

QOF 2013-14 Frequently Asked Questions

#	Question:	Answer:
1	For Depression indicator DEP001 (i.e. 'biopsychosocial assessment completed'): what should a practice do if the patient was diagnosed in secondary care (given that the 'BPA completed' date must be the same as the date of diagnosis)?	Consider exception reporting, using the following code: Unsuitable for biopsychosocial assessment (9NSA).
2	For Depression indicator DEP002 (i.e. review 10-35 days after the date of diagnosis of depression): Can you exception-report the review ?	No, you can only exception-report for the biopsychosocial assessment itself.
3	For Diabetes dietary advice (DM013): who is a suitably competent person?	Please refer to the competency framework outlined by Diabetes UK (Appendix 1).
4	Do the first two boxes in the GPPAQ scoring tool contribute to the final GPPAQ score?	CEG have obtained details of limitations of GPPAQ and have amended the CEG 'Physical Activity' library item to reflect this. See Appendix 2 .
5	Where QOF-compliant codes have been confirmed after the start of the QOF year, can CEG write searches to identify which patients the new codes now need to be added for?	Yes. These searches will be available by mid-July. Please see Appendix 3 for details of codes.
6	Will Rheumatoid Arthritis be included in CEG's Prevalence searches?	Yes
7	Will FRAX and QFRAC be calculated in EMIS in the same way as for the CHADSVASC?	CEG would expect EMIS to include it as a value once the algorithm has been validated.
8	Will CEG update the SMI template to reflect the new code for Care Plan indicator (MH002)?	In the CEG SMI template, there is now a pick list of the new 5 QOF-compliant codes to indicate a Mental Health care plan. CEG will soon provide an updated template and a search to identify which patients the new codes need to be added for. (See Appendix 4 for this and also for an SMI LES/NIS update.)
9	For the new Shingles Immunisation Programme: Who should the Shingles vaccine be given to?	The new shingles immunisation programme is being introduced from 1 September 2013. It should be offered routinely to patients who are aged 70. The initial stages of the catch-up programme are for patients aged 71–79 (as at 1 September 2013), likely to commence with patients aged 79 (and any remaining vaccines supplies used to catch up patients aged 78). CEG will provide a template for this. NHS Employers have said that further details on arrangements will be available shortly and that guidance will be updated to reflect the details. [Source: http://www.nhsemployers.org/Aboutus/Publications/Documents/2013-14-GMS-contract-Guidance-audit-requirements.pdf]
10	Can CEG email all GPs with a list of the following?: 1) QOF code-changes for 2013/14 2) DES code-changes for 2013/14 3) LES code-changes for 2013/14	All QOF-, DES- and LES-code-changes are included in the amendments documented on the cover pages of our template guides (which include code additions, code retirements, asterisk additions/removals and wording changes).

Appendix 1

Providing Annual Dietary advice for patients with diabetes

Level one competencies described in the Diabetes UK framework

<http://www.dmeg.org.uk/Documents/Dietetic%20Competency%20Framework%202011.pdf>

or look at

Career and competency framework for Diabetic Nurses

http://www.trend-uk.org/TREND_3rd.pdf

This is an extract on nutrition from this framework

To meet the person's individual nutritional needs you should be able to:	
1. Unregistered practitioner	<ul style="list-style-type: none">● Follow the nutritional plan and report any related problems.● Recognise foods and drinks high in sugar.● Measure and record waist circumference, height and weight accurately.● Report if meals are not eaten, especially carbohydrates, if the patient is using insulin or oral antihyperglycaemic agents.
2. Competent nurse	As 1, and: <ul style="list-style-type: none">● Actively seek and participate in peer review of one's own practice.● List the principles of a healthy, balanced diet.● Calculate and interpret BMI.● Understand which foods contain carbohydrate and how these affect blood glucose levels.● Identify people at risk of malnutrition and situations where healthy eating advice is inappropriate.● Refer the person with diabetes to a dietitian where appropriate.
3. Experienced or proficient nurse	As 2, and: <ul style="list-style-type: none">● Work in partnership with the person with diabetes and with groups to identify realistic and achievable dietary changes to help individuals to manage their diabetes in the short- and long-term.● Know the dietary factors that affect BP and lipid control.● Be aware of local policy on the care of people undergoing enteral feeding.● Ensure that nutritional advice includes food and drink that provides sufficient energy intake and nutrients for optimal growth and development in children and young people with diabetes.
4. Senior practitioner or expert nurse	As 3, and: <ul style="list-style-type: none">● Perform an assessment of how lifestyle (i.e. diet and physical activity) and pharmacological agents impact on glycaemic control.● Facilitate the person with diabetes to make informed decisions about nutritional choices.● Teach the person with diabetes or their carer the principles of carbohydrate counting and medication dose adjustment.● Demonstrate knowledge and skills to facilitate behaviour change.● Demonstrate knowledge of how to manage the specific needs of people with diabetes undergoing enteral feeding.

