

2018 No. 52 (W.)

**THE NATIONAL HEALTH SERVICE (WALES) ACT
2006**

**Directions to Local Health Boards as to the Statement of
Financial Entitlements (Amendment) Directions 2018**

Made - - - -

14 June 2018

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, application and commencement

1.—(1) The title of these Directions is the Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) Directions 2018.

(2) These Directions are given to Local Health Boards.

(3) These Directions are made on 14 June 2018. Paragraphs 1 to 6, 7(1)(i), 7(2), and 8 to 13 of these Directions have effect from 1 April 2018⁽²⁾. Paragraphs 7(1)(ii) and 7(1)(iii) of these Directions have effect from 1 July 2018.

Amendments to the Statement of Financial Entitlements

2. The Directions to Local Health Boards as to the Statement of Financial Entitlements Directions 2013⁽³⁾ which came into force on 11 June 2013, as amended by the Directions listed in Annex J at Schedule 1 to these Directions, are further amended.

Amendment of Section 2 – Global Sum Payments

3. In paragraph 2.3 for “£82.11”, substitute “£86.17”.

Amendment of Section 4A – General Provisions Relating to the Inactive Clinical Domain of the Quality and Outcomes Framework

4.—(1) In paragraph 4A.1—

(i) for “2016/2017”, substitute “2017/2018”; and

(1) The National Health Service (Wales) Act 2006 (c.42).

(2) Under section 45(3)(e) of the National Health Service (Wales) Act 2006 a direction made under section 45 may in certain circumstances make provision having effect from a date before the date of the direction.

(3) Directions to Local Health Boards as to the Statement of Financial Entitlements Directions 2013 (2013 No.8)

- (ii) omit “As outlined in the CND at Section 4 of Annex D, contractors will peer review Inactive Clinical QOF indicators in order to gain assurance on standards.”.
- (2) For paragraph 4A.2 substitute—

“The contractor must ensure that it is able to provide any information which the LHB may reasonably request in relation to the Inactive Clinical Domain indicators for monitoring purposes. Information from GP systems will be made available via the portal.”
- (3) In paragraph 4A.3, for “2016/2017”, substitute “2017/2018”.

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

- 5. In paragraph 5.13 for “£167.96”, substitute “£173.08”.

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

- 6.—(1) In paragraph 6.6(b), for “£167.96”, substitute “£173.08”.
- (2) In paragraph 6.7, for “£167.96”, substitute “£173.08”.
- (3) In paragraph 6.8, for “£167.96”, substitute “£173.08”.

Amendment of Section 7 – Calculation of Quarterly Two-Year-Olds and Five-Year-Olds Immunisation Payments

- 7.—(1) In paragraph 7.10—
 - (i) for “63” in each place where it appears, substitute “61”;
 - (ii) in sub-paragraph (a), for “A x £735.08”, substitute “A x £612.54”; and
 - (iii) in sub-paragraph (b), for “A x £2,205.25”, substitute “B x £1837.63”.
- (2) In paragraph 7.20, for “63” in each place where it appears, substitute “64”.

Amendment of Section 8 – Rotavirus Vaccine

- 8. In paragraph 8.3, for “£9.80”, substitute “£10.03”.

Amendment of Section 9 – Pneumococcal Vaccine and HIB/MENC Booster Vaccine

- 9. In paragraphs 9.3, 9.6, 9.8, 9.9(b), 9.10, 9.11, 9.12 and 9.15 for “£19.60” in each place where it appears, substitute “£20.06”.

Amendment of Section 9A – Hepatitis B Vaccination for Babies

- 10. In paragraph 9A.2 for “£9.80”, substitute “£10.03”.

Amendment of Section 10 – Shingles Immunisation Programme

- 11. In paragraphs 10.2 and 10.5 for “£9.80” in each place where it appears, substitute “£10.03”.

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

- 12.—(1) For the heading, substitute “Section 11: PAYMENTS FOR LOCUMS OR SALARIED GPs ON A FIXED TERM CONTRACT OR GP PERFORMERS COVERING MATERNITY, PATERNITY AND ADOPTION LEAVE”.

(2) In paragraph 11.2, after “employ a locum”, insert “or a salaried GP under a fixed term contract”.

(3) In paragraph 11.4, after “a locum” in each place where it appears, insert “or a salaried GP on a fixed term contract”.

(4) In paragraph 11.5, after “locum cover” in each place where it appears, substitute “cover”.

Amendment of Section 12 – Payments for Locums or GP Performers covering Sickness Leave

13.—(1) For the heading, substitute “Section 12: PAYMENTS FOR LOCUMS OR SALARIED GPs ON A FIXED TERM CONTRACT OR GP PERFORMERS COVERING SICKNESS LEAVE”.

(2) In paragraph 12.2—

(i) after “employ a locum” in the first place where it appears, insert “, or a salaried GP on a fixed term contract”, and

(ii) in the second place where it appears, substitute “to provide cover”.

