S U B O R D I N A T E L E G I S L A T I O N

2015 No. 7

THE NATIONAL HEALTH SERVICE (WALES) ACT 2006

Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) Directions 2015

Made - - - - 31 March 2015

Coming into force in accordance with direction 1(3)

The Welsh Ministers in exercise of the powers conferred on them by sections 45, 203(9) and (10) and 204(1) of the National Health Service (Wales) Act 2006(**1**), and after consulting in accordance with section 45(4) of that Act with the bodies appearing to them to be representative of persons to whose remuneration these Directions relate give the following Directions:

Title, commencement and application

1.—(1) The title of these Directions is the Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) Directions 2015.

(2) These Directions are given to Local Health Boards and apply in relation to Wales.

(3) These Directions come into force on 1 April 2015.

Amendments to the Statement of Financial Entitlements

2. The Directions to Local Health Boards as to the Statement of Financial Entitlements Directions 2013(**2**) which came into force on 11 June 2013, as amended by the Directions listed in Annex J at Schedule 2 to these Directions, are further amended as follows.

Amendment to the Table of Contents

3. The Table of Contents is amended as follows:

(a) in the Table of Contents in Part 2 Section 5 (Aspiration Payments), for the heading "Calculation of Monthly Aspiration Payments: the 49% method", substitute "Calculation of Monthly Aspiration Payments: the 59% method".

Amendment of Section 2 – Global Sum Payments

4. Section 2 (Global Sum Payments) is amended as follows:

(a) for paragraph 2.3, substitute –

"2.3 Once the contractor's CRP has been established, this number is to be adjusted by the Global Sum Allocation Formula, a summary of which is included in Annex B of this SFE. The resulting

(**1**) The National Health Service (Wales) Act 2006 (c.42).
(**2**) The Directions to Local Health Boards as to the Statement of Financial Entitlements 2013 (2013 No.8) as amended.

figure, which is the contractor's Contractor Weighted Population for the Quarter is then to be multiplied by £78.55."

(b) for paragraph 2.19, substitute –

"2.19 The value of a QOF point will be recalculated each year after the NARP has been established and will apply to the following financial year, subject to any uplift that may or may not be applied. The revised QOF point value is to be calculated by multiplying the current financial years QOF point value by the fraction produced by dividing the newly established NARP that will apply for the following financial year by the NARP that applies for the current financial year. The calculation can be expressed as:

Revised QOF point value for following financial year =

Current financial year QOF point value x $\frac{\text{Newly established NARP for the following financial year}}{\text{Current Year NARP}}$ "

Amendment of Section 3 – Minimum Practice Income Guarantee

5. Section 3 – (Minimum Practice Income Guarantee) is amended as follows:

(a) Omit paragraph 3.17C – "Review and revision of the baseline monthly figure amount for Correction Factor Monthly Payments in respect of the period 1 April 2015 and ending 31 March 2016.".

(b) Insert after paragraph 3.29 -

"Contractors entitlement to Practice Support Monthly Payments

3.30 At the start of the 2015/16 financial year, LHBs must determine which of their contractors are entitled to Practice Support Monthly Payments.

3.31 A contractor is entitled to Practice Support Monthly Payments if the amount of CFMP paid in respect of the period 1/4/14 and ending 31/3/15 is greater than 15% of the sum of CFMP and GSMP paid in respect of the period 1/4/14 and ending 31/3/15.

3.32 A contractor entitled to PSMP will receive the difference between 15% of the sum of CFMP and GSMP paid in respect of the period 1/4/14 and ending 31/3/15 and CFMP paid in respect of the period 1/4/14 and ending 31/3/15 divided by 12.

3.33 The calculation of PSMP can be expressed as:

If CFMP > 15% of CFMP + GSMP, then contractor entitled to PSMP; and
PSMP = CFMP – 15% of CFMP + GSMP

3.34 Where a contractor is entitled to a PSMP, the payments will fall due on the last day of each month. Where the value of the PSMP payable to a contractor, as calculated in accordance with paragraphs 3.31 to 3.33, is equal to or less than £10.00, no PSMP will be paid to that contractor.

Erosion of Minimum Practice Income Guarantee commencing on 1st April 2015

3.35 In respect of the financial year which commences on 1 April 2015, LHBs must calculate the CFMP as follows.

3.36 Paragraphs 3.5 to 3.17B do not apply.

3.37 Where a contractor is entitled to a CFMP in accordance with 3.17A and 3.17B for the period commencing 1 April 2014 and ending 31 March 2015, the value of that CFMP is an amount referred to as A.

3.38 Where a contractor is entitled to a PSMP in accordance with paragraph 3.31, the value of that PSMP is an amount referred to as B.

3.39 The amount A less the amount B is an amount referred to as C. The amount C is to be divided by 7 to produce an amount D.

3.40 The CFMP for the financial year commencing on-

(c) 1st April 2015 and ending 31 March 2015, each eligible contractor will receive a CFMP equal to the value of C less the value of D;

(d) On the 1st April 2016 and ending 31 March 2017, each eligible contractor will receive a CFMP equal to the value of C less twice the value of D;

(e) On the 1st April 2017 and ending 31 March 2018, each eligible contractor will receive a CFMP equal to the value of C less three times the value of D;

(f) On the 1st April 2018 and ending 31 March 2019, each eligible contractor will receive a CFMP equal to the value of C less four times the value of D;

(g) On the 1st April 2019 and ending 31 March 2020, each eligible contractor will receive a CFMP equal to the value of C less five times the value of D;

(h) On the 1st April 2020 and ending 31 March 2021, each eligible contractor will receive a CFMP equal to the value of C less six times the value of D;

(i) On the 1st April 2021 and ending 31 March 2022, and subsequent financial years, no contractor will be entitled to a CFMP.

