

Declaring indicators within a service

20 March 2024

Version 0.1 Draft

Purpose

- The purpose of this document is to outline the changes in CQRS for services where the data is drawn from multiple sources and includes indicators which are;
 - *'Subject to Declaration'* and
 - *'Not Subject to Declaration'*
- This new functionality will be applied to the Network Contract DES Service.
- The topics covered are as follows:
 - The definition of *'Subject to Declaration'* and *'Not Subject to Declaration'* indicators and high-level process
 - Viewing indicators in CQRS
 - Changes to the declaration process
 - Different statuses shown
 - Changes to the approval process
 - Declaration Report
 - List of Network Contract DES 23/24 indicator declaration status

Definitions

Definitions and high-level process

‘Subject to Declaration’ Indicators:

Indicators that are ‘*Subject to Declaration*’ require a member of a PCN to verify that all data submitted against these indicators is correct. Once all data has been submitted for these indicators an achievement will be available to declare. The declaration of the achievement will follow the normal declaration process.

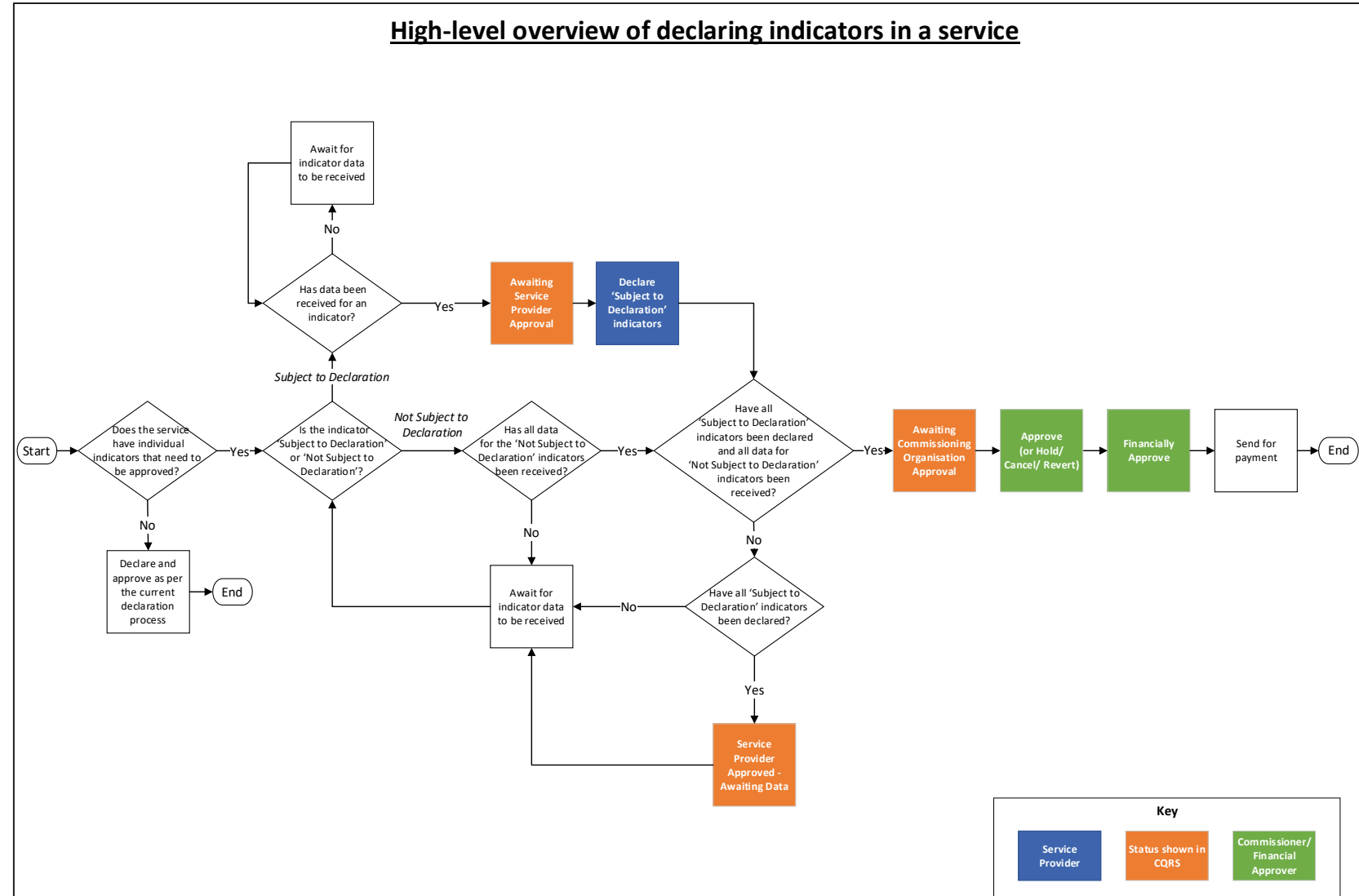
‘Not Subject to Declaration’ Indicators:

Indicators that are ‘*Not Subject to Declaration*’ are not required to be declared by a member of the PCN when the indicators are being reviewed.

