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## DIRECTIONS

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# NATIONAL HEALTH SERVICE, ENGLAND

## The General Medical Services Statement of Financial Entitlements (Amendment No. 2) Directions 2020

The Secretary of State for Health and Social Care gives the following directions as to payments to be made under general medical services contracts in exercise of the powers conferred by sections 87, 272(7) and (8) and 273(1) of the National Health Service Act 2006(a).

In accordance with section 87(4) of that Act, the Secretary of State for Health and Social Care has consulted the body appearing to the Secretary of State to be representative of persons to whose remuneration these Directions relate and has consulted such other persons as the Secretary of State considers appropriate.

### Citation, commencement and interpretation

1.—(1) These Directions may be cited as the General Medical Services Statement of Financial Entitlements (Amendment No.2) Directions 2020.

(2) These Directions come into force on 1st April 2020.

(3) In these Directions, “the principal Directions” means the General Medical Services Statement of Financial Entitlements Directions 2013(b).

### Amendment of Section 2 of the principal Directions

2. In Section 2 of the principal Directions (global sum payments)—

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- (a) 2006 (c.41); section 87 of the National Health Service Act 2006 (“the 2006 Act”) was amended by section 55 of, and paragraph 33 of Schedule 4 to, the Health and Social Care Act 2012 (c.7) (“the 2012 Act”). By virtue of section 271(1) of the 2006 Act, the powers conferred by these sections are exercisable by the Secretary of State only in relation to England. Section 273 of the 2006 Act was amended by section 21(6), 47(7) and 55(1) of, and paragraph 137 of Schedule 4 to, the 2012 Act.
- (b) Those Directions were signed on 27th March 2013 and were amended by the General Medical Services Statement of Financial Entitlements (Amendment) Directions 2013 which were signed on 18th September 2013; the General Medical Services Statement of Financial Entitlements (Amendment) Directions 2014 which were signed on 28th March 2014; the General Medical Services Statement of Financial Entitlements (Amendment No.2) Directions 2014 which were signed on 30th September 2014, the General Medical Services Statement of Financial Entitlements (Amendment) Directions 2015 which were signed on 23rd March 2015; the General Medical Services Statement of Financial Entitlements (Amendment No.2) Directions 2015 which were signed on 28th September 2015; the General Medical Services Statement of Financial Entitlements (Amendment No.3) Directions 2015 which were signed on 6th October 2015; the General Medical Services Statement of Financial Entitlements (Amendment No.4) Directions 2015 which were signed on 4th December 2015; the General Medical Services Statement of Financial Entitlements (Amendment) Directions 2016 which were signed on 31st March 2016; the General Medical Services Statement of Financial Entitlements (Amendment No.2) Directions 2016 which were signed on 9th May 2016; the General Medical Services Statement of Financial Entitlement (Amendment No.3) Directions 2016 which were signed on 24th November 2016; the General Medical Services Statement of Financial Entitlements (Amendment) Regulations 2017 which were signed on 31st March 2017; the General Medical Services Statement of Financial Entitlements (Amendment) (No.2) Directions 2017 which were signed on 30th October 2017; the General Medical Services Statement of Financial Entitlements (Amendment) Directions 2018 which were signed on 29th March 2018; the General Medical Services Statement of Financial Entitlements (Amendment) (No.2) Directions 2018 which were signed on 23rd October 2018, the General Medical Services Statement of Financial Entitlements (Amendment) Directions 2019 which were signed on 29th March 2019, the General Medical Services Statement of Financial Entitlements (Amendment) (No. 2) Directions 2019 which were signed on 29<sup>th</sup> September 2019 and the General Medical Services Statement of Financial Entitlements (Amendment) Directions which were signed on 26th February 2020. Copies are available from the Primary Care team Department of Health and Social Care, 4th Floor, 39 Victoria Street, London SW1H 0EU.

- (a) in paragraph 2.3 (which relates to the calculation of a contractor’s first initial global sum monthly payment) for “£89.88” substitute “£93.46”;
- (b) in paragraph 2.5 (calculation of adjusted global sum monthly payments), in column 2 of Table 1 (percentage of initial GSMP), for “4.82” substitute “4.77”;
- (c) in paragraph 2.18 (contractor population index), for “31st March 2020” substitute “31st March 2021” and for “8,479” substitute “8,799(a)”.

**Amendment of Section 4 of the principal Directions**

**3.** In Section 4 of the principal Directions (general provisions relating to the quality and outcomes framework)—

- (a) in paragraph 4.3 (which relates to background) for “1st April 2019” substitute “1st April 2020”;
- (b) in paragraph 4.19 (which relates to thresholds), for “the financial year commencing on 1st April 2019 and ending on the 31st March 2020” substitute “the financial year commencing on 1st April 2020 and ending on 31st March 2021”;
- (c) in paragraph 4.20 (which relates to thresholds) for “the period commencing on 1st April 2019 and ending on the 31st March 2020” substitute “the period commencing on 1st April 2020 and ending on 31st March 2021”.