3.41 Where a contractor is entitled to a CFMP, the payments will fall due on the last day of each month.

3.42 Where the value of the CFMP payable to a contractor, as calculated in accordance with paragraphs 3.37 to 3.40, is equal to or less than £10.00, no CFMP will be paid to that contractor."

Amendment of Section 4 – General Provisions Relating to the Quality and Outcomes Framework

6. Section 4 (General Provisions Relating to the Quality and Outcomes Framework) is amended as follows:

(a) In paragraph 4.3, for 1st April 2013" substitute "1st April 2015";

(b) in paragraph 4.5 (a), for "49%", substitute "59%";

(c) in paragraph 4.8 (d), omit the word "GP".

Amendment of Section 5 – Aspiration Payments: Calculation, Payment Arrangements and Conditions of Payments

7. Section 5 (Aspiration Payments: Calculation, Payment Arrangements and Conditions of Payments) is amended as follows:

(a) for the heading preceding paragraph 5.3 "Calculation of Monthly Aspiration Payments: the 49% method", substitute "Calculation of Monthly Aspiration Payments: the 59% method";

(b) in paragraph 5.3, for "49%", substitute "59%";

(c) in paragraph 5.4, for "49%", substitute "59%";

(d) for paragraph 5.7, substitute –

"The total produced by paragraph 5.6 is then to be multiplied by 59%. The figure is then further multiplied by the figure which is the product of the maximum number of points available under the QOF for the financial year in respect of which the calculation is being made divided by the maximum number of points available under the QOF in the previous financial year. (By way of example, the figures used for this element of the calculation in the financial year commencing on 1st April 2014 and ending on 31st March 2015 are 669 and 969 respectively, 669 points being the maximum number of points available under the QOF for that financial year and 969 being the maximum number of points available under the QOF for the financial year commencing on 1st April 2013 and ending on 31st March 2014. The resulting figure is the annual amount of the contractor's Aspiration Payment. This is then to be divided by twelve for what, subject to **paragraphs 5.8, 5.9 and 5.10**, is to be the contractor's Monthly Aspiration Payment as calculated by the 59% method.) ";

(e) in paragraph 5.13, for the figure "£154.83", substitute "£158.56"; and

(f) in paragraph 5.14, for "49%", substitute "59%".

Amendment of Section 6 – Achievement Payments: Calculation, Payment Arrangements and Conditions of Payments

8. Section 6 (Achievement Payments: Calculation, Payment Arrangements and Conditions of Payments) is amended as follows:

(a) in paragraph 6.6(b), for the figure "£154.83", substitute "£158.56";

(b) in paragraph 6.7, for the figure "£154.83", substitute "£158.56";

(c) in paragraph 6.8, for the figure "£154.83", substitute "£158.56";

(d) in paragraph 6.14 (b) for the word "contactor", substitute "contractor"; and

(e) in paragraph 6.14(d) for the word "computerized", substitute "computerised".

Amendment of Section 7 – Childhood Immunisations

9. Section 7 (Childhood Immunisations) is amended as follows:

(a) in paragraph 7.6, for the sentence beginning with "In this section, C1… and ending with "..in paragraph 7.3(b)(iii)" substitute the second reference to "7.3(b)(ii)" with "7.3(b)(i); and

(b) in paragraph 7.20, for "61" in the three places it occurs, substitute "64".

Amendment of Section 10 – Shingles Immunisation Programme

10. Section 10 (Shingles Immunisation Programme) is amended as follows:

(a) for paragraph 10.2(a) and (b), substitute —

"10.2 The LHB must pay to the contractor who qualifies for the payment, a payment of £7.71 in respect of each registered patient of the contractor who has received the Shingles vaccine during the financial year ending 31 March, and who has attained the age of 70 years between 1 September 2013 and 1 September of the current financial year and have not yet attained the age of 80.".

(b) for paragraph 10.3(l), substitute –

"10.3(l) the patient in respect of whom the payment is claimed falls within the Age Group referred to in paragraph 10.2 when the vaccine is administered;"

(c) in paragraph 10.5, for "10.2(a) or 10.2(b).", substitute "10.2.".

(d) in paragraph 10.8 (a)(iv), omit "(a) or 10.2(b)"

Amendment of Section 11 – Payments for Locums covering Maternity, Paternity and Adoption Leave

11. Section 11 (Payments for Locums covering Maternity, Paternity and Adoption Leave) is amended as follows:

(a) for paragraph 11.4 substitute—

"**11.4.** The LHB must consider whether or not it is necessary for the contractor to engage, or continue to engage, a locum or to use, or continue to use, the services of a GP performer who is a party to the contract or who is already employed or engaged by the contractor to cover for the absence of a GP performer under this Section having regard to the following principles—

(a) it should not normally be considered necessary for the contractor to employ a locum, or to use the services of a GP performer who is a party to the contract or who is already employed or engaged by the contractor, if the performer on leave had a right to return but that right has been extinguished;

(b) it should not normally be considered necessary for the contractor to employ a locum, or to use the services of a GP performer who is a party to the contract or who is already employed or engaged by the contractor, if the contractor has engaged a new employee or partner to perform the duties of the performer on leave and it is not carrying a vacancy in respect of another position which the performer on leave will fill on his return."; and

(b) for paragraph 11.5 substitute—

"**Amounts payable**

11.5.— The maximum amount payable under this Section by the Board in respect of cover for a GP performer is—

(a) in respect of the first two weeks for which the Board provides reimbursement, £1,113.74 per week; and

(b) in respect of any week thereafter for which the Board provides reimbursement, £1,734.18 per week.";

(c) in paragraph 11.7(d), after "actual cost to it of the locum cover" insert ", or the additional cost to it of the cover provided by another GP performer who is already employed or engaged by it ,"; and

(c) in paragraph 11.7, omit the word "locum" in each place where it appears in sub-paragraphs (d) and (e).

