

## Contractual requirements for 2021/22

### QOF

Indicator	Rationale	Action
Maintain disease registers	Higher prevalence means higher payment for each QOF point, and accurate disease registers are good foundation for QOF achievement in 22/23	Look at Ardens case finding and EZ Prevalence searches to ensure correct coding of patients.
Child imms – 3 <sup>rd</sup> primary imms, MMR and PSB	Payments for IOS as well as QOF	Have robust processes for call and recall and decliners
Shingles vaccine	Payments for IOS as well as QOF	Have robust processes for call and recall and decliners
Cervical smears – under and over 50	Cancer prevention	Have robust processes for call and recall and decliners
Deliver other QOF targets according to risk stratification	Clinically justifiable to focus on highest risk patients who are not engaging. Better starting point for QOF 22/23	Use UCL tools to identify highest risk patients to target for hypertension, asthma, COPD and T2DM
8 prescribing indicators	Clinically justifiable to ensure good quality prescribing. MOP targets income protected so resource to focus on achieving these targets	Focus usual MOP resource on achieving prescribing targets. May need adding contraindicated codes.

### Learning disability health checks

Paid on activity, so worth ensuring done

### Lambeth Primary Care Improvement Schemes

Paid in full, provided did returns up to 12 December 2021

### Premium Specification

Paid in full, provided did returns up to 12 December 2021

### MOP

Paid in full, provided took steps up to 12 December 2021

DMARDS quarterly invoice still required for Q3 and Q4

### IIF

**3 flu indicators** – unlikely to achieve. No PCN in Lambeth is at target for over 65, under 65 or children, but we are middle of achievement range i.e. not the worse. IIF does allow for decliners, so if we can collect declining data achievement will improve.

### GPAD - done

Sign up to Phase 3 of Covid vaccination programme till 31 March 2022 – done

### **Ensuring accurate denominators**

There has been a lot of focus on care home and housebound cohorts for vaccination. It is important these denominators are kept accurate. We have validated the care home cohort, but each practice needs to ensure the housebound cohort is regularly updated i.e. patients added and patients removed according to their current situation.