NATIONAL HEALTH SERVICE, ENGLAND

The General Medical Services Statement of Financial Entitlements (Amendment) Directions 2019

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.

PART 1

General

Citation and commencement

1.—(1) These Directions may be cited as the General Medical Services Statement of Financial Entitlements (Amendment) Directions 2019.

(2) These Directions come into force on 1st April 2019.

Interpretation

2. In these Directions, "the principal Directions" means the General Medical Services Statement of Financial Entitlements Directions 2013(**b**).

(**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 and the General Medical Services Statement of Financial Entitlements (Amendment) (No.2) Directions 2018

PART 2

Amendment of Part 1 of the principal Directions (global sum)

Amendment of Section 2 of the principal Directions

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

(a) in paragraph 2.3 (calculation of a contractor's first Initial Global Sum Monthly Payment)—

(i) for "88.96" substitute "89.88"; and

(ii) for "If the practice premises" to the end of the paragraph, substitute "If the home addresses of any of the contractor's registered patients are within the Greater London Authority area(**a**), a London Adjustment is to be added, which is the count of registered patients whose postcodes(**b**) are within the Greater London Authority area multiplied by 2.18.";

(b) in paragraph 2.5 (calculation of Adjusted Global Sum Monthly Payment), in column 2 of Table 1 (percentage of initial GSMP), for "4.87" substitute "4.82"; and

(c) in paragraph 2.18 (Contractor Population Index) for "31st March 2019" substitute "31st March 2020" and for "8,096" substitute "8,479"(**c**).

PART 3

Amendment of Part 2 of the principal Directions (Quality and Outcomes Framework)

Amendment of Section 4 of the principal Directions

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

(a) in paragraph 4.2 (background), for "NHS employers and can be obtained on www.nhsemployers.org" substitute "NHS England and can be obtained on https://www.england.nhs.uk/gp/gpfv/investment/gp-contract";

(b) in paragraph 4.3 (background), for "1st April 2018" substitute "1st April 2019";

(c) in paragraph 4.8 (the principal domains of QOF)—

(i) for "two principal domains" substitute "the following domains";

(ii) in sub-paragraph (a) omit the "and";

(iii) in sub-paragraph (b) after "sub-domain" insert ";and"

(iv) after sub-paragraph (b) insert—

"(c) the Quality Improvement Domain.";

(d) in paragraph 4.13 (calculations in respect of the clinical domain and the public health domain including additional services sub-domain), in sub-paragraph (b) for "the total

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which were signed on 23rd October 2018. Copies are available from the Department of Health and Social Care, 4th Floor, 39 Victoria Street, London SW1H 0EU.

(**a**) See Sections 1 and 2 of the Greater London Act 1999 (c.29) and article 2 of the Greater London Authority (Assembly Constituencies and Returning Officers) Order 1999 (S.I. 1999/3380) for the London Boroughs within the Greater London Authority area.

(**b**) On a quarterly basis, the postcodes of a practice's registered patients will be analysed to determine which Lower Super Output Area ("LSOA") they fall within. LSOAs are geographical areas created by the Office for National Statistics ("ONS"). It will then be determined whether the relevant LSOAs fall within the Greater London Authority area using the most recent boundary information published by ONS.

(**c**) This national average practice population figure is taken from the Calculating Quality Reporting Service (CQRS) on 1st January 2019.

number of patients who fall within the meaning of excepted patients" substitute "the total number of patients who have a personalised care adjustment recorded";

(e) in paragraph 4.14 (calculations in respect of the clinical domain and the public health domain including additional services sub-domain), for sub-paragraph (a) substitute—

"(a) "Personalised care adjustment" means an appropriate variation in the care of a registered patient in consequence of which such patients fall within the criteria for personalised care adjustment as set out in paragraphs D.9 to D.18; and",

(f) in paragraph 4.19 (calculations in respect of the clinical domain and the public health domain including additional services sub-domain), for "the financial year commencing on 1st April 2018 and ending on 31st March 2019" substitute "the financial year commencing on 1st April 2019 and ending on 31st March 2020"; and

(g) in paragraph 4.20 (calculations in respect of the clinical domain and the public health domain including additional services sub-domain), for "1st April 2018 to 31st March 2019" substitute "1st April 2019 to 31st March 2020".