(d) in paragraph 11.6 for the word "contactor", substitute "contractor"; and

(e) in paragraph 11.7(d), after "actual cost to it of the locum cover" insert ", or the additional cost to it of the cover provided by another GP performer who is already employed or engaged by it;".

Amendment of section 19 – Administrative Provisions

12. In section 19 (Administrative Provisions) is amended as follows:

(a) for paragraph 19.12, substitute—

"**Time limitation for claiming payments**

19.12.—(1) Payments are only payable if claimed before the end of the period of six years beginning with the date on which they could first have fallen due (albeit that the due date has changed pursuant to paragraph 19.5).

(2) Sub-paragraph (1) does not apply to any claims for payments which fall due under a provision of this SFE in respect of which an alternative time limit for making claims for such payments is imposed unless, in the opinion of the LHB, exceptional circumstances exist which make it reasonable for that time limit to be disapplied.".

Amendment of Annex A - Glossary

13. Annex A, (Part 1 Acronyms) is amended as follows:

(a) insert after the acronym "NHSPD" –

"PSMP – Practice Support Monthly Payment".

14. Annex A, (Part 2 Definitions) is amended as follows:

(a) For the definition of "The National Average of Registered Patients (NARP)" substitute –

"The National Average of Registered Patients (NARP)" is the aggregate CRP of contractors in Wales as calculated using the number of patients recorded on the Exeter Registration System as being registered with contractors on the 1 January, divided by the number of contractors at the 31 March, in the year immediately before the commencement of the financial year to which the relevant payment relates"; and

(b) Insert after the definition for "PMS contractor" –

""Practice Support Monthly Payment" is to be construed in accordance with paragraphs 3.30 – 3.34".

Amendment of Annex D – Quality and Outcomes Framework

15. For Annex D substitute with Annex D attached at Schedule 1 to these Directions.

Amendment of Annex E – Calculation of the Additional Services Sub-Domain of the Public Health Domain Achievement Points

16. Annex E is amended as follows –

(a) In paragraph E.6., each time the figure "£154.83" appears, substitute "£158.56".

Amendment of Annex F – Adjusted Practice Disease Factor Calculations – Adjusted Practice Disease Factor

17. Annex F is amended as follows:

(a) in paragraph F.4.1(c), for "CHD in the period commencing 1st April 2014 and ending on 31st March 2015 would receive £185.80" substitute "DM in the period commencing 1st April 2015 and ending on 31st March 2016 would receive £190.27".

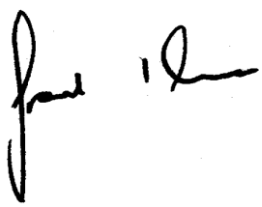
Amendment of Annex G – Dispensing Payments

18. Annex G is amended as follows:

(a) in Part 2 of Annex G omit the first Table and the wording that states "to apply from 1 October 2014"; and

(b) in Part 3 of Annex G omit the first Table and the wording that states "to apply from 1 October 2014".

Signed by Dr Grant L. Duncan, Deputy Director, Healthcare Policy Division under the authority of the Minister for Health and Social Services, one of the Welsh Ministers



Date: 30 March 2015

SCHEDULE 1

ANNEX D

QUALITY AND OUTCOMES FRAMEWORK

SECTION 1

General

D.1 The Quality and Outcomes Framework (QOF) rewards contractors for the provision of quality care and helps to standardise improvements in the delivery of primary medical services. Contractor participation in QOF is voluntary.

D.2 The percentages for the achievement threshold levels for the fraction indicators included in QOF for the financial year commencing on 1st April 2015 and ending on 31st March 2016 are set out in this Annex.

Glossary of terms used in Annex D

Abbreviation	*Definition*
ACE-Inhibitor or ACE-I	Angiotensin Converting Enzyme Inhibitor
AF	Atrial Fibrillation
ARB	Angiotensin Receptor Blocker
AST	Asthma
BMI	Body Mass Index
BP	Blood Pressure
CAN	Cancer
CHD	Coronary Heart Disease
CHS	Child Health Surveillance
$CHADS_2$	Congestive (HF) Hypertension Age (75 and over) Diabetes Stroke
CKD	Chronic Kidney Disease
CON	Contraception
COPD	Chronic Obstructive Pulmonary Disease
CS	Cervical Screening
CVD	Cardiovascular Disease
CVD-PP	CVD Primary Prevention
DEM	Dementia
DEP	Depression
DM	Diabetes Mellitus
DXA	Dual-energy X-ray Absorptiometry
EP	Epilepsy
FBC	Full Blood Count
FEV_1	Forced Expiratory Volume in One Second
GP	General Practitioner
GPPAQ	GP Physical Activity Questionnaire
HbA1c	Glycated Haemoglobin
HF	Heart Failure
HYP	Hypertension

IFCC	International Federation of Clinical Chemistry and Laboratory Medicine
IUS	Intrauterine System
LD	Learning Disabilities
LHB	Local Health Board
LVSD	Left Ventricular Systolic Dysfunction
MAT	Maternity
MH	Mental Health
MmHg	Millimetres of Mercury
mmol/l	Millimoles per Litre
NICE	National Institute for Health and Care Excellence
OB	Obesity
OST	Osteoporosis
PAD	Peripheral Arterial Disease
PC	Palliative Care
PE	Patient Experience
QP	Quality and Productivity
RA	Rheumatoid Arthritis
RCP	Royal College of Physicians
SMOK	Smoking
STIA	Stroke and Transient Ischemic Attack
THY	Hypothyroidism
TIA	Transient Ischemic Attack
TSH	Thyroid Stimulating Hormone

