

Dear Colleagues

### QOF 2020/21 guidance

As colleagues will be aware, NHS England agreed months ago that the 2020/21 QOF would need to be amended to reflect the impact of Covid19 on General Practice. This anticipated guidance has now been published and is sent as an accompanying document to this LMC update to practices.

I am writing to highlight the key themes within the QOF arrangements; colleagues should refer to the NHS England/BMA letter for further details. At present, but clearly dependent on evolving circumstances, it is planned that 'normal' QOF arrangements will apply for the 2021/22 financial year: the changes during 2020/21 will be reflected in an amended Statement of Financial Entitlements (SFE) for this financial year which will be published shortly.

This year QOF will be divided into three elements.

- 1 Indicators that will be reimbursed based on practice performance; these will represent 183 points in total and the QOF point value of some indicators (being the four flu indicators and two cervical screening indicators) is doubled
- 2 The Quality Improvement (QI) domain is being amended to focus on restoration of services and care delivery in relation to the previously agreed topics of Learning Disability and Early Cancer Diagnosis. The QOF value of 74 points is unchanged.
- 3 The remaining 310 points will be subject to income protection based on historic performance and practices agreeing to a population stratification approach to QOF with their CCG

The total value of QOF remains unchanged at 567 points

### 1) Recorded Practice Performance Indicators for 2020/21

#### A) Flu Vaccination and Cervical Screening

Indicator	Points Allocation 2020/21	Payment Threshold	Lower Threshold Accrual
CS005	14	45 – 80%	3
CS006	8	45 – 80%	1
COPD007	12	57 – 97%	3
DM018	6	55 – 95%	2
STIA009	4	55 – 95%	1
CHD007	14	56 – 96%	3

Total QOF points 58

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The payment formula has been amended so it no longer runs on a linear scale from 0 points to maximum points between the lower and upper payments thresholds; instead practices will accrue a greater number of points immediately they achieve the lower threshold scale (indicated by LS\* points number above) and the remaining points are then available on a linear basis relating to the lower and upper thresholds.

**B) Disease registers are to be maintained under current arrangements** (81 points) and on-going accuracy will be assessed on the basis of 2019/20 levels, but only on an exception basis, that is, this will not be assessed for all practices.

**C) Prescribing Indicators** (44 points) being the current AF007, CHD005, HF003, HF006, STIA007, DM006, DM022, DM023

## **2)Quality Improvement Domain**

The focus in both domain areas is now for practices to consider actions that support the restoration of care delivery in the previously announced topic areas of early cancer diagnosis and care of people with a learning disability.

The accompanying letter suggests that as part of the QI process practices could, as suggestions:-

### **Early Diagnosis of Cancer**

- Focus on restoring the cervical screening programme to their registered population
- Encourage the building of confidence amongst the public in using General Practice services
- Monitor cancer referral rates and any differences compared with pre-Covid19 levels [although this may be affected by changes in referral pathways]
- Review practice 'safety netting' procedures

### **Care of Patients with a Learning Disability**

- Review and update current LD registers
- Restore, where appropriate, undertaking LD Health Checks
- Ensure patients with a LD receiving flu immunisations
- Consider the practices provision of 'reasonable adjustments' under the Equality Act
- Review relevant DNACPR decisions

Practices are encouraged to access information from, for example, their local Cancer Alliance and the RCGP is developing resources to support these QI modules

## **3)Income Protected Indicators**

For the remaining 310 points practices will be offered historic income protection, on the basis that they agree to focus care delivery on patients who are identified as:

- Having a higher risk of illness from Covid19 if infected
- Having parameters suggestive of poorly or uncontrolled long term conditions
- Having a history of missing reviews

These indicators will continue to be monitored via CQRS but this will not be used for payment purposes. There are a number of indicators new to the 2020/21 which are included within the income protected indicators.

NHS England recognise that because of Covid19 related changes to diagnostic access or referred-to services, the timeliness of some indicators cannot be delivered and GPs should use their clinical judgement in delivering such services.

Practices are also asked to commit to making referrals to any existing or newly commissioned weight management services during the year to March 2021 if this is identified as being clinically appropriate.

Practices will be asked to confirm this approach as part of the Autumn 2020 eDEC; the LMC does not envisage any practice being unable to commit to these approaches but if any practice does have concerns please contact the LMC.

The LMC is awaiting the final QOF payment details from NHS England.

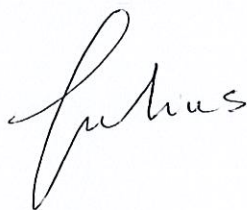
Aspiration payments will be paid during 2021/22 based on actual 2020/21 QOF earnings.

The accompanying letter gives details of the new 2020/21 QOF indicators, and colleagues should note the clinical content of these indicators, which cover Heart Failure, Asthma, COPD and Non-diabetic Hyperglycaemia.

There are no changes to the current list of INLIQ indicators (Indicators no longer in QOF)

I hope this update is helpful to colleagues and the accompanying letter provides more detailed information

With best wishes

A handwritten signature in black ink, appearing to read 'Julius Parker', written in a cursive style.

Dr Julius Parker  
**Chief Executive**