**Amendment of Section 5 of the principal Directions**

**4.** In Section 5 of the principal Directions (aspiration payments: calculation, payment arrangements, and conditions of payments)—

- (a) in paragraph 5.6 (b) (which relates to the calculation of monthly aspiration payments: the 70% method) for “the national average practice population figure for the financial year ending 31st March 2020 is 8,479”, substitute “the national average practice population figure for the financial year ending 31st March 2021 is 8,799(b)”;
- (b) in paragraph 5.13 (which relates to the calculation of monthly aspiration payments: the aspiration points total method), for “£187.74” substitute “£194.83”.

**Amendment of Section 6 of the principal Directions**

**5.** In section 6 of the principal Directions (achievement payments: calculation, payment arrangements and conditions of payments)—

- (a) in paragraph 6.6(b) (calculation of achievement payments) for “£187.74” substitute “£194.83”;
- (b) in paragraph 6.7 for “£187.74” substitute “£194.83”; and
- (c) in paragraph 6.8 for “£187.74” substitute “£194.83”.

**Amendment of Section 7A to the principal Directions**

**6.** In Section 7A (network participation payments for the period 1st April 2019 to 31st March 2020)—

- (a) in the heading, for “**1st APRIL 2019 to 31st MARCH 2020**” substitute “**1st APRIL 2020 to 31st MARCH 2021**”;
- (b) in paragraph 7A.1—
  - (i) for “Direction 3(1)(b)” substitute “Direction 3(1)(a)”, and
  - (ii) for “2019” substitute “2020”;

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(a) The national average practice population figure is taken from the Calculating Quality Reporting Service (CQRS) on 1st January 2020.  
 (b) The national average practice population figure is taken from the Calculating Quality Reporting Service (CQRS) on 1st January 2020.

- (c) in paragraph 7A.3 (network participation payment), for “has signed up to participate” substitute “participates”;
- (d) in paragraph 7A.4—
  - (i) in paragraph 7A.4(a) omit “and” at the end of that paragraph,
  - (ii) for paragraph 7A.4(b) substitute—
    - “(b) the NPP is payable in respect of all or any part of the period as follows—
      - (i) in respect of a contractor who applies to participate in the Network Contract Directed Enhanced Service Scheme on or before 31st May 2020, from 1st April 2020 up to and including 31st March 2021, during which period or part of it, the contractor satisfies the conditions in paragraph 7A.5;
      - (ii) in respect of a contractor who applies to participate in the Network Contract Directed Enhanced Service Scheme after 31st May 2020, from such later date as the Board determines is appropriate after 1st April 2020 up to and including 31st March 2021, during which period or part of it, the contractor satisfies the conditions in paragraph 7A.5; and”;
    - (iii) for paragraph 7A.4(c) substitute—
      - “(c) the NPP will be paid monthly except—
        - (i) in relation to the first payment which will be made in the month following confirmation of the contractor’s participation in the Network Contract Directed Enhanced Service Scheme and where paragraph 7A.4(b)(i) applies, the first payment must include monthly payments from 1 April 2020; and
        - (ii) where paragraph 7A.7 applies,”;
- (e) for paragraph 7A.5, substitute—
  - “**7A.5.** The NPP, or any part of such payments, are only payable if the contractor satisfies the following conditions—
    - (a) the contractor is a Core Network Member of a PCN approved by the Board in accordance with the Board’s Network Contract Directed Enhanced Services Specification(a), for all or part of the financial year ending 31st March 2021;
    - (b) the contractor’s participation in the Network Contract Directed Enhanced Service Scheme has been confirmed by the Board for all or part of the financial year ending 31st March 2021;
    - (c) the contractor fulfils the requirements of the Network Contract DES Scheme as set out in the Network Agreement and Network Contract DES Specification referred to in direction 4 of the Primary Medical Services (Directed Enhanced Services) Directions 2020(b),”;
- (f) for paragraph 7A.7 substitute—
  - “**7A.7.** If the contractor leaves the PCN on or after 1st April 2020 in the financial year ending 31st March 2021, it shall no longer be entitled to receive an NPP with effect from the month following its departure.”.

### **Amendment of Section 9 to the principal Directions**

**7.** In Section 9 of the principal Directions (learning disabilities health check scheme for the period 1st April 2019 to 31st March 2020)—

- (a) in the heading, for “**1st APRIL 2019 to 31st MARCH 2019**” substitute “**1st APRIL 2020 to 31st MARCH 2021**”;
- (b) for paragraph 9.1, substitute—

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(a) specification at : <https://www.england.nhs.uk/gp/investment/gp-contract/>

(b) The Primary Medical Service (Directed Enhanced Services) Directions 2020 were signed on 31st March 2020.

“9.1. Direction 3(1)(b) of the DES Directions requires the Board to establish, operate and as appropriate, revise a Learning Disabilities Health Check Scheme. This Section applies to arrangements entered into in accordance with the Learning Disabilities Health Check Scheme provided for in directions 3(1)(b) and 5 of the DES Directions in respect of the financial year or any part of that year.

