

## QOF Indicators from 2006/07 onwards

### Summary of all Clinical Indicators

#### Asthma

Indicator	Points	Payment stages
<b>Records</b>		
ASTHMA 1. The practice can produce a register of patients with asthma, excluding patients with asthma who have been prescribed no asthma-related drugs in the previous twelve months	4	
<b>Initial management</b>		
ASTHMA 8. The percentage of patients aged eight and over diagnosed as having asthma from 1 April 2006 with measures of variability or reversibility	15	40-80%
<b>Ongoing management</b>		
ASTHMA 3. The percentage of patients with asthma between the ages of 14 and 19 in whom there is a record of smoking status in the previous 15 months	6	40-80%
ASTHMA 6. The percentage of patients with asthma who have had an asthma review in the previous 15 months	20	40-70%

## Summary of all Clinical Indicators

### Atrial Fibrillation

<b>Indicator</b>	<b>Points</b>	<b>Payment Stages</b>
<b>Records</b>		
AF1: The practice can produce a register of patients with atrial fibrillation.	5	
<b>Initial diagnosis</b>		
AF2: The percentage of patients with atrial fibrillation diagnosed after 1 April 2006 with ECG or specialist confirmed diagnosis.	10	40-90%
<b>Ongoing management</b>		
AF3: The percentage of patients with atrial fibrillation who are currently treated with anti-coagulation drug therapy or an anti-platelet therapy.	15	40-90%

## Summary of all Clinical Indicators

### Cancer

<b>Indicator</b>	<b>Points</b>	<b>Payment stages</b>
<b>Records</b>		
CANCER 1. The practice can produce a register of all cancer patients defined as a 'register of patients with a diagnosis of cancer excluding non-melanotic skin cancers from 1 April 2003'	5	
<b>Ongoing management</b>		
CANCER 3. The percentage of patients with cancer, diagnosed within the last 18 months who have a patient review recorded as occurring within 6 months of the practice receiving confirmation of the diagnosis	6	40-90%

## Summary of all Clinical Indicators

### Chronic Kidney Disease

<b>Indicator</b>	<b>Points</b>	<b>Payment stages</b>
<b>Records</b>		
CKD1: The practice can produce a register of patients aged 18 years and over with CKD (US National Kidney Foundation: Stage 3 to 5 CKD)	6	
<b>Initial management</b>		
CKD2: The percentage of patients on the CKD register whose notes have a record of blood pressure in the previous 15 months	6	40-90%
<b>Ongoing management</b>		
CKD3: The percentage of patients on the CKD register in whom the last blood pressure reading, measured in the previous 15 months, is 140/85 or less	11	40-70%
CKD4: The percentage of patients on the CKD register with hypertension who are treated with an angiotensin converting enzyme inhibitor (ACE-I) or angiotensin receptor blocker (ARB) (unless a contraindication or side effects are recorded)	4	40-80%

## Summary of all Clinical Indicators

### Chronic Obstructive Pulmonary Disease

<b>Indicator</b>	<b>Points</b>	<b>Payment Stages</b>
<b>Records</b>		
COPD 1. The practice can produce a register of patients with COPD	3	
<b>Initial diagnosis</b>		
COPD 9. The percentage of all patients with COPD in whom diagnosis has been confirmed by spirometry including reversibility testing	10	40-80%
<b>Ongoing management</b>		
COPD 10. The percentage of patients with COPD with a record of FeV1 in the previous 15 months	7	40-70%
COPD 11. The percentage of patients with COPD receiving inhaled treatment in whom there is a record that inhaler technique has been checked in the previous 15 months	7	40-90%
COPD 8. The percentage of patients with COPD who have had influenza immunisation in the preceding 1 September to 31 March	6	40-85%

