**CEG Guide to Personalised Care Adjustment**

Personalised Care Adjustment (PCA) replaced exception reporting in QOF in 2021-22. By applying a PCA, the patient does not disappear from a register, but they are removed from the denominator used to calculate achievement in your metrics.

**Allowed reasons for adjustment**

**Service not available**

**Patient choice**

**Five reasons**

**Newly diagnosed/ registered**

**Intervention is clinically unsuitable**

**Did not respond to offers of care**

**Intervention is clinically unsuitable**

‘Patient unsuitable’ allows for clinical discretion to account for personal circumstances, such as the patient being at the end of their life, or because another condition would make a treatment unsuitable. This should be reviewed annually (except for allergies). Examples of PCA code terms you might use in these circumstances are:

* Excepted from heart failure quality indicators - patient unsuitable (finding)
* Patient on maximal tolerated therapy for diabetes (finding)
* Beta-adrenoceptor blocking drug allergy (disorder)
* Anticoagulation not tolerated (situation)

**Patient choice**

To use this adjustment, there must be a personal contact or discussion recorded in the patient’s record, which ideally notes the reasons for the intervention being declined. This contact between a health professional and the patient may be face-to-face, by video or telephone call. To be reviewed annually (or every 3-5 years in the case of cervical screening). For example:

* Excepted from coronary heart disease quality indicators - informed dissent (finding)

**Patient did not respond to offer of care**

To make this adjustment, the first invitation should be in the patient’s preferred method of contact (if known) and there should be a second invite, and a third for cervical screening. Invitations should be personalised: using their name, and specifying what the invitation is for. PCA code example:

* Atrial fibrillation monitoring invitation (procedure) - (entered twice with a minimum separation of seven days)

**Investigative service or secondary care service is unavailable**

This only applies to objective tests for asthma, pulmonary rehabilitation for COPD and structured education for Diabetes. Example:

* Excepted from chronic obstructive pulmonary disease quality indicators - service unavailable (finding)

**Newly diagnosed** **or registered**

For use if a patient was **diagnosed in last 9 months** and the target measurement has not been achieved, or **newly registered in the last 3 months** and a measurement has not been taken. This is automatically applied in both circumstances, so you do not need to enter a code. In 2023/24, a new PCA of this type has been introduced for childhood immunisations, applying to children who register at the practice too late (either too late in age, or too late in the financial year) to be vaccinated in time.

**FAQs**

**Can I apply PCA because my patient is under the care of a consultant?**

No, you will have to show evidence that the care has taken place.

**Does a message on the side of the prescription count as an invitation?**

No.

**Do all practices have to send three smear invites?**

No, only if they have opted to run their own call/recall system. If the central system sends the first two invites, the practice only has to send the third one; If the central system sends the first invite, the practice only has to send the second and the third.