Interpretation of words and expressions used in Annex D

D.3 In this Annex, unless the context otherwise requires, words and expressions have the following meaning—

(a) "currently treated" in respect of a patient is to be construed as a patient who has been prescribed a specified medicine within a period of six months which ends on the last day of the financial year to which the achievement payment relates;

(b) "excepted patients" means persons who fall within the description of patients in paragraph D.11 (exception reporting);

(c) "exclusions" means persons who fall within the description of patient in paragraph D.10; and

(d) "financial year" means the period of 12 months commencing on 1st April and ending on 31st March;

Indicators: general

D.4.1 For the purposes of calculating achievement payments, contractor achievement against QOF indicators is measured—

(a) on the last day of the financial year; or

(b) in the case where the contract terminates mid-year, on the last day on which the contract subsists.

D.4.2 For example, for payments relating to the financial year 1st April 2015 to 31st March 2016, unless the contract terminates mid-year, achievement is measured on 31st March 2016. If the GMS contract ends on 30th June 2015, achievement is measured on 30th June 2016.

D.4.3 Indicators generally set out the target, intervention or measurement to be recorded within a specified time period to establish eligibility for achievement payments. Unless otherwise stated, time periods referred to mean the period which ends on the last day of the financial year to which the achievement payment relates. For example—

(a) in indicator HF005W, "the percentage of patients with heart failure diagnosed within the preceding 15 months", the phrase "preceding 15 months" means the period of 15 months which ends on 31st March in the financial year to which the achievement payments relate;

(b) in indicator CAN003W, "the percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months or where clinically appropriate within 3 months of the contractor receiving confirmation of the diagnosis"……, the phrase "within the preceding 15 months" means the period of 15 months which ends on 31st March in the financial year to which the achievement payments relate;

(c) in indicator HYP006, "the percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less", the phrase "in 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;

(d) in indicator CS002, "the percentage of women (aged 25 or over and who have not attained the age of 65) whose notes record that a cervical screening test has been performed in the preceding 5 years", the phrase "in the preceding 5 years" means the period of 5 years which ends on 31st March in the financial year to which the achievement payments relate; and

(e) in indicator FLU001W, "the percentage of the registered population aged 65 years or more who have had influenza immunisation in the preceding 1st August to 31st March", the phrase " in the preceding 1st August to 31st March" means the period of 8 months which ends on 31st March in the financial year to which the achievement payments relate.

D.4.4 In the case of a contract that has come to an end before 31st March in any relevant financial year, the reference to periods of time must be calculated on the basis that the period ends on 31st March in the financial year to which the achievement payments relate.

Disease registers

D.5 An important feature of the QOF is the establishment of disease registers. These are lists of patients registered with the contractor who have been diagnosed with the disease or risk factor described in the register indicator. While it is recognised that these may not be completely accurate, it is the responsibility of the contractor to demonstrate that it has systems in place to maintain a high-quality register. Verification may involve asking how the register is constructed and maintained. The LHB may compare the reported prevalence with the expected prevalence and ask contractors to explain any reasons for variations.

D.6 For some indicators, there is no disease register, but instead there is a target population group. For example, for cervical screening the target population group is women who have attained the age of 25 years or over and who have not attained the age of 65 years. Indicators in the Clinical and Public Health Domain are arranged in terms of clinical areas. Most of these areas either relate to a register or to a target population group.

D.7 Some areas in the clinical domain and the public health domain do not have a register indicator, or there may be more than one register to calculate the Adjusted Practice Disease Factor for different indicators within the area. For all relevant areas, the registered population used to calculate the Adjusted Practice Disease Factor are set out in the summary of indicators.

D.8 Indicators in the Cluster Network Development Domain have neither a disease register nor a target population. These are indicators which require a particular activity to be carried out and where the points available are awarded in full if it is carried out or not at all if it is not carried out.

Exception reporting and exclusions

D.9 Exception reporting applies to those indicators in any domain of the QOF where the achievement is determined by the percentage of patients receiving the specified level of care (fraction indicators).

D.10 Some indicators refer to a sub-set of patients on the relevant disease register, or in the target population group. 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 "Exceptions" relate to registered patients who are in the relevant disease register or target group and would ordinarily be included in the indicator denominator, but who are excepted by the contractor on the basis of one or more of the exception criteria set out below. Patients are removed from the denominator if they have been excepted and also the care specified in the indicators has not been carried out. These patients are referred to as "excluded patients". If the patient has been excepted but subsequently the care has been carried out in the relevant time period the patient will be included in both the denominator and the numerator.

D.12 Patients may be excepted if they meet the following criteria for exception reporting—

(a) patients who have been recorded as refusing to attend review who have been invited on at least 3 occasions during the financial year to which the achievement payments relate (except in the case of indicator CS002, where the patient should have been invited on at least 3 occasions during the period specified in the indicator during which the achievement is to be measured (i.e. the preceding 5 years ending on 31st March in the financial year to which achievement payments relate);

(b) patients for whom it is not appropriate to review the chronic disease parameters due to particular circumstances, for example, a patient who has a terminal illness or is extremely frail;

(c) patients newly diagnosed or who have recently registered with the contractor who should have measurements made within three months and delivery of clinical standards within nine months e.g. blood pressure or cholesterol measurements within target levels;

(d) patients who are on maximum tolerated doses of medication whose levels remain sub-optimal;

(e) patients for whom prescribing a medication is not clinically appropriate e.g. those who have an allergy, contraindication or have experienced an adverse reaction;

(f) where a patient has not tolerated medication;

(g) where a patient does not agree to investigation or treatment (informed dissent) and this has been recorded in their patient record following a discussion with the patient;

(h) where the patient has a supervening condition which makes treatment of their condition inappropriate e.g. cholesterol reduction where the patient has liver disease; or

(i) where an investigative service or secondary care service is unavailable.