(3) In paragraph 12.3—

(i) after “locum” where the first place where it appears, insert “or a salaried GP on a fixed term contract”;

(ii) in sub-paragraph (c)—

(aa) after “engaging a locum”, insert “or salaried GP on a fixed term contract”; and

(bb) for “cost of the locum” in each place where it appears, substitute “cost of cover”;

(iii) in paragraph (e) omit “locum”; and

(iv) for “locum” in the final sentence, substitute “cover”.

(4) In paragraph 12.8, omit “locum”.

(5) In paragraph 12.10—

(i) in sub-paragraph (a), after “locum”, insert “or salaried GP on a fixed term contract” and for “locum cover”, substitute “cover”;

(ii) in sub-paragraphs (b) and (c), for “locum cover” in each place where it appears, substitute “cover”;

(iii) in sub-paragraph (d), for “locum arrangements” in each place where it appears, substitute “arrangements for cover” and for “locum cover”, substitute “cover”; and

(iv) in sub-paragraph (e), for “locum arrangements”, substitute “arrangements for cover”.

Amendment of Annex D – Quality and Outcomes Framework

14. For Annex D, substitute Annex D at Schedule 2.

Amendment of Annex E – Calculation of the Cervical Screening Additional Services within the ACD Achievement points

15.—(1) For the heading, substitute “CALCULATION OF THE CERVICAL SCREENING ADDITIONAL SERVICE WITHIN THE INACTIVE CLINICAL DOMAIN ACHIEVEMENT POINTS”.

(2) In paragraph E.5, for “£167.96”, substitute “£173.08”.

(3) In paragraph E.6, for “£167.96”, substitute “£173.08”.

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

16.—(1) For paragraph F.1(a), substitute—

“the calculation of the contractor’s Raw Practice Disease Prevalence. There will be a Raw Practice Disease Prevalence in respect of each indicator in the active and inactive clinical domains other than the Cervical Screening Additional Service where achievement is calculated in accordance with Annex E and the indicator for palliative care.”.

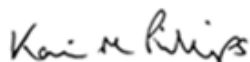
(2) In paragraph F.4.1(a), for “ACD”, substitute “active and inactive clinical domains”.

(3) In paragraph F.4.1(c), for “AF in the period commencing 1 April 2016 and ending on 31 March 2017 would receive £201.55 per point scored on the AF indicators”, substitute “AF in the period commencing 1 April 2018 and ending on 31 March 2019 would receive £207.70 per point scored on the AF indicators”.

Amendment of Annex G – Dispensing Payments

17.—(1) In Part 2 of Annex G omit the first Table and the text “To apply from 1 October 2017 up to and including 31 March 2018”.

(2) In Part 3 of Annex G omit the first Table and the text “To apply from 1 October 2017 up to and including 31 March 2018”.



Signed by Karin Phillips, Deputy Director, Primary Care Division under the authority of the Cabinet Secretary for Health and Social Services, one of the Welsh Ministers

Date: 14 June 2018

SCHEDULE 1

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

- (a) 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;
- (b) 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;
- (c) 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;
- (d) 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;
- (e) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) Directions 2015 (2015 No.7), which were made on 31 March 2015;
- (f) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment No 2) Directions 2015 (2015 No.14), which were made on 01 April 2015;
- (g) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment No 3) Directions 2015 (2015 No.15), which were made on 20 April 2015;
- (h) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment No 4) Directions 2015 (2015 No.19), which were made on 25 June 2015;
- (i) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No.5) Directions 2015, which were made on 30 September 2015;
- (j) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) Directions 2016, which were made on 30 March 2016;
- (k) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 2) Directions 2016, which were made on 11 April 2016;
- (l) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 3) Directions 2016, which were made on 13 July 2016;
- (m) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 4) Directions 2016 (2016 No.19), which were made on 16 August 2016;
- (n) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No.5) Directions 2016 which were made on 15 December 2016;
- (o) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 6) Directions 2017 which were made on 31 January 2017;
- (p) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) Directions 2017 which were made on 27 April 2017;
- (q) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No.2) Directions 2017 which were made on 9 August 2017; and
- (r) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No.3) Directions 2017.

SCHEDULE 2

ANNEX D

QUALITY AND OUTCOMES FRAMEWORK

Section 1: Introduction

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 are set out in this Annex.

Glossary of terms used in Annex D

<i>Abbreviation</i>	<i>Definition</i>
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.7;
- (c) “exclusions” means persons who fall within the description of patient in paragraph D.7; and
- (d) “financial year” means the period of 12 months commencing on 1 April and ending on 31 March.

Active QOF Indicators

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 a financial year, unless the contract terminates mid-year, achievement is measured on 31 March. If the GMS contract ends on 30 June, achievement is measured on 30 June.

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 in indicator 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”, the phrase “ in the preceding 1 August to 31 March” means the period of 8 months which ends on 31 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 31 March in any relevant financial year, the reference to periods of time must be calculated on the basis that the period ends on 31 March in the financial year to which the achievement payments relate.

