

Making Every Contact Count in QOF

Leadership, teamwork & community support

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Agenda

- How QOF really gets delivered (who does what)
- What's working — and what isn't
- High-value QOF wins for 25/26
- Using community & PCN support
- Keeping patients visible while using exceptions



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5844 1078

Winter is coming

- **25/26 QOF Submissions in < 50 days**
- 32 QOF indicators retired (212 QOF points and £298 million)
- 141 points (£198 million) redirected to CVD prevention
- Flu outbreaks, staff sickness, dark nights
- But there is still time!
- You need a plan and digital tools to support



QOF 25/26

Indicator	Upper Thresholds	Available Points	Point Increase
CHOL003	UT 95%	14 → 38 points	24
CHOL004	UT 35% → 50%	16 → 44 points	28
HYP008	UT 77% → 85%	14 → 38 points	24
HYP009	UT 80% → 85%	05 → 14 points	9
STIA014	UT 73% → 90%	03 → 08 points	5
STIA015	UT 86% → 90%	02 → 06 points	4
CHD015	UT 77% → 90%	12 → 33 points	21
CHD016	UT 86% → 90%	05 → 14 points	9
DM036	UT 78% → 90%	10 → 27 points	17

Digital tools to make QOF easier

- Understand your QOF data
- Dashboard
- Case finding
- Gaps analysis
- Focus effort and resources



Digital tools to make QOF easier

CVD	Cholesterol	<div><div></div></div>
	Coronary Heart Disease	<div><div></div></div>
	Hypertension	<div><div></div></div>
	Atrial Fibrillation	<div><div></div></div>
	Heart Failure	<div><div></div></div>
	Stroke and Transient Ischaemic Att...	<div><div></div></div>
Diabetes	Diabetes	<div><div></div></div>
	Pre-Diabetes	<div><div></div></div>
Lifestyle	Smoking	<div><div></div></div>
	Blood Pressure	<div><div></div></div>
Respiratory	Asthma	<div><div></div></div>
	COPD	<div><div></div></div>
Mental Health	Mental Health	<div><div></div></div>
Vaccinations	Vaccinations	<div><div></div></div>
Cancer	Cervical Screening	<div><div></div></div>
Frailty & EoL	Dementia	<div><div></div></div>

It Takes a Team

- Leadership, collaboration
- Every contact counts (MECC)
- Shared responsibility > heroic effort
- Shout out great work
- Gaps analysis and action plan
- Understand your practice skillset



● QOF Analyser (Ardens)

QOF Analyser (Ardens)

The patient is on the following QOF registers:
Diabetes, HF.

Diabetes
Foot check outstanding (DM012)
HbA1c outstanding (DM020)
*Statin excepted (DM022)
*BP excepted (DM033)

Heart Failure
Review incomplete (HF007)
-> HF review outstanding (HF007)
-> Medication review outstanding (HF007)

Public health
Smoking status outstanding (SMOK002)

*Notes not summarised since registering

To address any of these items please use the
Ardens Multi-Morbidity template.

Alert provided by www.ardens.org.uk

Roles & Clarity

- Who checks QOF Box?
- Who codes?
- Who follows up?
- Who monitors progress?



