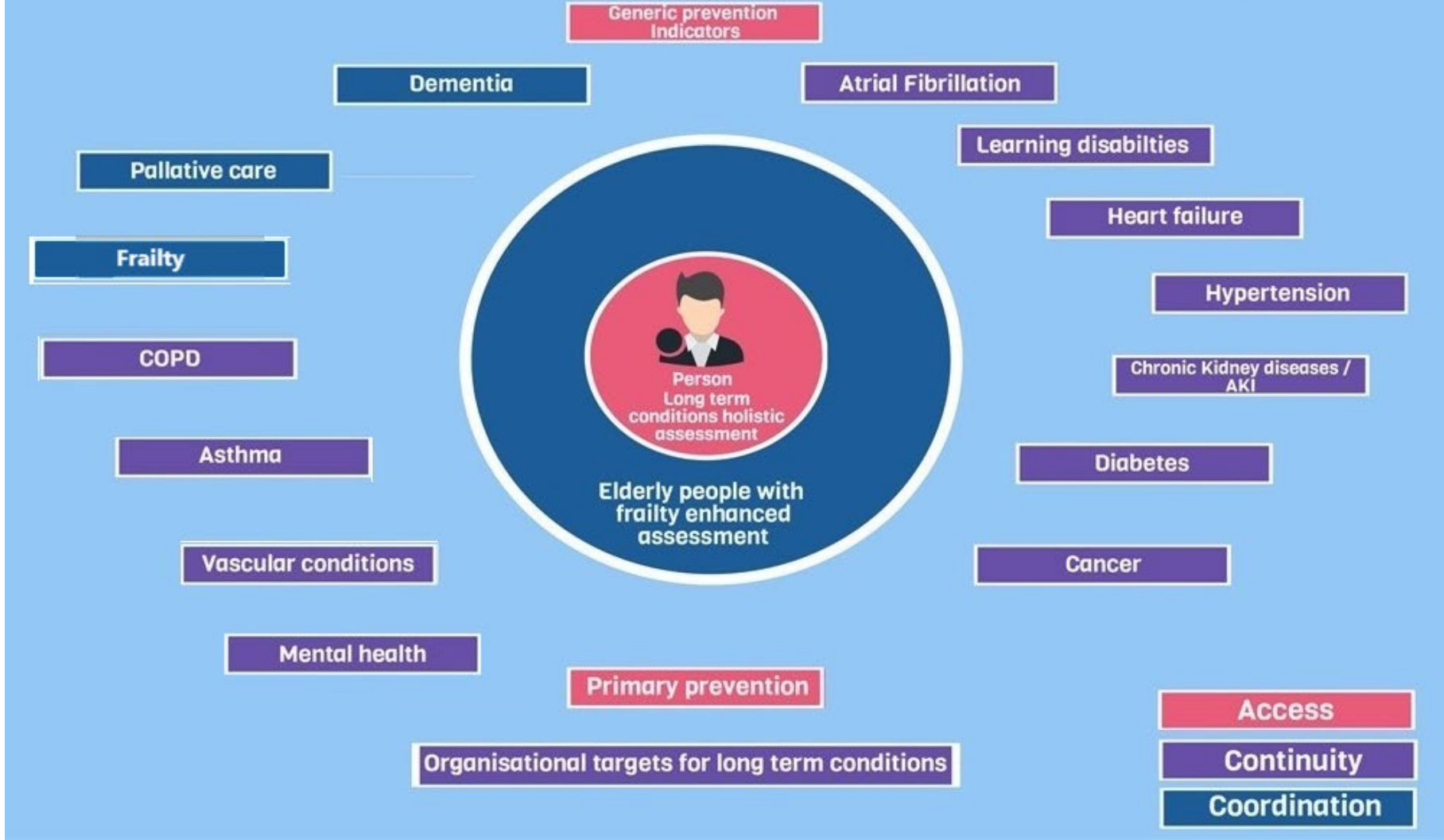


Dudley Quality Outcomes for Health



Dudley CCG Quality Outcomes for Health Indicators

ACCESS STANDARDS

	Indicator
ACC1	<p>All practices are required to be open between the core hours of 08.00 – 18.30 Monday to Friday with a clinician on site. As a minimum, you will need to have a system in place so that patients can access the full range of services listed below that we expect will be in place to meet the reasonable needs of your patients:</p> <ul style="list-style-type: none"> • Ability to attend a pre-bookable appointment (face to face) • Ability to book / cancel appointments • Ability to collect/order a prescription • Access urgent appointments / advice as clinically necessary • Home visit (where clinically necessary) • Ring for telephone advice • Ability to be referred to other services where clinically urgent (including for example suspected cancer). • Ability to access urgent diagnostics and take action in relation to urgent results <p>Collaborative arrangements agreed between practices to provide cross cover are acceptable providing the appropriate governance and access to medical records are in place. Accredited Out of Hours (OOHs) provider cover should not routinely be utilised in core hours.</p>
ACC2	Provide a minimum of 75 contacts per week per 1000 population. Contacts may be provided by a clinician (as defined above) and may be triage, face to face, online access or by telephone consultation.
ACC3	Educational sessions will be run on a regular basis for which the practice will be allowed to close to enable all practice staff to attend CCG approved education sessions. (These dates will be provided in advance). The practice may choose to remain open however if the practice closes it is compulsory for attendance at these sessions.
ACC4	The practice will offer same day access to children under 5 years and adults 75 years and over ensuring they are assessed by a clinician and seen within 6 hours of contact (during the same day within core hours) where clinically appropriate.
ACC5	The practice will identify patients at high risk of admission (through a combination of risk stratification and clinical judgement). The practice will actively participate in multidisciplinary team meetings where the consultants are contributing to the Population based health model or Integrated Community Team meetings on a weekly basis in accordance with CCG ICT specification to ensure patients at high risk of admission have an appropriate preventative strategy.