## Summary of All Clinical Indicators

### Secondary Prevention of Coronary Heart Disease

Indicator	Points	Payment Stages
<b>Records</b>		
CHD 1. The practice can produce a register of patients with coronary heart disease	4	
<b>Diagnosis and initial management</b>		
CHD 2. The percentage of patients with newly diagnosed angina (diagnosed after 1 April 2003) who are referred for exercise testing and/or specialist assessment	7	40-90%
<b>Ongoing management</b>		
CHD 5. The percentage of patients with coronary heart disease whose notes have a record of blood pressure in the previous 15 months	7	40-90%
CHD 6. The percentage of patients with coronary heart disease in whom the last blood pressure reading (measured in the previous 15 months) is 150/90 or less	19	40-70%
CHD 7. The percentage of patients with coronary heart disease whose notes have a record of total cholesterol in the previous 15 months	7	40-90%
CHD 8. The percentage of patients with coronary heart disease whose last measured total cholesterol (measured in the previous 15 months) is 5 mmol/l or less	17	40-70%
CHD 9. The percentage of patients with coronary heart disease with a record in the previous 15 months that aspirin, an alternative anti-platelet therapy, or an anti-coagulant is being taken (unless a contraindication or side-effects are recorded)	7	40-90%
CHD 10. The percentage of patients with coronary heart disease who are currently treated with a beta blocker (unless a contraindication or side-effects are recorded)	7	40-60%
CHD 11. The percentage of patients with a history of myocardial infarction (diagnosed after 1 April 2003) who are currently treated with an ACE inhibitor or Angiotensin II antagonist	7	40-80%
CHD 12. The percentage of patients with coronary heart disease who have a record of influenza immunisation in the preceding 1 September to 31 March	7	40-90%

## Summary of all Clinical Indicators

### Dementia

<b>Indicator</b>	<b>Points</b>	<b>Payment Stages</b>
<b>Records</b>		
DEM1: The practice can produce a register of patients diagnosed with dementia	5	
<b>Ongoing management</b>		
DEM2: The percentage of patients diagnosed with dementia whose care has been reviewed in the previous 15 months	15	25-60%

## Summary of all Clinical Indicators

### Depression

<b>Indicator</b>	<b>Points</b>	<b>Payment Stages</b>
<b>Diagnosis and initial management</b>		
DEP1: The percentage of patients on the diabetes register and /or the CHD register for whom case finding for depression has been undertaken on one occasion during the previous 15 months using two standard screening questions	8	40-90%
DEP2: In those patients with a new diagnosis of depression, recorded between the preceeding1 April to 31 March, the percentage of patients who have had an assessment of severity at the outset of treatment using an assessment tool validated for use in primary care	25	40-90%

## Summary of all Clinical Indicators

### Diabetes Mellitus

Indicator	Points	Payment Stages
<b>Records</b>		
DM 19. The practice can produce a register of all patients aged 17 years and over with diabetes mellitus, which specifies whether the patient has Type 1 or Type 2 diabetes.	6	
<b>Ongoing management</b>		
DM 2. The percentage of patients with diabetes whose notes record BMI in the previous 15 months	3	40-90%
DM 5. The percentage of diabetic patients who have a record of HbA <sub>1c</sub> or equivalent in the previous 15 months	3	40-90%
DM 20. The percentage of patients with diabetes in whom the last HbA <sub>1c</sub> is 7.5 or less (or equivalent test/reference range depending on local laboratory) in the previous 15 months	17	40-50%
DM 7. The percentage of patients with diabetes in whom the last HbA <sub>1c</sub> is 10 or less (or equivalent test/reference range depending on local laboratory) in the previous 15 months	11	40-90%
DM 21. The percentage of patients with diabetes who have a record of retinal screening in the previous 15 months	5	40-90%
DM 9. The percentage of patients with diabetes with a record of the presence or absence of peripheral pulses in the previous 15 months	3	40-90%
DM 10. The percentage of patients with diabetes with a record of neuropathy testing in the previous 15 months	3	40-90%
DM 11. The percentage of patients with diabetes who have a record of the blood pressure in the previous 15 months	3	40-90%
DM 12. The percentage of patients with diabetes in whom the last blood pressure is 145/85 or less	18	40-60%
DM 13. The percentage of patients with diabetes who have a record of micro-albuminuria testing in the previous 15 months (exception reporting for patients with proteinuria)	3	40-90%
DM 22. The percentage of patients with diabetes who have a record of estimated glomerular filtration rate (eGFR) or serum creatinine testing in the previous 15 months	3	40-90%
DM 15. The percentage of patients with diabetes with a diagnosis of proteinuria or micro-albuminuria who are treated with ACE inhibitors (or A2 antagonists)	3	40-80%
DM 16. The percentage of patients with diabetes who have a record of total cholesterol in the previous 15 months	3	40-90%
DM 17. The percentage of patients with diabetes whose last measured total cholesterol within previous 15 months is 5 mmol/l or less	6	40-70%
DM 18. The percentage of patients with diabetes who have had influenza immunisation in the preceding 1 September to 31 March.	3	40-85%

