

Appendix 1 – Quality and Outcomes Framework

The Quality and Outcomes Framework (QOF) is a voluntary annual reward and incentive programme for all GP practices in England, detailing practice achievement results. It is not about performance management but resourcing and rewarding good practice against evidence-based outcomes.

Practices aim to deliver high quality care across a range of areas for which they score points recorded in their clinical system and are “marked” at end of year by an NHS England data extraction. The number of points available is set annually within the national GP contract. Within the contract, each point is assigned a nominal monetary value and then adjusted up or down for each practice to take account of list size, local demographics, and the prevalence of chronic conditions in the practice's local area.

In the 24/25 QOF spec there are a total of 847 points achievable, with a value of £220 per point for an average practice. The points are assigned to the following performance indicators.

Income protected 212 points.

For the indicators that are income protected, practices will have their 2024/25 achievement in points set at the same level as that achieved in 2023/24. Income protected registers require practices to hold a coded register of these conditions.

Clinical Domains 401 points

Many of the income protected domains also feature in the clinical domain. This means there are specific quality requirements for practices to fulfil for all these areas. Most of the clinical domains have minimum and maximum thresholds and the number of points awarded is related to the percentage threshold met.

Public health domains 160 points

Similar to clinical domains they have specific quality requirements and minimum and maximum thresholds for points awarded.

Quality Improvement Domain 74 points

This is currently income protected.

Summary of QOF Areas

Pink – funded under this domain.

Grey- not funded.

QOF AREA	INCOME PROTECTED	CLINICAL DOMAIN	PUBLIC HEALTH
Atrial Fibrillation	Pink	Pink	Grey
Coronary Heart Disease	Pink	Pink	Grey
Heart Failure	Pink	Pink	Grey
Hypertension	Pink	Pink	Grey
Peripheral Vascular Disease	Pink	Grey	Grey
Diabetes	Pink	Pink	Grey
Stroke/ TIA	Pink	Pink	Grey
Asthma	Pink	Pink	Grey
COPD	Pink	Pink	Grey
Dementia	Pink	Pink	Grey
Mental Health	Pink	Pink	Grey
Cancer	Pink	Pink	Grey
CKD	Pink	Grey	Grey
Epilepsy	Pink	Grey	Grey
Learning Disabilities	Pink	Grey	Grey
Osteoporosis	Pink	Grey	Grey
Rheumatoid arthritis	Pink	Grey	Grey
Obesity	Pink	Grey	Pink
Palliative	Pink	Grey	Grey
Depression	Pink	Pink	Grey
Cholesterol and Lipid Management	Grey	Pink	Grey
NDH	Grey	Pink	Grey
Blood Pressure	Grey	Grey	Pink
Smoking	Grey	Grey	Pink
Vaccinations and Immunisations	Grey	Grey	Pink
Cervical Screening	Grey	Grey	Pink
Quality Improvement	Pink	Grey	Grey

Limitations of QOF

The introduction of QOF has undoubtedly helped primary care to have a more organised approach to chronic disease management and long term conditions. A more recent positive development has been the introduction of targets to identify those with non-diabetic hyperglycemia and managing cholesterol which strengthens the focus on primary prevention.

However, given the thresholds and how payments are made there is always a risk that once a practice has met its target the incentive to proactively target those patients is reduced as there is no additional financial resource to allow practices to do so and any additional work is essentially at a loss.

This means that those that do present for care are looked after better but those who are not served or non-responders are at risk of receiving little or no input into either the prevention or management of long term and chronic health conditions.

The importance of the health inequalities focus led by the LCO in partnership with General Practice is that it aims to target those under-served patients and find ways to enable engagement with health care services. The benefit is helping those people who are newly diagnosed, or from populations experiencing health inequalities, to better access primary care and improve the management of their long-term conditions. It also improves the data quality and accuracy of disease registers in primary care. As a result, this has a positive impact on GP funding schemes through the various QOF achievement domains which enables practices to fund the workforce required to complete this work.

<https://www.england.nhs.uk/wp-content/uploads/2024/03/PRN01104-Quality-and-outcomes-framework-guidance-for-2024-25.pdf>

https://assets.kingsfund.org.uk/f/256914/x/e8abc4ecec/how_to_make_change_happen_in_general_practice_2022.pdf