM72	NICE menu	PI	Strong	4	No	Yes	No	83.50%	40.70%	N/A	N/A

Background discussion

Particular points were made around the following indicators:

DEM001 – See section 3.1 for general discussion of registers.

DEM002 – The Committee felt it was important to review dementia patients at regular intervals to ensure the correct level of care. However, the Committee agreed that extending the timeframe from 12 months to 15 months would reduce workload.

DEM003 – The Committee noted that the previous recommendation that DEM 003 should be replaced by NM72 and supported this decision.

Summary of key points

The Committee advised that it was important to retain all the dementia indicators.

3.14 Depression

DEP001	The percentage of patients aged 18 or over with a new diagnosis of depression in the preceding 1 April to 31 March, 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
DEP002	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 35 days after the date of diagnosis

Indicator ID	Year of implementation in QOF	Indicator classification (see appendix A)	Relationship to the guideline recommendation	Average number of relevant patients per practice	Duplication?	Relevant to patient experience?	Relevant to patient safety?	Underlying Achievement 2011/12	Exception rate 2011/12	Achievement thresholds 2013/14	Points 2013/14
DEP001	2013/14	PI	Strong	No data available	No	Yes	Yes	No data available	No data available	50-90%	21
DEP002	2013/14	PI	Strong	No data available	No	Yes	Yes	No data available	No data available	45-80%	10

Background discussion

Particular points were made around the following indicators:

DEP001 - The Committee considered that this indicator has a number of associated problems and is not particularly helpful in diagnosing depression. They felt diagnosis is generally made within a more holistic consultation and GPs find the current indicator adds to workload as it interferes in the natural process of these often long and complex consultations. The Committee also felt the linkage to the point of diagnosis is unhelpful coupled with the need to have recorded all of the elements of a bio- psychosocial assessment. The Committee was keen to relay the importance of careful assessment of diagnosis and that using a bio-

psychosocial assessment in diagnosing depression is important, however agreed that capturing this in the constraints of a QOF indicator is counterproductive. The Committee felt that DEP001 could be removed with little impact on the quality of care.

DEP002 - The Committee considered that this indicator has a large associated workload but agreed that inviting people back for a review is very good practice and all people with depression should be seen again after diagnosis. The Committee acknowledged that DEP002 can still be undertaken without retaining DEP001 with the denominator being those coded as new depression.

Summary of key points

The Committee advised that this is an important area of care for general practice as depression is the second biggest cause of disability after heart disease and is associated with significant costs to the economy. The Committee also acknowledged that there is a lot of stigmatisation in this group, people with depression are not looked after as well as other disease groups and this is an important area of care. However, they felt some indicators were more important to retain than others.

3.15 Mental Health

MH001	The contractor establishes and maintains a register of patients with schizophrenia, bipolar affective disorder and other psychoses and other patients on lithium therapy
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
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
MH004	The percentage of patients aged 40 or over with schizophrenia, bipolar affective disorder and other psychoses who have a record of total cholesterol:hdl ratio in the preceding 12 months
MH005	The percentage of patients aged 40 or over with schizophrenia, bipolar affective disorder and other psychoses who have a record of blood glucose or HbA1c in the preceding 12 months
MH006	The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of BMI in the preceding 12 months
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
	The percentage of women aged 25 or over and who have not attained 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
MH009	The percentage of patients on lithium therapy with a record of serum creatinine and TSH in the preceding 9 months
MH010	The percentage of patients on lithium therapy with a record of lithium levels in the therapeutic range within the preceding 4 months

Indicator ID	Year of implementation in QOF	Indicator classification (see appendix A)	Relationship to the guideline recommendation	Average number of relevant patients per practice	Duplication?	Relevant to patient experience?	Relevant to patient safety?	Underlying Achievement 2011/12	Exception rate 2011/12	Achievement thresholds 2013/14	Points 2013/14
MH001	2006/07	R	N/A - register	56	No	No	No	N/A - register	N/A - register	N/A - register	4
MH002	2006/07	PI	Weak	48	No	Yes	No	88.4%	7.9%	40-90%	6
MH003	2011/12	PI	Strong	48	Yes	No	No	91.7%	8.2%	50-90%	4
MH004	2011/12	PI	Strong	33	Yes	No	No	81.9%	12.5%	45-80%	5
MH005	2011/12	PI	Strong	29	No	No	No	84.8%	23.6%	45-80%	5

MH006	2011/12	PI	Strong	47	Yes	Yes	No	88.7%	10.5%	50-90%	4
MH007	2011/12	PI	Strong	46	Yes	Yes	No	89.6%	11.3%	50-90%	4
MH008	2011/12	PD	Weak	13	Yes	No	Yes	88.0%	17.3%	45-80%	5
MH009	2004/05	PI	Strong	6	No	No	No	96.3%	3.4%	50-90%	1
MH010	2004/05	IO	Strong	6	No	No	No	89.3%	9.5%	50-90%	2

Background discussion

Particular points were made around the following areas;

MH001 – See section 3.1 for general discussion of registers.

MH002 – The Committee considered that care plans are particularly important for this group of people but felt that the timeframe could be extended from 12 months to 15 month without impacting health.

MH003-MH008 – The Committee felt that these indicators are important to retain in the QOF as they help to improve health inequalities for people with severe mental illness (SMI).