Amendment of Section 5 of the principal Directions

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

(a) at the end of paragraph 5.6 (calculation of Monthly Aspiration Payments: 70% method), for "figure for the financial year ending 31st March 2019 is 8096" substitute "figure for the financial year ending 31st March 2020 is 8,479"(**a**); and

(b) in paragraph 5.13, for "£179.26" substitute "£187.74".

Amendment of Section 6 of the principal Directions

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

(a) in paragraphs 6.6 and 6.8, for "£179.26" substitute "£187.74"; and

(b) in paragraph 6.7—

(i) in sub-paragraph (b), for "indicators" substitute "indicator" and omit "003,",

(ii) for "£171.20"(**b**) substitute "£187.74".

Amendment of Section 7 of the principal Directions

7. In section 7 of the principal Directions (extended hours access scheme for the period 1st April 2018 to 31st March 2019)—

(a) in the heading, for "**1st APRIL 2018 to 31st MARCH 2019**" substitute "**1st APRIL 2019 to 30th JUNE 2019**";

(b) in paragraph 7.1, for ""financial year" means the period commencing on 1st April 2018 and ending on 31st March 2019" substitute ""financial period" means the period commencing on 1st April 2019 and ending on 30th June 2019";

(c) in paragraph 7.2—

(i) in sub-paragraph (a), for "the period up to and including 31st March 2019" substitute "the financial period";

(ii) omit the word "quarterly";

(**a**) The national average practice population figure is taken from the Calculating Quality Reporting Service (CQRS) on 1st January 2019.

(**b**) The Statement of Financial Entitlements (Amendment) Directions 2018 contained an error in that the figure of £171.20 should have been substituted with "£179.26".

(d) in paragraphs 7.3 and 7.4, for "financial year" and "quarter" in each place they appear substitute "financial period";

(e) in paragraph 7.6—

  (i) for "financial year" substitute "financial period";

  (ii) for "payable in quarterly instalments and is payable on the last day of the quarter" substitute "payable on the last day of the financial period";

(f) in paragraph 7.7, omit from "and payments will not" to the end of the paragraph;

(g) in paragraph 7.8—

  (i) for "31st March 2014" substitute "30th June 2019";

  (ii) for "quarter" in each place it appears substitute "financial period"; and

(h) in paragraph 7.9(a), for "2012" substitute "2019(**a**)".

Insertion of new Section 7A into the principal Directions

8. After Section 7 of the principal Directions (extended hours access scheme for the period 1st April 2018 to 31st March 2019) insert—

"Section 7A: NETWORK PARTICIPATION PAYMENTS FOR THE PERIOD 1st APRIL 2019 TO 31st MARCH 2020

7A.1. Direction 3(1)(b) of the Primary Medical Services (Directed Enhanced Services) Directions 2019 makes provision for the Board to establish, operate and, as appropriate, revise a scheme for the registration and regulation of Primary Care Networks ("PCNs") which are established by contractors in a Network Area which has been approved by the Board. The registration of a PCN will entitle a contractor within it, to a Network Participation Payment ("NPP") provided the requirements of the Network Contract Directed Enhanced Service Scheme as set out in the DES Directions are satisfied.

7A.2. A contractor, whose practice is a member of a PCN which has been registered and who continues to meet the requirements of the Network Contract Directed Enhanced Service Scheme, will be entitled to a NPP calculated in accordance with this Section.

Network Participation Payment

7A.3. If, as a part of a GMS contract, a contractor has signed up to participate in the Network Contract Directed Enhanced Service Scheme, the Board must pay the contractor under the GMS contract, a NPP calculated and paid in accordance with paragraph 7A.4 in respect of the period during which the contractor satisfies the conditions in paragraph 7A.5.

7A.4. The calculation and payment of the NPP required by paragraph 7A.3 is as follows—

(a) £0.147 multiplied by number of the Contractor Weighted Population, which is the NPP; and

(b) the NPP is payable in respect of all or any part of the period from the 1st April 2019 (or from the 1st July 2019 or later if sign up is approved by the Board later than 30th June 2019), up to and including 31st March 2020, during which period or periods the contractor satisfies the conditions in paragraph 7A.5.

