

**QOF + Scheme 2018/19**  
**Frequently Asked Questions**

Following a series of discussion with member practices spanning November 2017 to May 2018 the QOF+ Scheme has been developed with a focus on the areas of priority identified by GP colleagues. Early discussions identified the absence of a focus on prevention of longer term ill health and an overwhelming recognition of the areas that concerned GPs most ie diabetes, alcohol & obesity.

The scheme is built on those 3 pillars of priority and as a result of sharing the document with primary care colleagues a series of queries were captured and form the basis for a future source of reference for implementers of the scheme in the form of a 'frequently asked questions' format.

<b>Questions Specific to Indicators</b>	
QOFP01-4 Diabetes – what's the definition of each risk?	Details on Page 14 confirm a two stage approach to identifying people at risk & use of the Leicester Risk Score Tool.
QOFP08 Diabetes – referral to a structured education programme, what if the referral is declined?	Offer a read for code for accepted and another for offered but declined.
QOFP12-14 Alcohol – why all patients? The indicator reads as though all patients over 16 should be screened with the Audit-C Tool, is this new patients?	Detailed on Page 19 target groups are new patients, screening for other conditions, other chronic disease management appointments, medication reviews.
QOFP13 – Alcohol currently worded to cover all patients over 16 but this is a lot of patients?	This indicator applies to new patients registered since 1.4.18 only.
QOFP14 – Alcohol focuses on high risk subsets there is no definition of gastro intestinal disorders.	This will be defined and built into the search that will be available at practice level via the practice clinical system(s).
QOFP18 Obesity – we don't currently record BMI for arterial disease, stroke & TIA?	Opportunities for measurement are in line with recommendations made in NICE CG43, 2006/2015) ie routine health checks.
<b>Questions Specific to Clinical System</b>	
Leicester Risk Score doesn't include Blood Sugar?	Refer to page 14 two stage approach to identifying people at risk & when to use the Leicester Risk Score Tool.
Does Leicester Risk Score now need to be used for new patient health checks?	No, a request has been made to include the risk score in the NHS Health Check template.
Will searches be pre-set within GP Clinical Systems?	Yes all searches will be set up in advance & read codes will be confirmed during the launch.
Will read codes be available to code activity/interventions?	Yes the IM&T Team are actively working to define that codes that should be used for these activities. A list will be shared during the launch.
How often should risk be reassessed?	Detailed in table 1 on page 15 & also page 16.
What are the 8 care processes?	Detailed on Page 9



**Other Generic Questions**

Can other health professionals undertake activities ie Practice Nurse, Clinical Pharmacist or HCA if competent?	Yes, where deemed clinically competent as per NICE Guidance.
What are the intentions beyond the first year?	The CCG is committed to investing in primary care and will be exploring what in year developments may be feasible and will build upon this document in future years.
What are points worth?	Where the threshold has been achieved the number of points constitute % of the overall financial allocation.
Current intensive lifestyle provider is not accepting new referrals?	Discussions are nearing a conclusion to identify an alternative method of providing this service. Further information will follow shortly.

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