KISS: QoF Indicator Changes For 2019/2020 - Overview

A five-year framework for GP contract reform Jan 2019

- The 2019/20 contract changes represent the biggest shake up of QoF since it began in 2004 in recognition of 3 weaknesses of QoF - it can often feel like 'tick-box medicine'; exception reporting is too crude; QoF has been slow to adapt to the changing evidence base
- In summary it does not always support individualised, patient-centred, evidence based care
- Of the 559 points currently in operation **175 points (31%) will be retired**; these 28 indicators either (a) do not now align with national evidence-based guidance; or (b) have poor measurement properties; or (c) are now viewed as a core professional responsibility
- **101 points will be recycled into 15 more clinically appropriate indicators** in 5 areas:
    - **Aligning BP targets with NICE guidance** - in recognition of the current evidence base supporting lower targets for many patients
    - **Reducing iatrogenic harm/improving outcomes in diabetes** - the current indicators encourage a 'one-size-fits-all' approach, simultaneously risking both under treatment of fitter younger patients with newer diagnoses and over-treating frailer patients; the new indicators seek to address this discrepancy and focus on more individualised care as recommended by all diabetic guidelines
    - **Supporting age-appropriate cervical screening** - bringing QoF into alignment with National Screening Committee recommendations
    - Offering **pulmonary rehabilitation for patients with COPD**
    - **Improving physical health care for people with severe mental illness** - with a particular focus on weight management
- The **remaining 74 points** will be used to create **2 new Quality Improvement Modules**; the topics will change each year but for 2019/20 the modules will cover:
    - **Prescribing safety** - focussing on NSAID prescribing, lithium monitoring and women being prescribed valproate; it is hoped the national roll-out of pharmacists in General Practices and IT interventions for medical errors (e.g. PINCER) will help support this
    - **End-of-life care** - aiming for early recognition of those in the last months of life, improving care co-ordination and better support for family and carers
    - See our chapters on Prescribing Safety and End of Life Care for more detail
- **Exception reporting will be changed to 'Personalised-Care Adjustment'**; this is in recognition that the current exception reporting rules are too blunt and that exception reporting has been unhelpfully equated to poor quality care - whilst that may be the case in some circumstances, in many circumstances it is the only way we can reduce treatment burdens and reduce the risk of over-treatment and iatrogenic harm. Practices can now remove patients from an indicator denominator on the basis of **5 more specific reasons**:
    - **Unsuitability** e.g. medicine intolerance or contra-indicated polypharmacy
    - **Patient choice** e.g. after shared decision making, to support personalised care and reduce over-medicalisation
    - **Did not respond to offers of care**
    - **Specific service is not available**; In relation to a limited number of indicators
    - **Newly diagnosed or newly registered patients** (as per existing rules)

KISS: QoF Indicator Changes For 2019/2020 - New Indicators

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Clin Area/ Indicator	Wording	Pts	Payment Threshold
Cervical Screen CS005	The proportion of women eligible for screening aged 25-49 years whose notes record that an adequate cervical screening test has been performed in the preceding 3 years and 6 months	7	45-80%
Cervical Screen CS006	The proportion of women eligible for screening aged 50-64 years whose notes record that an adequate cervical screening test has been performed in the previous 5 years and 6 months	4	45-80%
COPD 008	The % of patients with COPD and MRC dyspnoea scale ≥3 at any time in the preceding 12 months, with a subsequent record of an offer of referral to a pulmonary rehabilitation programme	2	40-90%
Diabetes DM019	The % of patients with diabetes without moderate or severe frailty, with BP ≤140/80 (measured in the preceding 12 months)	10	38-78%
Diabetes DM020	The % of patients with diabetes, without moderate or severe frailty with IFCC-HbA1c ≤58 mmol/mol in preceding 12 months	17	35-75%
Diabetes DM021	The % of patients with diabetes with moderate or severe frailty, with IFCC-HbA1c ≤75 mmol/mol in the preceding 12 months	10	52-92%
Diabetes DM022	The % of patients with diabetes aged ≥40, with no history of CVD and without moderate or severe frailty, who are currently treated with a statin (excluding patients with type 2 diabetes and a CVD risk score of <10% recorded in the preceding 3 yrs)	4	50-90%
Diabetes DM023	The % of patients with diabetes and a history of CVD (excluding haemorrhagic stroke) who are currently treated with a statin	2	50-90%
Hyp'tsion HYP003	The % of patients aged ≤79 years with hypertension with last BP reading ≤140/90 (measured in the preceding 12 months)	14	TBC
Hyp'tsion HYP007	The % of patients aged ≥80 years with hypertension with last BP reading ≤150/90 (measured in the preceding 12 months)	5	TBC
Ment Health MH006	The % of patients with schizophrenia, bipolar affective disorder and other psychoses with a record of BMI in the last 12 months	4	50-90%
CHD008	The % of patients aged ≤79 years with CHD with last BP reading ≤140/90 (measured in the preceding 12 months)	12	TBC
CHD009	The % of patients aged ≥80 years with CHD with last BP reading ≤150/90 (measured in the preceding 12 months)	5	TBC
Stroke/TIA STIA010	% of patients aged ≤79 years with a history of stroke or TIA with last BP reading ≤140/90 (measured in preceding 12 months)	3	TBC
Stroke/TIA STIA011	The % of patients ≥80 years with a history of stroke or TIA with last BP reading ≤150/90 (measured in the preceding 12 months)	2	TBC
QI001	Demonstrate continuous QI activity focused upon prescribing safety as specified in the QOF guidance	27	N/A
QI002	Participate in network activity to regularly share/discuss learning from QI activity as specified in the QOF guidance; usually includes participating in a minimum of 2 peer review meetings	10	N/A
QI003	Demonstrate continuous QI activity focused on end of life care as specified in the QOF guidance	27	N/A
QI004	Participate in network activity to regularly share/discuss learning from QI activity as specified in the QOF guidance; usually includes participating in a minimum of 2 peer review meetings	10	N/A