

CEG Webinar Q&As: QOF Quick Wins 2024/25

13 February 2025

Atrial Fibrillation

AF008

Q: I have patients who are on Warfarin but are in the excluded list. How do I ensure this activity is picked up by the searches?

A: For those without a history of mechanical heart valve replacement, the rules will look to see have they had a DOAC prescribed in the last six months. If they have not, they will look to see if they are on warfarin (issued in last six months of the year) and have a code indicating why they are not on a DOAC. This can be:

- DOAC declined code (in year); **or**
- DOAC contraindicated code (ever); **or**
- DOAC not indicated code (in year) **and** the time in therapeutic range (TTR) coded (last 6m of the year) and this must be 65% or greater.

It is likely that patients with the 'DOAC not indicated' code on their record do not have the time in therapeutic range coded. This can be coded via the LTC template in the AF tab. For those having their Warfarin monitored externally, you might find this information within letters from the Anticoagulation Clinic.

Cholesterol

CHOL003, CHOL004

Q: What are the invite codes for cholesterol?

A:

Term	Concept ID	Description ID
Cholesterol reduction programme - invited	310879007	454400014
Lipid disorder monitoring verbal invitation	716461000000106	1569011000000113
Lipid disorder monitoring telephone invitation	716741000000100	1569291000000110
Lipid disorder monitoring first letter	716001000000100	1568561000000113
Lipid disorder monitoring second letter	716751000000102	1569301000000114
Cholesterol reduction program - invited	310879007	454401013
Lipid disorder monitoring invitation	711471000000106	1555961000000117

Diabetes

DM020, DM021

Q: What happens with diabetic patients who need a fructosamine test because HbA1c is not suitable for them?

A: If they have a fructosamine in-year, and they do not have an HbA1c, they will be removed from the denominator of this indicator.

DM012

Q: Do patients who are coded as being in diabetic remission require a foot check?

A: Yes - Patients coded as being in diabetic remission are still included within the register and will therefore still be in the denominator for all activity. The only code that removes the patient from the diabetic register is 'diabetes resolved'.

DM020, DM033

Q: Some indicators are affected by moderate/severe frailty. Does it matter when the frailty code is added?

A: No - Any patients whose latest frailty status is coded as moderate/severe will be removed from the denominator regardless of when the code was applied (even if this before the start of the financial year, or after a result is entered into the record).

Please note that patients coded with moderate/severe frailty will be put into the denominator for indicator DM021.

DM006

Q: If a diabetic patient is unable to produce urine, how does this affect the diabetes indicators?

A: There are no QOF diabetes indicators which mandate a urine sample in order to achieve the indicator. In the case of indicator DM006, this will only include patients with known proteinuria/microalbuminuria within the denominator.

Q: Which code should I use for the Urine test ACR?

A: There are a number of codes for this and the results coming from the lab should automatically be linked to one of them, so you should not need to code this manually. If you are manually coding a result from elsewhere, this can be done using the 'Lab results' page of the LTC template:

LTC template in EMIS:

RP LTC City and Hackney CEG v3.7

Pages	Prostate specific antigen	No previous entry
Main Page		
Social history		
QOF Invitations		
QOF PCAs (exceptions)		
Lab results		
Wider Determinants		
*DIABETES REVIEW		
**EARLY ONSET T2DM RE...		
**Hepatitis B		

Urine Protein Tests		
Urine Protein Test		No previous entry
Urine protein/creatinine ratio		No previous entry
Urine albumin:creatinine ratio		No previous entry
Urine albumin		No previous entry
Urine Microalbuminuria		No previous entry
Diagnosis Prot/Microalbuminuria		No previous entry
	27-Feb-2025	
<input type="checkbox"/> Declines to give urine specimen		No previous entry

LTC template in SystmOne:

Main Page LIS Info LIS Info cont... Lab Results Primary Prevention **AF **AF Cont... DOAC **Asthma *Inhaler technique / Spirometry **COPD **CO

Lab Results

Please see LIS Info page for which blood tests are required for each service.

** Serum cholesterol level		mm...		** Serum total cholesterol le...		mmo/l	
Serum HDL cholesterol level		mmo/L		** Serum LDL cholesterol level		mmo/L	
** Non HDL cholesterol level		mmo/L		** Serum non high density lipoprotei...		mmo/L	
Serum triglyceride levels		mmo/L					
** HbA1c (IFCC)		mm...					
Plasma fasting glucose level		mmo/L					
Urine protein/creatinine ratio		mg/mmol		** Urine albumin/creatinine ratio		mg/m...	
Serum ferritin level		ng/ml					

Q: Will there be development of a QOF indicator for Urine ACR to be included as part of Diabetic annual health checks? (As this is often missed out by some clinicians and does not appear as any QOF pop-ups)

A: This indicator previously existed in QOF as DM005 "The percentage of patients with diabetes, on the register, who have a record of an albumin:creatinine ratio test in the preceding 12 months." This was removed a number of years ago and we are not aware of any plans for it to be reintroduced. However, the information regarding indicators for 25/26 has not yet been released. Please note that whilst this may not be a QOF indicator, it still forms part of the eight annual care processes and may be a part of some Local Enhanced Service schemes.