Once the achievement is declared against the ‘*Subject to Declaration*’ indicators and all data has been received against the ‘*Not Subject to Declaration*’ indicators, the achievement will be updated. The total payment value amount will then be automatically sent for approval by the commissioner.

NB Depending on the order that the data is received, users may see both ‘*Subject to Declaration*’ and ‘*Not Subject to Declaration*’ indicators in the payment declaration.

Definitions and high-level process



Viewing Indicators in CQRS

Where can the indicators be viewed in CQRS?

Subject to Declaration Indicators

This currently will only be shown for the NCD service.

Any service which includes indicators that are ‘*Subject to Declaration*’ will have a new column to highlight if the indicator is subject to declaration or not. This can be found by clicking the **Data Submission** tab and then the **Record Achievement** tab, and will be displayed as shown below:

Record Achievement | Record Aspiration | Network Achievement

Network Contract DES 2022/23 ? - Achievement Date: 30/04/2022 [« Back to Record Achievement](#)

Last Updated: 12/01/2023 Practice List Size: N/A
Baseline Date: 01/04/2022

Indicators

Indicator ID	Description	Subject To Declaration	Date Submitted	Submitted Values	New Values
NCD001	Percentage of registered patients referred to social prescribing.	Yes			<input type="checkbox"/> Of the denominator, the number referred to a social prescribing service by the end of the reporting period <input type="checkbox"/> Personalised Care Adjustment: Patients who chose not to accept a referral to a social prescribing service up to and including the achievement date <input type="checkbox"/> Total number of Registered Patients

Where can the indicators be viewed in CQRS?

Not Subject to Declaration Indicators

This currently will only be shown for the NCD service.

This is an example of a *'Not Subject to Declaration'* indicator which can be found in the same column by clicking the **Data Submission** tab and then the **Record Achievement** tab, and will be displayed as shown below:

The screenshot shows the CQRS interface for 'Record Achievement'. At the top, there are tabs for 'Record Achievement', 'Record Aspiration', and 'Network Achievement'. Below the tabs, the page title is 'Network Contract DES 2022/23' with a help icon and 'Achievement Date: 30/04/2022'. A 'Back to Record Achievement' link is on the right. Below this, there are two rows of summary information: 'Last Updated: 12/01/2023' and 'Practice List Size: N/A'; 'Baseline Date: 01/04/2022'. The main section is titled 'Indicators' and contains a table with the following data:

Indicator ID	Description	Subject To Declaration	Date Submitted	Submitted Values	New Values
NCDMI16 6	Number of declined referrals to the Community Pharmacist Consultation Service per registered patient	No		<input type="checkbox"/>	Number of times that patients in the denominator declined a referral to the Community Pharmacist Consultation Service. <input type="checkbox"/> Total number of Registered Patients.

Changes to the Declaration Process (Service Providers)

Changes to the Declaration Process

Under the previous payment declaration process, the achievement payment was created by the submission of all indicators within the service. Once all data was submitted and aggregated, then a payment was created for a PCN to be declared.

This process has been changed so that once all 'Subject to Declaration' indicator data has been submitted and aggregated, a payment will be created to be declared by the PCN.

When the payment has been declared under the new process it will be held in the '*Service Provider Approved – Awaiting Data*' status until all '*Not Subject to Declaration*' data is received. Once all indicator data within the service has been received the payment will then be automatically updated to the '*Awaiting Commissioning Organisation Approval*' status.

Service Provider

Recording Declaration

1. Once all 'Subject to Declaration' indicators have been submitted, a member of the PCN can declare the achievement by clicking on the **Declare** tab and selecting the service, and then clicking on the **'Declare Achievement'** button.

