## KISS: QOF Indicator Changes 2020/21

Based on: BMA/NHSE GP contract agreement February 2020

## Summary of QOF indicator changes from April 2020:

Medical education

- Recycled 97 points into 11 more clinically appropriate indicators bringing total points to 567.
- Asthma Domain:
  - Use of a minimum of two diagnostic tests to confirm an asthma diagnosis.
  - Change in annual asthma review to remove the use of the 3 RCP asthma questions and incorporate assessment of asthma control using validated questionnaires, recording of number of exacerbations, and provision of a written personalised asthma action plan.
  - Record smoking exposure (as well as personal use) in children and young people under < 19 years.
- COPD Domain:
  - Annual review to include recording of number of exacerbations.
- Heart failure Domain:
  - An annual review indicator to provide a focus upon functional assessment and the up-titration of medication to maximal tolerated doses.
- New indicators:
  - Offer an annual HbA1c test for people known to have non-diabetic hyperglycaemia.
- QI Modules on prescribing safety and end of life care replaced with 2 new QI modules:
  - Supporting early cancer diagnosis aims to improve participation in breast, cervical and bowel cancer screening programmes, as well as improve referral and safety netting for patients suspected of having cancer (further info available in latest Hot Topics book/courses Autumn/Winter 2020).
  - Care of people with Learning Disabilities aims to promote increased uptake of annual health checks, optimise medications, improve recording of reasonable adjustments and improve engagement with community resources and social prescribing to maintain health and wellbeing. For further detail including KISS summary <u>click</u> <u>here</u>.

| Area/Indicator         | Agreed new wording for patients on the register after 1.4.20  | Points | Payment<br>threshold |
|------------------------|---|--------|----------------------|
| Asthma<br>AST005       | Establish and maintain a register of patients with asthma <b>aged</b> ≥ 6 <b>years or over</b>  | 4      | N/A                  |
| Asthma<br>AST006       | Record of spirometry <b>and one other objective test</b> (FeNO or reversibility or variability) between 3 months before or <b>6 months after</b> diagnosis  | 15     | 45-80%               |
| Asthma<br>AST007       | % of patients on asthma register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using a <b>validated asthma control questionnaire</b> , a recording of the <b>number of exacerbations</b> , an assessment of inhaler technique and a <b>written personalised action plan</b> | 20     | 40-70%               |
| Asthma<br>AST008       | % of patients on asthma register aged < 19 in whom there is a record of either personal smoking status or <b>exposure to second-hand smoke</b> in the preceding 12 months   | 6      | 45-80%               |
| COPD<br>COPD009        | Establish and maintain a register of people with COPD whose diagnosis has been confirmed by bronchodilator spirometry FEV1/FVC ratio < 0.7 between 3 months before or 6 months after diagnosis, and patients with a clinical diagnosis of COPD who are unable to undertake spirometry   | 8      | N/A                  |
| COPD<br>COPD010        | % of patients on COPD register, who have had a review in the preceding 12 months, including a <b>record of the number of exacerbations</b> and an assessment of breathlessness using the MRC dyspnoea scale   | 9      | 50-90%               |
| Heart Failure<br>HF005 | % of patients with HF diagnosis confirmed by an echocardiogram or by specialist assessment between 3 months before or <b>6 months after</b> entering on to the register   | 6      | 50-90%               |

| Area/Indicator | Agreed new wording for patients on the register after 1.4.20   |    | Payment threshold |
|----------------|--|----|-------------------|
| HF007          | % of patients with HF who had a review in the preceding 12 months, including<br>an assessment of functional capacity and a review of medication to ensure<br>medicines optimisation at maximum tolerated doses | 7  | 50-90%            |
|                | % of patients with non-diabetic hyperglycaemia who have had an HbA1c or FPG test in the preceding 12 months  | 18 | 50-90%            |

## Then COVID hit...where are we now? BMA QOF guidance NHSE update 9.7.20 PHE Flu update 5.8.20

| Area                              | 2020/21<br>agreement | COVID<br>adjustment | Notes  |
|-----------------------------------|----------------------|---------------------|--|
| Income<br>protected<br>indicators | 339                  | 310                 | <b>Payments protected</b> - Practices to determine patient prioritisation but still make efforts to deliver against these indicators.  |
| Quality<br>Improvement            | 74                   | 74                  | <b>Simplified</b> - see below. Peer network support for delivery and sharing of best practice to continue through PCNs.  |
| Immunisation<br>and<br>Screening  | 29                   | 58                  | <b>Modified</b> - points doubled for cervical screening and flu vaccination to incorporate expanded flu delivery (see below). Points will be weighted differently with Practices accruing a higher number of points at the lower threshold, with remaining points achieved in a linear manner between upper and lower threshold. |
| Disease<br>registers              | 81                   | 81                  | <b>No change</b> - points conditional on maintaining registers and disease prevalence.   |
| Prescribing indicators            | 44                   | 44                  | <b>No change</b> - 8 indicators which support optimising pharmacological management of patients with specific conditions will remain conditional upon performance.   |

On <u>9th July NHSE published an update to GP contracts</u>, including a recognition *'that practices will need to reprioritise aspects of care not related to Covid-19 and we intend to modify the QOF requirements for 2020/21 to support this'*, with the aim that by guaranteeing financial support and temporarily reducing the current QOF requirements, it will release capacity in general practice to focus on COVID recovery and support those patients most in need of long-term condition management support. In summary, **practices will be asked to**:

- Focus on early cancer diagnosis and care of people with a learning disability in the QI domain but that the requirements will be recast to focus upon restoring care delivery. Payment will be conditional on practices working to these revised requirements details yet to be published.
- Maintain accurate disease registers, prescribing indicators and the delivery of cervical screening indicators, with rate of delivery expected to be as close as possible to normal performance.
- Focus upon care delivery to those **patients at greatest risk of harm from Covid-19**, uncontrolled long term condition parameters and those with a history of missing reviews.
- Gear up for a major expansion of the winter flu programme:
  - Vaccinations offered in addition to:

Medical education

- $\circ$  Household contacts of those on the NHS Shielded Patient List.
- Children of school Year 7 age in secondary schools (those aged 11 on 31 August 2020).
- Social care workers employed through personal budgets.
- $\,\circ\,$  Further extension in Nov/Dec to include the 50-64 year-old age group subject to vaccine supply.
- Focus on **ensuring equality of access** especially for those who are living in the most deprived areas and those from BAME communities who are more at risk from COVID-19 and flu.
- Focus on ensuring all frontline health and social care workers receive a vaccination this season this should be provided by their employers.