(c) subject to paragraph 7A.7, the NPP will be paid as follows—

  (i) by 31st July 2019 for the period 1st April 2019 to 30th June 2019, and

  (ii) thereafter monthly in arrears.

(**a**) The Primary Medical Services (Directed Enhanced Services) Directions 2019 were signed on the 29th day of March 2019.

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 member of a PCN approved by the Board for all or part of the financial year ending 31st March 2020;

(b) 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 5 of the Primary Medical Services (Directed Enhanced Services) Directions 2019.

7A.6. If the contractor breaches any of these conditions, the Board may, in appropriate circumstances, withhold payment of all or any part of the NPP that is otherwise payable.

7A.7. If the contractor leaves the PCN—

(a) on or before 30th June 2019, it shall not be entitled to receive a NPP in accordance with paragraph 7A.4(c)(i);

(b) on or after 1st July 2019 in the financial year ending 31st March 2020, it shall no longer be entitled to receive a NPP with effect from the month following its departure.

Amendment of Section 9 of the principal Directions

9. In Section 9 of the principal Directions (learning disabilities health check scheme for the period 1st April 2018 to 31st March 2019)—

(a) in the heading, for "**1st APRIL 2018 to 31st MARCH 2019**" substitute "**1st APRIL 2019 to 31st MARCH 2020**";

(b) in paragraph 9.1, for "1st April 2018 and ending on 31st March 2019" substitute "1st April 2019 and ending on 31st March 2020";

(c) in paragraph 9.5 (learning disabilities health check scheme – the register), for "31st March 2018" substitute "31st March 2019";

(d) in paragraph 9.10, for "31st March 2019" substitute "31st March 2020";

(e) in the heading to paragraph 9.15 (provisions relating to contractors whose contracts terminate or who withdraw from the arrangements prior to 31st March 2019 (subject to the provisions below for terminations attributable to a practice split or merger)), for "31st March 2019" substitute "31st March 2020"; and

(f) in paragraph 9.15, for "31st March 2019" in the two places it appears substitute "31st March 2020".

Amendment of Section 11 of the principal Directions

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

(a) in paragraph 11.1 (general: childhood vaccines and immunisations)—

  (i) for "direction 6(2)(a) to (g)" substitute "direction 7(2)(a) to (g)"; and

  (ii) for "direction 6 of the DES Directions" substitute "direction 7 of the DES Directions"; and

(b) in paragraph 11.20 (calculation of quarterly five-year-olds immunisation payments), for "64" in the two places it appears substitute "65".

PART 4

Amendment of Part 4 of the principal Directions (Payments for Specific Purposes)

Amendment of Section 14 of the principal Directions

11. In Section 14 of the principal Directions (shingles immunisation programme), in paragraph 14.2(b) for “31st March 2019” substitute “31st March 2020”.

Amendment of Section 14C.1 of the principal Directions

12. In Section 14C.1 of the principal Directions (human papilloma virus (HPV) completing doses), in paragraph (1)—

(a) omit “adolescent”;

(b) omit “on or after 1st April 2015”; and

(c) for “18” substitute “25”.

Amendment of Section 14D.1 of the principal Directions

13. In Section 14D.1of the principal Directions (meningococcal completing doses), in paragraph 1, for “on or after 1st April 2012” substitute “on or after 1st September 2010”.

Insertion of new Section 14F into the principal Directions

14. After Section 14E of the principal Directions (meningococcal B (infant) vaccination programme) insert—

“Section 14F: MMR CATCH UP VACCINATION FOR CHILDREN AGED 10 AND 11 YEARS

14F.1 This Section makes provision in respect of a payment of £5 per patient to be made to a contractor for the extra cost of a catch-up campaign for the MMR vaccine for children who reached the age of 10 or 11 years on or after 1st September 2018 but who have not yet reached the age of 12 years.

Eligibility for payment

14F.2 A contractor is only eligible for a payment under this Section in circumstances where the following conditions are met—

(a) the contractor is contracted to provide vaccine and immunisations as part of Additional Services;

(b) the contractor has checked the patient MMR vaccination records for children referred to in paragraph 14F.1 and corrected any inaccuracies in the computerised records, including where a child no longer resides in the area covered by the practice (in which case the child’s name should be removed from the contractor’s list of registered patients and the local Child Health Information Service should be informed);

(c) the contractor has invited all children referred to in paragraph 14F.1(b) missing one or both doses of the MMR vaccine, by letter, email, phone call, text or digital personal health record “red book”, where available, to receive the appropriate dosage at a vaccination clinic held within the practice or has invited their parent or carer to make an appointment; and

(d) the contractor has prioritised invites to patients who are missing both doses of the MMR vaccine.