In this Section, “financial year” means the period commencing on 1st April 2020 and ending 31st March 2021.”;

(c) for paragraph 9.2(b), substitute—

“9.2(b). the contractor compiles a health check learning disabilities register using coded information held on a registered patient’s medical record in accordance with direction 5(7)(a) of the DES Directions;”;

(d) in paragraph 9.5 (learning disabilities health check scheme – the register), for—

(i) “the Primary Medical Services (Directed Enhanced Services) (England) Directions 2012, as in force immediately before 1st April 2013” substitute “the Primary Medical Services (Directed Enhanced Services) Directions 2019, as in force immediately before 1st April 2020”,

(ii) “31st March 2019” substitute “31st March 2020”;

(e) in paragraph 9.6, for “the Primary Medical Services (Directed Enhanced Services) (England) Directions 2012” substitute “the DES Directions”;

(f) in paragraph 9.10, for “31st March 2020” substitute “31st March 2021”;

(g) in the heading to paragraph 9.15, for “31st March 2020” substitute “31st March 2021”; and

(h) in paragraph 9.15, for “31st March 2020” in the two places it appears substitute “31st March 2021”.

#### **Amendment of Section 11 to the principal Directions**

**8.** In Section 11 of the principal Directions (childhood immunisations)—

(a) In paragraph 11.1 (general: childhood vaccines and immunisations), for—

(i) “direction 7(2)(a) to (g) of the DES Directions” substitute “direction 6(2)(a) to (g) of the DES Directions”, and

(ii) “direction 7 of the DES Directions.” substitute “direction 6 of the Des Directions.”;

(b) in paragraph 11.10 (which relates to calculation of quarterly two year olds immunisation payment)—

(i) for “64” substitute “61”,

(ii) in paragraph 11.10(a), for “£553.22” substitute “£538.08”,

(iii) in paragraph 11.10(b), for “£1,659.66” substitute “£1,614.24”;

(c) in paragraph 11.20 (which relates to calculation of quarterly five year olds immunisation payments)—

(i) for “64” substitute “63”,

(ii) in paragraph 11.20(a), for—

(aa) “65” substitute “63”;

(bb) “£223.82” substitute “£217.70”

(iii) in paragraph 11.20(b), for—

(aa) “65” substitute “63”;

(bb) “£671.48” substitute “£653.10”.

### **Amendment of Section 13 to the principal Directions**

**9.** In Section 13 of the principal Directions (pneumococcal vaccine and Hib/MenC vaccine for children born before 1st January 2020)—

- (a) in paragraph 13.3(a) (payment for administration of PCV and Hib/MenC vaccine as part of the routine childhood immunisation schedule), for—
  - (i) “two months” substitute “8 weeks”,
  - (ii) “four months” substitute “16 weeks”,
  - (iii) “13 months” substitute “one year old (on or after the child’s first birthday)”;
- (b) In paragraph 13.4, for “13 months” substitute “one year old (on or after the child’s first birthday);
- (c) in the table at paragraph 13.5, in the first column (when to immunize), for—
  - (i) “Two months old” substitute “8 weeks”,
  - (ii) “Four months old” substitute “16 weeks”,
  - (iii) “Around 12 months” substitute “One year old (on or after the child’s first birthday)”,
  - (iv) “Around 13 months” substitute “One year old (on or after the child’s first birthday)”;
- (d) in paragraph 13.8(b) (which relates to children at increased risk of pneumococcal infection), for—
  - (i) “12 months” substitute in both places, “one year old”,
  - (ii) “13 months” substitute “one year old”;
- (e) in paragraph 13.9—
  - (i) for “12 months” substitute in both places, “one year old”,
  - (ii) in paragraph 13.9(a), for—
    - (aa) “12 months” substitute “one year old”;
    - (bb) “13 months” substitute “one year old”;
- (f) in paragraph 13.10 (children over the age of 13 months but under the age of 5 who have previously had invasive pneumococcal disease)—
  - (i) in the heading, for “13 months” substitute “one year old”,
  - (ii) in paragraph 13.10 for “13 months” substitute “one year old”;
- (g) in paragraph 13.11 (children with an unknown or incomplete immunisation status), for—
  - (i) “12 months” substitute in both places “one year old”,
  - (ii) “13 months” substitute “one year old (on or after the child’s first birthday);
- (h) In paragraph 13.12, for—
  - (i) “12 months” substitute “one year old”,
  - (ii) “13 months” substitute “one year old (on or after the child’s first birthday)”,
  - (iii) “24 months” substitute “two years”;
- (i) in paragraph 13.13(d) (eligibility for payment), for “13 months” substitute “one year old”.

### **Amendment of Section 14 to the principal Directions**

**10.** In Section 14 of the principal Directions (Shingles immunisation programme)—

- (a) in paragraph 14.2(b) (payment for administration of the Shingles vaccine), for “31st March 2020” substitute “31st March 2021”
- (b) in paragraph 14.8(d) (conditions attached to payment), for “paragraph 4(3)(e) of Schedule 1” substitute “paragraph 4(2)(e) of Schedule 1”.