Appendix 2

The General Practice Physical Activity Questionnaire (GPPAQ)

As described by the National Center for Biotechnology Information

“3.6 Limitations of GPPAQ

GPPAQ was developed to provide a simple, 4-level Physical Activity Index (PAI) reflecting an individual’s current physical activity, for use in general practice to decide when interventions to increase physical activity might be appropriate. Questions concerning walking, housework/childcare and gardening/DIY have been included, however they have not been shown to yield data of a sufficient reliability to contribute to an objective assessment of overall physical activity levels and are not included in the calculation of the PAI.

Nevertheless, these activities can contribute to meeting the Chief Medical Officer’s recommendation and walking, in particular, should be encouraged. The PAI must therefore be used in conjunction with a discussion of the responses to the walking, housework/childcare and gardening/DIY questions in order to determine whether the patient is currently meeting the Chief Medical Officer’s recommendation for 30 minutes of moderate activity on 5 days of the week (or more).”

[Source: <https://www.ncbi.nlm.nih.gov/books/NBK51962/>]

CEG have amended the Physical Activity Library Item to reflect the limitations as above:

Template Runner		
Physical activity (items contributing to GPPAQ score)		
For Work Activity response: Not in employment: retired, retired for health reasons, unemployed, fulltime carer etc. Spend most of my time sitting: such as in an office Spend most of my time stading or walking: eg shop assistant, hairdresser, security guard, childminder etc. Definite physical effort: eg plumber, electrician, carpenter, cleaner, hospital nurse, gardner, postal delivery worker etc Vigourous physical activity: eg scaffolder, construction worker, refuse collector etc.		
Work Activity	<input type="text"/>	No previous entry
Cycling	<input type="text"/>	No previous entry
Exercise	<input type="text"/>	No previous entry
Physical activity (items NOT contributing to GPPAQ score)		
Although the following items do not contribute towards the GPPAQ score, it is recommended that the GPPAQ score is used in conjunction with a discussion of the responses to the following items in order to determine whether the patient is currently meeting the Chief Medical Officer's recommendation for 30 minutes of moderate activity on 5 days of the week (or more).		
Housework/Childcare	<input type="text"/>	No previous entry
Gardening/DIY	<input type="text"/>	No previous entry
Walking	<input type="text"/>	No previous entry
Walking pace	<input type="text"/>	No previous entry
Press button to calculate score		
Physical Activity Index	<input type="text"/>	<input type="button" value="Calculate"/> No previous entry
Intervention		
<input type="checkbox"/> Brief intervention for physical activity completed		No previous entry
<input type="checkbox"/> Brief intervention for physical activity declined		No previous entry
Referral for exercise (or referral refusal)	<input type="text"/>	No previous entry
	<input type="text"/>	

Appendix 3

Clinical Domain	Term	New Code	QoF/DES	Replaces
COPD	Oxygen Saturation	44YA0	QoF	44YA
Learning Disability	Health Examination	69DB	DES	9HB5
Mental Health Care Plan	Agreeing on mental health care plan	8CS7	QOF	8CR7
	Review of mental health care plan	8CMG1	QOF	
	Initial Care Programme Approach review	8CG60	QOF	
	Ongoing Care Programme Approach review	8CG61	QOF	
	Discharge Care Programme Approach review	8CG62	QOF	

Appendix 4

Update to the CEG SMI (QOF) Template and the Mental Health LES/NIS

QOF Codes for 'mental health care plan' (Indicator MH002)

The 2013/14 QOF has changed the codes for this indicator.

At CEG, we pointed out that the new QOF compliant codes initially only included codes for the Care Programme Approach. In general practice not everyone on the SMI register is on CPA which is managed by the community mental health teams.

We got agreement that additional codes were needed for this indicator and the new codes have been included in the most recent QOF business rules code release. The 5 QOF compliant codes are:

8CS7	Agreeing on mental health care plan
8CMG1	Review of mental health care plan
8CG60	Initial Care Programme Approach review
8CG61	Ongoing Care Programme Approach review
8CG62	Discharge Care Programme Approach review

The first two codes (8CS7 and 8CMG1) are suitable for patients who are NOT on CPA.

We have updated the CEG SMI template to include a picking list for these 5 codes.

For patients who have had a mental health review since 1st April 2013, practices will need to add a QOF compliant code by editing the consultation in which the mental health review took place. CEG has written a search to identify these patients.

Entry to the new SMI LES/NIS

Only those patients who have been discharged into the LES/NIS from hospital care or CMHT/community secondary care, or stepped up from primary care, should be entered into the new SMI LES/NIS.

All of these patients will be under review by the new Primary Care Mental Health Workers attached to practices.

It appears that a number of patients who do not fulfil these criteria have been entered into the new LES/NIS (about 200 additional to the 92 on ELFT books).

In order to rectify this:

- a) CEG will move this prompt further down the template and add some explanatory text.
- b) The primary care mental health workers will work with practices do a reconciliation over the summer period to ensure that the figures match their case load. This will form part of a data cleansing exercise to support practices to consider activity trajectories over the next year.

SMI Locality Leads

Borough	Clinical Lead	Service Lead
Tower Hamlets	Dr Sally Hull	Richard Fradgely
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