MH009 and MH010 – The Committee noted that there is a relatively small cohort of patients who are on lithium. They agreed that a considerable amount of time is given to following up patients and therefore these indicators represent a significant amount of work.

However there was a concern that removing these indicators could result in a greater risk for this cohort of patients as the work is generally undertaken in primary care and prescribing is the responsibility of the GP.

Summary of key points

The Committee advised that it was important to retain all the indicators for mental health.

3.16 Cancer

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'
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

Indicator ID	Year of implementation in QOF	Indicator classification (see appendix A)	Relationship to the guideline recommendation	Average number of relevant patients per practice	Duplication?	Relevant to patient experience?	Relevant to patient safety?	Underlying Achievement 2011/12	Exception rate 2011/12	Achievement thresholds 2013/14	Points 2013/14
CAN001	2004/05	R	N/A – register	121	No	No	No	N/A - register	N/A - register	N/A - register	5
CAN002	2004/05	PI	N/A	19.0	No	Yes	No	93.3%	1.5%	50-90%	6

Background discussion

Particular points were made around the following indicators:

CAN001 - See section 3.1 for general discussion of registers.

CAN002 – The Committee felt that the indicator is based on softer evidence but is good practice and workload would not be reduced by removing the indicator.

Summary of key points

The Committee advised that cancer is an important clinical area that needs to be within the QOF and the indicators should be retained.

3.17 Palliative care

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

Indicator ID	Year of implementation in QOF	Indicator classification (see appendix A)	Relationship to the guideline recommendation	Average number of relevant patients per practice	Duplication?	Relevant to patient experience?	Relevant to patient safety?	Underlying Achievement 2011/12	Exception rate 2011/12	Achievement thresholds 2013/14	Points 2013/14
PC001	2007/07	R	N/A – register	14	No	No	No	N/A - register	N/A - register	N/A - register	3
PC002	2006/07	PI	N/A	No data available	No	No	No	No data available	No data available	N/A	3

Background discussions

Particular points were made around the following indicators:

PC001 and PC002 – The Committee felt these indicators are very important and have led to improvements in care for palliative care patients.

Summary of key points

The Committee advised that it was important to retain the indicators for palliative care.

3.18 Chronic kidney disease

CKD001	The contractor establishes and maintains a register of patients aged 18 or over with CKD (UK National Kidney Foundation: Stage 3 to 5 CKD)
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
CKD003	The percentage of patients on the CKD register with hypertension and proteinuria who are currently treated with an ACE-I or ARB
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

Indicator ID	Year of implementation in QOF	Indicator classification (see appendix A)	Relationship to the guideline recommendation	Average number of relevant patients per practice	Duplication?	Relevant to patient experience?	Relevant to patient safety?	Underlying Achievement 2011/12	Exception rate 2011/12	Achievement thresholds 2013/14	Points 2013/14
CKD001	2006/07	R	N/A - register	231	No	No	No	N/A - register	N/A - register	N/A - register	6
CKD002	2006/07	IO	Weak	216	No	No	No	75.1%	6.2%	41-81%	11
CKD003	2006/07	PD	Strong	15	No	No	No	89.5%	11.0%	45-80%	9
CKD004	2009/10	PI	Strong	222	No	No	No	82.2%	3.8%	45-80%	6

Background discussion

Particular points were made around the following indicators:

CKD001 - The Committee felt definitions of CKD may have been broadened too widely as healthy people may be being wrongly labelled as having CKD and declining kidney function is a natural part of ageing. Also see general register discussion under section 3.1.

CKD002, CKD003 & CKD004 - The Committee noted the workload impact of this set of indicators. The Committee noted that CKD is a risk factor for CVD, but also noted the uncertainties associated with this set of indicators and the importance of reviewing the indicators when the CKD guideline has been updated and published (provisionally due for publication July 2014).

Summary of key points

The Committee advised that although the indicators should be retained, the NICE guideline is being updated (expected publication July 2014) and may help inform a review of these indicators at a later date.

3.19 Epilepsy

EP001	The contractor establishes and maintains a register of patients aged 18 or over receiving drug treatment for epilepsy
EP002	The percentage of patients aged 18 or over on drug treatment for epilepsy who have been seizure free for the last 12 months recorded in the preceding 12 months
EP003	EP003: The percentage of women aged 18 or over and who have not attained 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
NM71	NM71: The percentage of women with epilepsy aged 18 or over and who have not attained the age of 45 who are taking antiepileptic drugs who have a record of being given information and advice about pregnancy or conception or contraception tailored to their pregnancy and contraceptive intentions recorded in the preceding 12 months

Indicator ID	Year of implementation in QOF	Indicator classification (see appendix A)	Relationship to the guideline recommendation	Average number of relevant patients per practice	Duplication?	Relevant to patient experience?	Relevant to patient safety?	Underlying Achievement 2011/12	Exception rate 2011/12	Achievement thresholds 2013/14	Points 2013/14
EP001	2004/05	R	N/A – register	42	No	No	No	N/A - register	N/A - register	N/A - register	1
EP002	2006/07	O	N/A	35	No	No	No	74.7%	16.8%	45-70%	6
EP003	20011/12	PI	Strong	7	No	Yes	No	90.0%	36.7%	50-90%	3
NM71	NICE menu	PI	Strong	No data available	No	Yes	No	No data available	No data available	N/A	N/A

Background discussion

Particular points were made around the following indicators:

EP001 – See section 3.1 for general discussion of registers.

