

# DLM 271

---

## QOF version 12 changes

DLM 271 introduces the v12 QOF Business rules. DLM 270 had many changes in the re-authored nGMS audits but these were written to the v11 business rules.

The DLM 271 audits (v12) will report to QMAS and it has not been possible to issue DLM 271 until the new QMAS database is ready to accept the messages.

This user guide summarises the main changes where Version 12 of the QOF Business Rules differs from Version 11.

### Contents

<b>QOF version 12 changes</b>	<b>1</b>
No Changes in the following domains	1
<b>Summary of changes</b>	<b>2</b>
Atrial Fibrillation	2
CHD	2
Chronic Kidney Disease	2
COPD	3
Diabetes	4
Heart Failure	4
Palliative Care	4
Stroke	4
Smoking 03 and Records 23	5

### No Changes in the following domains

- Asthma
- Cancer
- Cytology
- Dementia
- Depression
- Epilepsy
- Hypertension
- Learning Disabilities
- Mental health
- Obesity
- Thyroid

---

## Summary of changes

### Atrial Fibrillation

- AF2 withdrawn and replaced by AF4 - check for diagnosis now against date of **1st April 2008**. This is to ensure that only patients diagnosed after the date of the new rule coming into force are considered.
- AF4: *"The percentage of patients with atrial fibrillation diagnosed from 1st April 2008 with ECG or specialist confirmed diagnosis."*
- The window for ECG or specialist confirmation of diagnosis is reduced from 15 months (between 3 months prior and 12 months after) to **6 months** (between 3 months before and 3 months after) original diagnosis.

### CHD

- A2 antagonists now include bkD..% Amlodipine + Valsartan

### Chronic Kidney Disease

- A2 antagonists now include bkD..% Amlodipine + Valsartan
- **Qualifying CKD register diagnostic code** - Additional codes:
  - 1Z15. CKD stage 3A
  - 1Z16. CKD stage 3B
  - 1Z1B-1Z1L. CKD stages 3-5 with and without proteinuria
- **Diagnostic code status - excluded** - Additional codes:
  - 1Z17.-1Z1A. CKD stages 1 & 2 with and without proteinuria
- CKD4 withdrawn and replaced by CKD5 : *"The percentage of patients on the CKD register with hypertension **and proteinuria** who are treated with an angiotensin converting enzyme inhibitor (ACE-1) or angiotensin receptor blocker (ARB) (unless a contraindication or side effects are recorded)."*
- Proteinuria codes have been introduced to support indicator CKD5. (Note that the proteinuria codes for DM15 differ). Allowed proteinuria codes for CKD:

R110. [D]Proteinuria	<b>4674. Urine protein test =+ (v12)</b>
R1100 [D]Albuminuria	<b>4675. Urine protein test =++ (v12)</b>
R110z [D]Proteinuria NOS	<b>4676. Urine protein test =+++ (v12)</b>
<b>R1103 Microalbuminuria (v12)</b>	<b>4677. Urine protein test =++++(v12)</b>

## COPD

- COPD9 has been withdrawn and replaced by COPD12. A check for diagnosis has been introduced against a date of **1st April 2008**.
- COPD12: *"The percentage of all patients with COPD diagnosed **after 1st April 2008** in whom the diagnosis has been confirmed by **post bronchodilator spirometry**."*
- The window for spirometry is extended from a 3 month period (up to 3 months before) to a 15 months period (between 3 months prior and 12 months after) original diagnosis.
- Spirometry codes have been reduced for COPD/spirometry.
- **Spirometry codes valid for COPD/spirometry in v12:**
  - 33H.% Salbutamol reversibility etc
    - 33H0. Negative reversibility test to salbutamol
    - 33H1. Positive reversibility test to salbutamol
  - 33I% Ipratropium reversibility etc
    - 33I0. Negative reversibility test to ipratropium bromide
    - 33I1. Positive reversibility test to ipratropium bromide
  - 33J% Combined reversibility etc
    - 33J0. Neg reversibi test to combinat of salbutamol + ipratrop br
    - 33J1. Pos reversibi test to combinat of salbutamol + ipratropium br
  - 66Ya Reversibility trial by bronchodilator (v7)
  - 66Yb Reversibility trial by anticholinergic (v7)
  - 8HRC Referral for spirometry (v7)

### **Spirometry codes removed** in v12 for COPD/spirometry

- 33G% Spirometry reversibility etc
  - 33G0. Spirometry reversibility negative
  - 33G1. Spirometry reversibility positive
- 33K% Steroid reversibility
  - 33K0. Negative reversibility test to corticosteroid
  - 33K1. Positive reversibility test to corticosteroids
- 5882 Spirometry
  - 663J. Airways obstruction reversible
  - 663K. Airways obstruction irreversible
  - 663k. Reversibility trial by steroids
  - 68M. Spirometry screening