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Claims for payment

14F.3 The contractor must submit claims at a frequency to be agreed between the Board and the contractor (which at least must be a frequency which provides for the claim to be submitted within six months of the second dose of the MMR vaccine, the third invitation or of the date on which the parent or carer declined the vaccination following an invitation, as appropriate) or, if agreement cannot be reached, within 14 days of—

(a) the end of the month during which the second dose was administered; or

(b) the date of the third invitation where that invitation has not resulted in a vaccination; or

(c) the date the parent or carer declined the vaccination following any invitation.

14F.4 The Board must ensure that the receipt and payment in respect of any claims are properly recorded and that each such claim has a clear audit trail.

Conditions attached to payment

14F.5 A payment under the provisions of this Section is only payable if the contractor satisfies the following conditions—

(a) the contractor has invited the child, missing one or both doses of the MMR vaccine, via their parent or carer, to an appointment or has invited the parent or carer to contact the practice to make an appointment;

(b) where the first invitation has not resulted in a vaccination and the parent or carer has not declined the vaccination, the contractor has sent a second invite;

(c) where the second invitation has not resulted in a vaccination and the parent or carer has not declined the vaccination, the contractor has made a third attempt to make contact with the parent or carer(**a**);

(d) where the third attempt at making contact with the parent or carer has not resulted in a vaccination and the parent or carer has not declined the vaccination, the contractor must notify school nursing services to offer vaccination at school and the contractor must inform the commissioner of this notification; and

(e) in all cases, the contractor must update the patient records to record the actions taken and the response, including any failure to attend booked appointments.

14F.6 If the contractor breaches any of these conditions, the Board may, in appropriate circumstances, withhold payment of all or any part of any payment due under this Section."

Amendment of Section 15 of the principal Directions

15. In Section 15 of the principal Directions (payments for GP performers covering maternity, paternity and adoption leave)—

(a) in the heading, for "**AND ADOPTION LEAVE**" substitute ",**ADOPTION LEAVE AND SHARED PARENTAL LEAVE**";

(b) in paragraph 15.1 (general), for "and parental leave" substitute ", parental leave and shared parental leave";

(c) in paragraph 15.2(b) (general), after "additional adoption leave" insert "or shared parental leave";

(**a**) The third attempt at making contact should be conducted by a practice healthcare professional either in person or by telephone. Practices can make use of Public Health England designated resources to aid discussion with parents or carers to support informed choice and improved uptake and coverage (https/www.gov.uk/government/collections/immunisation#measles,-mumps-and-rubella-(mmr)).

(d) in the heading to paragraph 15.3 (entitlement to payments for covering ordinary or additional maternity, paternity and ordinary or additional adoption leave), after "additional adoption leave" insert "or shared parental leave";

(e) in paragraph 15.3, after "additional adoption leave" insert" or shared parental leave";

(f) in paragraph 15.7 (conditions attached to the amounts payable) after sub-paragraph (c) insert—

"(ca) if the leave of absence is for shared parental leave, the contractor must supply the Board with a certificate as used for the purposes of confirming the GP performer's eligibility for shared parental leave or a letter written by the GP performer providing comparable information(**a**) and countersigned by the practice".