PRIMARY PREVENTION

Smoking

Ref	QoF ref	Indicator	Threshold	Evidence Base
SMOK1		The percentage of people aged 15 and over who are recorded as current smokers who have been offered referral for stop smoking support and treatment within previous 12 months	71 – 92%	<p>Stop smoking interventions and services NICE guidelines (NG92) March 2018 https://www.nice.org.uk/guidance/ng92</p> <p>Behaviour change: individual approaches NICE guidelines (PH49) January 2014 http://www.nice.org.uk/guidance/ph49</p> <p>Stop smoking services NICE guidelines (PH10) November 2013 http://www.nice.org.uk/guidance/ph10</p> <p>Smoking : stopping in pregnancy and after childbirth NICE guidelines (PH26) June 2010 http://www.nice.org.uk/guidance/ph26</p>

CVD Prevention

Ref	QoF Ref	Indicator	Threshold	Evidence Base
CVDPP1		The percentage of people aged 40 - 74 with no current vascular condition or diabetes as of 1.4.2020 offered an NHS Health Check within the preceding 5 years	70 - 89%	Cardiovascular Disease Prevention NICE guidelines (PH25) June 2010 https://www.nice.org.uk/guidance/ph25
CVDPP2		The percentage of people aged 40 - 74 with no current vascular condition or diabetes as of 1.4.2020 completing an NHS Health Check within the preceding 5 years	39 – 54%	Cardiovascular Disease Prevention NICE guidelines (PH25) June 2010 https://www.nice.org.uk/guidance/ph25
CVDPP3.1		The percentage of people with a QRISK2 score of 20% or more at risk of developing CVD in the next 10 years who are treated with lipid lowering medication	28 – 56%	Cardiovascular Disease Prevention NICE guidelines (PH25) June 2010 https://www.nice.org.uk/guidance/ph25
CVDPP3.2		The percentage of people with a QRISK2 score of 10% or more at high risk of developing CVD in the next 10 years who are treated with lipid lowering medication	28 – 56%	Cardiovascular Disease Prevention NICE guidelines (PH25) June 2010 https://www.nice.org.uk/guidance/ph25

Diabetes Prevention

Ref	QoF Ref	Indicator	Threshold	Evidence Base
DIAPP1		The percentage of people who are identified as high risk of developing diabetes who are reviewed on an annual basis to assess if they are still at high risk, utilising a HbA1c test	54 – 74%	Type 2 diabetes :prevention in people at high risk NICE guidelines (PH38) September 2017 https://www.nice.org.uk/guidance/ph38
DIAPP2		The percentage of people who are identified as high risk of developing diabetes who are offered referral an education session to include structured education, health coaching or group consultation in the last 12 months	44 – 75%	Type 2 diabetes :prevention in people at high risk NICE guidelines (PH38) September 2017 https://www.nice.org.uk/guidance/ph38

Blood Pressure

Ref	QoF Ref	Indicator	Threshold	Evidence Base
BP1	BP002	The percentage of patients aged 45 or over who have a record of blood pressure in the preceding 5 years	50 – 90%	Hypertension in adults: diagnosis and management NICE guidelines (NG136) August 2019 https://www.nice.org.uk/guidance/ng136

Obesity

Ref	QoF Ref	Indicator	Threshold	Evidence Base
OBES1		The percentage of people with a BMI ≥ 30 (≥ 27.5 if of South Asian origin) in the last 3 years who have been offered the appropriate advice or weight management intervention	76 – 89%	Weight management : lifestyle services for overweight or obese adults NICE guidelines (PH53) May 2014 https://www.nice.org.uk/guidance/ph53

Cervical screening

Ref	QoF Ref	Indicator	Threshold	Evidence Base
CERVS1	CS005	The percentage of women aged 25 to 49 at the end of the reporting period whose notes record that an adequate cervical screening has test has been performed in the preceding 3 years and 6 months.	45 - 80%	Cervical screening NICE CKS August 2017 http://cks.nice.org.uk/cervical-screening

CERVS2	CS006	The percentage of women aged 50 to 64 at the end of the reporting period whose notes record that an adequate cervical screening has test has been performed in the preceding 5 years and 6 months.	45 - 80%	
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Vaccination and Immunisations