EP002 – The Committee felt this indicator was important to retain in the QOF due to the variation in outcomes around the country.

EP003 – The committee acknowledged that it has previously been recommended that EP003 should be replaced by NM71 and agreed with this.

Summary of key points

The Committee advised that it was important to retain all the epilepsy indicators, but that EP003 should be replaced with NM71.

3.20 Learning disability

LD001	The contractor establishes and maintains a register of patients aged 18 or over with learning disabilities
LD002	The percentage of patients on the learning disability register with Down's Syndrome aged 18 or over who have a record of blood TSH in the preceding 12 months (excluding those who are on the thyroid disease register)
NM73	The contractor establishes and maintains a register of patients with learning disabilities

Indicator ID	Year of implementation in QOF	Indicator classification (see appendix A)	Relationship to the guideline recommendation	Average number of relevant patients per practice	Duplication?	Relevant to patient experience?	Relevant to patient safety?	Underlying Achievement 2011/12	Exception rate 2011/12	Achievement thresholds 2013/14	Points 2013/14
LD001	2006/07	R	N/A - register	24	Yes	No	No	N/A - register	N/A - register	N/A - register	4
LD002	2011/12	PI	N/A	1	No	No	No	90.4%	9.7%	45-70%	3
NM73	NICE menu	R	N/A - register	No data available	Yes	No	No	N/A - register	N/A - register	N/A - register	N/A

Background discussion

Particular points were made around the following indicators:

LD001 – The Committee felt that removal of this indicator is not likely to affect patient outcomes. However, they acknowledged that people with learning disabilities would not always be identified in day to day general practice so continued coding was important for patients. Also see general discussion about registers in section 3.1.

LD002 – The Committee felt that this indicator only covers a subset of people in the register (people with Down's syndrome) and queried if there was some overlap with the learning disability DES. The Committee considered LD002 could be removed until further indicators are developed to complement the register and help improve health outcomes in this area.

Summary of key points

The Committee advised that it is less important to retain the area of learning disabilities within the QOF. They felt that although this is a very important clinical area, learning disabilities indicators only cover a small number of people in most practices and all these indicators could be removed without significantly affecting outcomes for this group.

3.21 Osteoporosis: secondary prevention of fragility fractures

OST001	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 2012
OST002	OST002: The percentage of patients aged 50 or over and who have not attained 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
OST003	OST003: The percentage of patients aged 75 or over with a fragility fracture on or after 1 April 2012, who are currently treated with an appropriate bone-sparing agent

Indicator ID	Year of implementation in QOF	Indicator classification (see appendix A)	Relationship to the guideline recommendation	Average number of relevant patients per practice	Duplication?	Relevant to patient experience?	Relevant to patient safety?	Underlying Achievement 2011/12	Exception rate 2011/12	Achievement thresholds 2013/14	Points 2013/14
OST001	2012/13	R	N/A - register	No data available	No	No	No	N/A - register	N/A - register	N/A - register	3
OST002	2012/13	PD	Weak	No data available	No	No	No	No data available	No data available	30-60%	3
OST003	2012/13	PD	Weak	No data available	No	No	No	No data available	No data available	30-60%	3

Background discussion

Particular points were made around the following indicators:

OST001 – See section 3.1 for general discussion of registers.

OST002 and OST003 – The Committee felt that these indicators are fairly new within the QOF and there is insufficient information to make a judgement on their impact.

Summary of key points

The Committee advised that it is important to retain all the osteoporosis indicators. They felt that the osteoporosis indicators represent a significant work load but removing them could be detrimental to patient outcomes. However, the Committee also acknowledged that there is potential to address this care through local commissioning arrangements as identification of at risk patients was also the responsibility of accident and emergency departments.

3.22 Rheumatoid arthritis

RA001	The contractor establishes and maintains a register of patients aged 16 or over with rheumatoid arthritis
RA002	RA002: The percentage of patients with rheumatoid arthritis, on the register, who have had a face-to-face review in the preceding 12 months
RA003	RA003: The percentage of patients with rheumatoid arthritis aged 30 or over and who have not attained 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
RA004	The percentage of patients aged 50 or over and who have not attained 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

Indicator ID	Year of implementation in QOF	Indicator classification (see appendix A)	Relationship to the guideline recommendation	Average number of relevant patients per practice	Duplication?	Relevant to patient experience?	Relevant to patient safety?	Underlying Achievement 2011/12	Exception rate 2011/12	Achievement thresholds 2013/14	Points 2013/14
RA001	2013/14	R	N/A - register	No data available	No	No	No	N/A - register	N/A - register	N/A - register	1
RA002	2013/14	PI	Strong	No data available	No	Yes	No	No data available	No data available	40-90%	5
RA003	2013/14	PI	Weak	No data available	No	No	No	No data available	No data available	40-90%	7
RA004	2013/14	PI	Weak	No data available	No	No	Yes	No data available	No data available	40-90%	5

Background discussion

Particular points were made around the following indicators:

RA001 – See section 3.1 for general discussion of registers.

RA002, RA003 and RA004 - The Committee felt that these indicators are fairly new within the QOF and there is insufficient information to make a judgement on their impact.

Summary of key points

The Committee advised that it was important to retain all the indicators for rheumatoid arthritis. The Committee felt that this clinical area covers a significant number of patients.

