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NHS England and NHS Improvement

Skipton House
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To: GPs in England, regional directors of primary care and public health and CCGs

10 March 2021

Dear colleagues,

Update on Quality Outcomes Framework changes for 2021/22

To provide practice stability and support recovery, QOF for 2021/22 will be based on the indicator set already agreed for 2020/21, with very limited changes only. The reinstating of QOF in full will support the recovery of long-term condition management.

The updates for 2021/22 include:

- A new vaccination and immunisation domain (as previously agreed in the update to the GP contract agreement) consisting of four indicators to replace the current Childhood Immunisation Directed Enhanced Service (DES). Three of these indicators focus on routine childhood vaccinations and one on incentivising the delivery of shingles vaccinations.
- The reintroduction of three indicators focused on patients with a serious mental illness to promote improved uptake in all six elements of the SMI physical health check.
- A new indicator focused on cancer care has been introduced and amendments made to the timeframe and requirements for the cancer care review indicator.
- The four flu indicators have been retired with incentives relating to flu vaccination for target groups being introduced in the Investment and Impact Fund.
- The date of diagnosis has been amended to 'on or after April 2021' for the asthma, heart failure and COPD diagnostic indicators.
- To account for the impact of the COVID-19 pandemic on care, the Learning Disabilities and Supporting Early Cancer Diagnosis Quality Improvement modules are to be repeated in their intended format (prior to amendments for the refocusing of QOF in September 2020) with some slight modifications to account for the impact of the pandemic on care.

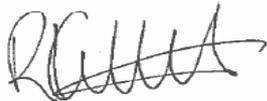
The size of QOF has increased from 567 to 635 points in 2021/22. The value of a QOF point in 2021/22 will be £201.16 and the national average practice population figure will be 9,085. There are no changes to payment thresholds for indicators carried forward from 2020/21.

For 2021/22, practices may deliver patient reviews remotely where clinically appropriate to do so, unless otherwise specified. Face-to-face reviews have been recommended for patients with dementia to allow primary care practitioners to fully assess the changing needs of the patient. Practices should continue to apply their clinical judgement to the appropriate management of affected patients and the decision to provide a virtual or face-to-face review should be made on a patient-by-patient basis.

Further detailed information on the data recording requirements and payment is included in the [QOF guidance for 2021/22](#).

Thank you for your continued dedication and hard work.

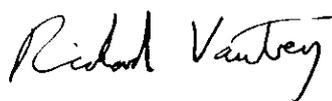
Yours sincerely,



Rob Kettell

Interim Director of
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