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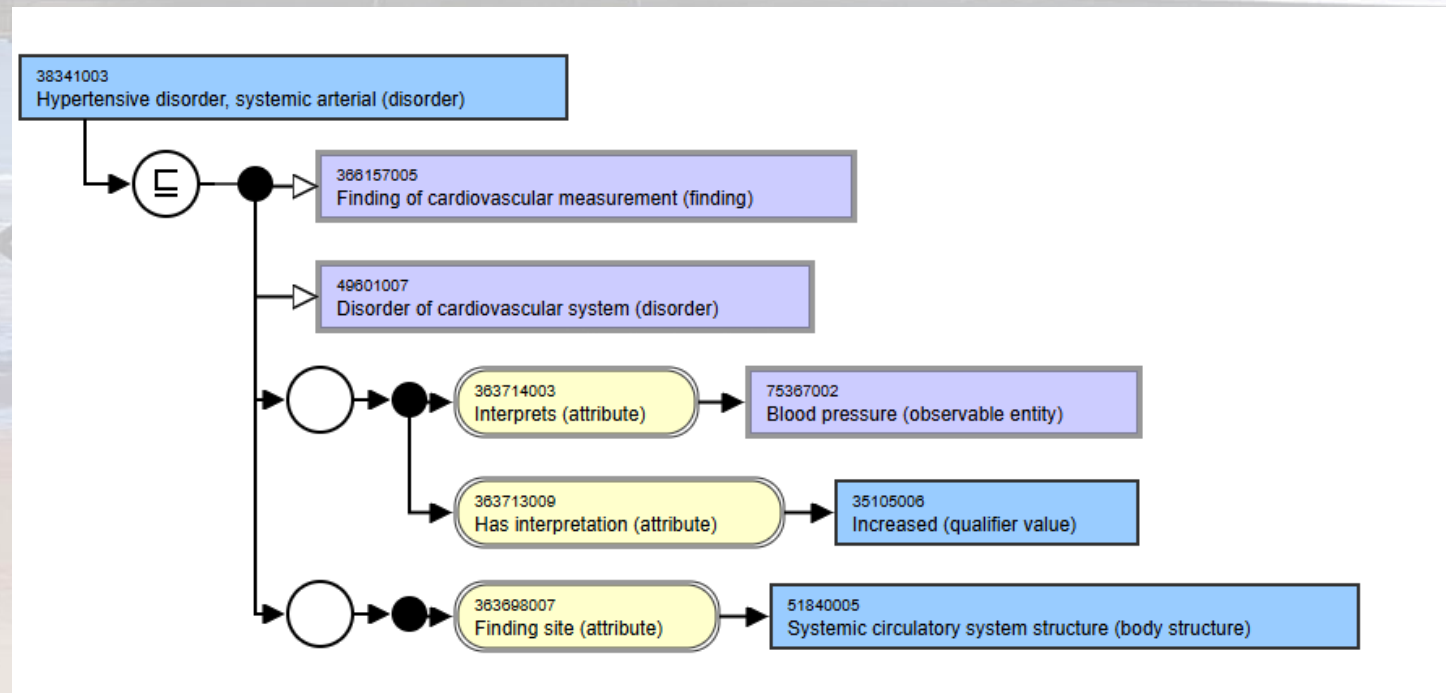
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Coding is Caring

- High quality input = high quality output
- SNOMED Coding: tree and branch
- Whole team understanding



High-Value QOF Wins

Identify patients *close to target or high value QOF points*

- Batch invites for:
 - Smoking cessation
 - BP checks
- Delegate:
 - BP → HCAs/pharmacy
 - Coding → trained admin
 - Batch messaging
 - Close incomplete reviews early

Community & Wider Support

- **Community pharmacy: Hypertension, ABPM, BP checks**
- **Build relationships with reliable local pharmacies**
- **BP access points: pharmacies, libraries, home monitors**

Blood Pressure
Monitors!



Available to borrow FREE from
Paignton Library!

These can be borrowed just like a book, and
taken home to improve your health today!
Please ask a member of staff for more
information.



Work Together Across PCN

- No competition between surgeries
- Share ARRS roles & templates
- Reduce duplication
- Collaborate — don't compete
- Serve the same population collectively
- External support



Hypertension & CVD

- 9 CVD indicators – majority of QOF points
- Code appropriately = Revolving door of coded BP's and reviews
- Check BP codes (clinic vs HBPM)
- Ensure 2 invites ≥ 7 days apart – Exception report
- Reduce paper HBPM chaos – accurx 4d florey
- Emerging: AI tools for HBPM averages



Team Approach

Admin teams

recall, coding accuracy, and BP@Home invitations, including initial triage via a clear defined protocol (ECG, bloods, ACR)