## Summary of all Clinical Indicators

### Epilepsy

<b>Indicator</b>	<b>Points</b>	<b>Payment Stages</b>
<b>Records</b>		
EPILEPSY 5. The practice can produce a register of patients aged 18 and over receiving drug treatment for epilepsy	1	
<b>Ongoing management</b>		
EPILEPSY 6. The percentage of patients age 18 and over on drug treatment for epilepsy who have a record of seizure frequency in the previous 15 months	4	40-90%
EPILEPSY 7. The percentage of patients age 18 and over on drug treatment for epilepsy who have a record of medication review involving the patient and/or carer in the previous 15 months	4	40-90%
EPILEPSY 8. The percentage of patients age 18 and over on drug treatment for epilepsy who have been seizure free for the last 12 months recorded in the previous 15 months	6	40-70%

## Summary of all Clinical Indicators

### Heart Failure

Indicator	Points	Payment stages
<b>Records</b>		
HF1: The practice can produce a register of patients with heart failure.	4	
<b>Initial diagnosis</b>		
HF2: The percentage of patients with a diagnosis of heart failure (diagnosed after 1 April 2006) which has been confirmed by an echocardiogram or by specialist assessment.	6	40-90%
<b>Ongoing management</b>		
HF3: The percentage of patients with a current diagnosis of heart failure due to LVD who are currently treated with an ACE inhibitor or Angiotensin Receptor Blocker, who can tolerate therapy and for whom there is no contra-indication.	10	40-80%

## Summary of all Clinical Indicators

### Hypertension

<b>Indicator</b>	<b>Points</b>	<b>Payment Stages</b>
<b>Records</b>		
BP 1. The practice can produce a register of patients with established hypertension	6	
<b>Ongoing management</b>		
BP 4. The percentage of patients with hypertension in whom there is a record of the blood pressure in the previous 9 months	20	40-90%
BP 5. The percentage of patients with hypertension in whom the last blood pressure (measured in the previous 9 months) is 150/90 or less	57	25-70%

## Summary of all Clinical Indicators

### Hypothyroid

<b>Indicator</b>	<b>Points</b>	<b>Payment stages</b>
<b>Records</b>		
THYROID 1. The practice can produce a register of patients with hypothyroidism	1	
<b>Ongoing management</b>		
THYROID 2. The percentage of patients with hypothyroidism with thyroid function tests recorded in the previous 15 months	6	40-90%

## Summary of all Clinical Indicators

### Learning Disabilities

<b>Indicator</b>	<b>Points</b>	<b>Payment Stages</b>
<b>Records</b>		
The practice can produce a register of patients with learning disabilities	4	NA

## Summary of all Clinical Indicators

### Mental Health

<b>Indicator</b>	<b>Points</b>	<b>Payment stages</b>
<b>Records</b>		
MH 8. The practice can produce a register of people with schizophrenia, bipolar disorder and other psychoses	4	
<b>Ongoing management</b>		
MH 9. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses with a review recorded in the preceding 15 months. In the review there should be evidence that the patient has been offered routine health promotion and prevention advice appropriate to their age, gender and health status	23	40-90%
MH 4. The percentage of patients on lithium therapy with a record of serum creatinine and TSH in the preceding 15 months	1	40-90%
MH 5. The percentage of patients on lithium therapy with a record of lithium levels in the therapeutic range within the previous 6 months	2	40-90%
MH6: The percentage of patients on the register who have a comprehensive care plan documented in the records agreed between individuals, their family and/or carers as appropriate	6	25-50%
MH7: The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who do not attend the practice for their annual review who are identified and followed up by the practice team within 14 days of non-attendance	3	40-90%