Ref	QoF Ref	Indicator	Threshold	Evidence Base
VACC1	VI001	The percentage of babies who reached 8 months old in the preceding 12 months, who have received at least 3 doses of a diphtheria, tetanus and pertussis containing vaccine before the age of 8 months.	90 - 95%	<p>Immunisations: reducing differences in uptake in under 19s (2009, updated 2017) NICE public health guideline PH21, recommendations 1, 2 and 3.</p> <p>Immunisations – childhood (2020) NICE clinical knowledge summary</p> <p>Diphtheria, tetanus and pertussis (whooping cough) are acute infectious diseases that can have severe complications. The routine immunisation schedule states that the hexavalent (6-in-1) vaccine is due at 8, 12 and 16 weeks old (Public Health England 2020).</p> <p>(NICE 2020 menu ID: NM197)</p>
VACC2	VI002	The percentage of children who reached 18 months old in the preceding 12 months, who have received at least 1 dose of MMR between the ages of 12 and 18 months	90 - 95%	<p>Immunisations: reducing differences in uptake in under 19s (2009, updated 2017) NICE public health guideline PH21, recommendations 1, 2 and 3.</p> <p>Immunizations – childhood (2020) NICE clinical knowledge summary</p> <p>MMR is the combined vaccine that protects against measles, mumps and rubella. These are highly infectious conditions that can have serious complications such as meningitis and encephalitis. The first MMR vaccine (MMR1) is due as part of the routine vaccination schedule for England within a month of the child's first birthday (Public Health England 2020).</p> <p>(NICE 2020 menu ID: NM198)</p>

VACC3	VI003	The percentage of children who reached 5 years old in the preceding 12 months, who have received a reinforcing dose of DTaP/IPV and at least 2 doses of MMR between the ages of 1 and 5 years.	87 – 95%	<p>Immunisations: reducing differences in uptake in under 19s (2009, updated 2017) NICE public health guideline PH21, recommendations 1, 2 and 3.</p> <p>Immunizations – childhood (2020) NICE clinical knowledge summary</p> <p>DTaP/IPV is the vaccine that protects against diphtheria, tetanus, pertussis (whooping cough) and poliomyelitis. MMR is the combined vaccine that protects against measles, mumps and rubella. These are highly infectious conditions that can have serious complications. The first MMR vaccine (MMR1) for children is due within a month of their first birthday as part of the routine vaccination schedule for England, and a second dose (MMR2) is due at around 3 years and 4 months of age. A reinforcing vaccination for protection against diphtheria, tetanus, pertussis and poliomyelitis is also due at around 3 years and 4 months of age (Public Health England 2020).</p> <p>(NICE 2020 menu ID: NM199)</p>
VACC4	VI004	The percentage of patients who reached 80 years old in the preceding 12 months, who have received a shingles vaccine between the ages of 70 and 79 years.	50 – 60%	<p>Shingles (2019) NICE clinical knowledge summary</p> <p>Shingles is caused by the reactivation of a latent varicella zoster virus infection. Incidence and severity of disease are associated with increasing age. The routine immunisation schedule states that the shingles vaccine is due at 70 years old (Public Health England 2020).</p> <p>(based on NM201)</p>

LONG TERM CONDITIONS

Secondary Prevention

Ref	QoF Ref	Indicator	Threshold	Evidence Base
G1		The percentage of people coded with a Long Term Condition receiving a holistic comprehensive assessment on an annual basis including a medication review Level 2 or 3 (*excluding patients on no medication)	64 – 81%	Delivering better services for people with long-term conditions – Kings Fund 2013 http://www.kingsfund.org.uk/sites/files/kf/field/field_document/managing-people-long-term-conditions-gp-inquiry-research-paper-mar11.pdf Dudley CCG-Medication Review – Best Practice Guidelines
G3		The percentage of people coded with a LTC receiving a care plan which has been co-developed with the person and details individualised personal goals which are reviewed on an at least an annual basis	68 – 82%	Improving the health and well-being of people with long term conditions – DH/long term conditions 2010 http://www.yearofcare.co.uk/sites/default/files/pdfs/dh_improving%20the%20h%26wb%20of%20people%20with%20LTCs.pdf Care planning – improving lives of people with a long term condition http://www.rcgp.org.uk/~media/Files/CIRC/Cancer/Improving%20the%20Lives%20of%20people%20with%20LTC%20-%202012%2005%2009.ashx
G4		The percentage of people coded with a LTC (under 75 years) receiving a physical activity assessment in the last 12 months	69 – 80%	Cardiovascular disease prevention NICE guidelines (PH25) June 2010 https://www.nice.org.uk/guidance/ph25 Obesity prevention NICE guidelines (CG43) March 2015 https://www.nice.org.uk/guidance/cg43
G5		The percentage of people coded with a LTC with a blood pressure reading recorded in the last 12 months	87 – 93%	Hypertension in adults: diagnosis and management NICE guidelines (NG136) August 2019 https://www.nice.org.uk/guidance/ng136 Hypertension pathway
G7		The percentage of people coded with a LTC receiving a documented assessment of smoking status in the last 12 months	83 – 91%	Stop smoking services NICE guidelines (PH10) November 2013 http://www.nice.org.uk/guidance/ph10

