

Maximising your QOF income: Mental health

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- Indicators: 4
- Points: 18
- Prevalence (2018-19): 0.94%
- £/patient on the register (est.): £43.55

Summary:

Indicator 1: Maintain register of patients with mental health problems (4 points)

Indicator 2: Annual comprehensive care plan in 90% of patients (6 points)

Indicator 3: Blood pressure measurement in 90% of patients (4 points)

Indicator 4: Measurement of BMI in 90% of patients (4 points)

Together the above four indicators will form the basis of an annual review.

Although the number of patients on the mental health register has been rising over the years, there is still a relatively high payment per patient. This reflects the importance placed on the identification and treatment of mental health problems by NHS England.

Indicator 1. Maintain register of patients with mental health problems (4 points)

There are many codes that will place a patient on the register. Any mentioning psychosis, schizophrenia, mania or bipolar disorder will be effective.

There is no way to remove patients from the register. Although Read codes for psychosis resolved exist, they do not have any effect on QOF. Instead, patients who have not received medication or a secondary care review for five years can be coded as being in remission. This will leave the patients on the register for prevalence purposes, but excuses them from the other indicators.

There are a number of codes that can be used for patients in remission, corresponding to the various diagnostic codes, although the QOF rules don't insist they match. For instance, if a patient has a diagnosis of hypomania, a code of paranoid state in remission would record them as being in remission for QOF.

Tips for picking up points

- Diagnoses from secondary care can be vague and it is important that patients have a recognised diagnostic code so that they become eligible for the other indicators. Searching for antipsychotic

drugs or lithium may identify patients who have been missed. Appropriate codes for psychosis can then be entered.

- As the number of patients on antipsychotic medication is likely to be small even a single extra code will pay for the time that you spend checking the records.
- If a patient has a relapse, they will need a new diagnostic code.

Indicator 2: Annual comprehensive care plan (6 points)

Six points are available if 90% of patients have an annual care plan. The [official guidance](#) gives some detail on what should be included in this. Agreeing or reviewing a mental health care plan will fulfil the criteria and there are a number of valid codes for the Care Programme Approach, where a patient has agreed a plan with their community worker.

Tips for picking up points

- This can be a difficult group to arrange a review with, especially if they are already under active review by mental health services. It is easier to arrange where patients are receiving medication from the practice and a reminder can be sent with the prescription.
- Occasionally it may be necessary to give a shorter course of medication on each prescription to give the message that this is to tide them over until a review is undertaken for their own safety.
- Other patients should be invited for review. Working with community mental health services can give extra encouragement for these patients to attend.
- Patients can be exception reported if they dissent or fail to respond after three invitations. The practice should then consider if they should continue to prescribe.
- There are general exception reporting codes and a three-month period of automatic exception reporting following a new registration. This only applies after the first diagnosis; after a relapse the care plan will be due immediately.

Indicator 3: Blood pressure measurement (4 points) and Indicator 4: BMI measurement (4 points)

Both these indicators can be incorporated into the annual plan and both offer full points for recording the information in 90% of patients. Together they also carry more points than the generation of the care plan.

This year (2019/20) marks the return of the BMI indicator; after its removal from QOF in 2015, measurement rates fell from 90% to 60%.

Tips for picking up points

- There is no maximum acceptable blood pressure in this QOF indicator. Simply recording a measurement is all that is required.
- Unlike the obesity indicator, BMI measurement applies to all patients whether overweight or not.
- Weight and height can be measured by suitably trained reception staff, but entering the data with a template can ensure that the BMI calculation is made.
- Searching for patients with a weight measurement but no BMI in the current year can be a quick way to boost achievement rates.
- There is exception reporting if the patient refuses to have their blood pressure taken, as well as the usual three-month grace period after registration or a new diagnosis (but not relapse).

Removed in 2019/20:

- Recording alcohol consumption in patients on the register is no longer part of QOF.
- There is no longer a specific indicator for cervical screening in patients on the mental health register. Eligible patients will still be part of the national screening programme.

(The above two indicators will continue to be monitored outside the QOF.)

- Measurement of lithium levels and creatinine in patients taking lithium has also been removed from QOF. This is due to small numbers of patients although monitoring remains good practice.

For reference:

Indicator 1: The contractor establishes and maintains a register of patients with schizophrenia, bipolar affective disorder and other psychoses and other patients on lithium therapy (MH001).

Indicator 2: The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive care plan documented in the record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate (MH002). Payment threshold: 40-90%

Indicator 3: The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of blood pressure in the preceding 12 months (MH003). Payment threshold: 50-90%

Indicator 4: The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of body mass index in the preceding 12 months (MH006). Payment threshold: 50-90%

Guide URL:

<http://preview.pulse-intelligence.co.uk/guide/maximising-your-qof-income-mental-health/>