3.23 Obesity

OB001	The contractor establishes and maintains a register of patients aged 16 or over with a BMI ≥30 in the preceding 12 months

Indicator ID	Year of implementation in QOF	Indicator classification (see appendix A)	Relationship to the guideline recommendation	Average number of relevant patients per practice	Duplication?	Relevant to patient experience?	Relevant to patient safety?	Underlying Achievement 2011/12	Exception rate 2011/12	Achievement thresholds 2013/14	Points 2013/14
OB001	2006/07	R	N/A	599	No	No	No	N/A - register	N/A - register	N/A	8

Background discussion

Particular points were made around the indicator as follows:

OB001 - The Committee considered that this indicator was poor and does not incentivise case finding. The Committee acknowledged that practices only need to have one patient on the indicator to achieve maximum points.

Summary of key points

The Committee advised this is a less important indicator to keep in the QOF. They felt that obesity is a hugely important public health issue and there have been attempts to develop appropriate indicators that would work in the QOF. However these have been unsuccessful and it may be better addressed through other mechanisms and linking into other national and local initiatives outside of the QOF. The Committee acknowledged that obesity (and other public health issues covered in QOF) needs further discussion with Public Health England to ensure that any changes fit with current and emerging strategies.

3.24 Smoking

SMOK001	The percentage of patients aged 15 or over whose notes record smoking status in the preceding 24 months
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
SMOK003	The contractor supports patients who smoke in stopping smoking by a strategy which includes providing literature and offering appropriate therapy
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
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

Indicator ID	Year of implementation in QOF	Indicator classification (see appendix A)	Relationship to the guideline recommendation	Average number of relevant patients per practice	Duplication?	Relevant to patient experience?	Relevant to patient safety?	Underlying Achievement 2011/12	Exception rate 2011/12	Achievement thresholds 2013/14	Points 2013/14
SMOK001	2008/09	PI	Strong	5,678	Uncertain	No	No	85.3%	0.3%	50-90%	11
SMOK002	2006/07	PI	Strong	1,485	Yes	No	No	95.6%	0.6%	50-90%	25
SMOK003	2004/05	S	N/A	No data available	No	Yes	No	No data available	No data available	N/A	2
SMOK004	2012/13	PD	Strong	No data available	Uncertain	Yes	No	No data available	No data available	40-90%	12
SMOK005	2006/07	PD	Strong	248	Yes	Yes	No	92.9%	1.0%	56-96%	25

Background discussion

Particular points were made around the following indicators:

SMOK001 & SMOK004 - The Committee discussed that these indicators have workload implications in people that are otherwise healthy. The Committee also noted that these indicators link in with wider commissioning issues and overlap with many other initiatives and are therefore less important to retain. However, it is acknowledged that smoking (and other public health issues covered in the QOF) needs further discussion with Public Health England to ensure that any changes fit with current and emerging strategies.

SMOK002 & SMOK005 - The Committee noted that the indicators relating to those people with established disease, recording smoking status and offering smoking cessation support was of importance. The Committee agreed that it was important to retain these indicators.

SMOK003 - The Committee noted the duplication of this indicator with the other smoking indicators and that this was a less important indicator to retain in the QOF.

Summary of key points

The Committee advised that smoking is important to retain as a key public health issue and the evidence base for brief interventions in general practice is strong. However, they felt some indicators were more important to retain than others.

3.25 Maternity

MAT001	Antenatal care and screening are offered according to current local guidelines agreed with the NHS CB

Indicator ID	Year of implementation in QOF	Indicator classification (see appendix A)	Relationship to the guideline recommendation	Average number of relevant patients per practice	Duplication?	Relevant to patient experience?	Relevant to patient safety?	Underlying Achievement 2011/12	Exception rate 2011/12	Achievement thresholds 2013/14	Points 2013/14
MAT001	2004/05	PI	N/A	No data available	Yes	Yes	Yes	No data available	No data available	N/A	6

Background discussion

Particular points were made around the following indicators:

MAT001 – The Committee felt this area would be more appropriate within the Clinical Commissioning Group Outcomes Indicator Set (CCG OIS)

Summary of key points

The Committee advised that this area was less important to retain within the QOF. However, it is acknowledged that antenatal care and screening (and other public health issues covered in the QOF) need further discussion with Public Health England to ensure that any changes fit with current and emerging strategies.

3.26 Cervical screening

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 sample rates
CS002	The percentage of women aged 25 or over and who have not attained the age of 65 whose notes record that a cervical screening test has been performed in the preceding 5 years
CS003	The contractor ensures there is a system for informing all women of the results of cervical screening tests
CS004	The contractor has a policy for auditing its cervical screening service, and performs an audit of inadequate cervical screening tests in relation to individual sample-takers at least every 2 years

Indicator ID	Year of implementation in QOF	Indicator classification (see appendix A)	Relationship to the guideline recommendation	Average number of relevant patients per practice	Duplication?	Relevant to patient experience?	Relevant to patient safety?	Underlying Achievement 2011/12	Exception rate 2011/12	Achievement thresholds 2013/14	Points 2013/14
CS001	2006/07	S	N/A	No data available	Yes	No	Yes	No data	No data	N/A	7
CS002	2004/05	PD	N/A	1,602	No	No	Yes	82.20%	5.40%	45-80%	11
CS003	2004/05	S	N/A	No data available	Yes	No	Yes	No data	No data	N/A	2
CS004	2004/05	S	N/A	No data available	Yes	No	Yes	No data	No data	N/A	2

Background discussion

Particular points were made around the following indicators:

CS001 & CS002 & CS003 - The Committee felt that these indicators may be better addressed through local commissioning arrangements. However, the Committee acknowledged that there are risks associated with removing them from the QOF as they provide a safety net and practices need to monitor these areas of care.