The screenshot shows a web interface for recording a declaration. At the top, there are navigation tabs: 'Achievement Results', 'Declare', 'Post Achievement Modelling', and 'Network Declaration Management'. The 'Declare' tab is active. Below the tabs, there is a 'Payment Declaration' section with a help icon and a 'View Payment Declaration History' button. There are two informational messages: '+ PCN individual organisation amounts will be aggregated into the Network payment.' and '* This service has earlier achievement date yet to be declared.' To the right of these messages are two buttons: 'Run Achievement Summary Report' and 'Run Annual Activity Summary Report'. Below the messages is a table with the following columns: 'Select', 'Quality Service', 'Payment Type', 'Payment Period', 'Date of Achievement', 'Achievement Amount', 'Status', and 'Notes'. The table contains one row with a checked checkbox in the 'Select' column, a red asterisk next to 'Network Contract DES 2022/23' in the 'Quality Service' column, 'Achievement' in the 'Payment Type' column, '01/12/2022 - 31/12/2022' in the 'Payment Period' column, '31/12/2022' in the 'Date of Achievement' column, '£3,920.00' in the 'Achievement Amount' column, 'Awaiting Service Provider Approval' in the 'Status' column, and expandable 'Underlying Data' and 'Notes' in the 'Notes' column. At the bottom right of the table area, there is a 'View: 50' dropdown and a '1' page indicator. At the bottom of the interface, a yellow bar contains a 'Declare Achievement' button, which is highlighted with a red rectangular box.

Select	Quality Service	Payment Type	Payment Period	Date of Achievement	Achievement Amount	Status	Notes
<input checked="" type="checkbox"/>	* Network Contract DES 2022/23	Achievement	01/12/2022 - 31/12/2022	31/12/2022	£3,920.00	Awaiting Service Provider Approval	Underlying Data Notes

2. The new following confirmation message will appear when declared:

The Payment Declaration request has successfully been submitted and is awaiting Commissioning Organisation Approval if all data has been received for the service.

Service Provider

Missing data for indicators
'Not Subject to Declaration'

2. In the Payment Declaration History there will be a new status shown as; *'Service Provider Approved – Awaiting Data'*

The payment will remain in this status until all *'Not Subject to Declaration'* data is received. When all data is received the achievement payment will move to Commissioning Approval.

1. When the declaration has been made, a member of the PCN can view their declaration payment history by clicking on the **'View Payment Declaration History'** button:

Payment Declaration ? View Payment Declaration History

+ PCN individual organisation amounts will be aggregated into the Network payment.
* This service has earlier achievement date yet to be declared.

[Run Achievement Summary Report](#)
[Run Annual Activity Summary Report](#)

Payment Declaration History

Select	Date	Quality Service	Payment Type	Achievement Amount	Status	Notes
<input type="checkbox"/>	31/12/2022	Network Contract DES 2022/23	Achievement	£3,920.00	Service Provider Approved - Awaiting Data	Underlying Data Notes

View: 50 1

[Revert](#)

Service Provider

Missing data for indicators 'Not Subject to Declaration'

2. Within the contents of the message it will describe that the declaration has been made and that the achievement is still awaiting 'Not Subject to Declaration' data.

1. After the achievement has been declared against the 'Subject to Declaration' indicators, but there is missing data for some of the 'Not Subject to Declaration' indicators, a new message will appear for the PCN on the Home Screen and will be displayed as below:

Open Items Closed Items

To adjust the view, select [Advanced Search](#).

Type	Subject	Detail	Achievement Date	Create Date	Count
MSG	Payment Declaration is awaiting for 'not Subject to Declaration' data	Network Contract DES 2022/23	31/12/2022	12/01/2023	1

CQRS Message Centre [?](#) - Message [« Back to My Tasks & Messages](#)

State: Open

Subject: Payment Declaration for 'Network Contract DES 2022/23' is awaiting for 'not Subject to Declaration' data

Deadline Date: N/A

Created Date: 12/01/2023

Message Detail: The Payment Declaration for 'Network Contract DES 2022/23' is Declared with the achievement date 31/12/2022, but is awaiting for 'not Subject to Declaration' data. It will be sent automatically for Commissioning Organisation approval when all data is received.

[Back to Tasks & Messages](#) | [Close Message](#)

Service Provider

Data received for indicators 'Not Subject to Declaration'

1. After all the data has been received, a member of the PCN can view their declaration payment history by clicking on the **'View Payment Declaration History'** button:

Payment Declaration ? View Payment Declaration History

+ PCN individual organisation amounts will be aggregated into the Network payment.
* This service has earlier achievement date yet to be declared.