## Summary of all Clinical Indicators

### Obesity

Indicator	Points	Payment Stages
<b>Records</b>		
OB1: The practice can produce a register of patients aged 16 and over with a BMI greater than or equal to 30 in the previous 15 months.	8	

## Summary of all Clinical Indicators

### Palliative Care

<b>Indicator</b>	<b>Points</b>	<b>Payment Stages</b>
<b>Records</b>		
PC1: The practice has a complete register available of all patients in need of palliative care/support.	3	
<b>Ongoing management</b>		
PC2: The practice has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed.	3	

## Summary all Clinical Indicators

### Smoking Indicators

Indicator	Points	Payment Stages
<b>Ongoing management</b>		
Smoking 1: The percentage of patients with any or any combination of the following conditions: coronary heart disease, stroke or TIA, hypertension, diabetes, COPD or asthma whose notes record smoking status in the previous 15 months. Except those who have never smoked where smoking status need only be recorded once since diagnosis	33	40-90%
Smoking 2: The percentage of patients with any or any combination of the following conditions: coronary heart disease, stroke or TIA, hypertension, diabetes, COPD or asthma who smoke whose notes contain a record that smoking cessation advice or referral to a specialist service, where available, has been offered within the previous 15 months	35	40-90%

## Summary of all Clinical Indicators

### Stroke and TIA

<b>Indicator</b>	<b>Points</b>	<b>Payment Stages</b>
<b>Records</b>		
STROKE 1. The practice can produce a register of patients with Stroke or TIA	2	
STROKE 11. The percentage of new patients with a stroke who have been referred for further investigation.	2	40-80%
<b>Ongoing management</b>		
STROKE 5. The percentage of patients with TIA or stroke who have a record of blood pressure in the notes in the preceding 15 months	2	40-90%
STROKE 6. The percentage of patients with a history of TIA or stroke in whom the last blood pressure reading (measured in the previous 15 months) is 150/90 or less	5	40-70%
STROKE 7. The percentage of patients with TIA or stroke who have a record of total cholesterol in the last 15 months	2	40-90%
STROKE 8. The percentage of patients with TIA or stroke whose last measured total cholesterol (measured in the previous 15 months) is 5 mmol/l or less	5	40-60%
STROKE 12. The percentage of patients with a stroke shown to be non-haemorrhagic, or a history of TIA, who have a record that an anti-platelet agent (aspirin, clopidogrel, dipyridamole or a combination), or an anti-coagulant is being taken (unless a contraindication or side-effects are recorded)	4	40-90%
STROKE 10. The percentage of patients with TIA or stroke who have had influenza immunisation in the preceding 1 September to 31 March	2	40-85%

## Summary of all Organisational Indicators

### Records and Information about Patients (A)

<b>Indicator</b>	<b>Points</b>
RECORDS 3: The practice has a system for transferring and acting on information about patients seen by other doctors out of hours	1
RECORDS 8: There is a designated place for the recording of drug allergies and adverse reactions in the notes and these are clearly recorded	1
RECORDS 9: For repeat medicines, an indication for the drug can be identified in the records (for drugs added to the repeat prescription with effect from 1 April 2004). Minimum Standard 80%	4
RECORDS 11: The blood pressure of patients aged 45 and over is recorded in the preceding 5 years for at least 55% of patients	10
RECORDS 13: There is a system to alert the out-of-hours service or duty doctor to patients dying at home	2
RECORDS 15: The practice has up-to-date clinical summaries in at least 60% of patient records	25
RECORDS 17: The blood pressure of patients aged 45 and over is recorded in the preceding 5 years for at least 75% of patients	5
RECORDS 18: The practice has up-to-date clinical summaries in at least 80% of patient records	8
RECORDS 19: 80% of newly registered patients have had their notes summarised within 8 weeks of receipt by the practice	7
RECORDS 20: The practice has up-to-date clinical summaries in at least 70% of patient records	12
RECORDS 21: Ethnic origin is recorded for 100% of new registrations	1
RECORDS 22: The percentage of patients aged over 15 years whose notes record smoking status in the past 27 months, except those who have never smoked where smoking status need be recorded only once (payment stages 40 – 90%)	11