D.13 In the case of exception reporting on criteria (a) and (b) these patients are removed from the denominator for all indicators in that disease area where the care has not been delivered. For example, in a contractor with 100 patients on the Diabetes Mellitus (DM) disease register, in which four patients have been recalled for follow-up on three occasions but have not attended and one patient has become terminally ill with metastatic breast carcinoma during the year, the denominator for reporting would be 95. However, all 100 patients with DM would be included in the calculation of the Adjusted Practice Disease Factor. This would apply to all relevant indicators in the DM set.

D.14 In addition, contractors may exception report patients from single indicators if they meet criteria in D12. (c)-(i). This would result in the patient being removed from the denominator for that indicator only.

D.15 Contractors should report the number of exceptions for each indicator set and individual indicator. Contractors will not be expected to report why individual patients were exception reported. However, contractors may be called on to explain why they have excepted patients from an indicator and this should be identifiable in the patient record.

Additional guidance on exception reporting is included in the Quality and Outcomes Framework Guidance for the GMS Contract Wales 2015/2016 ("QOF Guidance") which is published by Welsh Government and can be obtained on www.wales.nhs.uk/GMS.

Verification

D.16 The contractor must ensure that it is able to provide any information that the LHB may reasonably request of it to demonstrate that it is entitled to each achievement point to which it says it is entitled, and the contractor must make that information available to the LHB on request. In verifying that an indicator has been achieved and information correctly recorded, the LHB may choose to inspect the output from a computer search that has been used to provide information on the indicator, or a sample of patient records relevant to the indicator.

Section 2: Summary of QOF indicators

The clinical domain

2.1 This Section 2.1 (the Clinical domain) 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	2	
Ongoing Management		
AF006. The percentage of patients with atrial fibrillation in whom stroke risk has been assessed using the CHA2DS2-VASc score risk stratification scoring system in the preceding 3 years (excluding those patients with a previous CHADS2 or CHA2DS2-VASc score of 2 or more)	12	40-90%
AF007 In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anticoagulation drug therapy	12	40-70%

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	2	

Heart Failure (HF)

Indicator	*Points*	*Achievement Thresholds*
Records		
HF001. The contractor establishes and maintains a register of patients with heart failure	2	
Ongoing Management		
HF005W.The percentage of patients with heart failure diagnosed within the preceding 15 months with a subsequent record of an offer of referral for an exercise-based rehabilitation programme within the preceding 15 months *NICE 2012 menu ID:NM48*	5	40-90%

Hypertension (HYP)

Indicator	*Points*	*Achievement Thresholds*
Records		
HYP001. The contractor establishes and maintains a register of patients with established hypertension	2	
Ongoing Management		
HYP006. The percentage of patients with hypertension in whom the last blood pressure reading (measured in	25	45-80%

the preceding 12 months) is 150/90 mmHg or less		

Stroke and transient ischaemic attack (STIA)

Indicator	*Points*	*Achievement Thresholds*
Record		
STIA001. The contractor establishes and maintains a register of patients with stroke or TIA	2	

Diabetes mellitus (DM)

Indicator	*Points*	*Achievement Thresholds*
Records		
DM001. 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*	2	
Ongoing management		
DM002. The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 15 months) is 150/90 mmHg or less *NICE 2010 menu ID: NM01*	8	51-91%
DM003. The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 15 months) is 140/80 mmHg or less *NICE 2010 menu ID: NM02*	10	40-72%
DM007. The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 59 mmol/mol or less in the preceding 15 months *NICE 2010 menu ID: NM14*	17	40-72%
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 15 months *NICE 2010 menu ID: NM13*	4	55–90%
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%

Asthma (AST)

Indicator	*Points*	*Achievement Threshold*
Records		
AST001. The contractor establishes and maintains a register of patients with asthma, excluding patients with asthma who have been prescribed no asthma-related	2	

drugs in the preceding 12 months		
Ongoing management		
AST003. The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 15 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 15 months	6	50–80%

Chronic obstructive pulmonary disease (COPD)

Indicator	*Points*	*Achievement Thresholds*
Records		
COPD001. The contractor establishes and maintains a register of patients with COPD	2	
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	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 15 months	9	50–90%
COPD005. The percentage of patients with COPD and Medical Research Council dyspnoea grade ≥3 at any time in the preceding 15 months, with a record of oxygen saturation value within the preceding 15 months *NICE 2012 menu ID: NM63*	5	40-90%
COPD008W. The percentage of patients with COPD and Medical Research Council dyspnoea grade ≥3 at any time in the preceding 15 months, with a subsequent record of an offer of referral to a pulmonary rehabilitation programme within the preceding 15 months *NICE 2012 menu ID: NM47*	5	40-90%

Dementia (DEM)

Indicator	*Points*	*Achievement Thresholds*
Records		
DEM001. The contractor establishes and maintains a register of patients diagnosed with dementia	2	
Ongoing management		
DEM002. The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 15 months	28	35–70%

Depression (DEP

Indicator	*Points*	*Achievement Thresholds*
Initial management		
DEP003W. 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 2 weeks after and not later than 8 weeks after the date of diagnosis *NICE 2012 menu ID: NM50*	10	45-80%

