

SUMMARY OF CHANGES TO QOF 2014/15 - ENGLAND

KEY

No change
Retired
Wording and/or timeframe change
Point or threshold change
Funding transferred to enhanced services
Indicator ID change



13/14 QOF ID	14/15 QOF ID	NICE ID	Indicator wording	Changes	13/14 Points	13/14 Threshold	14/15 Points	14/15 Threshold	Indicator wording timeframe (months)	Business Rules timeframe (months)	Exception code timeframe (months)
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CLINICAL

Atrial Fibrillation (AF)											
AF001	AF001	-	The contractor establishes and maintains a register of patients with atrial fibrillation		5	-	5	-	-	-	-
AF002	-	NM24	The percentage of patients with atrial fibrillation in whom stroke risk has been assessed using the CHADS <sub>2</sub> risk stratification scoring system in the preceding 12 months (excluding those whose previous CHADS <sub>2</sub> score is greater than 1)	Retired	10	40-90	-	-	-	-	-
AF003	AF003	NM45	In those patients with atrial fibrillation in whom there is a record of a CHADS <sub>2</sub> 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	Wording change	6	57-97	6	57-97	12 6 (currently treated)	12 (CHADS) 6 (drugs)	12 (EXC) 3 (REG/DIAG)
AF004	AF004	NM46	In those patients with atrial fibrillation whose latest record of a CHADS <sub>2</sub> score is greater than 1, the percentage of patients who are currently treated with anti-coagulation therapy		6	40-70	6	40-70	6 (currently treated)	6 (drugs)	12 (EXC) 3 (REG/DIAG)
Secondary prevention of coronary heart disease (CHD)											
CHD001	CHD001	-	The contractor establishes and maintains a register of patients with coronary heart disease		4	-	4	-	-	-	-
CHD002	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		17	53-93	17	53-93	12	12	12 (EXC) 9 (REG/DIAG)
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	Retired	17	45-85	-	-	-	-	-
CHD004	CHD007	-	The percentage of patients with coronary heart disease who have had influenza immunisation in the preceding 1 August + September to 31 March	Wording and timeframe change	7	56-96	7	56-96	1 Aug to 31 Mar	1 Aug to 31 Mar	12 (EXC) 3 (REG/DIAG)
CHD005	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	-	7	56-96	7	56-96	12	12	12 (EXC) 3 (REG/DIAG)
CHD006	CHD006	NM07	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	-	10	60-100	10	60-100	6 (currently treated)	6 (drugs)	12 (EXC) 3 (REG/DIAG)

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<b>Heart failure (HF)</b>											
HF001	HF001	-	The contractor establishes and maintains a register of patients with heart failure	-	4	-	4	-	-	-	-
HF002	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	-	6	50-90	6	50-90	From 1 April 2006	From 1 April 2006	12 (EXC) 3 (REG/DIAG) +12 (ECEXC)
HF003	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	-	10	60-100	10	60-100	6 (currently treated)	6 (drugs)	12 (EXC) 3 (REG/DIAG)
HF004	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	-	9	40-65	9	40-65	6 (currently treated)	6 (drugs)	12 (EXC) 3 (REG/DIAG)
<b>Hypertension (HYP)</b>											
HYP001	HYP001	-	The contractor establishes and maintains a register of patients with established hypertension	-	6	-	6	-	-	-	-
HYP002	HYP006	-	The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less	Points, threshold and timeframe change	10	44-84	20	45-80	12	12	12 (EXC) 9 (REG/DIAG)
HYP003	-	NM53	The percentage of patients aged or under with hypertension in whom the last blood pressure reading (measured in the preceding 9 months) is 140/90 mmHg or less	Retired	50	40-80	-	-	-	-	-
HYP004	-	NM36	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	Retired	5	40-90	-	-	-	-	-
HYP005	-	NM37	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	Retired	6	40-90	-	-	-	-	-
<b>Peripheral arterial disease (PAD)</b>											
PAD001	PAD001	NM32	The contractor establishes and maintains a register of patients with peripheral arterial disease	-	2	-	2	-	-	-	-
PAD002	PAD002	NM34	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	-	2	40-90	2	40-90	12	12	12 (EXC) 9 (REG/DIAG)
PAD003	-	NM35	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	Retired	3	40-90	-	-	-	-	-
PAD004	PAD004	NM33	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	-	2	40-90	2	40-90	12 (being taken)	12 (drugs)	12 (EXC) 3 (REG/DIAG)

