

DEVON QOF STUDY DAY – JANUARY 2026

SUMMARY OF GROUP WORK

What aspects do practices think they are good at?

- Coding from letters
- Aligned recall and medication review date
- Proactively chase patients and medication reduction
- Non-engagement
- Hypertension
- Child immunisations
- Workflow optimisation
- Pharmacy Techs and Summarisers taking pressure off GPs
- THS free until April '28
- Oberoi
 - Pre-sets
 - Questionnaires
 - Breakdown of recalls
- Accurx Floreys
- Pharmacy team
- Triage – review metrics, not calling patients in unnecessarily saves nurse appointments
- Expansion to Pharmacy team – 100% dealing with HTN & BPs
- Lead GPs for each area
- QOF Administrator taken on complete role and liases with GP etc
- One stop shop for LTC reviews – all in one appointment
- Reports for those on medication without a dx
- Team based approach
- Interface
- QOF Lead
- Birth month system (for LTC) – **but** takes time to implement
- SMS / Self-book links
- Abtrace
- Recall
- Communication between GP & Admin
- Admin follow up on previously booked appointments – chase DNAs and cancellations
- Reduce/restrict prescriptions until have had essential monitoring
- GP QOF Lead and Logistics Manager – GP tasks other GPs to prompt
- PCN Care Coordinators taking lead - spend 1 day per week together
- Phoning smear non-responders in EA slots
- 'Visualisation' tool – free (set up by PCN Digital Lead)
- Workflow (Admin) overhaul with a lead GP = better coding

- Tough love – reduce repeats to 1 wk for serial non-engagers
- GPAs and CCs – Bloods, BPs and Dementia
- Single manager overall in charge
- QOF update meetings for awareness
- Adaption to changing criteria
- Management oversight - comms to whole team
- Pairing up 'like' tasks (eg LD clinics for adjustments / resource ordering)
- Dementia (ARRS roles, Dementia Support Worker)
- Care Homes / HB ARRS Roles
- Monthly searches looking for trends in poor coding
- Lipid clinics
- Hypertension management – BP Protocol
- LD reviews
- Asthma Floreys / COPD
- Diabetics – hbak to nurses
- Indicator protocols
- LTC Home visits (not respiratory)
- Home visits in summer
- Dedicated hypertension nurse / pharmacist
- Adding questions to templates
- Case finding

What aspects do practices think they are not so good at?

- Care homes
- How to use Ardens Manager
- Abtrace – recalls
- Proactive work over 12 months
- Upskilling staff
- Case finding
- Vaccines – anti vaxers
- Hypertension
 - Community pharmacy ↑ readings
 - Coding ↑ BP when HBPM previously in target
- Mental health – non-responders
- Poor appointment utilisation – duplicate appointments
- Lung screening
- Whole team awareness of the whole process
- Template use and coding
- Tick the box!!
- Tech fear / retiring soon
- Patients looking after themselves
- BP revolving door
- GP delegation to spread load and trust others
- GP coding
- Not clear what is needed for each patient
- Not clear to admin how much time to allocate for renewal
- Not a priority for all until March
- Poor uptake for child imms
- Limited pharmacist capacity
- MH / Dementia reviews – no GP capacity
- Missed appointments
- Communication
- When to exempt
- Birth month system
- Inconsistency in exception reporting
- Childhood vaccinations
- Managing mental health patients
- Capacity for dementia reviews
- Care coordinators unsure re coding and importance
- Understanding of QOF from Admin team
- GP engagement poor
- Ardens – recalls don't support holistic approach
- Less income now – work feels harder

- Team work
- Documentation & tick boxes
- Missed elements
- Clinical coding