North & South Essex
Local Medical Committees

Quality and Outcomes Framework (QOF) guidance for 2025/26

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Purpose of this document

● This document provides guidance on the interpretation and verification of the QOF indicators for 2025/26 in England, which are listed in Annex D of the Statement of Financial Entitlements Directions (SFE). It is effective from 1 April 2025 and replaces versions issued in previous years.

This document covers the below in a summarised fashion with a link to full pieces within the guidance document at the foot of this page:

- Section 2: the list of QOF indicators as detailed in Annex D of the SFE Directions
- Section 3: specific information about each clinical indicator including the rationale for inclusion and any specific requirements which contractors need to demonstrate to ensure achievement
- Section 4: specific information about each public health indicator including the rationale for inclusion and any specific requirements which contractors need to demonstrate to ensure achievement
- Section 5: detailed information about personalised care adjustments
- Section 6: glossary of acronyms
- Section 7: the process for raising queries in relation to QOF indicators and their interpretation

● This guidance should be read in conjunction with the SFE Directions and Business Rules.

● For further information, please visit the QOF guidance document **here**

Definition of ‘commissioner’

- NHS England is the organisation legally responsible for the commissioning of primary care in England. Following the implementation of delegated commissioning references to ‘commissioners’ in this document could refer to NHS England or, since 1 July 2022, Integrated Care Boards (ICBs)

Additional indicator information

- Full descriptions of each indicator, its rationale for inclusion and any specific criteria for reporting and verification are detailed in Sections 3 and 4 of the guidance document in the link at the foot of this page.

- For further information, please visit the QOF guidance document **here**

Reporting, payment calculation and achievement

Reporting

i. Reporting requirements and the rules for the calculation of QOF points and their payment are set out in the SFE. For most indicators, anonymised data will be collected automatically from GP clinical systems by the General Practice Extraction Service (GPES) and reported to the Calculating Quality Reporting Service (CQRS).

ii. The clinical codes and logical extraction sequence used in this data collection is defined in a series of technical documents – the business rules. These are based entirely on SNOMED codes and associated dates, combined with patient characteristics (e.g. age and sex). SNOMED codes are an NHS standard. Contractors using proprietary coding systems and/or local/practice specific codes will need to be aware that these codes will not be recognised within QOF reporting. The business rules are available on the NHS Digital website. iii. For indicators where achievement is not automatically collected, this should be self declared through the CQRS website. Commissioners may request evidence underpinning this self-declaration as part of their verification processes.

Payment calculation and achievement

i. CQRS will calculate achievement and payments for QOF as set out in the SFE and report to commissioners and practices. Whilst full details of the achievement calculations are detailed in the SFE, the following key points are useful to note:

- Achievement is measured on the last day of the financial year (i.e. 31 March) in respect of patients registered with the practice on that date. Whilst estimates of achievement may be made through the year, these may not accurately predict final performance.
- The time period referred to in an indicator is calculated by counting back from the last day of the financial year. Time periods vary between indicators.
- The phrase ‘currently treated’ should be interpreted as a prescription for the specified medication being given in the six months preceding the last day of the financial year (i.e. between 1 October and 31 March).
- Some indicators require the intervention to be offered to patients when they reach a defined age or within a specified time before and/or after diagnosis. Care recorded outside of these time periods will not be recognised in the QOF achievement calculation.

ii. There are specific provisions within the SFE which describe the calculations to be made where a contract comes to an end before the last day of the financial year.

● For further information, please visit the QOF guidance document **here**

Verification and Disputes

Verification

i. The contractor must ensure that it is able to provide any information that the commissioner may reasonably request of it to demonstrate that it is entitled to each achievement point to which it says it is entitled. The contractor must make that information available to the commissioner on request. In verifying that an indicator has been achieved and information correctly recorded, the commissioner 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.

ii. Commissioners and practices will be aware of the requirements of access to patient identifiable data, in particular that they should:

- obtain the minimum necessary information for the specific purpose
- anonymise data where possible

iii. Where patients have expressed a desire that their information is not shared for this purpose, practices will need to advise the commissioner and make an appropriate note in the record. It is recommended that practices record access to confidential patient data in the relevant patient record, so that an audit trail is in place to fulfil the obligations of the practice towards their patients and that of commissioners to practices.

iv. The terms 'notes' and 'patient record' are used to indicate either electronic or paper patient records.