Ref	QoF Ref	Indicator	Threshold	Evidence Base
G8		The percentage of people coded with a LTC with a documented BMI in the last 12 months	75 – 87%	Weight management : lifestyle services for overweight or obese adults NICE guidelines (PH53) May 2014 https://www.nice.org.uk/guidance/ph53
G9		The percentage of people coded with a LTC receiving an alcohol screen using AUDIT C in the last 12 months	65 – 80%	Alcohol-use disorders: prevention NICE guidelines (PH24) June 2010 https://www.nice.org.uk/guidance/ph24/chapter/appendix-c-the-evidence
G10		The percentage of people coded with a LTC who are offered referral to the self-management programme in the last 12 months	67 – 82%	EPP CICA (2010). 'Self-Care Reduces Costs and Improves Health - The Evidence' http://www.livinghealthynortheast.ca/Portals/0/Documents/self-care-reduces-cost-and-improves-health-evidence.pdf Department of Health (2011). Making the case for self care education https://www.gov.uk/government/case-studies/the-expert-patients-programme Lorig KR, Sobel DS, Ritter PL, et al (2001). 'Effect of a self management program on patients with chronic disease.' Eff Clin Pract 4(6):256-62 http://www.researchgate.net/publication/11589140_Lorig_KR_Sobel_DS_Ritter_PL_Laurent_D_Hobbs_M_Effect_of_a_self-management_program_on_patients_with_chronic_disease
G11		The percentage of people with an LTC who have identified themselves as carers receiving a carers screening assessment in the last 12 months	17 – 54%	Involving and Supporting Carers and Families RCGP January 2014

CLINICAL

Hypertension

Ref	QoF Ref	Indicator	Threshold	Evidence Base
HTN1	HYP003	The percentage of people with Hypertension (without moderate and severe frailty) in whom the last blood pressure reading is $\leq 140/90$ mmHg in the last 12 months	45 – 80%	Hypertension in adults: diagnosis and management NICE guidelines (NG136) August 2019 https://www.nice.org.uk/guidance/ng136 Dudley CCG- Hypertension pathway

Atrial Fibrillation

Ref	QoF Ref	Indicator	Threshold	Evidence Base
AF1	AF006	The percentage of people with atrial fibrillation in whom stroke risk has been assessed using CHA2DS2-VASc in the last 12 months	40 – 90%	Atrial Fibrillation : management NICE guidelines (CG180) August 2014 http://www.nice.org.uk/guidance/CG180 Local guidance: http://www.dudleyformulary.nhs.uk/page/26/2-cardiovascular-system-guidelines
AF2	AF007	Of those people with atrial fibrillation and a record of a CHA2DS2-VASc score of 2 or more, the percentage who are currently treated with anticoagulation drug therapy	40 – 70%	

Vascular Conditions (to include Coronary heart disease, Stroke/TIA and Peripheral artery disease)

Ref	QoF Ref	Indicator	Threshold	Evidence Base
VAS1.2		The percentage of people with vascular disease (without moderate and severe frailty) in whom the last blood pressure reading is treated to target of $\leq 140/90$ mmHg in the preceding 12 months	70 – 82%	Hypertension in adults: diagnosis and management NICE guidelines (NG136) August 2019 https://www.nice.org.uk/guidance/ng136 Dudley CCG- Hypertension pathway
VAS2.1		The percentage of people with vascular disease whose cholesterol is treated to target of ≤ 5 mmol/l	58 – 76%	Cardiovascular disease: risk assessment and reduction, including lipid modification NICE guidelines (CG181) September 2016 https://www.nice.org.uk/guidance/cg181

				Lipid Management Guidelines for CVD Risk Reduction within Dudley Health Economy Lipid Management Flowchart
VAS3		The percentage of people with all forms of vascular disease (excluding haemorrhagic Stroke) with a record in the previous 12 months that either an antiplatelet agent or an anticoagulant has been prescribed	83 – 88%	<p>Clopidogrel and modified-release dipyridamole for the prevention of occlusive vascular events NICE Technology appraisal guidance (TA210) http://www.nice.org.uk/guidance/TA210</p> <p>National Clinical Guideline for Stroke, Prepared by the Intercollegiate Stroke Working Party. Fifth Edition 2016 https://www.rcplondon.ac.uk/guidelines-policy/stroke-guidelines</p> <p>Local guidelines: http://www.dudleyformulary.nhs.uk/page/26/2-cardiovascular-system-guidelines</p>
VAS4		The percentage of people with vascular disease who have been offered referral to cardiovascular rehabilitation programme within 6 months of diagnosis	11 – 40%	<p>Myocardial infarction: Cardiac rehabilitation and further prevention of MI NICE guidelines (CG172) November 2013 http://www.nice.org.uk/guidance/cg172</p> <p>National service framework for Coronary heart Disease https://www.gov.uk/government/publications/quality-standards-for-coronary-heart-disease-care</p>
VAS5		The percentage of people with vascular disease who are treated with a statin in the last 6 months	81 – 87%	<p>Cardiovascular disease: risk assessment and reduction, including lipid modification NICE guidelines (CG181) September 2016 https://www.nice.org.uk/guidance/cg181</p> <p>Lipid Management Guidelines for CVD Risk Reduction within Dudley Health Economy Lipid Management Flowchart</p>

