

## Quality and Outcomes Framework – 2016/17

The relaxation of QOF aims to free up more capacity for GPs and practice nurses to manage their most vulnerable and chronically sick patients during the winter period where there is a significant increase in demand for their services. Whilst the actual amount of time freed up for GPs and practice nurses as a result of relaxing QOF is difficult to quantify, Welsh Government and GPC Wales are confident this initiative will help GPs and practice nurses at a time when they are at their busiest.

Of the 567 total QOF points, GP practices will be able to opt out of over 75 % of the total points. The only elements of QOF which practices will be not be able to opt out of during the period to 31 March 2017 are the two Influenza indicators worth 20 points and the cluster network domain indicators worth 115 points ( CND 1, 2, 3,4, and 5 ). 55 points in relation to CND 1 and CND 2 have already been achieved.

The intention is to ensure that no GP practice loses out financially as a result of QOF relaxation up to 31 March 2017. Accordingly, for each indicator the practice elects to opt out of, the achievement for 2016/17 will be compared with the 2015/16 achievement for the relevant indicator and the health board will make a payment to the practice at the higher of the two levels of achievement. This will be set out in the revised legal Directions.

### Frequently Asked Questions

**Q: Why are practices being given the option to opt out of elements of QOF?**

A: The relaxation of QOF aims to free up more capacity for GPs and practice nurses to manage their most vulnerable and chronically sick patients during the winter period where there is a significant increase in demand for their services.

**Q: What parts of QOF can practices opt out of and receive payment for?**

A: Practices will be able to opt out all apart from 7 QOF indicators, without detriment when comparing achievement at 31 March 2017 with final agreed achievement for 2015/16. The 7 indicators not included are FLU001W, FLU002W, CND001W, CND002W, CND003W, CND004W and CND005W.

**Q: What does a practice need to do to opt out of QOF?**

A: A practice wishing to exercise the option to opt out will need to notify health boards, this may simply be done by way of email. This will provide health boards with an audit trail of practice intentions.

**Q: Is there a deadline for opting out of QOF?**

A: Yes, practices wishing to opt out will need to notify the health board before 1st March 2017.

**Q: How will opt out affect my prevalence?**

A: Prevalence is not affected by opt out, the current years prevalence will be used for payment.

**Q: How will payment be calculated for practices that opt out?**

A: An achievement report will be generated by the LHB via CM Web for the practice as usual, the report lists achievement at 31 March 17 for each indicator within the QOF. The reported achievement at 31 March 17 will then be compared with the previous years agreed achievement (including any adjustments that were agreed after the year end) at an individual indicator level. For all indicators, except the 7 indicators listed above, the higher points value of the two will be applied by the LHB within CMWeb and hence will be used for payment purposes.

**Q: If a practice opts out what QOF point value will be used?**

A: All payments will be made at the current years QOF point value of £163.98, irrespective of whether achievement at an indicator level is for 31 March 2017 or the previous year.

**Q: What are the arrangements for dispute resolution?**

A: Any dispute arising out of or in connection with the opt out of QOF will be dealt with in the normal manner under Part 7 of Schedule 6 of the National Health Service (General Medical Services Contracts) (Wales) Regulations 2004.

**Q: What measures are in place to ensure the integrity of practice reported prevalence?**

A: Health boards will be able to compare practice prevalence rates at the 31 December with those at 31 March, this is normal practice. Where significant differences are noticeable practices may be asked to explain.

**Q: What about practices that have merged during the year, how will their achievement for last year be established?**

A: Where two or more practices have merged during the year, health boards will need to take a pragmatic approach to ensure opt out does not cause detriment to the new practice.

**Q: Will health boards be undertaking QOF practice visits?**

A: There are different arrangements that apply in each health board area for QOF practice visits. Health boards will individually decide whether they wish to proceed with their planned programme of practice visits for assurance. However there is nothing to prevent health boards agreeing with LMCs revised arrangements for this year. Revised arrangements could for example be agreed whereby practices forward their completed CGPSAT to the LHB, instead of QOF practice visits.