

Quality and Outcomes Framework guidance for GMS contract 2022/23

Guidance for the Strategic Planning & Performance
Group and practices

New for 2022/23

- Reduced Thresholds
- Increased time frames
- Domains retired
- Indicators retired
- Total points same

Domains retired

- Depression
- Osteoporosis
- Rheumatoid arthritis
- BP over 45yr in last 5 years
- Smoking
- Contraception LARC
- CVD primary prevention
- Patient survey

New Areas

- Non diabetic hyperglycaemia
- Carbon neutral inhalers- asthma
- CKD
- QI
- R&S – impact of waiting lists
- Patient access - for deaf patients
- -Robust triage system
- -Care Navigation training

ASTHMA

Indicator	Points	Achievement thresholds
Initial diagnosis		
Ongoing management		
AST003. The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 24 months that includes an assessment of asthma control using the 3 RCP questions.	20	35–50%
AST006NI-Mean carbon emissions per salbutamol inhaler prescribed to patients between 01/10/22 and 31/12/2022 (KgCO _{2e})	14	25.1 kg (LT), 22.1 kg (UT)

COPD

Indicator	Points	Achievement thresholds
Initial diagnosis		
Ongoing management		
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 24 months.	9	50-75%
COPD005NI. The percentage of patients with COPD and Medical Research Council dyspnoea grade ≥ 3 at any time in the preceding 24 months, with a record of oxygen saturation value within the preceding 24 months.	5	30-75%

CKD

Indicator	Points	Achievement thresholds
CKD005NI. The practice establishes and maintains a register of patients aged 18 or over with CKD with classification of categories G3a to G5 (previously stage 3 to 5)	5	40-60%
CKD006NI The percentage of patients aged 18 or over on CKD register in whom the last BP reading is 140/90mmhg or less in preceding 24 months	5	40-60%
CKD007NI The percentage of patients aged 18 or over on CKD register with hypertension and proteinuria (UACR >30) on ACEi or ARB.	5	40-60%

NON DIABETIC HYPERGLYCAEMIA

Indicator	Points	Achievement thresholds
NDH001NI -The percentage of patients with non-diabetic hyperglycaemia who have had an HbA1c or <u>fasting</u> blood glucose performed in the preceding 24 months. NDH is defined as an HbA1c on <u>42-47mmol/mol</u> or a fasting plasma glucose (FPG) of 5.5-6.9mmol/l.	8	30–50%

RECORDS & SYSTEMS

Indicator	Points	Achievement thresholds
RS001 - The Practice submits weekly Covid monitoring reports using the Survey Monkey link that will be provided.	20	80%
RS002 - The Practice reviews its own CCG Referral Data. Red flag, urgent and routine referrals made between April 2019 – June 2019 and April 2022 – June 2022. Referral levels and patterns between the two timeframes should be compared and discussed. Practice CCG referral data will be provided prior to 31 October 2022 to facilitate the review.	20	n/a
RS004 - The Practice codes Emergency/Unplanned Admissions on receipt of the final paper or electronic discharge letter ⁴ . Information should include Date of Admission, Speciality and Diagnosis.	20	n/a
RS005. The Practice participates in the General Practice Intelligence Platform (GPIP) ² . The Practice works with the SPPG on data quality initiatives identified through GPIP.	20	n/a
RS006- The Practice participates in the recording of data relating to the impact of waiting lists on patient care and primary care workload.	20	n/a

WAITING LISTS

- Awaiting outpatient appointment
- On waiting list for an operation
- Awaiting investigation
- Expedite appointment
- Private referral
- Seen in private clinic
- Discharged from private hospital

PATIENT ACCESS

Indicator	Points
AC001 The practice maintains a register of patients who have hearing loss and adopt a consistent approach to identify, record, flag and share relevant information with other healthcare providers as appropriate.	15
AC002 The practice has a robust system of triage to assist with the management of demand for appointments, routine, urgent and emergency while ensuring that patients with respiratory symptoms are managed in accordance with public health guidance.	15
AC003 All practice receptionist and administrative staff have received training on care navigation awareness as outlined in the guidance document in the previous 12 months to 31/3/23.	10

Hearing impaired

- Maintain a register, identify, record, flag and share relevant information which other healthcare providers as appropriate.
- Disability Discrimination Act.
- Accessible Information Standard (making appointments, receiving test results, communication with HCP, medication instructions)
- Sensory support Teams

Quality Improvement

Indicator	Points
Q1001 The practice can demonstrate continuous quality improvement activity.	20
Q1002 The practice has participated in peer review meetings to regularly share and discuss learning from QI activity as outlined in the guidance.	20
Q1003 There is a record of all practice team members having completed training on how to perform Quality Improvement Activity	20

CERVICAL SCREENING

Indicator	Points	Achievement thresholds
CS003NI-The percentage of females age 25-49 who have had a cervical screening test in the last 3 years	8	40-75%
CS004NI- The percentage of females age 50-65 years who have had a cervical screening test in the last 5 years	3	40-75%

ATRIAL FIBRILLATION

Indicator	Points	Achievement thresholds
Ongoing management		
AF006NI. The percentage of patients with atrial fibrillation in whom stroke risk has been assessed using the CHA ₂ DS ₂ -VASc score risk stratification scoring system in the preceding 3 years (excluding those patients with a previous CHADS ₂ or CHA ₂ DS ₂ -VASc score of 2 or more).	12	30–75%
AF007. In those patients with a record of a CHA ₂ DS ₂ -VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy.	10	30–50%