Heart Failure

Ref	QoF Ref	Indicator	Threshold	Evidence Base
HF1	HF005	The percentage of patients with a diagnosis of heart failure after 1 April 2021 which has been confirmed by:	50 – 90%	Chronic heart failure in adults : diagnosis and management

		1. an echocardiogram or by specialist assessment between 3 months before or 6 months after entering on to the register; or 2. if newly registered in the preceding 12 months, with a record of an echocardiogram or a specialist assessment within 6 months of the date of registration.		NICE guidelines (NG106) September 2018 https://www.nice.org.uk/guidance/ng106
HF2		In those people with a current diagnosis of heart failure due to left ventricular systolic dysfunction who are currently treated to maximal effective dose with an ACE-I or ARB, the percentage of patients who are additionally currently treated with a beta-blocker licensed for heart failure	40 – 65%	Chronic heart failure (quality standard 9) September 2018 https://www.nice.org.uk/guidance/qs9 Chronic heart failure in adults : diagnosis and management NICE guidelines (NG 106) September 2018 https://www.nice.org.uk/guidance/ng106 based on NM173

Diabetes

Ref	QoF Ref	Indicator	Threshold	Evidence Base
DM1		The percentage of people with diabetes (whose HbA1c \geq 48mmol/mol) receiving an additional 6 month assessment which includes review for the appropriateness of remaining in a shared care arrangement	41 – 67%	Type 2 diabetes in adults: management NICE guidelines (NG28) August 2019 https://www.nice.org.uk/guidance/ng28
DM2.1	DM020	The percentage of people with a diagnosis of diabetes (<u>without moderate or severe frailty</u>) in whom the last IFCC-HbA1c has been measured and recorded in the last 12 months as 58mmol/mol or less	35 - 75%	Blood Glucose Targets (ref our local guidelines: http://www.dudleyformulary.nhs.uk/page/30/6-endocrine-system-guidelines Type 2 diabetes in adults: management NICE guidelines (NG28) August 2019 https://www.nice.org.uk/guidance/ng28
DM2.3	DM021	The percentage of people with a diagnosis of diabetes(<u>with moderate or severe frailty</u>) in whom the last IFCC-HbA1c has been measured and recorded in the last 12 months as 75mmol/mol or less	52 - 92%	Dudley CCG- Diabetes Guidelines Type 1 diabetes in adults: diagnosis and management NICE guidelines (NG17) July 2016 https://www.nice.org.uk/guidance/ng17

Ref	QoF Ref	Indicator	Threshold	Evidence Base
				Diabetes (type 1 and type 2) in children and young people: diagnosis and management NICE guidelines (NG18) November 2016 https://www.nice.org.uk/guidance/ng18
DM3.2	DM019	The percentage of people with diabetes (<u>without moderate or severe frailty</u>)with a blood pressure which is treated to target of $\leq 140/80$ mmHg ($\leq 130/80$ mmHg with retinopathy, CKD or CVD complications)	38 - 78%	Hypertension in adults: diagnosis and management NICE guidelines (NG136) :August 2019 https://www.nice.org.uk/guidance/ng136 Dudley CCG- Hypertension pathway
DM4.1	DM004	The percentage of people with diabetes whose cholesterol is treated to target ≤ 5 mmol/l	40 – 75%	Cardiovascular disease risk assessment and reduction, including lipid modification NICE guidelines (CG181) September 2016 https://www.nice.org.uk/guidance/cg181 Lipid Management Guidelines for CVD Risk Reduction within Dudley Health Economy Lipid Management Flowchart
DM5		The percentage of people with a diagnosis of diabetes who have been offered referral to structured education in the last 12 months programmes where appropriate	85 – 96%	Diabetes in adults NICE quality standard (QS6) August 2016 https://www.nice.org.uk/guidance/qs6
DM6		The percentage of people who have received a diagnosis of diabetes in the last 12 months who have attended a structured education programme in the last 12 months	0 – 24%	Type 2 diabetes in adults: management NICE guidelines (NG28) August 2019 https://www.nice.org.uk/guidance/ng28 Diagnosis and management of type 1 diabetes in children, young people and adults NICE guidelines (CG15) July 2004 http://www.nice.org.uk/guidance/cg15 Dudley CCG- Diabetes Guidelines
DM7		The percentage of people with a diagnosis of diabetes who have achieved all three NICE defined treatment targets for HbA1c (58 mmol/mol or less (75 mmol/mol or less in moderate/severe frailty)), blood pressure and cholesterol in the last 12 months	32 – 44%	Type 2 diabetes in adults: management NICE guidelines (NG28) May 2017 https://www.nice.org.uk/guidance/ng28