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Stroke and transient ischaemic attack (STIA)											
STIA001	STIA001	-	The contractor establishes and maintains a register of patients with stroke or TIA	-	2	-	2		-	-	-
STIA002	STIA008	-	The percentage of patients with a stroke or TIA (diagnosed on or after 1 April 2008 2014) 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 the first TIA	Wording and timeframe change	2	45-80	2		-	From 1 April 2014 +1 (SCAN DAT)	12 (EXC) 3 (REG/DIAG)
STIA003	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	-	5	40-75	5		12	12	12 (EXC) 9 (REG/DIAG)
STIA004	-	-	The percentage of patients with stroke or TIA who have a record of total cholesterol in the preceding 12 months	Retired	2	50-90	-	-	-	-	-
STIA005	-	NM60	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	Retired	5	40-65	-	-	-	-	-
STIA006	STIA009	-	The percentage of patients with stroke or TIA who have had influenza immunisation in the preceding 1 August 4 September to 31 March	Wording and timeframe change	2	55-95	2		1 Aug to 31 Mar	1 Aug to 31 Mar	12 (EXC) 3 (REG/DIAG)
STIA007	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	-	4	57-97	4		12 (being taken)	12 (drugs)	12 (EXC) 3 (REG/DIAG)

Diabetes mellitus (DM)											
DM001	DM001	NM41	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	-	6	-	6		-	-	-
DM002	DM002	NM01	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	-	8	53-93	8	53-93	12 (the last)	12	12 (EXC) 9 (REG/DIAG)
DM003	DM003	NM02	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	-	10	38-78	10	38-78	12 (the last)	12	12 (EXC) 9 (REG/DIAG)
DM004	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	-	6	40-75	6	40-75	12	12	12 (EXC) 9 (REG/DIAG)
DM005	-	NM59	The percentage of patients with diabetes, on the register, who have a record of an albumin:creatinine ratio test in the preceding 12 months	Retired	3	50-90	-	-	-	-	-
DM006	DM006	-	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)	-	3	57-97	3	57-97	-	6	12 (EXC) 3 (REG/DIAG)
DM007	DM007	NM14	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	-	17	35-75	17	35-75	12	12	12 (EXC) 9 (REG/DIAG)
DM008	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	-	8	43-83	8	43-83	12	12	12 (EXC) 9 (REG/DIAG)
DM009	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	-	10	52-92	10	52-92	12	12	12 (EXC) 9 (REG/DIAG)

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Diabetes mellitus (DM)...cont...											
DM010	DM017	-	The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August <del>September</del> to 31 March	Wording and timeframe change	3	55-95	3	55-95	1 Aug to 31 Mar	1 Aug to 31 Mar	12 (EXC) 3 (REG/DIAG)
DM011	-	-	The percentage of patients with diabetes, on the register, who have a record of retinal screening in the preceding 12 months	Retired	5	50-90	-	-	-	-	-
DM012	DM012	NM13	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	-	4	50-90	4	50-90	12	12	12 (EXC) 3 (REG/DIAG)
DM013	-	NM28	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	Retired	3	40-90	-	-	-	-	-
DM014	DM014	NM27	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	-	11	40-90	11	40-90	1 April to 31 March 9	21 (12+9)	12 (EXC) 3 (REG/DIAG)
DM015	-	NM51	The percentage of male patients with diabetes, on the register, with a record of being asked about erectile dysfunction in the preceding 12 months	Retired	4	40-90	-	-	-	-	-
DM016	-	NM52	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	Retired	6	40-90	-	-	-	-	-

Hypothyroidism (THY)											
THY001	-	-	The contractor establishes and maintains a register of patients with hypothyroidism who are currently treated with levothyroxine	Retired	1	-	-	-	-	-	-
THY002	-	-	The percentage of patients with hypothyroidism, on the register, with thyroid function tests recorded in the preceding 12 months	Retired	6	50-90	-	-	-	-	-

Asthma (AST)											
AST001	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	-	4	-	4	-	-	-	-
AST002	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	-	15	45-80	15	45-80	From 1 April 2006	From 1 April 2006 3 (ASTSPIR/PEFR)	12 (EXC) 3 (REG/DIAG)
AST003	AST003	NM23	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	-	20	45-70	20	45-70	12	12	12 (EXC) 3 (REG/DIAG)
AST004	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	-	6	45-80	6	45-80	12	12	12 (EXC) 3 (REG/DIAG)

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#### Chronic obstructive pulmonary disease (COPD)