Disease register in relation to Depression

(c) There is no register indicator for the depression indicators. The disease register for the indicators in the Depression Area for the purposes of calculating the Adjusted Practice Disease Factor 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 Threshold*
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	2	
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 15 months, agreed between individuals, their family and/or carers as appropriate	6	40-90%
MH007. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of alcohol consumption in the preceding 15 months *NICE 2010 menu ID: NM15*	4	50–90%
MH009. The percentage of patients on lithium therapy with a record of serum creatinine and TSH in the preceding 9 months *NICE 2010 menu ID: NM21*	1	50–90%
MH010. The percentage of patients on lithium therapy with a record of lithium levels in the therapeutic range in the preceding 4 months *NICE 2010 menu ID: NM22*	2	50–90%
MH011W. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of blood pressure and BMI in the preceding 15 months and in addition for those aged 40 or over, a record of blood glucose or HbA1c in the preceding 15 months.	12	45-85%

Disease register in relation to Mental Health

(d) 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

(e) 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 the remission codes if the patient has been in remission for at least five years, that is where there is—

(i) no record of antipsychotic medication

(ii) no mental health in-patient episodes; and

(iii) no secondary or community care mental health follow-up,

for at least five years.

(f) 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 denominators for mental health indicators MH002, MH007, MH008 and MH011W.

(g) 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.

(h) In the event that a patient experiences a relapse and is coded as such, they will once again be included in all the associated indicators for schizophrenia, bipolar affective disorder and other psychoses.

(i) 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'	2	
Ongoing management		
CAN003W. 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 contractor receiving confirmation of the diagnosis or where clinically appropriate within 3 months. This patient review can be undertaken via a telephone consultation but with an offer of a face to face appointment. *NICE 2012 menu ID: NM62*	6	50–90%

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	
Ongoing management		
EP003W.The percentage of women with epilepsy aged 18 or over and who have not attained the age of 55 who are taking antiepileptic drugs who have a record of being given information and advice about pregnancy or conception or contraception tailored to their pregnancy	2	50–90%

and contraceptive intentions recorded in the preceding 3 years		

Learning disability (LD)

Indicator	*Points*	*Achievement Thresholds*
Records		
LD001. The contractor establishes and maintains a register of patients with learning disabilities	2	

Osteoporosis: secondary prevention of fragility fractures

Indicator	*Points*	*Achievement Thresholds*
Records		
OST001. 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 2012 *NICE 2011 menu ID: NM29*	2	

Disease register in relation to Osteoporosis

(j) Although the register indicator OST001 defines two separate registers, the disease register for the purposes of calculating the Adjusted Practice Disease Factor is defined as the sum of the number of patients on both registers.

Rheumatoid arthritis (RA)

Indicator	*Points*	*Achievement Threshold*
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 15 months *NICE 2012 menu ID: NM58*	10	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	

Ongoing management		
PC002W. The contractor has regular (at least 2 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed	6	

Disease register in relations to palliative care

(k) There is no Adjusted Practice Disease Factor 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 PC001W.

The Public health domain

2.2.1 This Section 2.2.1 (the public health domain but does not include the additional services sub-domain which is set out in Section 2.2.2) 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 LHB) of ≥20% in the preceding 15 months: the percentage who are currently treated with statins *NICE 2011 menu ID: NM26*	10	40–90%

Disease register in relation to Cardiovascular Disease Primary Prevention

(l) The disease register for the purposes of calculating the Adjusted Practice Disease Factor for the indicators in the Cardiovascular Disease - Primary Prevention Area is defined as follows: patients diagnosed with a first episode of hypertension on or after 1 April 2009, excluding patients with the following conditions—

(i) CHD or angina;

(ii) stroke or TIA;

(iii) peripheral vascular disease;

(iv) familial hypercholesterolemia;

(v) diabetes; and

(vi) CKD (US National Kidney Foundation: Stage 3 to 5 CKD).

Blood pressure (BP)

Indicator	*Points*	*Achievement Thresholds*
BP001W. The percentage of patients aged 50 or over who have a record of blood pressure in the preceding 5 years *NICE 2012 menu ID: NM61*	10	50-90%

Obesity (OB)

Indicator	*Points*	*Achievement Thresholds*
Records		
OB001. The contractor establishes and maintains a	2	

register of patients aged 18 or over with a BMI ≥30 in the preceding 15 months		

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 15 months *NICE 2011 menu ID: NM38*	25	60–90%
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 27 months *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 disorder or other psychoses who are recorded as current smokers who have a record of an offer of support and treatment within the preceding 15 months *NICE 2011 menu ID: NM39*	25	53-93%

Disease register in relation to Smoking

(m) The disease register for the purposes of calculating the Adjusted Practice Disease Factor 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.

(n) Any patient who has one or more co-morbidities e.g. diabetes and coronary heart disease, is only counted once in the register for SMOK002 and SMOK005.

(o) There is no Adjusted Practice Disease Factor calculation for SMOK004.

Requirements for recording smoking status

Smokers

(p) For patients who smoke this recording should be made in the preceding 15 months for SMOKOO2.

Non-smokers

(q) It is recognised that lifelong 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 15 months (for SMOK002) until the end of the financial year in which the patient attains the age of 25.

(r) Once a patient is over the age of 25 years (i.e. in the financial year in which they attain the age of 26 or in any year following that financial year) to be classified as a non-smoker they require—

(i) for SMOK002, a recording of never smoked which is **both after** their 25th birthday **and after** the earliest diagnosis date of a disease which has led to their inclusion in the SMOK002 register (i.e. the register of patients on the disease registers for each of the conditions listed in SMOK002).

Ex-smokers

(s) There are two ways in which a patient can be recorded as an ex-smoker—

(i) ex-smokers can be recorded as such in the preceding 15 months (for SMOK002W); or

(ii) 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 in recognition of the fact it is recognised that once a patient has been an ex-smoker for more than three years they are unlikely to restart.