Ref	QoF Ref	Indicator	Threshold	Evidence Base
				<p>Diabetes (type 1 and type 2) in children and young people: diagnosis and management NICE guidelines (NG18) November 2016 https://www.nice.org.uk/guidance/ng18</p> <p>Diabetes in adults NICE (QS6) August 2016 https://www.nice.org.uk/guidance/qs6</p> <p>https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/03/ccg-iaf-mar16.pdf</p>
DM8		The percentage of people with a diagnosis of diabetes who have received all nine, NICE recommended care processes in the last 12 months (HbA1c, BP, Cholesterol, Creatinine, ACR, foot risk surveillance, BMI, Smoking history and retinopathy screening)	51 – 75%	<p>Diabetes in adults NICE (QS6) August 2016 https://www.nice.org.uk/guidance/qs6</p> <p>Type 2 diabetes in adults: management NICE guidelines (NG28) May 2017 https://www.nice.org.uk/guidance/ng28</p> <p>Diabetes (type 1 and type 2) in children and young people: diagnosis and management NICE guidelines (NG18) November 2016 https://www.nice.org.uk/guidance/ng18</p> <p>Dudley CCG- Diabetes Guidelines</p>
DM9		The percentage of people with type 1 diabetes over the age of 40 years currently treated with a statin	57 – 77%	
DM10		The percentage of patients with a diagnosis of type 2 diabetes aged 40 years and over, <u>and a recorded CVD risk assessment score of \geq 10% (without moderate or severe frailty) who are currently treated with a statin (unless there is a contraindication or statin therapy is declined).</u>	74 – 83%	
DM11		4WW new diabetes review: The percentage of people who have received a diagnosis of diabetes in the last 12 months who have been 'reviewed' within 4 weeks of their diagnosis and invited to an education programme	50-75%	

Ref	QoF Ref	Indicator	Threshold	Evidence Base
DM12		The percentage of people with a diagnosis of diabetes who have been screened using PHQ2 who score 3 and above who are offered/referred for Digital psychological well-being intervention	65-80%	

Chronic Kidney Disease / Acute Kidney Injury

Ref	QoF Ref	Indicator	Threshold	Evidence Base
CKD1		The percentage of people with CKD 3, 4 & 5 (without moderate and sever frailty) with a blood pressure which is treated to target <140/90 (<130/80 if urine albumin creatinine ratio 70 or more)	28 – 38%	Hypertension in adults: diagnosis and management NICE guidelines (NG136) :August 2019 https://www.nice.org.uk/guidance/ng136 Dudley CCG- Hypertension pathway
CKD2		The percentage of people with CKD 3, 4 & 5 who have a record of a urine albumin creatinine ratio in the last 12 months	66 – 84%	Chronic kidney disease in adults: assessment and management NICE guidelines [CG182] : January 2015 https://www.nice.org.uk/guidance/cg182
CKD3		The percentage of people (under 85 years) with CKD 3 & 4 in which their ACR >70 (ACR >3 with diabetes or ACR >30 with hypertension) are appropriately treated with and ACE or ARB	78 – 94%	Chronic kidney disease in adults: assessment and management NICE guidelines [CG182] : January 2015 https://www.nice.org.uk/guidance/cg182
AKI1		The percentage of people treated with an ACE-I, ARB and/or Diuretic with renal monitoring in the last 12 months.	81 – 92%	https://www.thinkkidneys.nhs.uk/aki/

Asthma

Ref	QoF Ref	Indicator	Threshold	Evidence Base
AST1		The percentage of patients aged 6 and over with asthma on the register from 1 April 2021 with 2 objective measures recorded 1) a record of: spirometry: Feno: Peak Flow or FEV1 reversibility: Peak Flow Variability: A validated questionnaire:	45 – 80%	BTS/SIGN British guideline on the management of asthma November 2016 https://www.brit-thoracic.org.uk/standards-of-care/guidelines/btssign-british-guideline-on-the-management-of-asthma/

Ref	QoF Ref	Indicator	Threshold	Evidence Base
		<p>trial of treatment with ICS between 3 months before or 6 months after diagnosis; or</p> <p>2) if newly registered in the preceding 12 months with a diagnosis of asthma recorded on or after 1 April 2021 but no record of objective tests being performed at the date of registration, 2 objective measures recorded: which may include a record of: spirometry: Feno: Peak Flow or FEV1 reversibility: Peak Flow Variability: A validated questionnaire: trial of treatment with ICS recorded within 6 months of registration.</p>		<p>based on NM166 July 2019</p> <p>Local guidance: http://www.dudleyformulary.nhs.uk/page/27/3-respiratory-system-guidelines</p>
AST2	AST007	<p>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 a validated asthma control questionnaire, a recording of the number of exacerbations, an assessment of inhaler technique and a written personalised action plan</p>	45 – 80%	<p>BTS/SIGN British guideline on the management of asthma November 2016 https://www.brit-thoracic.org.uk/standards-of-care/guidelines/btssign-british-guideline-on-the-management-of-asthma/</p> <p>NM167 July 2019</p> <p>Local guidance: http://www.dudleyformulary.nhs.uk/page/27/3-respiratory-system-guidelines</p>
AST3		<p>The percentage of people with a diagnosis of Asthma in the last 12 months who have been offered a referral to an Asthma education session</p>	53 – 93%	