COPD001	COPD001	-	The contractor establishes and maintains a register of patients with COPD	-	3	-	3		-	-	-
COPD002	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	-	5	45-80	5		From 1 April 2011	From 1 April 2011 COPDSPIR -3 COPDSPIR	12 (EXC) 3 (REG/DIAG)
COPD003	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	-	9	50-90	9		12	12	12 (EXC) 3 (REG/DIAG)
COPD004	COPD004	-	The percentage of patients with COPD with a record of FEV <sub>1</sub> in the preceding 12 months	-	7	40-75	7		12	12	12 (EXC) 3 (REG/DIAG)
COPD005	COPD005	NM63	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	-	5	40-90	5		12	12	12 (EXC) 3 (REG/DIAG)
COPD006	COPD007	-	The percentage of patients with COPD who have had influenza immunisation in the preceding 1 August <del>September</del> to 31 March	Wording and timeframe change	6	57-97	6	57-97	1 Aug to 31 Mar	1 Aug to 31 Mar	12 (EXC) 3 (REG/DIAG)

#### Dementia (DEM)

DEM001	DEM001	-	The contractor establishes and maintains a register of patients diagnosed with dementia	-	5	-	5	-	-	-	-
DEM002	DEM002	-	The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months	-	15	35-70	15	35-70	12	12	12 (EXC) 3 (REG/DIAG)
DEM003	DEM003	NM09	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	-	6	45-80	6	45-80	1 April to 31 March 6 months before/after	18 6 12 (tests)	12 (EXC) 3 (REG/DIAG)

#### Depression (DEP)

DEP001	-	NM49	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	Retired	21	50-90	-	50-90	-	-	-
DEP002	DEP003	NM50	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 <del>40-2 -days</del> <b>weeks</b> after and not later than <del>35-8days</del> <b>weeks</b> after the date of diagnosis	Wording and timeframe change	10	45-80	10	45-80	1 April to 31 March 2 - 12 weeks	15	12 (EXC) 3 (REG/DIAG)

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<b>Mental Health (MH)</b>											
MH001	MH001	-	The contractor establishes and maintains a register of patients with schizophrenia, bipolar affective disorder and other psychoses and other patients on lithium therapy	-	4	-	4	-	-	-	-
MH002	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	-	6	40-90	6	40-90	12	12	12 (EXC) 3 (REG/DIAG)
MH003	MH003	NM17	The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of blood pressure in the preceding 12 months	-	4	50-90	4	50-90	12	12	12 (EXC) 3 (REG/DIAG)
MH004	-	NM18	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	Retired	5	45-80	-	-	-	-	-
MH005	-	NM42	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	Retired	5	45-80	-	-	-	-	-
MH006	-	NM16	The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of BMI in the preceding 12 months	Retired	4	50-90	-	-	-	-	-
MH007	MH007	NM15	The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of alcohol consumption in the preceding 12 months	-	4	50-90	4	50-90	12	12	12 (EXC) 3 (REG/DIAG)
MH008	MH008	NM20	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	-	5	45-80	5	45-80	5 years	5 years	5 years (CYTEXC) 12 (MHEXC) 3 (REG/DIAG)
MH009	MH009	NM21	The percentage of patients on lithium therapy with a record of serum creatinine and TSH in the preceding 9 months	-	1	50-90	1	50-90	9	6 (LIT_DAT) 9	12 (EXC) 3 (REG/DIAG)
MH010	MH010	NM22	The percentage of patients on lithium therapy with a record of lithium levels in the therapeutic range in the preceding 4 months	-	2	50-90	2	50-90	4	6 (LIT_DAT) 4	12 (EXC) 9 (REG/DIAG)
<b>Cancer (CAN)</b>											
CAN001	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'	-	5	-	5		From 1 April 2003	-	-
CAN002	CAN003	NM62	The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 3 6 months of the contractor receiving confirmation of the diagnosis	Wording and timeframe change	6	50-90	6		15 6	15 6	12 (EXC) 3 (REG/DIAG)