[▶ Run Achievement Summary Report](#)
[▶ Run Annual Activity Summary Report](#)

2. When all the 'Not Subject to Declaration' data has been received the status will be updated to; 'Awaiting Commissioning Organisation Approval'

Payment Declaration History

Select	Date	Quality Service	Payment Type	Achievement Amount	Status	Notes
<input type="checkbox"/>	31/12/2022	Network Contract DES 2022/23	Achievement	£3,920.00	Awaiting Commissioning Organisation Approval	▶ Underlying Data ▶ Notes

View: 50 1

Revert

Changes to the Approval Process

Commissioner Approval

Missing data for indicators 'Not Subject to Declaration'

There will only be one option available in this status which is the **'Revert'** button. This can be selected if the payment declared is believed to be incorrect.

Status:

- Awaiting Commissioning Organisation Approval
- Awaiting Commissioning Organisation Approval
- Awaiting Financial Approval
- On Hold
- Cancelled
- Awaiting Service Provider Approval
- Awaiting Network Achievement
- Service Provider Approved - Awaiting Data**

If a payment has been declared but data has not been received for indicators that are 'Not Subject to Declaration', within the status dropdown the 'Service Provider Approved – Awaiting Data' can be selected.

Declaration Management - Financial Year: 2022/2023

[Run Achievement Summary Report](#)

There are a total of 1 records matching your criteria.

Status: Service Provider Approved - Awaiting Data

Quality Service: All

Parent Organisation Name: All

Achievement Date:
From: 01/04/2022 To: 31/03/2023

Display Notes: Both **Display Underlying Data:** No

Select	Org ID	Name	Quality Service	Payment Period	Date of Achievement	Achievement Amount	Notes
<input type="checkbox"/>	tspcn1	TEST PCN	Network Contract DES 2022/23	01/12/2022 - 31/12/2022	31/12/2022	£3920.00	Notes

Revert

Commissioner Approval

Data received for indicators 'Not Subject to Declaration'

2. Within the contents of the message it will describe that the declaration has been made and that the achievement is still awaiting 'Not Subject to Declaration' data.

1. In the Message Centre when all the data has been received for the service, a task will appear for the Commissioner to approve the service:

Open Items Closed Items

To adjust the view, select [Advanced Search](#).

Type	Subject	Detail	Achievement Date	Create Date	Count
TSK	Service Requiring Approval	Network Contract DES 2022/23	31/12/2022	12/01/2023	1

CQRS Message Centre - Message [? - Message](#) [« Back to My Tasks & Messages](#)

State: Open

Subject: Payment Declaration for 'Network Contract DES 2022/23' is awaiting for 'not Subject to Declaration' data

Deadline Date: N/A

Created Date: 12/01/2023

Message Detail: The Payment Declaration for 'Network Contract DES 2022/23' is Declared with the achievement date 31/12/2022, but is awaiting for 'not Subject to Declaration' data. It will be sent automatically for Commissioning Organisation approval when all data is received.

[Back to Tasks & Messages](#) | [Close Message](#)

Commissioner Approval

Data received for indicators 'Not Subject to Declaration'

1. When all data has been received for the service, the 'Awaiting Commissioning Organisation Approval' status can be selected in the status dropdown.

Status:

- Awaiting Commissioning Organisation Approval
- Awaiting Commissioning Organisation Approval**
- Awaiting Financial Approval
- On Hold
- Cancelled
- Awaiting Service Provider Approval
- Awaiting Network Achievement
- Service Provider Approved - Awaiting Data

When updated to this status all options will be available to select. The options available are: 'Approve', 'Hold', 'Cancel' and 'Revert' buttons.

Declaration Management ? - Financial Year 2022/2023

[Run Achievement Summary Report](#)

i There are a total of 1 records matching your criteria.

Status:
Awaiting Commissioning Organisation Approval

Quality Service:
All

Parent Organisation Name:
All

Achievement Date:
From: 01/04/2022 To: 31/03/2023

Display Notes: Both **Display Underlying Data:** No

Select	Org ID	Name	Quality Service	Payment Period	Date of Achievement	Achievement Amount	Notes
<input type="checkbox"/>	tspcn1	TEST PCN	Network Contract DES 2022/23	01/12/2022 - 31/12/2022	31/12/2022	£3920.00	Notes

Approve Hold Cancel Revert

Declaration Report

Declaration Report

The declaration reports have also been updated with the new status 'Service Provider Approved Awaiting Data'. For example, as shown below:

Quality Service Name	Commissioning Organisation	Amount	Achievement Date	Status	Payment / Report	Financial Approval Date	Last Updated Date
Seasonal Flu Service ATC	AutoCCG1	£147.00	31/03/2017	Sent To SSD (Final State)	P	02/11/2021	02/11/2021
Seasonal Flu Service ATC	AutoCCG1	£147.00	28/02/2017	Awaiting Service Provider Approval	P		10/10/2022
Seasonal Flu Service ATC	AutoCCG1	£147.00	31/01/2017	Awaiting Network Achievement	P		22/03/2022
Seasonal Flu Service ATC	AutoCCG1		31/12/2016	Awaiting Data	P		
Seasonal Flu Service ATC	AutoCCG1	£147.00	30/11/2016	Service Provider Approved Awaiting Data	P		30/03/2022
Seasonal Flu Service ATC	AutoCCG1	£49.00	31/10/2016	Service Provider Approved Awaiting Data	P		23/02/2022
Seasonal Flu Service ATC	AutoCCG1	£20,139.00	30/05/2016	Service Provider Approved Awaiting Data	P		02/02/2022
Total		£20,776.00					
Total Payment Approved		£147.00					

List of Indicators Subject to Declaration

Indicator Declaration Status

Name	Description	Subject to Declaration
NCD026	Percentage of appointments where time from booking to appointment was two weeks or less [ACC-08]	Yes
NCD113	Number of referrals to the Community Pharmacist Consultation Service per registered patient [ACC-09]	No
NCDMI166	Number of declined referrals to the Community Pharmacist Consultation Service per registered patient [ACC-15]	No
NCDMI125	Percentage of registered patients under the care of Anticipatory Care service [AC-21]	No
NCDMI126	Percentage of registered patients who declined an offer of Anticipatory Care [AC-22]	No
NCDMI127	Percentage of registered patients discharged from Anticipatory Care service [AC-23]	No
NCDMI138	Number of encounters with a Clinical Pharmacist, per registered patient [O-ARRS-35]	No
NCDMI139	Percentage of registered patients who had at least one encounter with a Clinical Pharmacist [O-ARRS-36]	No
NCDMI140	Number of encounters with a First Contact Physiotherapist, per registered patient [O-ARRS-37]	No
NCDMI141	Percentage of registered patients who had at least one encounter with a First Contact Physiotherapist [O-ARRS-38]	No
NCDMI142	Number of encounters with a Physician Associate, per registered patient [O-ARRS-39]	No

Indicator Declaration Status

Name	Description	Subject to Declaration
NCDMI143	Percentage of registered patients who had at least one encounter with a Physician Associate [O-ARRS-40]	No
NCDMI144	Number of encounters with a Dietitian, per registered patient [O-ARRS-45]	No
NCDMI145	Percentage of registered patients who had at least one encounter with a Dietitian [O-ARRS-46]	No
NCDMI146	Number of encounters with a Podiatrist, per registered patient [O-ARRS-47]	No
NCDMI147	Percentage of registered patients who had at least one encounter with a Podiatrist [O-ARRS-48]	No
NCDMI148	Number of encounters with a Pharmacy Technician, per registered patient [O-ARRS-49]	No
NCDMI149	Percentage of registered patients who had at least one encounter with a Pharmacy Technician [O-ARRS-50]	No
NCDMI150	Number of encounters with an Occupational Therapist, per registered patient [O-ARRS-51]	No
NCDMI151	Percentage of registered patients who had at least one encounter with an Occupational Therapist [O-ARRS-52]	No
NCDMI152	Number of encounters with a Social Prescribing Link Worker, per registered patient [O-ARRS-53]	No
NCDMI153	Percentage of registered patients who had at least one encounter with a Social Prescribing Link Worker [O-ARRS-54]	No
NCDMI154	Number of encounters with a Health and Wellbeing Coach, per registered patient [O-ARRS-55]	No
NCDMI155	Percentage of registered patients who had at least one encounter with a Health and Wellbeing Coach [O-ARRS-56]	No
NCDMI156	Number of encounters with a Care Coordinator per registered patient [O-ARRS-57]	No
NCDMI157	Percentage of registered patients who had at least one encounter with a Care Coordinator [O-ARRS-58]	No
NCDMI158	Number of encounters with a Trainee Nursing Associate, per registered patient [O-ARRS-59]	No
NCDMI159	Percentage of registered patients who had at least one encounter with a Trainee Nursing Associate [O-ARRS-60]	No
NCDMI160	Number of encounters with a Nursing Associate, per registered patient [O-ARRS-61]	No
NCDMI161	Percentage of registered patients who had at least one encounter with a Nursing Associate [O-ARRS-62]	No
NCDMI162	Number of encounters with a Paramedic, per registered patient [O-ARRS-63]	No