Chronic obstructive pulmonary disease (COPD)

Ref	QoF Ref	Indicator	Threshold	Evidence Base
COPD1	COPD009	<p>The contractor establishes and maintains a register of:</p> <ol style="list-style-type: none"> 1. Patients with a clinical diagnosis of COPD before 1 April 2021 and 2. Patients with a clinical diagnosis of COPD on or after 1 April 2021 whose diagnosis has been confirmed by a quality assured post bronchodilator spirometry FEV1/FVC ratio below 0.7 	45 – 70%	<p>Chronic obstructive pulmonary disease in over 16s: diagnosis and management NICE guidelines (NG115) July 2019 https://www.nice.org.uk/guidance/NG115</p> <p>GOLD COPD 2017 http://www.goldcopd.org/</p>

		between 3 months before or 6 months after diagnosis (or if newly registered in the preceding 12 months a record of an FEV1/FVC ratio below 0.7 recorded within 6 months of registration); and Patients with a clinical diagnosis of COPD on or after 1 April 2020 who are unable to undertake spirometry		based on NM169 July 2019 Dudley CCG- COPD treatment guidelines
COPD2	COPD010	The percentage of patients with COPD on the register, who have had a review in the preceding 12 months, including a record of the number of exacerbations and an assessment of breathlessness using the Medical Research Council dyspnoea scale	45 – 80%	Chronic obstructive pulmonary disease in over 16s: diagnosis and management NICE guidelines (NG115) July 2019 https://www.nice.org.uk/guidance/NG115 based on NM170 July 2019 GOLD COPD 2017 http://www.goldcopd.org/ .
COPD3	COPD008	The percentage of people with COPD with a MRC 3 or above or consider themselves functionally disabled who are offered pulmonary rehabilitation services in the last 12 months	40 – 90%	BTS Guideline on Pulmonary Rehabilitation in Adults British Thoracic Society Pulmonary Rehabilitation Guideline Group https://www.brit-thoracic.org.uk/document-library/clinical-information/pulmonary-rehabilitation/bts-guideline-for-pulmonary-rehabilitation/
COPD4		The percentage of people with a diagnosis of COPD in the last 12 months who have been offered a referral to a COPD education session	53 – 93%	

Cancer

Ref	QoF Ref	Indicator	Threshold	Evidence Base
CAN1		The percentage of people with a diagnosis cancer in the last 5 years who have been offered a cancer care review in the last 12 months	71 – 92%	National Cancer Survivorship Initiative Evaluation of Adult Cancer Aftercare Services Wave 1 Report Holistic Needs Assessment for people with cancer, A practical guide for healthcare professionals

CAN2	CAN005	The percentage of people with cancer diagnosed within the preceding 12 months, who have had the opportunity for a discussion and informed of the support available from primary care, within 3 months of diagnosis	70 – 90%	<p>Patient experience in adult NHS services CG138 recommendations 1.1.1, 1.3.4 and 1.3.5</p> <p>This indicator aims to ensure patients are aware of the support available from their GP and wider practice team soon after their diagnosis and how this can complement the care they are receiving in secondary care. The intention is to facilitate early and supportive conversations and ensure patients are aware of what help is available.</p>
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Mental Health (to include schizophrenia/ bipolar affective disorder/other psychoses)

Ref	QoF Ref	Indicator	Threshold	Evidence Base
MH1		The percentage of people with a diagnosis of severe mental illness who have a mental health review in the last 12 months	44 – 70%	<p>Psychosis and schizophrenia in adults: prevention and management NICE guidelines (CG178) March 2014 http://www.nice.org.uk/guidance/CG178</p> <p>Bipolar disorder: assessment and management NICE guidelines (CG185) February 2020 https://www.nice.org.uk/guidance/cg185</p>
MH2		The percentage of people with a diagnosis of severe mental illness who have a cardiovascular disease risk assessment (QRISK2) in the last 12 months	59 – 89%	<p>Psychosis and schizophrenia in adults: prevention and management NICE guidelines (CG178) March 2014 http://www.nice.org.uk/guidance/CG178</p> <p>Bipolar disorder: assessment and management NICE guidelines (CG185) February 2020 https://www.nice.org.uk/guidance/cg185</p>