Amendment of Section 19 of the principal Directions

16. In Section 19 of the principal Directions (seniority payments), for the table in paragraph 19.12 (calculation of full annual rate of Seniority Payments), substitute—

Years of Reckonable Service	*Full annual rate of payment per practitioner from 1st April 2018*	*Full annual rate of payment per practitioner from 1st April 2019*
0	£0.00	£0.00
1	£0.00	£0.00
2	£0.00	£0.00
3	£0.00	£0.00
4	£0.00	£0.00
5	£0.00	£0.00
6	£0.00	£0.00
7	£0.00	£0.00
8	£0.00	£0.00
9	£0.00	£0.00
10	£0.00	£0.00
11	£566.16	£0.00
12	£634.19	£453.55
13	£710.25	£507.95
14	£795.95	£569.24
15	£891.29	£637.43
16	£1,705.98	£1,220.07
17	£1,876.85	£1,342.27
18	£2,064.32	£1,476.35
19	£2,270.54	£1,623.83
20	£2,497.65	£1,786.25

(**a**) Further information on eligibility requirements can be found in the Protocol in respect of locum cover or GP performer payments for parental and sickness leave which is published by the Board and is available at http://www.england.nhs.uk/publication/primary-medical-care-policy-and-guidance-manual-pgm/.

21	£2,747.25	£1,964.76
22	£3,634.26	£2,599.12
23	£3,743.52	£2,677.27
24	£3,855.47	£2,757.33
25	£3,971.17	£2,840.07
26	£4,090.61	£2,925.50
27	£4,213.27	£3,013.22
28	£4,405.56	£3,150.74
29	£4,528.76	£3,238.85
30	£4,655.70	£3,329.64
31	£4,785.86	£3,422.72
32	£4,920.31	£3,518.87
33	£5,052.61	£3,613.49
34	£5,199.37	£3,718.45
35	£5,345.06	£3,822.64
36	£5,494.50	£3,929.52
37	£5,648.76	£4,039.84
38	£5,806.77	£4,152.85
39	£5,969.07	£4,268.92
40	£6,136.72	£4,388.82
41	£6,308.13	£4,511.40
42	£6,484.88	£4,637.82
43	£6,666.46	£4,767.68
44	£6,853.40	£4,901.37
45	£7,045.15	£5,038.51
46	£7,242.27	£5,179.47
47	£7,445.27	£5,324.66

Amendment of Section 20 of the principal Directions

17. In Section 20 of the principal Directions (doctors' retainer scheme), in paragraph 20.3(b) (provisions in respect of leave arrangement) for "and adoption leave" substitute ",adoption leave and shared parental leave".

Amendment of Section 20A of the principal Directions

18. In Section 20A of the principal Directions (GP retention scheme), in paragraph 20A.3(b) (provisions in respect of leave arrangement) for "and adoption leave" substitute ",adoption leave and shared parental leave".

Amendment of Section 22 of the principal Directions

19. In Section 22 of the principal Directions (flexible careers scheme), in paragraph 22.3(b) (flexible careers scheme contractor payments) for "or adoption leave" substitute ",adoption or shared parental leave".

PART 5

Amendment of Annex A (Glossary), Annex B (Global Sum), Annex D (Quality and Outcomes Framework) and Annex E (Calculation of the Additional Services Sub-Domain of the Public Health Domain Achievement Points)

Amendment of Annex A to the principal Directions

20. In Part 2 of Annex A (definitions), for the definition of "DES Directions" substitute—

""DES Directions" means the Primary Medical Services (Directed Enhanced Services) Directions 2019 signed on 29th March 2019;".

Amendment of Annex B to the principal Directions

21. In Annex B to the principal Directions—

(a) in paragraph B.14 of Part 1 (the global sum allocation formula)—

(i) for the words "were used" substitute "are"; and

(ii) in sub-paragraph (b), after "patients" where it first appears insert "registered as residing in area and not under regulation 30 of the 2015 Regulations"; and

(b) in Part 2 (vaccines and immunisations)—

(i) in Table 1, in sub-paragraph (c) of the fifth entry in column 2 (circumstances in which vaccines or immunisation is to be offered and given), for "period commencing 1st April 2018 and ending 31st March 2019" substitute "period commencing 1st April 2019 and ending 31st March 2020"; and

(ii) in paragraph B.31 (vaccines and immunisations which are required in the case of a localised breakout), for "paragraph B.30" substitute "paragraph B.32".