## Diabetes

- A2 antagonists now include bkD..% Amlodipine + Valsartan
- Neuropathy testing codes - 29B7-29BC now changed to extend range 29B7-29BV
- Note that proteinuria codes in DM15 differ from those in CKD5. Proteinuria codes for DM15 *Diabetics with proteinuria and microalbuminuria on ACE inhibitors* are unchanged with:
  - R110. [D]Proteinuria
  - R1100. [D]Albuminuria
  - R110z [D]Proteinuria NOS
  - C10EK Type 1 diabetes mellitus with persistent proteinuria
  - C10FL Type 2 diabetes mellitus with persistent proteinuria
  - K190X Persistent proteinuria, unspecified
  - Kyu5G [X]Persistent proteinuria, unspecified

## Heart Failure

- A2 antagonists now include bkD..% Amlodipine + Valsartan

## Palliative Care

- Qualifying diagnostic code: Add:
  - 8CM4 Liverpool care pathway for the dying
- PC1 withdrawn and replaced by PC3 - The patient age check (younger than 18) has been removed.
- PC3: *"The practice has a complete register of all patients in need of palliative/supportive care **irrespective of age.**"*

## Stroke

- STROKE11 withdrawn and replaced by STROKE13. *"The percentage of new patients with a stroke **or TIA** who have been referred for further investigation".*
- A cluster of TIA diagnosis codes (G65.-G653., G656.-G65zz, F4236) has been added, where the selection is the latest first or new episode of TIA, to support indicator STROKE13.
- This cluster has been introduced to identify the earlier of either the 'latest' Stroke or TIA episode, to support indicator STROKE 13.
- The check for an episodic Stroke **or TIA** diagnostic code has been introduced against a date of **1st April 2008**.
- The check for a referral following a stroke **or TIA** episode is made from 3 months before to 1 month after diagnosis

## Smoking 03 and Records 23

- SMOKE1 withdrawn and replaced by SMOKE3. Checks have been extended to include patients with CKD, schizophrenia, bipolar affective disorder or other psychoses, in order to identify the earliest diagnosis date across the multiple morbidities.
- Smoking 3: *"The percentage of patients with any or any combination of the following conditions: coronary heart disease, stroke or TIA, hypertension, diabetes, COPD, asthma, **CKD, schizophrenia, bipolar affective disorder or other psychoses** as explained in the business rules."*
- SMOKE2 withdrawn and replaced by SMOKE4 - *"The percentage of patients with any or any combination of the following conditions: coronary heart disease, stroke or TIA, hypertension, diabetes, COPD, asthma, **CKD, schizophrenia, bipolar affective disorder or other psychoses** who smoke whose notes contain a record that smoking cessation advice or referral to a specialist service, where available, has been offered within the previous 15 months."*
- RECORDS22 replaced by RECORDS 23. The date of birth of the patient is required to support indicator RECORD 23.
- RECORDS23: *"The percentage of patients aged over 15 years whose notes record smoking status in the preceding 27 months."* The following text has been deleted "...except those who have never smoked where smoking status need be recorded only once."

There are 5 ways that the **Smoking status** can be recorded to qualify for Smoking 03 and Records 23. You will reach the targets for any patient if ...

1. The patient's latest smoking status is a **Current Smoker** code and this has been recorded in the 15 months up to 1st April 2009 (27 months in Records 23).
2. The patient is over 25 and their latest smoking status is **Never Smoked**. This also has to be recorded AFTER the patient's earliest diagnosis for inclusion on the Smoking register (not needed for Records 23) and AFTER the patient's 25th birthday.
3. If the patient is 25 or under and their latest smoking status is recorded as **Never Smoked** and in the 12 months up to 1st April 2009.
4. The patient's latest smoking status is an **Ex-Smoker** record and is recorded in the 15 months up to 1st April 2009 (12 months in Records 23).
5. The patient's latest smoking status is an Ex-Smoker record and between 1 and 2 years prior to it they also have an Ex-Smoker record. Another record also needs to be recorded between 2 and 3 years prior to the latest Ex-Smoker code. There needs to be 3 consecutive codes, as such any Current Smoking code recorded after the earliest of the 3 Ex-Smoker codes breaks the chain. Note a new Read code: 137F. **Ex-smoker - amount unknown (v12)**

In Records 23 patients under 15 are excluded.