## **Amendment of Section 14A to the principal Directions**

**11.** In Section 14A of the principal Directions (MMR vaccine for persons aged over 16)—

- (a) for the heading substitute “**MMR VACCINE**”;
- (b) for paragraph 14A.1, substitute—

“**14A.1.** This Section makes provision for payments to be made in respect of the administration by a contractor, which is contracted to provide vaccines and immunisations as part of Additional Services of up to three doses of the MMR as part of the MMR Immunisation Programme. After 31st March 2020, all MMR vaccines will accrue an item of service payment of £10.06 for each registered patient who is eligible for that vaccine regardless of their age and who has not previously received a completed course of the vaccination. The MMR vaccine must be administered to patients—

- (a) under the age of 6 as set out in the Routine Immunisation Schedule in Annex I to the principal Directions with additional doses to be given where clinically indicated<sup>(a)</sup>;
  - (b) aged 6 and over for those who have not received a completed course of the vaccination where clinically indicated; or
  - (c) aged 6 and over for those with an unknown or incomplete vaccination history where clinically indicated.”;
- (c) in paragraph 14A.2 omit “aged 16 and over”;
  - (d) in paragraph 14A.3—
    - (i) for “Two doses of the MMR” substitute “Three doses of the MMR”;
    - (ii) for sub-paragraphs (a) and (b) substitute—

“(a) the contractor considers that this is clinically necessary in order to provide the patient with protection;

(b) the patient’s vaccination status is unknown; or

(c) it is part of the routine childhood immunisation,”; and
  - (e) in paragraph 14A.8(d) (conditions attached to payment), for “paragraph 4(3)(e) of Schedule 1” substitute “paragraph 4(2)(e) of Schedule 1”.

## **Amendment of Section 14C to the principal Directions**

**12.** In Section 14C of the principal Directions (Human Papilloma Virus (HPV) completing doses)—

- (a) for paragraph 14C.1(1), substitute—

“(1) This Section makes provision for payments to be made to a contractor, which is contracted to provide the Human Papilloma Virus (HPV) Completing Doses vaccine as part of an Additional Service, in respect of the administration by the contractor of the vaccine to girls and boys in the Target Group, which is adolescents and young people who have attained the age of 14 years but who have not attained the age of 25 years in the financial year.”.

- (b) in paragraph 14C.2—

- (i) in sub-paragraph (2)—

- (aa) for “her 15th birthday” substitute “their 15th birthday”;
- (bb) in paragraph (a), for “her 18th birthday” substitute “their 25th birthday”;

- (ii) in sub-paragraph (3)—

- (aa) for “her 15th birthday” substitute “their 15th birthday”;
- (bb) in paragraph (a)(ii) for “18th birthday” substitute “25th birthday”;

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(a) Further guidance can be found in the Green Book: <https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>.

- (c) in paragraph 14C.7(d) (conditions attached to payment), for “paragraph paragraph 4(3)(e) of Schedule 1” substitute “paragraph 4(2)(e) of Schedule 1”.

#### **Revocation of Section 14F to the principal Directions**

13. Omit Section 14F of the principal Directions (MMR catch up vaccination for children aged 10 and 11 years).

#### **Amendment of Annex A to the principal Directions**

14. In Part 2 of Annex A to the principal Directions (definitions) for the definition of “DES Directions” substitute—

““DES Directions” means the Primary Medical Services (Directed Enhanced Services) Directions 2020 signed on 31st March 2020;”.

#### **Amendment of Annex B to the principal Directions**

15. In paragraph B.28 of Annex B to the principal Directions (the global sum allocation formula)—

- (a) in column 2 of table 1 (circumstances in which vaccines or immunisation are to be offered and given) against item 5 (meningococcal completing dose)—
- (i) in entry (a), for “Hib/MenC booster vaccine” substitute “Hib/MenC vaccination”,
- (ii) in entry (c), for “in the period commencing 1st April 2019 and ending 31st March 2020” substitute “in the period commencing 1st April 2020 and ending 31st March 2021”.

#### **Amendment of Section 1 of Annex D to the principal Directions**

16. In Section 1 (introduction) of Annex D to the principal Directions (quality and outcomes framework)—

- (a) in paragraph D.2 for “the financial year commencing on 1st April 2019 and ending on 31st March 2020” substitute “the financial year commencing on 1st April 2020 and ending on 31st March 2021”;
- (b) omit paragraph D.4.3(c);
- (c) before paragraph D.4.3 (d) insert—
- “(cc) in indicator DM014 the percentage of patients newly diagnosed with diabetes, on the register in the preceding 1st April to 31st March who have a record of being referred to a structured education programme within 9 months after entry in the diabetes register;”;
- (d) for paragraph D.13(i) substitute—
- “(i) The investigative or secondary care service is unavailable. This will apply to the following indicators only: HF005, AST006, COPD008 and DM014. Discrete codes which indicate the concept of a service not being available should be used to record this;”.

#### **Amendment of Section 2 of Annex D to the principal Directions**

17. For Section 2 of Annex D of the principal Directions (summary of QOF indicators) substitute—

#### **"Section 2: Summary of all indicators**

## Section 2.1: Clinical domain (397 points)

Section 2.1. applies to all contractors participating in QOF.