Inactive QOF Indicators

D.5 Inactive Clinical QOF are those indicators which contractors’ performance will not be measured against for payment. Instead contractors will be entitled to the same Achievement Points total used for payment purposes for those particular indicators in 2017/18.

Disease registers

D.6 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.

Exception reporting and exclusions

D.7 Guidance on exception reporting is included in the Quality and Outcomes Framework Guidance for the GMS Contract Wales 2017/2018 (“QOF Guidance”) which is published by Welsh Government and can be obtained on www.wales.nhs.uk/GMS.

Verification

D.8 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.

D.9 For Inactive QOF indicators, information will be collected from GP clinical systems and sent to CM Web for the purposes of assurance of standards. LHBs will not be verifying achievement as payment will be made to contractors at the same points level used for payment purposes for those particular indicators in 2017/18.

Section 2: Summary of active clinical indicators

Clinical Domain Active QOF

Indicator	Points	Achievement thresholds
Atrial fibrillation (AF) AF001 The contractor establishes and maintains a register of patients with atrial fibrillation	2	
Secondary prevention of coronary heart disease (CHD) CHD001 The contractor establishes and maintains a register of patients with coronary heart disease	2	
Heart failure (HF) HF001 The contractor establishes and maintains a register of patients with heart failure	2	
Hypertension (HYP) HYP001 The contractor establishes and maintains a register of patients with established hypertension	2	
Stroke and transient ischaemic attack (STIA) STIA001 The contractor establishes and maintains a register of patients with stroke or TIA	2	
Diabetes mellitus (DM) 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	2	
Asthma (AST) 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	2	
Chronic obstructive pulmonary disease (COPD) COPD001 The contractor establishes and maintains a register of patients with COPD	2	
Dementia (DEM) DEM001 The contractor establishes and maintains a register of patients diagnosed with dementia	2	
Mental health (MH) 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	

Cancer (CAN) 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	
Epilepsy (EP) EP001 The contractor establishes and maintains a register of patients aged 18 or over receiving drug treatment for epilepsy	1	
Learning disability (LD) LD001 The contractor establishes and maintains a register of patients with learning disabilities	2	
Osteoporosis: secondary prevention of fragility fractures 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	2	
Rheumatoid arthritis (RA) RA001 The contractor establishes and maintains a register of patients aged 16 or over with rheumatoid arthritis	1	
Palliative care (PC) PC001 The contractor establishes and maintains a register of all patients in need of palliative care/support irrespective of age	3	
Obesity (OB) OB001 The contractor establishes and maintains a register of patients aged 16 or over with a BMI ≥ 30 in the preceding 15 months	2	
Influenza (FLU) FLU001W The percentage of the registered population aged 65 years of 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%
Total Clinical Domain Active QOF	53	

Section 3: Summary of inactive clinical indicators

Clinical Domain Inactive QOF

Indicator	Points
<b style="color: red;">Atrial fibrillation (AF) AF006 The percentage of patients with atrial fibrillation in whom stroke risk has been assessed using 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
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
<b style="color: red;">Hypertension (HYP) 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	25
<b style="color: red;">Diabetes mellitus (DM) 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	8
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	10
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	17
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 pulse) , 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	4
DM014 The percentage of patients newly diagnoses 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	11
<b style="color: red;">Asthma (AST) 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	20
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

Chronic obstructive pulmonary disease (COPD) 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
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
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	5
Dementia (DEM) 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
Mental health (MH) 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
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	4
MH009 The percentage of patients on lithium therapy with a record of serum creatinine and TSH in the preceding 9 months	1
MH010 The percentage of patients on lithium therapy with a record of lithium levels in the therapeutic range in the preceding 4 months	2
MH011W The percentage of patients with schizophrenia, Bipolar affective disorder and other psychoses who have a record of blood pressure, BMI and alcohol consumption 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
Epilepsy (EP) 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 and contraceptive intentions recorded in the preceding 3 years	2
Rheumatoid arthritis (RA) RA002 The percentage of patients with rheumatoid arthritis, on the register, who have had a face-to-face review in the preceding 15 months	10

Cancer (CAN) 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.	6
Palliative care (PC) PC002W The contractor has regular (at least 2 monthly) multi-disciplinary case review meetings where all patients on the palliative care register are discussed	6
Smoking (SMOK) SMOK002 The percentage of patients with any or any combination of the following conditions: CHD, 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	25
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	12
SMOK005 The percentage of patients with any or any combination of the following conditions: CHD, stroke or TIA, hypertension, diabetes, COPD, 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	25
Cervical screening (CS) 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
Medicines management (MED) 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 Standard 80%	10
Total Clinical Domain Inactive QOF	314

Section 4: Cluster Network Domain

Cluster Network Domain

Indicator	Points
CND013W – The contractor actively engages in the work of the cluster network through cluster meetings. The cluster network will meet on 5 occasions during the year. The timing of meetings should be agreed around the planning of the health board and to avoid the period of winter pressure.	200
Total Cluster Network Domain QOF	200