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<b>Chronic kidney disease (CKD)</b>											
CKD001	CKD001	-	The contractor establishes and maintains a register of patients aged 18 or over with CKD (US National Kidney Foundation: Stage 3 to 5 CKD)	-	6	-	6	-	-	-	-
CKD002	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	-	11	41-81	11	41-81	12	12	12 (EXC) 9 (REG/DIAG)
CKD003	CKD003		The percentage of patients on the CKD register with hypertension and proteinuria who are currently treated with an ACE-I or ARB	-	9	45-80	9	45-80	6 (currently treated)	6 (drugs)	12 (EXC) 3 (REG/DIAG)
CKD004	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	-	6	45-80	6	45-80	12	12	12 (EXC) 3 (REG/DIAG)
<b>Epilepsy (EP)</b>											
EP001	EP001	-	The contractor establishes and maintains a register of patients aged 18 or over receiving drug treatment for epilepsy	-	1	-	1	-	-	-	-
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	Retired	6	45-70	-	-	-	-	-
EP003	-	NM03	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	Retired	3	50-90	-	-	-	-	-
<b>Learning disability (LD)</b>											
LD001	LD003	-	The contractor establishes and maintains a register of patients aged 18 or over with learning disabilities	Wording and age range change	4	-	4	-	-	-	-
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)	Retired	3	45-70	-	-	12	12	12 (EXC) 3 (REG/DIAG)
<b>Osteoporosis: secondary prevention of fragility fractures (OST)</b>											
OST001	OST001	NM29	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	-	3	-	3	-	From 1 April 2012	-	-
OST002	OST002	NM30	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	-	3	30-60	3	30-60	6 (currently treated)	6 (drugs)	12 (EXC) 3 (REG/DIAG)
OST003	OST004	NM31	The percentage of patients aged 75 or over with a <b>diagnosis of osteoporosis, with a fragility fracture on or after 1 April 2014</b> , who are currently treated with an appropriate bone-sparing agent	Wording and timeframe changed	3	30-60	3	30-60	6 (currently treated)	6 (drugs)	12 (EXC) 3 (REG/DIAG)

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#### Rheumatoid arthritis (RA)

RA001	RA001	NM55	The contractor establishes and maintains a register of all patients aged 16 or over with rheumatoid arthritis	-	1	-	1	-	-	-	-
RA002	RA002	NM58	The percentage of patients with rheumatoid arthritis, on the register, who have had a face-to-face review in the preceding 12 months	-	5	40-90	5	40-90	12	12	12 (EXC) 3 (REG/DIAG)
RA003	-	NM56	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	Retired	7	40-90	-	-	-	-	-
RA004	-	NM57	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	Retired	5	40-90	-	-	-	-	-

#### Palliative care (PC)

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

#### PUBLIC HEALTH

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#### Cardiovascular disease - primary prevention (CVD-PP)

CVD-PP001	CVD-PP001	NM26	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 $\geq 20\%$ in the preceding 12 months: the percentage who are currently treated with statins		10	40-90	10	40-90	1 April to 31 March 12 6 (currently treated)	12 6 (drugs)	12 (EXC) 3 (REG/DIAG)
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	Retired	5	40-75	-	-	-	-	-

#### Blood pressure (BP)

BP001	BP002	NM61	The percentage of patients aged 40 45 or over who have a record of blood pressure in the preceding 5 years	Wording and age range change	15	50-90	15	50-90	5 years	5 years	3 (REG)
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#### Obesity (OB)

OB001	OB001	-	The contractor establishes and maintains a register of patients aged 16 or over with a BMI $\geq 30$ in the preceding 12 months	-	8	-	8	-	12	12	-
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13/14 QOF ID	14/15 QOF ID	NICE ID	Indicator wording	Changes	13/14 Points	13/14 Threshold	14/15 Points	14/15 Threshold	Indicator wording timeframe (months)	Business Rules timeframe (months)	Exception code timeframe (months)
<b>Smoking (SMOK)</b>											
SMOK001	-	-	The percentage of patients aged 15 or over whose notes record smoking status in the preceding 24 months	Retired	11	50-90	-	-	-	-	-
SMOK002	SMOK002	NM38	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	-	25	50-90	25	50-90	12	12 Non-smoker rules Ex-smoker rules	12 (EXC) 3 (REG/DIAG)
SMOK003	SMOK003	-	The contractor supports patients who smoke in stopping smoking by a strategy which includes providing literature and offering appropriate therapy	-	2	-	2	-	-	-	-
SMOK004	SMOK004	NM40	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	-	12	40-90	12	40-90	24	24	12 (EXC) 3 (REG/DIAG)
SMOK005	SMOK005	NM39	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	-	25	56-96	25	56-96	12	12	12 (EXC) 3 (REG/DIAG)
<b>Cervical Screening (CS)</b>											
CS001	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	-	7	-	7	-	-	-	-
CS002	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	-	11	45-80	11	45-80	5 years	5 years	3 (REG)
CS003	-	-	The contractor ensures there is a system for informing all women of the results of cervical screening tests	Retired	2	-	-	-	-	-	-
CS004	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	-	2	-	2	-	-	-	-
<b>Child Health Surveillance (CHS)</b>											
CHS001	-	-	Child development checks are offered at intervals that are consistent with national guidelines and policy agreed with the NHS CB	Retired	6	-	-	-	-	-	-
<b>Maternity Services (MAT)</b>											
MAT001	-	-	Antenatal care and screening are offered according to current local guidelines agreed with the NHS CB	Retired	6	-	-	-	-	-	-
<b>Contraception (CON)</b>											
CON001	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	-	4	-	4	-	5 years	Appropriate interval	-
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	Retired	3	50-90	-	50-90	-	-	-
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	-	3	50-90	3	50-90	12 1 month	13 12 +1	12 (EXC) 3 (REG)