### Atrial fibrillation (AF)

Indicator	Points	Achievement thresholds
<b>Records</b>		
AF001. The contractor establishes and maintains a register of patients with atrial fibrillation	5	
<b>Ongoing management</b>		
AF006. The percentage of patients with atrial fibrillation in whom stroke risk has been assessed using the CHA <sub>2</sub> DS <sub>2</sub> -VASc score risk stratification scoring system in the preceding 12 months (excluding those patients with a previous CHADS <sub>2</sub> or CHA <sub>2</sub> DS <sub>2</sub> -VASc score of 2 or more) (NICE 2014 menu ID: NM81)	12	40-90%
AF007. In those patients with atrial fibrillation with a record of a CHA <sub>2</sub> DS <sub>2</sub> -VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (NICE 2014 menu ID: NM82)	12	40-70%

For AF007, patients with a previous score of 2 or above using CHADS<sub>2</sub>, recorded prior to 1 April 2015 will be included in the denominator.

### Secondary prevention of coronary heart disease (CHD)

Indicator	Points	Achievement thresholds
<b>Records</b>		
CHD001. The contractor establishes and maintains a register of patients with coronary heart disease	4	
<b>Ongoing management</b>		
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 (NICE 2015 menu ID: NM88)	7	56-96%
CHD007. The percentage of patients with coronary heart disease who have had influenza immunisation in the preceding 1 August to 31 March (NICE 2015 menu ID: NM87)	7	56-96%



CHD008. The percentage of patients aged 79 years or under with coronary heart disease in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less (NICE 2013 menu ID: NM68)	12	40-77%
CHD009. The percentage of patients aged 80 years or over with coronary heart disease in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less (NICE 2019 menu ID: NM191)	5	46-86%

### Heart failure (HF)

Indicator	Points	Achievement thresholds
<b>Records</b>		
HF001. The contractor establishes and maintains a register of patients with heart failure	4	
<b>Initial diagnosis</b>		
HF005. The percentage of patients with a diagnosis of heart failure on or after 1 April 2020 which: <ul style="list-style-type: none"> <li>1. Has been confirmed by an echocardiogram or by specialist assessment between 3 months before or 6 months after entering on to the register; or</li> <li>2. If newly registered in the preceding 12 months, with no record of the diagnosis originally being confirmed by echocardiogram or specialist assessment, a record of an echocardiogram or a specialist assessment within 6 months of the date of registration.</li> </ul> <i>(based on NM171)</i>	6	50–90%
<b>Ongoing management</b>		
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 <i>(NICE 2019 menu ID: NM172)</i>	6	60–92%
HF006. The percentage of patients with a current diagnosis of heart failure due to left ventricular systolic dysfunction, who are currently treated with a beta-blocker licensed for heart failure <i>(NICE 2019 menu ID: NM173)</i>	6	60-92%
HF007. The percentage of patients with a diagnosis of heart failure on the register, who have had a review in the preceding 12 months, including an assessment of functional capacity and a review of medication to ensure medicines optimisation at maximal tolerated doses <i>(Based on NM174)</i>	7	50-90%

### Disease registers for heart failure

There are two disease registers used for the HF indicators for the purpose of calculating APDF (practice prevalence):

- a register of patients with HF is used to calculate APDF for HF001, HF005, and HF007,
- a register of patients with HF due to left ventricular systolic dysfunction (LVSD) is used to calculate APDF for HF003 and HF006.

Register 1 is defined in indicator HF001. Register 2 is a sub-set of register 1 and is composed of patients with a diagnostic code for LVSD as well as for HF.

### Hypertension (HYP)

Indicator	Points	Achievement thresholds
<b>Records</b>		
HYP001. The contractor establishes and maintains a register of patients with established hypertension	6	
<b>Ongoing management</b>		
HYP003. The percentage of patients aged 79 years or under with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less (NICE 2012 menu ID: NM53)	14	40-77%
HYP007. The percentage of patients aged 80 years and over with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less (NICE 2012 menu ID: NM54)	5	40-80%

### Peripheral arterial disease (PAD)

Indicator	Points	Achievement thresholds
<b>Records</b>		
PAD001. The contractor establishes and maintains a register of patients with peripheral arterial disease (NICE 2011 menu ID: NM32)	2	

### Stroke and transient ischaemic attack (STIA)

Indicator	Points	Achievement thresholds
<b>Records</b>		
STIA001. The contractor establishes and maintains a register of patients with stroke or TIA	2	

<b>Ongoing management</b>		
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 (NICE 2015 menu ID: NM94)	4	57–97%
STIA009. The percentage of patients with stroke or TIA who have had influenza immunisation in the preceding 1 August to 31 March (NICE 2015 menu ID: NM140)	2	55–95%
STIA010. 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 12 months) is 140/90 mmHg or less (NICE 2013 menu ID: NM69)	3	40-73%
STIA011. 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 12 months) is 150/90 mmHg or less (Based on NM93)	2	46-86%

### Diabetes mellitus (DM)

Indicator	Points	Achievement thresholds
<b>Records</b>		
DM017. 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 (NICE 2011 menu ID: NM41)	6	
<b>Ongoing management</b>		
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 an ACE-I (or ARBs) (NICE 2015 menu ID: NM95)	3	57–97%
DM012. 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 (NICE 2010 menu ID: NM13)	4	50–90%