Influenza Immunisation (FLU)

Indicator	*Points*	*Achievement Thresholds*
FLU001W The percentage of the registered population aged 65 years or more who have had influenza immunisation in the preceding 1 August to 31 March	5	55-75%
FLU002W The percentage of patients aged under 65 years included in (any of) the registers for CHD, COPD, Diabetes or Stroke who have had influenza immunisation in the preceding 1 August to 31 March	15	45-65%

The Public health domain: additional services sub-domain

2.2.2 This sub-section 2.2.2 (the public health domain additional services sub-domain) applies to contractors who provide additional services under the terms of their GMS contract and participate in QOF.

Cervical screening (CS)

Indicator	*Points*	*Achievement Thresholds*
CS001. The contractor has a protocol that is in line with national guidance agreed with the LHB for the management of cervical screening, which includes staff training, management of patient call/recall, exception reporting and the regular monitoring of inadequate sample rates	2	
CS002. The percentage of women aged 25 or over and who have not attained the age of 65 whose notes record that a cervical screening test has been performed in the preceding 5 years	11	45-80%

The Organisational Domain

2.3 Section 2.3. applies to all contractors participating in QOF.

Medicines management

Indicator	*Points*
MED006W. The contractor meets the LHB prescribing advisor at least annually, has agreed up to three actions related to prescribing and subsequently provided evidence of change	8
MED007W. A medication review is recorded in the notes in the preceding 15 months for all patients being prescribed 4 or more repeat medicines	10
Standard 80%	

The cluster network development domain

2.4 This Section 2.4 (the cluster network development domain) applies to all contractors participating in QOF.

Indicator	*Points*
Practice Development Plan	
CND001W: The contractor updates the review of local need and the provision of services within the practice developing priorities for action to inform the production of a Practice Development Plan (PDP), taking into account the work from the national and locally agreed priority areas from the previous year. The contractor updates the PDP (utilising the proforma at Annex 2 in the QOF Guidance) to assist practice analysis and planning and to inform discussions at GP cluster network meetings. The contractor participates in meetings with other health professionals twice during the year to develop the local multi disciplinary team (MDT) with the aim of improving the coordination and quality of care and optimising the availability of professional skills. Any MDT improvement actions to be identified by 31 March 2016 and to be considered for inclusion in a revised future PDP, if not already addressed by this date. The contractor to consider whether any MDT improvement actions need to be discussed at cluster level. The contractor ensures patients have the opportunity to contribute to the development of priorities through a patient participation group or other formal / informal feedback obtained from patients and for arrangements to be in place to collate the views of patients. Any patient experience improvement actions to be identified by 31 March 2016, or actioned during the year if early identification allows, and to be considered for inclusion in a revised future PDP. The contractor to consider whether any patient experience improvement actions can be more effectively delivered at cluster level and, where appropriate, to include in cluster network discussions. The full PDP to be shared with the LHB by 30 June 2015. In exceptional cases where practices need to redact any information, refer to supporting guidance. The PDP objectives and priorities (at Annex 2 in the QOF Guidance) to be published on My Local Health Service by 30 September 2015. The LHB will post the PDP objectives and priorities on My Local Health Service. Refer to supporting guidance.	30

Cluster Network Action Plan

CND002W: The contractor participates in a cluster network meeting to discuss with peers the health needs and service development priorities for the population served by the cluster network, including relevant issues identified within the individual PDP which can be most effectively addressed as a cluster network action. 25

The cluster network action plan (based on the proforma at Annex 3 in the QOF Guidance) will address the following key areas:

a. Access arrangements - comparison of core access arrangements; exploration of adjuvants to access (including telephone arrangements); user experience; consider Welsh Language provision and the other language needs of the practice ; the impact of My Health On Line where it is available to practices; responding to urgent requests and same day requests from care homes, Welsh Ambulance Services and hospital emergency departments.

b. Consideration of how resources can be used most effectively to provide local access to services to which patients require frequent access (such as phlebotomy, anticoagulation management ECG , spirometry) and those that support effective self management (such as structured diabetes, education and pulmonary rehab, acute illnesses.. These discussions will include the extent to which new resources may be required to deliver improved local services to patients and included in the cluster network action plan.

c. Mapping of local GP services to highlight where services are delivered across practices (for example, contraceptive services, minor surgery) with particular reference to vulnerable groups (including asylum seekers, homeless, and patients with learning disabilities.

d. Consideration of how new approaches to the delivery of primary care might aid service delivery and ensure sustainability of local services. Developments might include new technologies, development of clinical roles, further development of cross referral and increased skill mix.

e. Consideration of the impact of local care pathway work relating to previous QOF work,

f. Actions to foster greater integration of health and social care.

g. Consideration of how third sector support may be maximised.

The contractor participates in a cluster network meeting with LHB community networks and other service users at least once a year to improve the coordination and quality of care, access to wider community assets and responding to service user needs. Any improvement actions to be identified and to be considered for inclusion in a future revised cluster network action plan.

The contractor participates in the completion of a cluster

network action plan (at Annex 3 in the QOF Guidance).

The contractor agrees the contents of a cluster network action plan to deliver against shared local objectives.

The LHB network lead or nominated person will be responsible for collating and ensuring the cluster network action plan is completed by 30 September 2015.

The cluster network members are responsible for the agreement and delivery of the cluster network action plan.

The cluster network action plan (at Annex 3 in the QOF Guidance) to be revised and shared with the LHB by 30 September 2015

The cluster network action plan (at Annex 3 in the QOF Guidance) to be published on My Local Health Service by 31 December 2015. The LHB will post the cluster network action plan on My Local Health Service. Refer to supporting guidance.

The cluster network action plan will be subject to review at each meeting as outlined below in indicator CND 003W.