CS004 - The Committee agreed that this indicator is an important governance issue, but noted that liquid based cytology laboratories often automatically undertake this analysis and inform the GP practice.

Summary of key points

The Committee advised that these indicators were less important to retain in the QOF as the care is covered by other schemes and programmes (e.g. NHS Cervical Screening Programme). However cervical screening is mostly undertaken in GP practices and the workload associated with these indicators would still remain if the indicators were removed. It is also acknowledged that screening (and other public health issues covered in the QOF) needs further discussion with Public Health England to ensure that any changes fit with current and emerging strategies.

3.27 Contraception

CON001	The contractor establishes and maintains a register of women aged 54 or 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
CON002	CON002: 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
CON003	CON003: 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

Indicator ID	Year of implementation in QOF	Indicator classification (see appendix A)	Relationship to the guideline recommendation	Average number of relevant patients per practice	Duplication?	Relevant to patient experience?	Relevant to patient safety?	Underlying Achievement 2011/12	Exception rate 2011/12	Achievement thresholds 2013/14	Points 2013/14
CON001	2009/10	R	N/A - register	424	No	No	No	N/A - register	N/A - register	N/A - register	4
CON002	2009/10	PI	Strong	424	No	Yes	No	89.6%	1.5%	50-90%	3
CON003	2009/10	PI	Strong	19	No	Yes	No	91.4%	4.7%	50-90%	3

Background discussion

Particular points were made around the following indicators:

CON001 – The Committee acknowledged that contraceptive prescriptions are recorded in general practice information system and could therefore automatically inform a register. Also see section 3.1 for general discussion of registers.

Summary of key points

The Committee advised that as the contraception indicators have now been in the QOF for a number of years, they have probably served their purpose to shift contraceptive trends towards long acting methods and are less important to be retained. The high achievement rates of the indicators were highlighted along with the general feeling that they are now part of good practice therefore do not require incentivising. However, it is acknowledged that contraception (and other public health issues covered in the QOF) needs further discussion with Public Health England to ensure that any changes fit with current and emerging strategies.

3.28 Child health surveillance

CHS001	Child development checks are offered at intervals that are consistent with national guidelines and policy agreed with the NHS CB

Indicator ID	Year of implementation in QOF	Indicator classification (see appendix A)	Relationship to the guideline recommendation	Average number of relevant patients per practice	Duplication?	Relevant to patient experience?	Relevant to patient safety?	Underlying Achievement 2011/12	Exception rate 2011/12	Achievement thresholds 2013/14	Points 2013/14
CHS001	2004/05	PI	N/A	No data available	Yes	No	No	No data	No data	N/A	6

Background discussion

Particular points were made around the following indicators:

CHS001 – The Committee acknowledged that the indicator does not measure the quality of the child development checks and may be better addressed through the CCG OIS.

Summary of key points

The Committee advised that this indicator is less important to retain in the QOF. However, it is acknowledged that child health surveillance (and other public health issues covered in the QOF) needs further discussion with Public Health England to ensure that any changes fit with current and emerging strategies.

4. General views on reducing size of the QOF

The Committee considered the indicator dimensions proposed by NHS England (see section 2, page 2) and whether there were any other ways of reducing the size of the QOF so that it can focus more strongly on those interventions or outcomes of the greatest value that had not been discussed during the meeting.

The Committee felt they had been able to consider the proposed indicator dimensions in their discussions about each indicator area. A number of considerations were highlighted in relation to these dimensions:

- Indicator classifications and focus on outcomes: The Committee acknowledged that ideally the main focus of the framework would be on outcomes. However, removing structure and process in a clinical area impacts negatively on the quality of the denominator in any outcome indicators.

The Committee also considered whether there may be additional dimensions that could be used to review the QOF. The following additional suggestions were discussed:

- Annual review time frames: The Committee felt that the change in annual indicators from 15 months to 12 months in a number of clinical areas has increased workload and the Committee did not believe there was any change in the quality of care to patients. The timing of the end of the annual cycle of 31st March in the first year means that practices were under most pressure to meet the indicator thresholds at the precise time when winter workload is at its peak (February and March). For these reasons, it was felt that there is much to be gained and little to be lost by reverting to a 15 month timeframe for all annual indicators.

- Reducing follow ups: The Committee acknowledged that general practices are currently required to issue three invitations to patients to QOF reviews and there is a large workload following up patients. The Committee felt it may be the case that patients who respond, do so to the first invite. It was

suggested an analysis of the number of patients who attend following a second or third invite could be undertaken to assess the value of this practice. If the impact of the second or third contact was low this could be removed to reduce workload.

- Moving indicators into other frameworks: The Committee agreed that a number of indicators measure areas of care that may be monitored in other ways such as via the CCG OIS and are referenced in this advice document. There may be an opportunity to consider whether there are other ways to assess areas of care covered by other indicators in the QOF.