Cervical screening

CS005, CS006

Q: How many invitations does the practice need to send before the code 'No response to 3 invitations' can be applied?

A: Patients require three invitations in-year as per the QOF guidance. However, two of these invitations are sent directly to the patient by the Cervical Screening Administration Service (CSAS). Therefore, practices need only send one invitation before applying this code. This is explicitly mentioned within the [QOF guidance](#) (pages 124-125).

Q: What percentage of the eligible population can we apply the exception codes for cervical screening to? Is it 10%?

A: There isn't one. We have heard anecdotally that more than 10% exception reporting might prompt questions from the CQC, but what matters is that you apply QOF guidance correctly. As mentioned previously, guidance around applying the PCA code for patients who have not responded to three invitations is contained within the QOF guidance itself.

Asthma

AST011

Q: We have a new patient, but no documentation of objective tests done by their previous practice - what do we do?

A: In that case you have six months from their registration to perform both the spirometry and one other objective test (FeNO, spirometry-reversibility or Peak Flow diary).

Q: Some patients are incorrectly appearing on the denominator for AST011

A: These patients will likely have had an 'Asthma resolved' code added to their record, meaning that any Asthma codes added afterwards were interpreted as new diagnoses. In this case, it is expected that the objective tests are performed unless there is a coding error, in which case the coding will need to be rectified.

Childhood Immunisations

VI003

Q: We have noticed that some children on VI003 have received the pre-school booster but are still appearing on the excluded list. However, when we check the CEG APL-Imms childhood immunisation tool, these patients are marked as "done." Could you please clarify the timeframe for when these children will be removed from the excluded list?

A: That will be because their pre-school booster was given after their fifth birthday. They are done, but they were done too late for QOF. They will not fall off the excluded list. It is only next year that they will fall off the QOF denominator

Q: Why are patients aged over five still showing in the VI003 searches?

A: They are past their fifth birthday, but they are still five years old (e.g. 5y9m) because the denominator is 'Patients who attained five years old during the service year'. Whereas the numerator demands vaccination at less than five years of age. Remember, the excluded list is **not** your recall list.

Q: We have been inputting vaccinations from abroad (5-in-1) with your template, but they are not being picked up. Why?

A: The 5-in-1 vaccine without polio that is given in some countries is not QOF compliant – QOF does not accept a standalone polio vaccine. We guess this is because the standalone polio vaccine is usually oral polio, which does not protect against all types of polio. UKHSA advises that if a child has had this vaccine combo, they need to be given hexas.

Q: When will I start seeing points in QOF for vaccinations in my clinical system?

A: When you reach the lower threshold, which is 89% for VI001, 86% for VI002 and 81% for VI003.

Q: What can we do about Red Books from abroad that have not been translated?

A: One option is for interpreters or health advocates coming to the practice to help you. Another is: if the parents tell you what country it is from and they say the child has had all the usual vaccinations in that country, you can check against the UKHSA [UK and international immunisation schedules comparison tool](#). This lists the vaccinations in both English and the original language side by side, together with the ages at which they are administered. You can also access this resource from our clinical template and from our call/recall tool APL-Imms.

Q: How can you go in and code vaccines correctly in a child's record from elsewhere?

A: This is extremely important. Use the CEG template; if you are not sure how to do it, contact your local CEG Facilitator.

Q: What are the declined codes?

A: There are no declined codes that will exception report from QOF in childhood immunisations.

Miscellaneous

Q: Is there any code we can use for patients who are abroad and back after March?

A: No, there isn't. You will have to decide, is it just a short trip? Or are they away for too long for the practice to be able to provide care for them?

Q: Why does the QRISK3 risk calculation tool not calculate automatically on EMIS?

A: The QRISK2 calculator is a tool created by EMIS directly. EMIS have not yet created or released a tool for QRISK3 calculation within a template. For those who want to calculate QRISK3, we do provide a link to an external calculator on our templates and a field in which to code the result.

Q: When will the QOF Income Maximiser be available to EMIS practices?

A: The QOF Maximiser has now been shared with all Practice Managers. If you are a Practice Manager and have not yet received a link, please contact your local CEG facilitator.

Q: Why is the QOF Income Maximiser not available for SystemOne practices?

A: The functionality of the QOF Income Maximiser is already available within SystemOne - this is the 'Indicator Values' table, which is in the QOF Points folder.

Useful resources

- [NHS England Quality and Outcomes Framework guidance for 2024/25](#)

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