Area Team Reference: 02404



Area Team Directors Regional Heads of Primary Care Area Team Heads of Primary Care Commissioning Operations NHS England Quarry House Quarry Hill Leeds LS2 7UE

cc. Regional Directors

27 October 2014

Dear colleagues,

OUTCOME OF 2015/16 GMS CONTRACT NEGOTIATIONS FOR THE QUALITY AND OUTCOMES FRAMEWORK

This letter is to inform you of the outcome of the contract negotiations between the BMA's General Practitioners Committee (GPC) and NHS Employers (on behalf of NHS England) on amendments that will apply to the Quality and Outcomes Framework (QOF) contractual arrangements in England from April 2015.

An agreement has been reached with GPC on changes to the Quality and Outcomes Framework for 2015/16 which seeks to build on last year's extensive changes. It was recognised by both parties that the impact of some of the changes introduced last year remain to be fully evaluated before any further significant changes should be agreed.

We and NHS Employers will issue more detailed guidance on all of the changes in due course. Changes to Regulations and Directions and amendments to the Statement of Financial Entitlements (SFE) will come into force from April 2015.

QOF reform

As confirmed during the main negotiations in September, there will be no further reduction in the size of the Quality and Outcomes Framework (QOF) for 2015/16 and the overall number of points in QOF remains at 559 points.

An adjustment to the value of a QOF point for 2015/16 will be made - taking account of population growth and relative changes in the average practice list size from 1 January 2014 to 1 January 2015.

To reiterate the outcome of the main negotiations, the QOF threshold increases that were due to be implemented from April 2015 will be deferred for one year to April 2016.

Senior NHS England clinicians have reviewed and agreed the proposed changes outlined below, taking into account advice from NICE and Public Health England.

QOF Indicator changes:

- Atrial Fibrillation:
 - the retirement of AF005 (6 points)
 - o the replacement of AF004 (6 points) with NICE indicator NM82
 - o the introduction of NICE indicator NM81

The two new indicators have been set at 12 points, each to reflect the workload involved in the delivery of these indicators.

The two new indicators outlined above have also been allocated thresholds. For NM81 the threshold will be 40-90% and NM82 will be 40-70%.

- Coronary Heart Disease (CHD):
 - the retirement of CHD006 (10 points).
- Dementia:
 - the amendment of DEM002 to include a care plan with an increase to the number of points from 15 to 39 points to recognise an increase in the number of patients with dementia
 - o a change to the timeframe for DEM003.
- Chronic Kidney Disease (CKD):
 - the amendment of CKD001 (the register) to reflect the change in the classification in line with the updated NICE clinical guideline
 - the retirement of CKD002 (11 points), CKD003 (9 points) and CKD004 (6 points) (total 26 points).
- Obesity
 - the indicator wording for OB001 (the register) has been amended in line with NICE clinical guidelines.

This agreement includes a commitment that GP practices continue to undertake the work for the retired indicators as clinically appropriate and in accordance with best medical practice. In addition, practices will need to continue to code appropriately and facilitate data extraction on all retired indicators and processing by the renal registry for audit/publication in order to support practices in promoting ongoing quality improvement.

Please ensure that this letter is distributed to all relevant people within your teams.

Yours sincerely

Rosaniand Roppita

Rosamond Roughton Director of NHS Commissioning