MH3		<p>The percentage of people with a diagnosis of severe mental illness who have a physical health review in line with guidance from NHSE in the last 12 months. To include PART 1 and 2:</p> <ul style="list-style-type: none"> • BMI or BMI & waist circumference • Blood pressure & pulse check • Blood lipid including cholesterol (or QRISK2) • Blood glucose or HbA1c • Assessment of alcohol consumption • Smoking status 	60 – 80%	<p>Psychosis and schizophrenia in adults: prevention and management NICE guidelines (CG178) March 2014 http://www.nice.org.uk/guidance/CG178</p> <p>Bipolar disorder: assessment and management NICE guidelines (CG185) February 2020 https://www.nice.org.uk/guidance/cg185</p>
MH4		<p>The percentage of people with a diagnosis of severe mental illness who have a physical health review in line with guidance from NHSE in the last 12 months. To include PART 1 to 5, All of the above plus:</p> <ul style="list-style-type: none"> • assessment of nutritional status/diet and level of physical activity • assessment of use of illicit substance/non prescribed drugs • medicines reconciliation or review 	50 -70%	

Learning Disabilities

Ref	QoF Ref	Indicator	Threshold	Evidence Base
LD1		The percentage of people on the health check learning disabilities register patients who receive an annual health check in the last 12 months	64 – 88%	Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges (NG11) May 2015 https://www.nice.org.uk/guidance/ng11

Dementia

Ref	QoF Ref	Indicator	Threshold	Evidence Base
DEM1		The percentage of the practice's predicted dementia prevalence which is identified on the practice register *Predicted prevalence to be provided to practices	43 – 72%	Dementia: support in health and social care NICE quality standard (QS184) June 2019 https://www.nice.org.uk/guidance/qs184
DEM2	DEM004	The percentage of people with a diagnosis of dementia whose care plan has been reviewed in a face to face dementia review in the last 12 months	35 – 70%	Dementia: support in health and social care NICE quality standard (QS184) June 2019 https://www.nice.org.uk/guidance/qs184

Palliative Care

Ref	QoF Ref	Indicator	Threshold	Evidence Base
PALC 2		The percentage of people on the palliative care register who have been offered either advance care planning or who have ReSPECT documentation completed which includes a documented record of their preferred place of care	17 – 59%	End of life care for adults NICE quality standard (QS13) March 2017 https://www.nice.org.uk/guidance/qs13

Frailty

Ref	QoF Ref	Indicator	Threshold	Evidence Base
FRAIL1		The percentage of people on the frailty register who have been reviewed and clinically validated with the Rockwood tool as moderate/severe frailty in the last 12 months	50 – 90%	https://stpsupport.nice.org.uk/frailty/index.html https://www.nice.org.uk/guidance/cg161
FRAIL2		The percentage of people on the frailty register who are categorised as moderate/severe frailty who have received an annual review in the last 12 months	64 – 81%	https://www.bgs.org.uk/resources/resource-series/comprehensive-geriatric-assessment-toolkit-for-primary-care-practitioners

QUALITY IMPROVEMENT MODULES

The practice will be expected to undertake and submit the following audits:

(Forms available on intranet – ‘Dudley Quality Outcomes for Health’ Audits <http://intranet.dudleyccg.nhs.uk/gp/Pages/Electronic-Claim-Forms.aspx>)

QI1. EOL / Palliative Care

to include:

Administration: name and contact details of clinical lead and administration lead, dates of EOL / Palliative Care meetings during the previous 12 months and for the 12 months ahead, evidence how agenda and minutes are shared with members of the MDT

EOL / Palliative Care register: number of patients on the register in each of the categories blue, green, yellow and red, and the clinical category each patient is on the register, whether aspects of Advance Care Planning including preferred place of care and DNACPR status have been discussed

Deaths: the number of deaths in the practice during the previous 12 months, the proportion of those deaths that were already on the EOL / Palliative Care register, the place of death and the cause of death, if death occurred in hospital the circumstances of their admission and reflection upon whether anything could have been done differently to prevent that admission

Five Priorities of Care for the Dying Adult: an audit of 10 patient deaths which occurred in the patients home or care home (residential or nursing) showing whether the patient had the Five Priorities of Care for the Dying Adult discussed and documented in their care record.

To include other relevant data as required

Annual peer lead discussion group – review of annual data, share good practice and develop improvement plans

QI2. The Practice completes the repeat prescribing self – declaration on an annual basis

QI3. Medicines Optimisation Scheme (MOQIS) – see Appendix 1

QI4. **Advanced accredited diabetes practice only** (please do not complete unless the practice is accredited to do so):

An audit of insulin and GLP-1 starts which have been undertaken by the practice in the previous 12 months

QI5. The Practice completes the ‘Optimising Patients Access to General Practice’ Quality Improvement Scheme in line with National QoF Guidance

– *details to follow*

- The contractor can demonstrate continuous quality improvement activity as specified in the QOF guidance
- The contractor has participated in network activity to regularly share and discuss learning from quality improvement activity as specified in the QOF guidance. This would usually include participating in a minimum of two peer review meetings

QI6. The practice completes the in line with 'Prescription Drug Dependency' in line with National QoF Guidance

– *details to follow*

- The contractor can demonstrate continuous quality improvement activity as specified in the QOF guidance
The contractor has participated in network activity to regularly share and discuss learning from quality improvement activity as specified in the QOF guidance.
This would usually include participating in a minimum of two peer review meetings