Pharmacy Technicians

Defining hypertension calls, medication calls, and ABPM coordination

Pharmacists

Daily HTN clinics, optimisation, adherence, and escalation



Clinicians

make every contact count

Outreach teams

Engaging hard-to-reach patients

Digital & Tech tools

Automate risk identification and follow-up

Pharmacy Technician-Led Clinical Model



USING A GP
TRAINEE-STYLE
MODEL:



CLINICAL
UPSKILLING AND
MENTORSHIP FROM
PHARMACISTS



TRIAGE ELEVATED
READINGS AND
INITIATE FOLLOW-
UPS



ABPM REFERRALS
INTO COMMUNITY
PHARMACY



SUPPORT QOF
ACHIEVEMENT
THROUGH
STRUCTURED
RECALL
PROCESSES -
ABTRACE

QOF Exceptions: Use Wisely

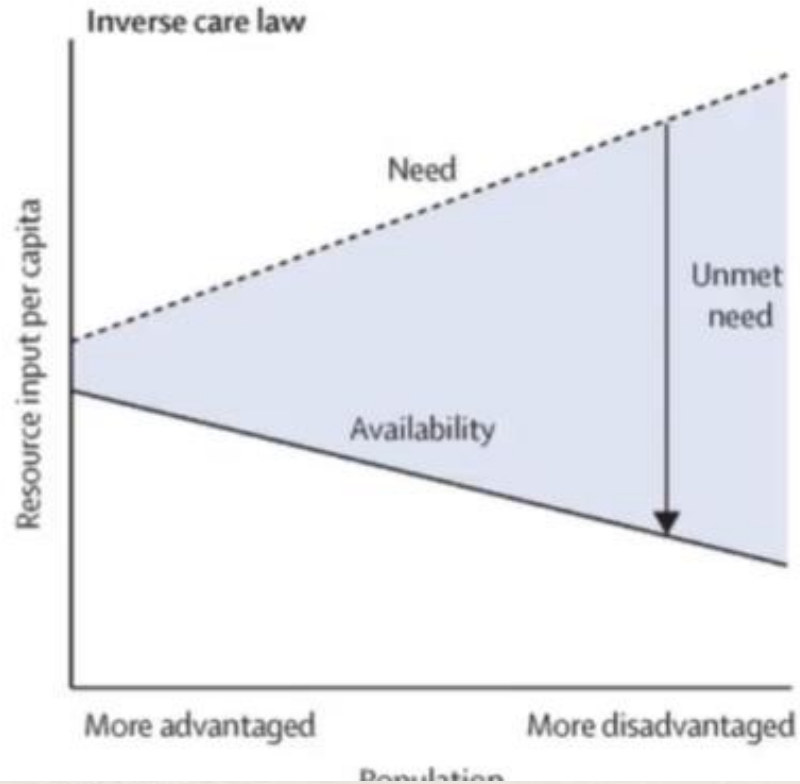
- Exceptions sometimes necessary — **record reason**



Have we tried all tools before excepting?

Inverse Care Law

The Inverse Care Law



“The availability of good medical care tends to vary inversely with the need for it in the population served”

- Who do we exempt?
Patterns?
- Are access issues creating inequalities?

Looking Ahead

- 26/27 will come soon

Reflect on:

- **Quality and Outcomes** Framework
- Data & dashboards
- Staff skills .e.g chol management
- Exceptions



Make a Plan & Assign Roles

- Clear plan = top priorities for action with deadlines
- Assign responsibilities across whole team (GPs, HCAs, admin, pharmacy)

Use Digital Tools

- Digital tools for batch invites, dashboards, missing patients
- Coding is caring

Empower Your Team

- Pharmacy team can drive CVD QOF delivery
- Technicians & admin engagement boosts results

There Is Time!

- Prioritise high-value work first
- Small, consistent actions make QOF manageable

Key Takeaways