- Introducing broader clinical areas: The Committee considered the very specific disease areas within the QOF and whether more encompassing clinical areas, for example a cardiovascular disease area, could incorporate a number of current different disease areas and simplify the QOF. This approach could also potentially support clinicians to work with patients with comorbidities (an issue which is due to be addressed in future NICE guidance). However this would not impact on current workload as it does not affect the work undertaken within general practice.

- Recycling clinical areas within the QOF: The Committee considered whether removing clinical areas for a set period of time and then re-introducing them would reduce the workload. However the Committee cautioned that this approach could create additional workload by requiring additional input to bring different areas up to standard each year.

Appendix A – Indicator Dimensions

Dimension	Description
Indicator classification	NICE has developed and published a classification of QOF indicators. This has been updated and amended for this review exercise. The classifications are: O (outcome); IO (intermediate outcome); PD (process directly linked to outcomes); PI (process indirectly related to outcomes); S (structure); and R (register). This dimension may act as the starting point for the review of each indicator.
Year of implementation in QOF	The advisory committee may consider the year an indicator was implemented in the QOF as informative when considering the indicator's relative importance. Indicators introduced more recently to the QOF may represent current areas for quality improvement compared with indicators that have been incentivised for a longer time, and which may now be part of current practice.
Relationship to the guideline recommendation	This dimension shows how an indicator is related to a recommendation in a guideline. The strength of a guideline recommendation may reflect, to some extent, the strength of the underpinning evidence and other considerations such as patient choice, patient experience and patient safety: • It is possible for a recommendation to be 'strong' (a 'should do' or 'must do' recommendation) where the underpinning evidence is of low quality if, for example, patient safety is of particular relevance. • It is possible for a recommendation to be a 'consider' or 'weak' recommendation where the underpinning evidence is strong, for example where patient choice is important. The relationship between the guideline recommendation and the indicator may be considered weak if the guideline recommendation on which an indicator is based is a 'consider' or 'weak' recommendation, as QOF indicators measure whether or not a care process has taken place not whether it has been considered. When considering the relationship between the guideline recommendation and the indicator, we have considered the 'distance' between guideline recommendation(s) and

	the final indicator wording. The relationship to the guideline recommendation and the indicator may be considered 'weak' if it is judged that there is significant disparity between the guideline recommendation and the indicator wording. In all other cases, the relationship between the guideline recommendation and the indicator wording may be considered strong.
Average number of relevant patients per practice	The indicator denominator represents the number of relevant patients. Small numbers in the denominator can be associated with unreliable indicators and potential unintended consequences when used in clinical practice. The denominator size can affect the impact or importance of an indicator: the Agency for Healthcare Research and Quality (AHRQ) in the USA considers the impact of an indicator to be 'great' when an issue affects either a few patients severely or affects many patients. The denominator size may also have a bearing on the potential workload implications associated with the delivery of the care process measured by the indicator. However this is not a direct relationship because some interventions for small populations may have significant workload implications.
Duplication	Some indicators may overlap with other QOF indicators, other national data collections, or with existing regulations, requirements. Where this has been judged to be the case a 'Yes' has been entered against this dimension.
Relevant to patient experience	Some indicators may have particular relevance to patient experience. For example, in helping people to better manage their condition through the provision of information, advice or training. Where this has been judged to be the case a 'Yes' has been entered against this dimension
Relevant to patient safety	Some indicators may have particular relevance to patient safety. For example, indicators that have a lower blood pressure intermediate outcome target for patients who are unable to meet tighter targets. Where this has been judged to be the case a 'Yes' has been entered against this dimension
Current levels of achievement, exception	**Achievement levels** In isolation the individual achievement levels for each indicator may not be informative in deciding the relative

reporting, points and thresholds	importance of indicators, especially where achievement levels are similar across indicators. National level achievement levels may also hide significant variation. **Exception reporting** A problem in interpreting exception rates at practice level is that very high or very low rates can simply be due to small numbers in the potential indicator denominator. However, at national level this issue does not arise. Achievement and exception reporting data are not available for indicators most recently added to the QOF. The latest published data from the Health and Social Care Information Centre are for 2011/12. **Thresholds** It is important, if comparing overall levels of achievement between indicators, to take account of the current maximum payment threshold: if two indicators have different maximum payment thresholds (such as 70% and 90%), this could affect the levels of achievement observed. **Points allocation** The number of points allocated to an indicator may be a proxy for the workload associated with the delivery of a care process or outcome measured by an indicator.

Appendix B – Summary of the Committee's advice on each indicator

The following table provides a summary of the Committee's advice on the importance to retain each QOF indicator. However, it should be noted this table is only indicative and should not be taken out of context of the comments in the main body of the report.

Indicator ID	Indicator wording	Advice
AF001	The contractor establishes and maintains a register of patients with atrial fibrillation	Important to retain
AF002	The percentage of patients with atrial fibrillation in whom stroke risk has been assessed using the CHADS2 risk stratification scoring system in the preceding 12 months (excluding those whose previous CHADS2 score is greater than 1)	Important to retain
AF003	In those patients with atrial fibrillation in whom there is a record of a CHADS2 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	Important to retain
AF004	In those patients with atrial fibrillation whose latest record of a CHADS2 score is greater than 1, the percentage of patients who are currently treated with anti-coagulation therapy	Important to retain
CHD001	The contractor establishes and maintains a register of patients with coronary heart disease	Important to retain
CHD002	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	Important to retain
CHD003	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	Important to retain
CHD004	The percentage of patients with coronary heart disease who have had influenza immunisation in the preceding 1 September to 31 March	Important to retain
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	Important to retain
CHD006	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	Important to retain
NM68	The percentage of patients aged 79 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	Important to retain
CVD-PP001	In those patients with a new diagnosis of hypertension aged 30 or over and who have not attained 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 ≥20% in the preceding 12 months: the percentage who are currently treated with statins	Important to retain
CVD-PP002	The percentage of patients diagnosed with hypertension (diagnosed after 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	Less important to retain
HF001	The contractor establishes and maintains a register of patients with heart failure	Important to retain
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	Important to retain