Disputes

When a QOF related contractual dispute arises, the commissioner and contractor would be expected to make every reasonable effort to communicate and co-operate with each other with a view to resolving the dispute without the need to refer it for formal determination by NHS Resolution (Primary Care Appeals) (or in certain cases, the courts). Further information is available in the SFE.

- For further information, please visit the QOF guidance document **here**

Domains

- The following domains lists the total number of points that are available:

Clinical Domain = 437 points

Public Health Domain = 127 points

Quality Improvement Domain = 74 points

For further information on the summaries of all indicators, clinical domain, public health domain, and public health domain services, please see pages 8 to 72 of the guidance document in the link at the foot of this page.

- For further information, please visit the QOF guidance document **here**

Personalised care adjustment

● i. Since April 2019, exception reporting is being replaced with a Personalised Care Adjustment (PCA). This allows practices to differentiate between the following reasons for adjusting care and removing a patient from the indicator denominator:

- *Unsuitability* for the patient (e.g. because of medicine intolerance or allergy or contra-indicated polypharmacy).
- *Patient choice*, following a shared decision-making conversation.
- The patient *did not respond* to offers of care – recording of this will change to capture actual invitations sent to patients.
- The specific service is *not available* (in relation to a limited number of indicators only).
- *Newly diagnosed or newly registered* patients, as per existing rules.

ii. As with exception reporting applying a PCA to the patient record will remove that patient from an indicator denominator if the QOF defined intervention has not been delivered. It will not result in patients being removed from the disease register or other target population.

iii. This mechanism differs from 'exclusions' which refer to patients on a particular clinical register who are not included in an indicator denominator for definitional reasons. For example, an indicator (and therefore the denominator) may refer only to patients of a specific age group, patients with a specific status (e.g. those who smoke), or patients with a specific length of diagnosis, within the register for that clinical area.

● For further information, please visit the QOF guidance document **here**

Glossary of acronyms

- A full glossary of acronyms can be found on pages 79 to 82 in the guidance document in the link at the foot of this page.

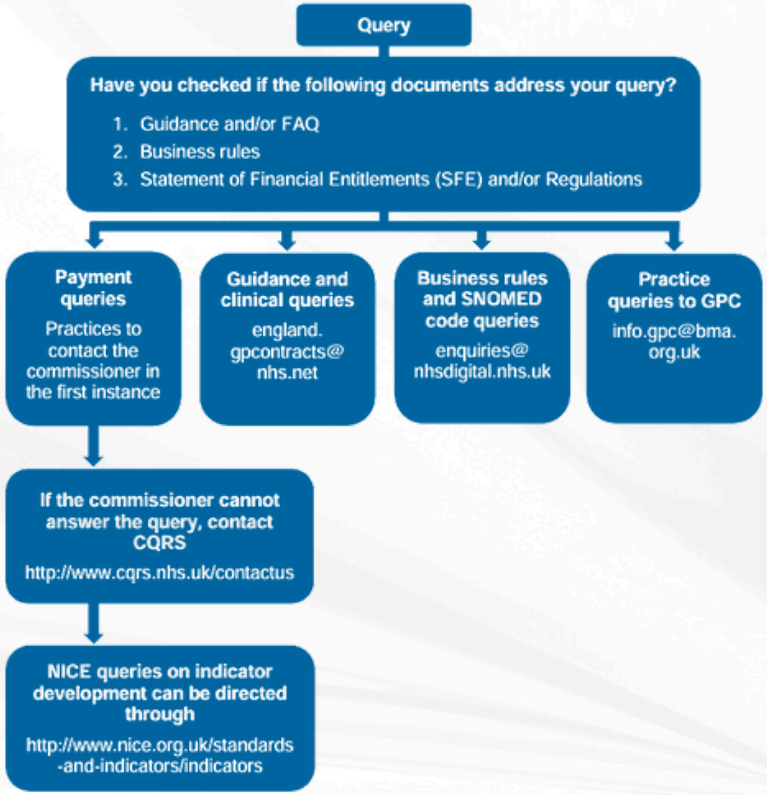
- For further information, please visit the QOF guidance document **here**

Queries

- Queries fall into three main categories:

• Those which can be resolved by referring to guidance and/or FAQs
• Those requiring interpretation of the guidance or business rules
• Those not anticipated in guidance

Queries may incorporate one or more of the following areas: business rules, coding, payment, CQRS, GPES, and clinical or policy issues. The recipient of the query will liaise with other relevant parties in order to respond and, where necessary, the query will be redirected. The chart below outlines where questions should be directed to, depending on the subject of the query.





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