Indicator Declaration Status

Name	Description	Subject to Declaration
NCDMI163	Percentage of registered patients who had at least one encounter with a Paramedic [O-ARRS-64]	No
NCDMI164	Number of encounters with a Mental Health Practitioner, per registered patient [O-ARRS-65]	No
NCDMI165	Percentage of registered patients who had at least one encounter with a Mental Health Practitioner [O-ARRS-66]	No
NCD123	Percentage of lower gastrointestinal two week wait (fast track) cancer referrals accompanied by a faecal immunochemical test result, with the result recorded in the twenty-one days leading up to the referral [CAN-02]	Yes
NCD112	Percentage of lower gastrointestinal two week wait (fast track) cancer referrals accompanied by a faecal immunochemical test result, with the result recorded either in the twenty-one days leading up to the referral, or in the fourteen days after the referral [CAN-01]	No
NCDMI023	Percentage of patients who were placed on an urgent referral pathway for suspected cancer. [CAN-09]	No
NCDMI024	Percentage of patients placed on an urgent referral pathway for suspected cancer where safety netting was recorded. [CAN-10]	No
NCDMI061	Percentage of patients aged 25 to 84 years inclusive and with a last recorded CVD risk score (QRISK2 or 3) greater than or equal to 10 percent, who are currently treated with statins [CVD-13]	No
NCDMI101	Percentage of patients aged 65 years or over and who received a blood pressure check, who received a pulse check [CVD-10]	No
NCDMI102	Percentage of patients aged 18 years or over with an observation indicating suspected atrial fibrillation recorded during the financial year (including presentations of breathlessness, palpitations, syncope or dizziness or chest discomfort) who received a pulse check [CVD-11]	No
NCDMI103	Percentage of patients aged 65 years or over and with an irregular pulse who either received an electrocardiogram or were referred for an electrocardiogram [CVD-14]	No
NCDMI205	Percentage of patients on the QOF Coronary Heart Disease, Peripheral Arterial Disease, or Stroke/TIA Register, who have a recording of non-HDL cholesterol in the preceding 12 months that is lower than 2.5 mmol/L, or where non-HDL cholesterol is not recorded then a recording of LDL cholesterol in the preceding 12 months that is lower than 1.8 mmol/L [CVD-17]	No
NCD102	Percentage of patients aged 29 and under with a total cholesterol greater than 7.5mmol/L OR aged 30 and over with a total cholesterol greater than 9.0mmol/L who have been either: (i) diagnosed with secondary hyperlipidaemia; (ii) clinically assessed for familial hypercholesterolaemia; (iii) referred for assessment for familial hypercholesterolaemia; or (iv) genetically diagnosed with familial hypercholesterolaemia [CVD-04]	No
NCD117	Percentage of men aged 50 years or over and women aged 55 years or over, without established Cardiovascular Disease and not on lipid lowering therapy, who have a QRISK score recorded on their GP record in the preceding five years and who have a recording of cholesterol levels, blood pressure and smoking status in the 12 months preceding recording of the most recent QRISK score [CVD-07]	No
NCD121	Percentage of patients aged 25 to 84 years inclusive without established cardiovascular disease or Diabetes and with a last recorded CVD risk score (QRISK2 or 3) greater than 20 percent, who are currently treated with statins, or where a statin is declined or clinically unsuitable, another lipid-lowering therapy [CVD-08]	No