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	Important to retain
HF004	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-blocker licensed for heart failure	Important to retain
NM48	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	Important to retain
HYP001	The contractor establishes and maintains a register of patients with established hypertension	Important to retain
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	Important to retain
HYP003	The percentage of patients aged 79 or under with hypertension in whom the last blood pressure reading (measured in the preceding 9 months) is 140/90 mmHg or less	Important to retain
HYP004	The percentage of patients with hypertension aged 16 or over and who have not attained the age of 75 in whom there is an assessment of physical activity, using GPPAQ, in the preceding 12 months	Less important to retain
HYP005	The percentage of patients with hypertension aged 16 or over and who have not attained 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	Less important to retain
NM66	The percentage of patients with a new diagnosis of hypertension (diagnosed on or after 1 April 2014) which has been confirmed by ambulatory blood pressure monitoring (ABPM) or home blood pressure monitoring (HBPM) in the three months before entering on to the register	Important to retain
BP001	The percentage of patients aged 40 or over who have a record of blood pressure in the preceding 5 years	Less important to retain
PAD001	The contractor establishes and maintains a register of patients with peripheral arterial disease	Important to retain
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	Important to retain
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	Important to retain
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	Important to retain
NM67	The percentage of patients aged 79 or under with peripheral arterial disease in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less	Important to retain
STIA001	The contractor establishes and maintains a register of patients with stroke or TIA	Important to retain
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	Important to retain
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	Important to retain
STIA004	The percentage of patients with stroke or TIA who have a record of total cholesterol in the preceding 12 months	Important to retain
STIA005	The percentage of patients with a 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	Important to retain
STIA006	The percentage of patients with stroke or TIA who have had influenza immunisation in the preceding 1 September to 31 March	Important to retain
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	Important to retain

	months that an anti-platelet agent or an anti-coagulant is being taken	
NM69	The percentage of patients aged 79 or under with stroke or TIA in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less	Important to include
DM001	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	Important to retain
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	Important to retain
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	Important to retain
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	Important to retain
DM005	The percentage of patients with diabetes, on the register, with a diagnosis of nephropathy (clinical proteinuria) or micro-albuminuria who are currently treated with ACE-I (or ARBs)	Important to retain
DM006	The percentage of patients with diabetes, on the register, who have a record of an albumin:creatinine ratio test in the preceding 12 months	Important to retain
DM007	The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 59 mmol/mol or less in the preceding 12 months	Important to retain
DM008	The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months	Important to retain
DM009	The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 75 mmol/mol or less in the preceding 12 months	Important to retain
DM010	The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 September to 31 March	Important to retain
DM011	The percentage of patients with diabetes, on the register, who have a record of retinal screening in the preceding 12 months	Important to retain
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	Important to retain
DM013	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	Important to retain
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	Important to retain
DM015	The percentage of male patients with diabetes, on the register, with a record of being asked about erectile dysfunction in the preceding 12 months	Less important to retain
DM016	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	Less important to retain
NM12	The percentage of patients with diabetes with a record of testing of foot sensation using a 10 g monofilament or vibration (using biothesiometer or calibrated tuning fork), within the preceding 15 months	Important to retain
NM70	The percentage of women with diabetes aged 17 or over and who have not attained the age of 45 who have a record of being given information and advice about pregnancy or conception or contraception tailored to their pregnancy and contraceptive intentions recorded	Less important to retain

	in the preceding 12 months	
THY001	The contractor establishes and maintains a register of patients with hypothyroidism who are currently treated with levothyroxine	Less important to retain
THY002	The percentage of patients with hypothyroidism, on the register, with thyroid function tests recorded in the preceding 12 months	Less important to retain
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	Important to retain
AST002	The percentage of patients aged 8 or over with asthma (diagnosed on or after 1 April 2006), on the register, with measures of variability or reversibility recorded between 3 months before and anytime after diagnosis	Important to retain
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	Important to retain
AST004	The percentage of patients with asthma aged 14 or over and who have not attained the age of 20, on the register, in whom there is a record of smoking status in the preceding 12 months	Important to retain
COPD001	The contractor establishes and maintains a register of patients with COPD	Important to retain
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	Important to retain
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	Important to retain
COPD004	The percentage of patients with COPD with a record of FEV1 in the preceding 12 months	Important to retain
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	Important to retain
COPD006	The percentage of patients with COPD who have had influenza immunisation in the preceding 1 September to 31 March	Important to retain
NM47	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	Important to include
DEM001	The contractor establishes and maintains a register of patients diagnosed with dementia	Important to retain
DEM002	The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months	Important to retain
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	Replace with NM72
NM64	The percentage of patients with dementia (diagnosed on or after 1 April 2014) who have a record of attendance at a memory assessment service up to 12 months before entering on to the register	Important to retain
NM65	The percentage of patients with dementia with the contact details of a named carer on their record	Important to retain
NM72	The percentage of patients with dementia (diagnosed on or after 1 April 2014) with a record of FBC, calcium, glucose, renal and liver function, thyroid function tests, serum vitamin B12 and folate levels recorded up to 12 months before entering on to the register	Important to retain
DEP001	The percentage of patients aged 18 or over with a new diagnosis of depression in the preceding 1 April to 31 March, 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	Less important to retain
DEP002	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 35 days after the date of diagnosis	Important to retain