Amendment of Section 1 of Annex D to the principal Directions

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

(a) in paragraph D.2 (general) for "the financial year commencing on 1st April 2018 and ending on 31st March 2019" substitute "the financial year commencing on 1st April 2019 and ending on 31st March 2020";

(b) in paragraph D.3 (interpretation of words and expressions used in Annex D)—

(i) omit sub-paragraph (b), and

(ii) after sub-paragraph (d) insert—

"(e) "personalised care adjustment" means an appropriate variation in the care of a registered patient that is recorded in the patient record in consequence of which such patients fall within the criteria for personalised care adjustment set out in paragraphs D.9 to D.18;";

(c) in paragraph D.4.3 (indicators: general)—

(i) for sub-paragraph (a) substitute—

"(a) in indicator 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," the phrase "the preceding 12 months" means the period of 12 months which ends on 31st March in the financial year to which the achievement payments relate;";

(ii) for sub-paragraph (d) substitute—

"(d) in indicator CS005, "the proportion of women eligible for screening and in the age range from 25 to 49 years at the end of the reporting period whose notes record that an adequate cervical screening test has been performed in the preceding 3 years and 6 months", the phrase "in the preceding 3 years and 6 months" means the period of 3 years and 6 months which ends on 31st March in the financial year to which the achievement payments relate; and"; and

(iii) in sub-paragraph (e) for "CHD004" substitute "CHD007"; and

(d) for paragraphs D.9 to D.15, substitute—

"**Personalised care adjustment (formerly Exception reporting) and exclusions**

D.9 Personalisation of care applies to those indicators in any domain of QOF where the achievement is determined by the percentage of patients receiving the specified level of care (fraction indicators), unless otherwise stated in the QOF Guidance.

D.10 Some indicators refer to a sub-set of patients on the relevant disease register, or in the target population group of a particular indicator. Patients who are on the disease register or target group, but not included in an indicator denominator for the clinical area concerned for definitional reasons are called "exclusions".

D.11 A personalised care adjustment may be applied to the care of a registered patient who is in the relevant disease register or target group and would ordinarily be included in the indicator denominator if they meet one or more of the criteria set out below. Patients are removed from the denominator if their care has been personalised and also the care specified in the indicator has not been carried out. If the patient has had a reason for the personalisation of care added to their record but the care has been carried out in the relevant time period then the patient will be included in both the denominator and the numerator.

D.12 A personalised care adjustment cannot remove a patient from the underpinning register or target group and the patient must be included in the calculation of the Adjusted Practice Disease Factor.

D.13 Care may be personalised for the following reasons, listed in the order in which they will be applied in the Business rules (**a**)—

(i) The investigative or secondary care service is unavailable. This will apply to the following indicators only: HF002, AST002, COPD002, DM014 and COPD008. Discrete codes which indicate the concept of a service not being available should be used to record this;

(ii) The intervention described in the indicator is clinically unsuitable for the patient. This may be due to specific reasons such as the patient being on maximum tolerated doses of medication, allergies, contraindications or other medication intolerances or broader reasons such as it being clinically inappropriate to review disease parameters due to particular circumstances such as being at the end of their life or having a supervening condition against which QOF interventions need to be balanced;

(iii) The patient has chosen not to receive the intervention described in the indicator and this has been recorded in their patient record following a discussion with the patient;

(iv) The patient has not responded to a minimum of two invitations for the intervention during the financial year to which the achievement payments relate except in the case of indicators CS005 and CS006, where the patient

(**a**) The Business rules are a series of technical documents which define the acceptable clinical codes and logical extraction sequence which are used to calculate achievement practice. They are produced by NHS Digital and updated twice a year at http://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/quality-and-outcomes-framework-qof.

should have been invited on at least three occasions during the period specified in the indicator during which the achievement is to be measured (i.e. the preceding 3 years and 6 months or 5 years and 6 months ending on 31st March in the financial year to which achievement payments relate). Any and all invitations should be recorded in the patient record when they are made. There should be a minimum of seven days between the first and second invitation; and

(v) Patients newly diagnosed or recently registered with the contractor, should have measurements made within three months and delivery of clinical standards within nine months e.g. blood pressure measurements within target levels.

D.14 Criteria (ii) and (iii) will be supported by both specific i.e. indicator specific and generic codes i.e. those which record the concept of patient unsuitability and informed dissent. Specific codes will remove the patient from the denominator for individual indicators where these criteria apply e.g. a record of a medication allergy would remove the patient from the denominator of an indicator related to the prescribing of that drug and not all the other clinical indicators in a set. Generic codes will remove the patient from the denominator for all the indicators in that set.