DM014. 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 (NICE 2011 menu ID: NM27)	11	40–90%
DM018. The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March (NICE 2015 menu ID: NM139)	3	55–95%
DM019. The percentage of patients with diabetes, on the register, without moderate or severe frailty in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (NICE 2018 menu ID: NM159)	10	38-78%
DM020. The percentage of patients with diabetes, on the registers, without moderate or severe frailty in whom the last IFCC-HbA1c is 58 mmol/mol or less in the preceding 12 months (NICE 2018 menu ID: NM157)	17	35-75%
DM021. The percentage of patients with diabetes, on the register, with moderate or severe frailty in whom the last IFCC-HbA1c is 75 mmol/mol or less in the preceding 12 months (NICE 2018 menu ID: NM158)	10	52-92%
DM022. The percentage of patients with diabetes aged 40 years and over, with no history of cardiovascular disease and without moderate or severe frailty, 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) (NICE 2018 menu ID: NM162)	4	50-90%
DM023. The percentage of patients with diabetes and a history of cardiovascular disease (excluding haemorrhagic stroke) who are currently treated with a statin (NICE 2018 menu ID: NM163)	2	50-90%

### Asthma (AST)

Indicator	Points	Achievement thresholds
<b>Records</b>		
AST005. The contractor establishes and maintains a register of patients with asthma aged 6 years or over, excluding patients with asthma who have been prescribed no asthma related drugs in the preceding 12 months (based on NM165)	4	
<b>Initial diagnosis</b>		

<p>AST006. The percentage of patients with asthma on the register from 1 April 2020 with either:</p> <ol style="list-style-type: none"> <li>1. a record of spirometry and one other objective test (FeNO or reversibility or variability) between 3 months before or 6 months after diagnosis; or</li> <li>2. If newly registered in the preceding 12 months with a diagnosis of asthma recorded on or after 1 April 2020 but no record of objective tests being performed at the date of registration, with a record of spirometry and one other objective test (FeNO or reversibility or variability) recorded within 6 months of registration.</li> </ol> <p><i>(based on NM166)</i></p>	15	45–80%
<b>Ongoing management</b>		
<p>AST007. 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> <p><i>(based on NM167)</i></p>	20	45–70%
<p>AST008. The percentage of patients with asthma on the register aged 19 or under, in whom there is a record of either personal smoking status or exposure to second-hand smoke in the preceding 12 months</p> <p><i>(based on NM168)</i></p>	6	45–80%

### Chronic obstructive pulmonary disease (COPD)

Indicator	Points	Achievement thresholds
<b>Records</b>		
<p>COPD009. The contractor establishes and maintains a register of:</p> <ol style="list-style-type: none"> <li>1. Patients with a clinical diagnosis of COPD before 1 April 2020 and</li> <li>2. Patients with a clinical diagnosis of COPD on or after 1 April 2020 whose diagnosis has been confirmed by a quality assured post bronchodilator spirometry FEV<sub>1</sub>/FVC ratio below 0.7 between 3 months before or 6 months after diagnosis (or if newly registered in the preceding 12 months a record of an FEV<sub>1</sub>/FVC ratio below 0.7 recorded within 6 months of registration); and</li> <li>3. Patients with a clinical diagnosis of COPD on or after 1 April 2020 who are unable to undertake spirometry</li> </ol> <p><i>(based on NM169)</i></p>	8	

<b>Ongoing management</b>		
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 (NICE 2019 menu ID: NM170)	9	50–90%
COPD007. The percentage of patients with COPD who have had influenza immunisation in the preceding 1 August to 31 March (NICE 2015 menu ID: NM106)	6	57-97%
COPD008. The percentage of patients with COPD and Medical Research Council (MRC) dyspnoea scale $\geq 3$ at any time in the preceding 12 months, with a subsequent record of an offer of referral to a pulmonary rehabilitation programme (excluding those who have previously attended a pulmonary rehabilitation programme) (NICE 2012 menu ID: NM47)	2	40-90%

### Dementia (DEM)

Indicator	Points	Achievement thresholds
<b>Records</b>		
DEM001. The contractor establishes and maintains a register of patients diagnosed with dementia	5	
<b>Ongoing management</b>		
DEM004. The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (NICE 2015 menu ID: NM107)	39	35–70%

### Depression (DEP)

Indicator	Points	Achievement thresholds
<b>Initial management</b>		
DEP003. 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 10 days after and not later than 56 days after the date of diagnosis (Based on NM50)	10	45–80%

### Disease register for depression

There is no register indicator for the depression indicator. The disease register for the depression indicator for the purpose of calculating the APDF is defined as all patients aged 18

or over, diagnosed on or after 1 April 2006, who have an unresolved record of depression in their patient record.

### Mental health (MH)

Indicator	Points	Achievement thresholds
<b>Records</b>		
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	
<b>Ongoing management</b>		
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 <i>(NICE 2015 menu ID: NM108)</i>	6	40–90%
MH003. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of blood pressure in the preceding 12 months <i>(based on NM17)</i>	4	50–90%
MH006. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of BMI in the preceding 12 months <i>(based on NM16)</i>	4	50-90%

### Disease register for mental health

Due to the way repeat prescribing works in general practice, patients on lithium therapy are defined as patients with a prescription of lithium within the preceding six months.