MH001	The contractor establishes and maintains a register of patients with schizophrenia, bipolar affective disorder and other psychoses and other patients on lithium therapy	Important to retain
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	Important to retain
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	Important to retain
MH004	The percentage of patients aged 40 or over with schizophrenia, bipolar affective disorder and other psychoses who have a record of total cholesterol:hdl ratio in the preceding 12 months	Important to retain
MH005	The percentage of patients aged 40 or over with schizophrenia, bipolar affective disorder and other psychoses who have a record of blood glucose or HbA1c in the preceding 12 months	Important to retain
MH006	The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of BMI in the preceding 12 months	Important to retain
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	Important to retain
MH008	The percentage of women aged 25 or over and who have not attained 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	Important to retain
MH009	The percentage of patients on lithium therapy with a record of serum creatinine and TSH in the preceding 9 months	Important to retain
MH010	The percentage of patients on lithium therapy with a record of lithium levels in the therapeutic range within the preceding 4 months	Important to retain
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'	Important to retain
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	Important to retain
PC001	The contractor establishes and maintains a register of all patients in need of palliative care/support irrespective of age	Important to retain
PC002	The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed	Important to retain
CKD001	The contractor establishes and maintains a register of patients aged 18 or over with CKD (UK National Kidney Foundation: Stage 3 to 5 CKD)	Important to retain
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	Important to retain
CKD003	The percentage of patients on the CKD register with hypertension and proteinuria who are currently treated with an ACE-I or ARB	Important to retain
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	Important to retain
EP001	The contractor establishes and maintains a register of patients aged 18 or over receiving drug treatment for epilepsy	Important to retain
EP002	The percentage of patients aged 18 or over on drug treatment for epilepsy who have been seizure free for the last 12 months recorded in the preceding 12 months	Important to retain
EP003	EP003: The percentage of women aged 18 or over and who have not attained 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	Replace with NM71
NM71	NM71: The percentage of women with epilepsy aged 18 or over and who have not attained the age of 45 who are taking antiepileptic drugs who have a record of being given information and advice about pregnancy or conception or contraception tailored to their	Important to retain

	pregnancy and contraceptive intentions recorded in the preceding 12 months	
LD001	The contractor establishes and maintains a register of patients aged 18 or over with learning disabilities	Less important to retain
LD002	The percentage of patients on the learning disability register with Down's Syndrome aged 18 or over who have a record of blood TSH in the preceding 12 months (excluding those who are on the thyroid disease register)	Less important to retain
NM73	The contractor establishes and maintains a register of patients with learning disabilities	Less important to include
OST001	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 2012	Important to retain
OST002	OST002: The percentage of patients aged 50 or over and who have not attained 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	Important to retain
OST003	OST003: The percentage of patients aged 75 or over with a fragility fracture on or after 1 April 2012, who are currently treated with an appropriate bone-sparing agent	Important to retain
RA001	The contractor establishes and maintains a register of patients aged 16 or over with rheumatoid arthritis	Important to retain
RA002	RA002: The percentage of patients with rheumatoid arthritis, on the register, who have had a face-to-face review in the preceding 12 months	Important to retain
RA003	RA003: The percentage of patients with rheumatoid arthritis aged 30 or over and who have not attained 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	Important to retain
RA004	The percentage of patients aged 50 or over and who have not attained 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	Important to retain
OB001	The contractor establishes and maintains a register of patients aged 16 or over with a BMI ≥30 in the preceding 12 months	Less important to retain
SMOK001	The percentage of patients aged 15 or over whose notes record smoking status in the preceding 24 months	Less important to retain
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	Important to retain
SMOK003	The contractor supports patients who smoke in stopping smoking by a strategy which includes providing literature and offering appropriate therapy	Less important to retain
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	Less important to retain
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	Important to retain
MAT001	Antenatal care and screening are offered according to current local guidelines agreed with the NHS CB	Less important to retain
CS001	The contractor has a protocol that is in line with national guidance agreed with the NHSCB for the management of cervical screening,	Less important to

	which includes staff training, management of patient call/recall, exception reporting and the regular monitoring of inadequate sample rates	retain
CS002	The percentage of women aged 25 or over and who have not attained the age of 65 whose notes record that a cervical screening test has been performed in the preceding 5 years	Less important to retain
CS003	The contractor ensures there is a system for informing all women of the results of cervical screening tests	Less important to retain
CS004	The contractor has a policy for auditing its cervical screening service, and performs an audit of inadequate cervical screening tests in relation to individual sample-takers at least every 2 years	Less important to retain
CON001	The contractor establishes and maintains a register of women aged 54 or 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	Less important to retain
CON002	CON002: 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	Less important to retain
CON003	CON003: 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	Less important to retain
CHS001	Child development checks are offered at intervals that are consistent with national guidelines and policy agreed with the NHS CB	Less important to retain