D.15 Criterion (i) will apply to the indicators specified above only and will only remove patients from the denominator of those indicators.

D.16 Criteria (iv) and (v) will remove patients from all indicators in a given set unless the care has subsequently been carried out within the relevant time period as described in paragraph D.4.3 (a) to (d) above.

D.17 Contractors should report the number of patients with a personalised care adjustment recorded for each indicator set and individual indicator. Contractors will not be expected to provide reasons for inclusion of a personalised care adjustment in an individual patient's record.

D.18 Additional guidance on the personalised care adjustment is included in the guidance published by NHS England and can be obtained on https://www.england.nhs.uk/gp/gpfv/investment/gp-contract.".

Amendment of Section 2 of Annex D to the principal Directions

23. 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 (379 points)

Section 2.1. applies to all contractors participating in QOF.

Atrial fibrillation (AF)

Indicator	**Points**	**Achievement thresholds**
Records		
AF001. The contractor establishes and maintains a register of patients with atrial fibrillation	5	
Ongoing management		

AF006. The percentage of patients with atrial fibrillation in whom stroke risk has been assessed using the CHA_2DS_2-VASc score risk stratification scoring system in the preceding 12 months (excluding those patients with a previous CHADS2 or CHA_2DS_2-VAS_c 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_2DS_2-VAS_c 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 CHADS2, recorded prior to 1 April 2015 will be included in the denominator.

Secondary prevention of coronary heart disease (CHD)

Indicator	**Points**	**Achievement thresholds**
Records		
CHD001. The contractor establishes and maintains a register of patients with coronary heart disease	4	
Ongoing management		
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 2015 menu ID: NM86	5	46-86%

Heart failure (HF)

Indicator	**Points**	**Achievement thresholds**
Records		
HF001. The contractor establishes and maintains a register of patients with heart failure	4	
Initial diagnosis		

HF002. The percentage of patients with a diagnosis of heart failure (diagnosed on or after 1 April 2006) which has been confirmed by an echocardiogram or by specialist assessment 3 months before or 12 months after entering on to the register NICE 2015 menu ID: NM116	6	50–90%
Ongoing management		
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 NICE 2015 menu ID: NM89	10	60–100%
HF004. In those patients with a current diagnosis of heart failure due to left ventricular systolic dysfunction who are currently treated with an ACE-I or ARB, the percentage of patients who are additionally currently treated with a beta-blocker licensed for heart failure NICE 2015 menu ID: NM90	9	40–65%

Disease registers for heart failure

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

1. a register of patients with HF is used to calculate APDF for HF001 and HF002,
2. a register of patients with HF due to left ventricular systolic dysfunction (LVSD) is used to calculate APDF for HF003 and HF004.

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
Records		
HYP001. The contractor establishes and maintains a register of patients with established hypertension	6	
Ongoing management		
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
Records		
PAD001. The contractor establishes and maintains a register of patients with peripheral arterial disease	2	

NICE 2011 menu ID: NM32		

Stroke and transient ischaemic attack (STIA)

Indicator	**Points**	**Achievement thresholds**
Records		
STIA001. The contractor establishes and maintains a register of patients with stroke or TIA	2	
Ongoing management		
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 Bases on NICE 2015 menu ID: NM93	2	46-86%

Diabetes mellitus (DM)

Indicator	**Points**	**Achievement thresholds**
Records		
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	
Ongoing management		
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**
Records		
AST001. The contractor establishes and maintains a register of patients with asthma, excluding patients with asthma who have been prescribed no asthma-related drugs in the preceding 12 months	4	
Initial diagnosis		

AST002. The percentage of patients aged 8 or over with asthma (diagnosed on or after 1 April 2006), on the register, with measures of variability or reversibility recorded between 3 months before or any time after diagnosis NICE 2015 menu ID: NM101	15	45–80%
Ongoing management		
AST003. The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions NICE 2011 menu ID: NM23	20	45–70%
AST004. The percentage of patients with asthma aged 14 or over and who have not attained the age of 20, on the register, in whom there is a record of smoking status in the preceding 12 months NICE 2015 menu ID: NM102	6	45–80%

Chronic obstructive pulmonary disease (COPD)