### Remission from serious mental illness

Making an accurate diagnosis of remission can be challenging. In the absence of strong evidence of what constitutes ‘remission’ from serious mental illness, clinicians should only consider using these codes if the patient has been in remission for at least five years, that is where there is:

- no record of anti-psychotic medication
- no mental health in-patient episodes; and
- no secondary or community care mental health follow-up for at least five years.

Where a patient is recorded as being ‘in remission’ they remain on the MH001 register (in case their condition relapses at a later date) but they are excluded from the denominator for indicators MH002, MH003, and MH006.

The accuracy of this coding should be reviewed on an annual basis by a clinician. Should a patient who has been coded as ‘in remission’ experience a relapse then this should be recorded as such in their patient record.

In the event that a patient experiences a relapse and is coded as such, they will again be included in all the associated indicators for schizophrenia, bipolar affective disorder and other psychoses and their care plan should be updated.

Where a patient has relapsed after being recorded as being in remission, their care plan should be updated subsequent to the relapse. Care plans dated prior to the date of the relapse will not be acceptable for QOF purposes.

### Cancer (CAN)

Indicator	Points	Achievement thresholds
<b>Records</b>		
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	
<b>Ongoing management</b>		
CAN003. The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis <i>(based on NM62)</i>	6	50–90%

### Chronic kidney disease (CKD)

Indicator	Points	Achievement thresholds
<b>Records</b>		
CKD005. The contractor 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) <i>(NICE 2014 menu ID: NM83)</i>	6	

### Epilepsy (EP)

Indicator	Points	Achievement thresholds
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<b>Records</b>		
EP001. The contractor establishes and maintains a register of patients aged 18 or over receiving drug treatment for epilepsy	1	

### Learning disability (LD)

Indicator	Points	Achievement thresholds
<b>Records</b>		
LD004. The contractor establishes and maintains a register of patients with learning disabilities (NICE 2013 menu ID: NM73)	4	

### Osteoporosis: secondary prevention of fragility fractures (OST)

Indicator	Points	Achievement thresholds
<b>Records</b>		
OST004. 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 2014 and a diagnosis of osteoporosis (NICE 2011 menu ID: NM29)	3	

### Disease register for osteoporosis

Although the register indicator OST004 defines two separate registers, the disease register for the purpose of calculating the APDF is defined as the sum of the number of patients on both registers.

### Rheumatoid arthritis (RA)

Indicator	Points	Achievement thresholds
<b>Records</b>		
RA001. The contractor establishes and maintains a register of patients aged 16 or over with rheumatoid arthritis (NICE 2012 menu ID: NM55)	1	
<b>Ongoing management</b>		

RA002. The percentage of patients with rheumatoid arthritis, on the register, who have had a face-to-face review in the preceding 12 months (NICE 2012 menu ID: NM58)	5	40–90%
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### Palliative care (PC)

Indicator	Points	Achievement thresholds
<b>Records</b>		
PC001. The contractor establishes and maintains a register of all patients in need of palliative care/support irrespective of age	3	

### Disease register for palliative care

There is no APDF calculation in respect of the palliative care indicators. In the rare case of a nil register at year end, if a contractor can demonstrate that it established and maintained a register during the financial year then they will be eligible for payment for PC001.

### Non diabetic hyperglycaemia (NDH)

Indicator	Points	Achievement thresholds
<b>Records</b>		
NDH001. The percentage of patients with non-diabetic hyperglycaemia who have had an HbA1c or fasting blood glucose performed in the preceding 12 months	18	50–90%

## Section 2.2: Public health domain (96 points)

### Section 2.2.1: Public health domain

Section 2.2.1. applies to all contractors participating in QOF.

### Blood pressure (BP)

Indicator	Points	Achievement thresholds
BP002. The percentage of patients aged 45 or over who have a record of blood pressure in the preceding 5 years (based on NM61)	15	50–90%

### Obesity (OB)

Indicator	Points	Achievement thresholds
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<b>Records</b>		
OB002. The contractor establishes and maintains a register of patients aged 18 years or over with a BMI $\geq 30$ in the preceding 12 months	8	

### Smoking (SMOK)

Indicator	Points	Achievement thresholds
<b>Records</b>		
SMOK002. 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 (based on NM38)	25	50–90%
<b>Ongoing management</b>		
SMOK004. 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 ( <i>based on NM40</i> )	12	40–90%
SMOK005. 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 ( <i>based on NM39</i> )	25	56–96%

### Disease register for smoking

The disease register for the purpose of calculating the APDF for SMOK002 and SMOK005 is defined as the sum of the number of patients on the disease registers for each of the conditions listed in the indicators. Any patient who has one or more co-morbidities e.g. diabetes and CHD, is only counted once on the register for SMOK002 and SMOK005.

There is no APDF calculation for SMOK004.

### Requirements for recording smoking status

#### Smokers

For patients who smoke this recording should be made in the preceding 12 months for SMOK002.