Implementation and delivery of the GP Cluster Network Action Plan

CND003W: The contractor participates in three cluster network meetings to review the implementation and delivery of the cluster network action plan. 25

The cluster network meetings will be facilitated by the LHB network lead or nominated person. This will ensure effective communication between the cluster network and the LHB and, where appropriate, the alignment on progress against cluster priorities outlined in the cluster network action plan with LHB strategic and operational priorities.

The cluster network action plan is a dynamic plan and will be updated to reflect the agreed outcomes of each cluster network meeting.

Cluster Network Annual Report

5

CND004W: The contractor participates in one cluster network meeting to develop and agree a cluster network annual report (at Annex 4 in the QOF Guidance) and to share with the LHB by 31 March 2016.

The cluster network annual report to be published on My Local Health Service by 30 June 2016. The LHB will post the cluster network annual report on My Local Health Service. Refer to supporting guidance.

Clinical Governance

CND005W: The contractor updates the Clinical Governance Practice Self Assessment Toolkit (CGPSAT) and to confirm completion and submission to the LHB by 31 March 2016. Information on the completion of CGPSAT is at Annex 5in the QOF Guidance. 30

The contractor participates in a review of the appropriate healthcare standards in relation to the promotion of safeguarding vulnerable adults; adults with a learning disability; safeguarding children. Practices are expected to achieve at least level 2 CGPSAT assurance. Any improvement actions to be identified by 31 March 2016, or actioned during the year if early identification allows.

The contractor will include appropriate actions resulting from completion of the CGSAT within a revised future PDP and will consider whether any issues need to be discussed at cluster level.

Participating in General Practice National Priority Areas

CND006W: Understanding cancer care pathways and identifying opportunities for service improvement (guidance at Annex 6 in the QOF Guidance). 15

The contractor will:

1. Review the care of all patients newly diagnosed between 1st January 2015 and 31st December 2015 with lung (including mesothelioma) and digestive system cancer using a Significant Event Analysis tool.

2. Review the care of all patients newly diagnosed with ovarian cancer between 1st January 2015 and 31st December 2015 using a Significant Event Analysis tool.
3. Summarise learning and actions to be shared with the network and the wider LHB.

4. Identify and include any relevant actions to be addressed in the PDP
5. Summarise themes and actions for discussion at cluster network meetings and share information with the LHB as required. This should be achieved through completion of the proforma (at Annex 6A in the QOF Guidance)

The outcomes of this work to be included in the cluster network annual report at indicator CND 004W

It is anticipated the cluster network will discuss the learning from this work and agree necessary actions towards the end of the contract year.

The contractor to provide a statement to the LHB, by 31

March 2016, they have identified outcomes from the cluster analysis to be considered for inclusion in the cluster network annual report and any relevant actions to be included in a revised future PDP.

Improving end of life care (guidance at Annex 7 of the GPCNDD of the QOF Guidance).

CND007W: 1. Identify all deaths occurring between 1st January 2015 and 31st December 2015. 15

Use a significant event analysis approach to assess delivery of end of life care (with a particular focus on continuity of care). This analyses should, where possible, include a review of :

- contacts by the multi-disciplinary team in the last two weeks of life;
- the completion of DNACPR forms;
- completion of out of hours handover forms;
- the availability of "Just in Case" boxes and
- emergency admissions of patients at the end of life.

2. This significant event analyses should be carried out for a minimum of 2/1000 registered patients whose deaths occurred between 1st January 2015 and 31st December 2015).

3. Identify any learning and actions required which should be linked into the Practice Development Plan.

4. Summarise themes and actions for discussion at cluster network meetings and share information with the LHB as required. This should be achieved through completion of the proforma (at Annex 7A)

The outcomes of this work to be included within the GP Cluster Network Annual Report at indicator CND 004W.

It is anticipated the cluster network will discuss the learning from this work and agree necessary actions towards the end of the contract year.

The contractor to provide a statement to the LHB, by 31 March 2016, that they have identified outcomes from the cluster analysis to be considered for inclusion in the cluster network annual report and any relevant actions to be included in a revised future PDP.

Minimising the harms of polypharmacy (guidance at Annex 8 of the QOF Guidance)

CND008W: The contractor will: 15

1. Identify and record number the % of patients aged 85 years or more receiving 6 or more medications (excluding dressings etc.)

2. Undertake face to face medication reviews, using the "No Tears" approach or similar tool as agreed within the cluster, for at least 60% of the cohort defined in 1 above (for a minimum number equivalent to 5/1000 registered patients. If the minimum number of reviews cannot be undertaken because of the small size of the cohort defined in 1 above, consider reducing the age limit until the minimum number is reached)

3. Identify and include any relevant actions to be addressed in the PDP.

4. Summarise themes and actions for review with the cluster network and share information with the LHB as required.

The outcomes of this work to be included within the cluster network annual report at indicator CND 004W.

It is anticipated that the cluster network will discuss the learning from this work and agree necessary actions towards the end of the contract year, building on the work already developed from the 2014/15 analysis.

The contractor to provide a statement to the LHB, by 31 March 2016, they have identified outcomes from the cluster analysis to be considered for inclusion in the cluster network annual report and any relevant actions to be included in the PDP.

SCHEDULE 2

ANNEX J

Amendments to the Directions to Local Health Boards as to the Statement of Financial Entitlements Directions 2013 which came into force on 11 June 2013

(t) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) Directions 2013 (2013 No.60), which were made on 30 September 2013.

(u) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) Directions 2014 (2014 No.3), which were made on 16 June 2014.

(v) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 2) Directions 2014 (2014 No.17), which were made on 27 June 2014.

(w) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 3) Directions 2014 (2014 No.24), which were made on 30 September 2014.