## QUALITY AND PRODUCTIVITY

13/14 QOF ID	14/15 QOF ID	NICE ID	Indicator wording	Changes	13/14 Points	13/14 Threshold	14/15 Points	14/15 Threshold	Indicator wording timeframe (months)	Business Rules timeframe (months)	Exception code timeframe (months)
QP001	-	-	The contractor reviews data on secondary care outpatient referrals, for patients on the contractor's registered list, provided by the NHS CB	Retired	5	-	-	-	-	-	-
QP002	-	-	The contractor participates in an external peer review with other contractors who are members of the same clinical commissioning group to compare its secondary care outpatient referral data with that of the other contractors. The contractor agrees with the group, areas for commissioning or service design improvements	Retired	5	-	-	-	-	-	-
QP003	-	-	The contractor engages with the development of and follows 3 care pathways, agreed with the NHS CB, for improving the management of patients in the primary care setting (unless in individual cases they justify clinical reasons for not doing this) to avoid inappropriate outpatient referrals	Retired	11	-	-	-	-	-	-
QP004	-	-	The contractor reviews data on emergency admissions, for patients on the contractor's registered list, provided by the NHS CB	Retired	5	-	-	-	-	-	-
QP005	-	-	The contractor participates in an external peer review with other contractors who are members of the same clinical commissioning group to compare its data on emergency admissions with that of the other contractors. The contractor agrees with the group, areas for commissioning or service design improvements	Retired	15	-	-	-	-	-	-
QP006	-	-	The contractor engages with the development of and follows 3 care pathways, agreed with the NHS CB, (unless in individual cases they justify clinical reasons for not doing this) in the management and treatment of patients in aiming to avoid emergency admissions	Retired	28	-	-	-	-	-	-
QP007	-	-	The contractor reviews data on accident and emergency attendances, for patients on the contractor's registered list, provided by the NHS CB. The review will include consideration of whether access to clinicians in the contractor's premises is appropriate, in light of the patterns on accident and emergency attendance	Retired	7	-	-	-	-	-	-
QP008	-	-	The contractor participates in an external peer review with other contractors who are members of the same clinical commissioning group to compare its data on accident and emergency attendances with that of the other contractors. The contractor agrees an improvement plan with the group. The review should include, if appropriate, proposals for improvement to access arrangements in the contractors premises in order to reduce avoidable accident and emergency attendances and may also include proposals for commissioning or service design improvements.	Retired	9	-	-	-	-	-	-
QP009	-	-	The contractor implements the improvement plan that aims to reduce avoidable accident and emergency attendances.	Retired	15	-	-	-	-	-	-

## PATIENT EXPERIENCE

13/14 QOF ID	14/15 QOF ID	NICE ID	Indicator wording	Changes	13/14 Points	13/14 Threshold	14/15 Points	14/15 Threshold	Indicator wording timeframe (months)	Business Rules timeframe (months)	Exception code timeframe (months)
PE001	-	-	The contractor ensures that the length of routine booked appointments with doctors in the surgery is not less than 10 minutes. If the contractor routinely admits extra patients during booked surgeries, then the average booked consultation length should allow for the average number of extras seen in a surgery session such that the length of the booked appointments is not less than 10 minutes. If the extra patients are seen at the end of surgery, then it is not necessary to make this adjustment. For contractors with only an open surgery system, the average face-to-face time spent by the GP with the patient is not less than 8 minutes. Contractors that routinely operate a mixed economy of booked and open surgeries should ensure that the length of the booked appointments is not less than 10 minutes and the length of the open surgery appointments is not less than 8 minutes	Retired	33	-	-	-	-	-	-