



Quality and Outcomes Framework 2019/20 diabetes indicators for England

Key changes to QOF in England 2019/20

28

QOF indicators, worth 175 points, are being retired.

74

points will be used to create a new quality improvement domain:

- First two modules focus on prescribing safely and end-of-life care.

101

points will be used to introduce 15, more clinically appropriate, indicators, including indicators for diabetes and blood pressure.

Exception reporting replaced with Personalised Care Adjustment designed to better reflect individual clinical situations and patients' wishes.

New Network Contract Directed Enhanced Service (DES) will offer incentives (£1.761 per weighted patient per year, recurring) to encourage practices to work together across their Practice Network, similar to cluster working in Wales. Practices are encouraged to sign up by July 2019.



Overview of diabetes domain

- BP target for those with moderate to severe frailty removed to avoid overtreatment.
- Single BP target for others with diabetes $\leq 140/80$ mmHg
 - NICE recommends systolic BP < 130 mmHg and diastolic < 80 mmHg if CKD and diabetes
 - NICE due to publish new hypertension guideline August 2019.
- HbA_{1c} – two targets
 - ≤ 58 mmol/mol if no frailty and ≤ 75 mmol/mol if moderate/severe frailty
 - NICE recommends individualised targets ≤ 48 or 53 mmol/mol at different stages of intensification of therapy.
- Consider statin if
 - established CVD or
 - over 40 years, no previous CVD, CV risk $> 10\%$ and no moderate/severe frailty.

Diabetes domain detailed changes

- Indicators retired:
 - DM002 and DM003 (BP targets)

- DM004 (cholesterol)
- DM007, DM008, DM009 (glycaemic targets of ≤ 58 mmol/mol, ≤ 64 mmol/mol and ≤ 75 mmol/mol).
- Indicators remaining unchanged:
 - DM017 (maintaining a register; 6 points)
 - DM006 (treatment of those with nephropathy or albuminuria with ACEI or ARB; 3 points)
 - DM012 (foot examination and risk coding; 4 points)
 - DM014 (referral to structured education within 9 months of diagnosis; 11 points)
 - DM018 (flu immunisation; 3 points) persists unchanged.
- Retired indicators have been replaced with treatment targets stratified to take account of moderate or severe frailty (see *Table 1*).
- Data collection via Indicators No Longer Incentivised in QOF (INLIQ) for previous DM016, advice and assessment for ED will cease from 1 April 2019.

“Exception reporting replaced with Personalised Care Adjustment designed to better reflect individual clinical situations and patients' wishes.”

Citation: Brown P (2019) Quality and Outcomes Framework 2019/20 diabetes indicators for England. *Diabetes & Primary Care* 21: 99–100

Table 1. New diabetes indicators for England 2019/2020

Indicator and ID	Indicator	Points	Payment thresholds (%)
DM019 (ID NM159)	% patients without moderate or severe frailty, on register with last BP, measured in last 12 months, $\leq 140/80$ mmHg	10	38–78
DM020 (ID NM157)	% patients without moderate or severe frailty, on register, in whom last IFCC-HbA _{1c} is ≤ 58 mmol/mol in preceding 12 months	17	35–75
DM021 (ID NM158)	% patients with moderate or severe frailty, on register, in whom last measured IFCC-HbA _{1c} ≤ 75 mmol/mol in last 12 months	10	52–92
DM022 (ID NM162)	% patients with diabetes ≥ 40 years, with no CVD and without moderate or severe frailty, currently treated with a statin (exclude patients with type 2 diabetes with CVD risk score $< 10\%$ recorded in preceding 3 years)	4	50–90
DM023 (ID NM163)	% patients with diabetes and a history of CVD (excluding haemorrhagic stroke) currently treated with a statin	2	50–90

Changes to other domains related to diabetes care

- BP targets for patients with coronary heart disease (CHD002) has been replaced with a more clinically appropriate target.
- BP and aspirin/anti-platelet therapy in those with peripheral arterial disease (PAD002 and PAD003) is no longer felt to be a priority for incentivisation since there is significant overlap with other CVD areas. Data extraction for these two areas will continue, supported through INLIQ.

- Supporting patients who smoke to stop (SMOK003) is designated as core professional practice and the incentivisation removed.

Data collection via INLIQ ceased for:

- Previous STIA004 (the percentage of patients with a stroke or TIA who have a total cholesterol in the preceding 12 months ceased from April 2019).
- HYP004 and HYP005 (which monitored physical activity coding and brief intervention regarding physical activity in the 1–74 age range).

Personalised Care Adjustments:

- **Unsuitability** (e.g. end-of-life care or other condition that makes treatment of their diabetes inappropriate, maximum tolerated doses of medication, allergy, contraindication or adverse reaction to medication).
- **Patient choice** following a shared decision-making conversation.
- **Patient did not respond** to offers of care.
- **Service not available** (limited number of indicators).
- **Newly diagnosed or newly registered:**
 - In the preceding 3 months and has not received defined clinical measurements; or

- In the preceding 9 months and has not achieved the defined clinical standards.

Minimum of **two** invitations for QOF care at two unique time-points separated by a minimum of 7 calendar days. Will capture invitations sent to patients.

Contract negotiations for 2019/20 are underway in Wales. There are no planned changes to QOF in Northern Ireland for 2019/20. ■