Indicator	Points	Achievement thresholds
Records		
COPD001. The contractor establishes and maintains a register of patients with COPD	3	
Initial diagnosis		
COPD002. The percentage of patients with COPD (diagnosed on or after 1 April 2011) in whom the diagnosis has been confirmed by post bronchodilator spirometry between 3 months before and 12 months after entering on to the register NICE 2015 menu ID: NM103	5	45–80%
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 12 months NICE 2015 menu ID: NM104	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 ≥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

Records		
DEM001. The contractor establishes and maintains a register of patients diagnosed with dementia	5	
Ongoing management		
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
Initial management		
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 NICE 2012 menu ID: 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
Records		
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	
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 12 months, agreed between individuals, their family and/or carers as appropriate NICE 2015 menu ID: NM108	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 NICE 2010 menu ID: NM17	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 NICE 2010 menu ID: NM16	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**
Records		
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	
Ongoing management		
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 Based on NICE 2012 menu ID: NM62	6	50–90%

Chronic kidney disease (CKD)

Indicator	Points	Achievement thresholds
Records		
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) NICE 2014 menu ID: NM83	6	

Epilepsy (EP)

Indicator	Points	Achievement thresholds
Records		
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
Records		
LD004. The contractor establishes and maintains a register of patients with learning disabilities NICE 2015 menu ID: NM73	4	

Osteoporosis: secondary prevention of fragility fractures (OST)

Indicator	Points	Achievement thresholds
Records		
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
Records		

RA001. The contractor establishes and maintains a register of patients aged 16 or over with rheumatoid arthritis NICE 2012 menu ID: NM55	1	
Ongoing management		
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%

Palliative care (PC)

Indicator	**Points**	**Achievement thresholds**
Records		
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.

Section 2.2. Public Health Domain

Section 2.2.1 Public health domain (106 points)

Section 2.2.1. applies to all contractors participating in QOF.

Cardiovascular disease – primary prevention (CVD-PP)

Indicator	**Points**	**Achievement thresholds**
Ongoing management		
CVD-PP001. In those patients with a new diagnosis of hypertension aged 30 or over and who have not attained the age of 75, recorded between the preceding 1 April to 31 March (excluding those with pre-existing CHD, diabetes, stroke and/or TIA), who have a recorded CVD risk assessment score (using an assessment tool agreed with the NHS CB) of ≥20% in the preceding 12 months: the percentage who are currently treated with statins	10	40–90%

Disease register for CVD-PP

The disease register for the purpose of calculating the APDF for the CVD-PP indicator is defined as patients diagnosed in the preceding 12 months with a first episode of hypertension, excluding patients with the following conditions:

- CHD or angina
- stroke or TIA
- peripheral vascular disease
- familial hypercholesterolemia
- diabetes
- CKD with classification of categories G3a to G5.

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 NICE 2012 menu ID: NM61	15	50–90%

Obesity (OB)

Indicator	**Points**	**Achievement thresholds**
Records		
OB002. The contractor establishes and maintains a register of patients aged 18 years or over with a BMI ≥30 in the preceding 12 months	8	

Smoking (SMOK)

Indicator	**Points**	**Achievement thresholds**
Records		
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 NICE 2011 menu ID: NM38	25	50–90%
Ongoing management		
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 Based on NICE 2011 menu ID: NM40	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	25	56–96%

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 NICE 2011 menu ID: NM39		

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%

CS00X. 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.

Prescribing safety

Indicator	**Points**	**Achievement thresholds**
QI001. The contractor can demonstrate continuous quality improvement activity focused upon prescribing safety as specified in the QOF guidance	27	NA
QI002. 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 network peer review meetings	10	NA

End of Life Care

Indicator	**Points**	**Achievement thresholds**
QI003. The contractor can demonstrate continuous quality improvement activity focused upon end of life care as specified in the QOF guidance	27	NA
QI004. 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 network peer review meetings	10	NA

".

Amendment of Annex E to the principal Directions

24. In Annex E to the principal Directions (calculation of the sub-domain additional services achievement points), in paragraphs E.5 and E.6 of Annex E (achievement points), for "£171.20" substitute "£187.74".

Amendment of Annex K to the principal Directions

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

"The Statement of Financial Entitlements (Amendment) Directions 2019 signed on 29 March 2019."

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

Date 29 March 2019

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