Indicator Declaration Status

Name	Description	Subject to Declaration
NCDMI176	Percentage of patients aged 25 to 84 years inclusive without established cardiovascular disease and with a last recorded CVD risk score (QRISK2 or 3) greater than 20 percent, who are currently treated with statins [CVD-03]	No
NCD011	Percentage of patients aged 18 years or over, not on the QOF Hypertension Register as of 31 March 2023, and who have (i) a last recorded blood pressure reading in the 3 years prior to 1 April 2023 \geq 140/90mmHg (with the exception of patients whose first blood pressure reading \geq 140/90mmHg in this period is on or after 1 October 2022) for whom there is evidence of clinically appropriate follow-up* to confirm or exclude a diagnosis of hypertension by 31 March 2024 OR (ii) a blood pressure reading \geq 140/90mmHg on or after 1 October 2022, for whom there is evidence of clinically appropriate follow-up* to confirm or exclude a diagnosis of hypertension within 6 months of elevated reading [CVD-01]	No
NCD012	Number of patients aged 18 years or over and recorded as living in a care home, as a percentage of care home beds aligned to the PCN and eligible to receive the Network Contract DES Enhanced Health in Care Homes service. [EHCH-01]	No
NCD018	Percentage of care home residents aged 18 years or over, who had a Personalised Care and Support Plan (PCSP) agreed or reviewed [EHCH-02]	No
NCDMI010	Percentage of permanent care home residents aged 18 years or over and recorded as experiencing acute confusion, who received a delirium assessment. [EHCH-05]	No
NCDMI112	Percentage of care home residents aged 18 years or over on the QOF Dementia Register [EHCH-27]	No
NCDMI113	Percentage of permanent care home residents aged 18 years or over with a preferred place of death recorded [EHCH-28]	No
NCDMI114	Mean number of Multidisciplinary Team meetings per care home resident aged 18 years or over [EHCH-29]	No
NCDMI167	Number of permanent care home residents aged 18 years or over who received a falls risk assessment in the reporting period. [EHCH-14]	No
NCDMI170	Percentage of permanent care home residents aged 18 years or over who received a psychosocial assessment [EHCH-24]	No
NCDMI198	Mean number of patient contacts as part of weekly care home round per care home resident aged 18 years or over [EHCH-04]	No
NCD014	Metered Dose Inhaler (MDI) prescriptions as a percentage of all non-salbutamol inhaler prescriptions issued to patients aged 12 years or over [ES-01]	No
NCDMI089	Percentage of salbutamol inhaler prescriptions that are lower carbon. [ES-08]	No
NCD120	Percentage of patients on the QOF Learning Disability register aged 14 or over, who received an annual Learning Disability Health Check and have a completed Health Action Plan in addition to a recording of ethnicity [HI-03]	Yes
NCD001	Percentage of registered patients referred to a social prescribing service [PC-01]	No
NCDMI001	Percentage of registered patients who had a Personalised Care and Support Plan agreed. [PC-14]	No

Indicator Declaration Status

Name	Description	Subject to Declaration
NCDMI002	Percentage of registered patients who had a Personalised Care and Support Plan reviewed. [PC-15]	No
NCDMI003	Percentage of registered patients whose care was discussed as part of a shared decision-making process. [PC-17]	No
NCDMI063	Percentage of registered patients currently being seen by a social prescribing service. [PC-18]	No
NCDMI064	Percentage of patients with a long-term condition whose care was discussed as part of a shared decision-making conversation [PC-10]	No
NCDMI105	Number of Social Prescribing Link Worker consultations per patient currently being seen by a social prescribing service [PC-02]	No
NCDMI106	Number of General Practitioner consultations per patient currently being seen by a social prescribing service [PC-03]	No
NCDMI107	Percentage of patients currently being seen by a social prescribing service who received at least one consultation with a Social Prescribing Link Worker [PC-05]	No
NCDMI108	Number of General Practitioner consultations per registered patient [PC-19]	No
NCDMI109	Number of consultations per patient currently being seen by a social prescribing service [PC-20]	No
NCDMI110	Number of consultations per registered patient [PC-21]	No
NCDMI177	Percentage of patients on the QOF Asthma Register who received three or more inhaled corticosteroid (ICS, inclusive of ICS/LABA) prescriptions over the previous 12 months [RESP-01]	No
NCDMI178	Percentage of patients on the QOF Asthma Register who received six or more Short Acting Beta-2 Agonist (SABA) inhaler prescriptions over the previous 12 months [RESP-02]	No
NCDMI180	Percentage of patients at risk of harm due to medication errors who received a Structured Medication Review [SMR-01A]	No
NCDMI181	Percentage of patients living with severe frailty who received a Structured Medication Review [SMR-01B]	No
NCDMI188	Percentage of patients using potentially addictive medicines who received a Structured Medication Review [SMR-01C]	No
NCDMI189	Percentage of permanent care home residents aged 18 years or over who received a Structured Medication Review [SMR-01D]	No
NCD107	Percentage of patients aged 18 years or over prescribed both a Non-Steroidal Anti-Inflammatory Drug (NSAID) and an oral anticoagulant in the last 3 months of the previous financial year, who, in the three months to the end of the reporting period, were either (i) no longer prescribed an NSAID or (ii) prescribed a gastro-protective in addition to an NSAID [SMR-02A]	No
NCD108	Percentage of patients aged 65 years or over prescribed a Non-Steroidal Anti-Inflammatory Drug (NSAID) and not an oral anticoagulant in the last 3 months of the previous financial year, who, in the three months to the end of the reporting period, were either (i) no longer prescribed an NSAID or (ii) prescribed a gastro-protective in addition to an NSAID [SMR-02B]	No