## Summary of all Organisational Indicators

### Information for Patients (B)

Indicator	Points
INFO 3: The practice has arrangements for patients to speak to GPs and nurses on the telephone during the working day	1
INFO 4: If a patient is removed from a practice's list, the practice provides an explanation of the reasons in writing to the patient and information on how to find a new practice, unless it is perceived that such an action would result in a violent response by the patient	1
INFO 5: The practice supports smokers in stopping smoking by a strategy which includes providing literature and offering appropriate therapy	2
INFO 7: Patients are able to access a receptionist via telephone and face to face in the practice, for at least 45 hours over 5 days, Monday to Friday, except where agreed with the PCO	1.5

## Summary of all Organisational Indicators

### Education and Training (C)

Indicator	Points
EDU 1: There is a record of all practice-employed clinical staff having attended Training/updating in basic life support skills in the preceding 18 months	4
EDU 4: All new staff receive induction training	3
EDU 5: There is a record of all practice-employed staff having attended training/updating in basic life support skills in the preceding 36 months	3
EDU 6: The practice conducts an annual review of patient complaints and suggestions to ascertain general learning points which are shared with the team	3
EDU 7: The practice has undertaken a minimum of twelve significant event reviews in the past 3 years which include (if these have occurred): <ul style="list-style-type: none"> <li>• Any death occurring in the practice premises</li> <li>• Two new cancer diagnoses</li> <li>• Two deaths where terminal care has taken place at home</li> <li>• One patient complaint</li> <li>• One suicide</li> <li>• One section under the Mental Health Act</li> </ul>	4
EDU 8: All practice-employed nurses have personal learning plans which have been reviewed at annual appraisal	3
EDU 9: All practice-employed non-clinical team members have an annual appraisal	3
EDU 10: The practice has undertaken a minimum of three significant event reviews within the last year	6

## Summary of all Organisational Indicators

### Practice Management (D)

Indicator	Points
MGMT 1: Individual healthcare professionals have access to information on local procedures relating to Child Protection	1
MGMT 2: There are clearly defined arrangements for backing up computer data, back-up verification, safe storage of back-up tapes and authorisation for loading programmes where a computer is used	1
MGMT 3: The Hepatitis B status of all doctors and relevant practice-employed staff is recorded and immunisation recommended if required in accordance with national guidance	0.5
MGMT 4: The arrangements for instrument sterilisation comply with national guidelines as applicable to primary care	1
MGMT 5: The practice offers a range of appointment times to patients, which as a minimum should include morning and afternoon appointments five mornings and four afternoons per week, except where agreed with the PCO	3
MGMT 6: Person specifications and job descriptions are produced for all advertised vacancies	2
MGMT 7: The practice has systems in place to ensure regular and appropriate inspection, calibration, maintenance and replacement of equipment including: <ul style="list-style-type: none"> <li>• A defined responsible person</li> <li>• Clear recording</li> <li>• Systematic pre-planned schedules</li> <li>• Reporting of faults</li> </ul>	3
MGMT 8: The practice has a policy to ensure the prevention of fraud and has defined levels of financial responsibility and accountability for staff undertaking financial transactions (accounts, payroll, drawings, payment of invoices, signing cheques, petty cash, pensions, superannuation etc.)	1
MGMT 9: The practice has a protocol for the identification of carers and a mechanism for the referral of carers for social services assessment	3
MGMT 10: There is a written procedures manual that includes staff employment policies including equal opportunities, bullying and harassment and sickness absence (including illegal drugs, alcohol and stress), to which staff have access	2