#### Non-smokers

It is recognised that life-long non-smokers are very unlikely to start smoking and indeed find it quite irritating to be asked repeatedly regarding their smoking status. Smoking status for this group of patients should be recorded in the preceding 12 months for SMOK002 until the end of the financial year in which the patient reaches the age of 25.

Once a patient is over the age of 25 years (e.g. in the financial year in which they reach the age of 26 or in any year following that financial year) to be classified as a non-smoker they should be recorded as:

- never smoked which is both after their 25th birthday and after the earliest diagnosis date for the disease which led to the patients inclusion on the SMOK002 register (e.g. one of the conditions listed on the SMOK002 register).

### Ex-smokers

Ex-smokers can be recorded as such in the preceding 12 months for SMOK002. Practices may choose to record ex-smoking status on an annual basis for three consecutive financial years and after that smoking status need only be recorded if there is a change. This is to recognise that once a patient has been an ex-smoker for more than three years they are unlikely to restart.

### Section 2.2.2: Public health (PH) domain – additional services sub domain

Section 2.2.2. applies to contractors who provide additional services under the terms of the GMS contract and participate in QOF.

#### Cervical screening (CS)

Indicator	Points	Achievement thresholds
CS005. The proportion of women eligible for screening and aged 25-49 years at the end of period reported whose notes record that an adequate cervical screening test has been performed in the previous 3 years and 6 months (NICE 2017 menu ID: NM154)	7	45-80%
CS006. The proportion of women eligible for screening and aged 50-64 years at the end of period reported whose notes record that an adequate cervical screening test has been performed in the previous 5 years and 6 months (NICE 2017 menu ID: NM155)	4	45-80%

### Section 2.3: Quality improvement domain (74 points)

Section 2.3 applies to all contractors participating in QOF.

## Early Cancer Diagnosis

Indicator	Points	Achievement thresholds
QIECD005. The contractor can demonstrate continuous quality improvement activity focused upon early cancer diagnosis as specified in the QOF guidance	27	NA
QIECD006. The contractor has participated in network activity to regularly share and discuss learning from quality improvement activity focused on early cancer diagnosis as specified in the QOF guidance. This would usually include participating in a minimum of two peer review meetings	10	NA

## Care of people with Learning Disabilities

Indicator	Points	Achievement thresholds
QILD007. The contractor can demonstrate continuous quality improvement activity focused on care of patients with a learning disability as specified in the QOF guidance	27	NA
QILD008. The contractor has participated in network activity to regularly share and discuss learning from quality improvement activity focused on the care of patients with a learning disability as specified in the QOF guidance. This would usually include participating in a minimum of two network peer review meetings	10	NA

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### Amendment of Annex E to the principal Directions

18. In Annex E to the principal Directions (calculation of the sub-domain additional services)—
- in paragraph E.5 (which relate to achievement points), for “£187.74” substitute “£194.83”; and
  - in paragraph E.6 (which relates to achievement points), for “£187.74” substitute “£194.83”.

### Amendment of Annex I to the principal Directions

19. In Annex I (routine childhood vaccines and immunisations) to the principal Directions, for the table set out at paragraph 1.2 (routine childhood immunisation schedule) substitute—

Age	Vaccine	Dosage
Eight weeks	Diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type b (Hib) and hepatitis B	One injection
	Pneumococcal (13 serotypes) – <b>Only for children born before 1 January 2020</b>	One injection
	Meningococcal group b (MenB)	One injection
	Rotavirus gastroenteritis	One injection

Twelve weeks old	Diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type b (Hib) and hepatitis B	One injection
	Pneumococcal (13 serotypes) – <b>Only for children born after 31 December 2019</b>	One injection
	Rotavirus	One injection
Sixteen weeks old	Diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type b (Hib) and hepatitis B	One injection
	Pneumococcal (13 serotypes) – <b>Only for children born before 1 January 2020</b>	One injection
	MenB	One injection
One year old (on or after the child's first birthday)	Hib and MenC	One injection
	Pneumococcal ( <b>both cohorts of children</b> )	One injection
	Measles, Mumps and Rubella	One injection
	MenB	One injection
Three years four months old or soon after	Diphtheria, tetanus, pertussis and polio	One injection
	Measles, Mumps and Rubella	One injection
Boys and girls aged twelve to thirteen years	Human papillomavirus (HPV) types 16 and 18 (and genital warts cause by types 6 and 11)	One injection
Fourteen years old	Tetanus, diphtheria and polio	One injection
	Meningococcal groups A, C, W, Y disease	One injection

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#### **Amendment of Annex K to the principal Directions**

**20.** In Annex K to the principal Directions (amendments to the General Medical Services Statement of Financial Entitlements signed in March 2013 (amendments made from April 2013)), after paragraph (q) insert—

“(r) The General Medical Services Statement of Financial Entitlements (Amendment No. 2) Directions 2020 signed on 31st March 2020.”

Signed by the authority of the Secretary of State for Health and Social Care



*Edward Scully*  
Member of the Senior Civil Service  
Department of Health and Social Care

Date: 31st March 2020