CANCER

Indicator	Points	Achievement thresholds
Ongoing management		
CAN003. The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 9 months of the contractor receiving confirmation of the diagnosis.	6	40–75%

SECONDARY PREVENTION OF CHD

Indicator	Points	Achievement thresholds
Ongoing management		
CHD002. The percentage of patients with coronary heart disease in whom the last blood pressure reading (measured in the preceding 24 months) is 150/90 mmHg or less.	17	45-60%
CHD003NI. The percentage of patients with coronary heart disease whose last measured total cholesterol (measured in the preceding 3 years) is 5 mmol/l or less.	17	45-60%
CHD005. The percentage of patients with coronary heart disease with a record in the preceding 24 months that aspirin, an alternative anti-platelet therapy, or an anti-coagulant is being taken.	7	50-75%

DEMENTIA

Indicator	Points	Achievement thresholds
Ongoing management		
DEM002. The percentage of patients diagnosed with dementia whose care has been reviewed in review in the preceding 24 months.	15	45–60%
DEM003. 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 24 months before and 6 months after entering on to the register.	6	40–70%

DIABETES

Indicator	Points	Achievement thresholds
Ongoing management		
DMo06. The percentage of patients with diabetes, on the register, with a diagnosis of nephropathy (clinical proteinuria) or micro-albuminuria who are currently treated with an ACE-I (or ARBs).	3	50-70%
DMo08. The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA _{1c} is <u>64 mmol/mol</u> or less in the preceding 24 months.	8	40-60%
DMo09. The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA _{1c} is <u>75 mmol/mol</u> or less in the preceding 24 months.	10	40-75%
DMo12. 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 24 months.	2	40-75%

DIABETES

DMo22NI The percentage of patients with diabetes aged 40 years and over, with no history of cardiovascular disease, 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 years)	4	40-60%
DMo23NI The percentage of patients with diabetes and a history of cardiovascular disease (excluding haemorrhagic stroke) who are currently treated with a statin	2	40-60%
DMo24NI The percentage of patients with diabetes, on the register in whom the last blood pressure reading (measured in the preceding 24 months) is 150/90mmHg	18	40-60%

HEART FAILURE

Indicator	Points	Achievement thresholds
Initial diagnosis		
HFoo2NI. 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 between 3 months before and 24 months after entering onto the register.	2	60–75%
Ongoing management		
HFoo3. 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	50-70%
HFoo4. 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	30–50%

HYPERTENSION

Indicator	Points	Achievement thresholds
Ongoing management		
HYP003NI-The percentage of patients aged 79 years or under with hypertension in whom the last blood pressure reading (measured in the preceding 24 months is 140/90 mmHg or less	15	40-65%
HYP004NI-The percentage of patients aged 80 years and over with hypertension in whom the last blood pressure reading (measured in the preceding 24 months is 150/90 mmHg or less	5	40-65%

MENTAL HEALTH

Indicator	Points	Achievement thresholds
Ongoing management		
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 24 months, agreed between individuals, their family and/or carers as appropriate	7	30-55%
MH003 - The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of blood pressure in the preceding 24 months	4	40-75%
MH007 - The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of alcohol consumption in the preceding 24 months	4	40-75%
MH011NI - The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of a lipid profile in the preceding 24 months	4	40-75%
MH012NI - The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of blood glucose or HbA1c in the preceding 24 months	4	40-75%

PALLIATIVE CARE

Indicator	Points	Achievement thresholds
Records		
PCo01. The contractor establishes and maintains a register of all patients in need of palliative care/support irrespective of age.	5	
Ongoing management		
PCo02. The contractor has regular (at least 3 monthly) multi-disciplinary case review meetings where all patients on the palliative care register are discussed.	15	

STROKE

Indicator	Points	Achievement thresholds
Initial diagnosis		
Ongoing management		
STIA004NI. The percentage of patients with stroke and is shown to be non-haemorrhagic or a history of TIA who have a record of total cholesterol in the preceding 3 years.	2	40-75%
STIA005NI. The percentage of patients with stroke shown to be non-haemorrhagic, or a history of TIA, whose last measured total cholesterol (measured in the preceding 3 years) is <u>5 mmol/l</u> or less.	5	50-60%
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 15 months that an anti-platelet <u>agent</u> , or an anti-coagulant is being taken.	4	60-75%
STIA010NI-The percentage of patients aged 79 years or under with a history of stroke or TIA in whom the least blood pressure reading (measured in the preceding 24 months is 140/90 mmHg or less	5	40-65%
STIA011NI-The percentage of patients aged 80 years and over with a history of stroke or TIA in whom the last blood pressure reading (measured in the preceding 24 months is 150/90 mmHg or less	3	40-65%

INFLUENZA VACCINATION

Indicator	Points	Achievement thresholds
Vl01NI-Percentage of at risk patients age 18-64 years inclusive who have received a seasonal influenza vaccine	10	50-75%
Vl02NI-Percentage of patients age 65 years or over who have received a Seasonal influenza vaccine	15	60-80%

Questions

- Check guidance document
- Primary care intranet
- Contact Practice Support Manager