## Summary of all Organisational Indicators

### Medicines Management (E)

Indicator	Points
MED 2: The practice possesses the equipment and in-date emergency drugs to treat anaphylaxis	2
MED 3: There is a system for checking the expiry dates of emergency drugs on an annual Basis	2
MED 4: The number of hours from requesting a prescription to availability for collection by the patient is 72 hours or less (excluding weekends and bank/local holidays)	3
MED 6: The practice meets the PCO prescribing adviser at least annually and agrees up to three actions related to prescribing	4
MED 7: Where the practice has responsibility for administering regular injectable neuroleptic medication, there is a system to identify and follow up patients who do not attend	4
MED 8: The number of hours from requesting a prescription to availability for collection by the patient is 48 hours or less (excluding weekends and bank/local holidays)	6
MED 10: The practice meets the PCO prescribing adviser at least annually, has agreed up to three actions related to prescribing and subsequently provided evidence of change	4
MED 11: A medication review is recorded in the notes in the preceding 15 months for all patients being prescribed four or more repeat medicines. Standard 80%	7
MED 12: A medication review is recorded in the notes in the preceding 15 months for all patients being prescribed repeat medicines. Standard 80%	8

## **SECTION 4: PATIENT EXPERIENCE**

### **Summary of all Patient Experience Indicators**

<b>Indicator</b>	<b>Points</b>
<p><b>PE 1: Length of Consultations</b></p> <p>The length of routine booked appointments with the doctors in the practice is not less than 10 minutes. [If the practice routinely sees extras during booked surgeries, then the average booked consultation length should allow for the average number of extras seen in a surgery session. If the extras are seen at the end, then it is not necessary to make this adjustment.]</p> <p>For practices with only an open surgery system, the average face-to-face time spent by the GP with the patient is at least 8 minutes.</p> <p>Practices that routinely operate a mixed economy of booked and open surgeries should report on both criteria. The practice possesses the equipment and in-date emergency drugs to treat anaphylaxis</p>	33
<p><b>PE 2: Patient Surveys (1)</b></p> <p>The practice will have undertaken an approved patient survey each year.</p>	25
<p><b>PE 5 Patient Surveys (2)</b></p> <p>The practice will have undertaken a patient survey each year and, having reflected on the results, will produce an action plan that:</p> <ol style="list-style-type: none"> <li>1. Summarises the findings of the survey.</li> <li>2. Summarises the findings of the previous year's survey.</li> <li>3. Reports on the activities undertaken in the past year to address patient experience issues.</li> </ol>	20
<p><b>PE 6 Patient Surveys (3)</b></p> <p>The practice will have undertaken a patient survey each year and, having reflected on the results, will produce an action plan that:</p> <ol style="list-style-type: none"> <li>1. Sets priorities for the next 2 years.</li> <li>2. Describes how the practice will report the findings to patients (for example, posters in the practice, a meeting with a patient practice group or a PCO approved patient representative).</li> <li>3. Describes the plans for achieving the priorities, including indicating the lead person in the practice.</li> <li>4. Considers the case for collecting additional information on patient experience, for example through surveys of patients with specific illnesses, or consultation with a patient group.</li> </ol>	30

## **SECTION 5: ADDITIONAL SERVICES**

### **Summary of all Additional Services Indicators**

For practices providing additional services the following organisational indicators will apply.

#### **Cervical Screening (CS)**

<b>Indicator</b>	<b>Points</b>
CS 1: The percentage of patients aged from 25 to 64 (in Scotland from 21 to 60) whose notes record that a cervical smear has been performed in the last five years Standard 40 – 80%	11
CS 5: The practice has a system for informing all women of the results of cervical smears annual basis	2
CS 6: The practice has a policy for auditing its cervical screening service, and performs an audit of inadequate cervical smears in relation to individual smear-takers at least every 2 years	2
CS 7: The practice has a protocol that is in line with national guidance and practice for the management of cervical screening, which includes staff training, management of patient call/recall, exception reporting and the regular monitoring of inadequate smear	7

#### **Child Health Services (CHS)**

<b>Indicator</b>	<b>Points</b>
CHS 1: Child development checks are offered at the intervals agreed in local or national guidelines and problems are followed up MED 8: The number of hours from requesting a prescription to availability for collection by the patient is 48 hours or less (excluding weekends and bank/local holidays)	6

#### **Maternity Services (MAT)**

<b>Indicator</b>	<b>Points</b>
MAT 1: Ante-natal care and screening are offered according to current local guidelines	6

#### **Contraceptive Services (CON)**

<b>Indicator</b>	<b>Points</b>
CON 1: The team has a written policy for responding to requests for emergency contraception	1
CON 2: The team has a policy for providing pre-conceptual advice	1