Indicator Declaration Status

Name	Description	Subject to Declaration
NCD109	Percentage of patients aged 18 years or over prescribed both an oral anticoagulant and an anti-platelet in the last 3 months of the previous financial year, who, in the three months to the end of the reporting period, were either (i) no longer prescribed an anti-platelet or (ii) prescribed a gastro-protective in addition to an anti-platelet [SMR-02C]	No
NCD110	Percentage of patients aged 18 years or over prescribed aspirin and another anti-platelet in the last 3 months of the previous financial year, who, in the three months to the end of the reporting period, were either (i) no longer prescribed aspirin and/or no longer prescribed an anti-platelet or (ii) prescribed a gastro-protective in addition to both aspirin and another anti-platelet [SMR-02D]	No
NCD111	Percentage of patients prescribed a direct-acting oral anticoagulant, who received a renal function test and a recording of their weight and Creatinine Clearance Rate, along with a change or confirmation of their medication dose [SMR-03]	No
NCDMI074	Percentage of registered patients prescribed opioids. [SMR-14]	No
NCDMI075	Percentage of registered patients prescribed antimicrobials. [SMR-17]	No
NCDMI076	Percentage of registered patients prescribed benzodiazepines. [SMR-18]	No
NCDMI068	Mean number of structured medication reviews undertaken per registered patient. [SMR-38]	No
NCDMI116	Percentage of patients aged 65 years or over prescribed an oral NSAID who were not concurrently prescribed a gastro-protective [SMR-24]	No
NCDMI117	Percentage of patients aged 18 years or over with a history of peptic ulceration and prescribed an oral NSAID, who were not concurrently prescribed a gastro-protective [SMR-25]	No
NCDMI118	Percentage of patients aged 18 years or over with a history of peptic ulceration and prescribed an anti-platelet, who were not concurrently prescribed a gastro-protective [SMR-26]	No
NCDMI119	Percentage of patients aged 18 years or over prescribed an oral anticoagulant, who were concurrently prescribed an oral NSAID [SMR-27]	No
NCDMI120	Percentage of patients aged 18 years or over prescribed an oral anticoagulant and an anti-platelet, who were not concurrently prescribed a gastro-protective [SMR-28]	No
NCDMI121	Percentage of patients aged 18 years or over prescribed aspirin and another anti-platelet, who were not concurrently prescribed a gastro-protective [SMR-29]	No
NCDMI122	Percentage of patients aged 18 years or over with heart failure who were prescribed an oral NSAID [SMR-30]	No
NCDMI123	Percentage of patients aged 18 years or over with an eGFR less than 45 who were prescribed an oral NSAID [SMR-31]	No
NCDMI124	Percentage of patients aged 18 years or over on the QOF Asthma Register who were prescribed a non-selective beta-blocker [SMR-32]	No

Indicator Declaration Status

Name	Description	Subject to Declaration
NCDMI171	Percentage of patients aged 75 years or over on a long-term prescription of an angiotensin converting enzyme (ACE) inhibitor or a loop diuretic who have not had their renal function and electrolytes recorded in the previous 15 months. [SMR-33]	No
NCDMI172	Percentage of patients aged 18 years or over prescribed methotrexate for at least 3 months without a full blood count in the previous 3 months. [SMR-34]	No
NCDMI173	Percentage of patients aged 18 years or over prescribed methotrexate for at least 3 months without a liver function test in the previous 3 months. [SMR-35]	No
NCDMI174	Percentage of patients aged 18 years or over prescribed lithium for at least 3 months without a lithium concentration check in the previous 3 months. [SMR-36]	No
NCDMI175	Percentage of patients aged 18 years or over prescribed amiodarone for at least 6 months without a thyroid function test (TSH) in the previous 6 months. [SMR-37]	No
NCDMI129	Percentage of at-risk patients recorded as being from an ethnic minority and aged 18 to 64 years inclusive who received a seasonal influenza vaccination between 1 September and 31 March [HI-05]	No
NCDMI130	Percentage of patients aged 16 years or over who have received a second dose of a Covid 19 vaccination [HI-06]	No
NCDMI131	Percentage of patients aged 16 years or over and recorded as being from an ethnic minority who have received a second dose of a Covid 19 vaccination [HI-07]	No
NCDMI133	Percentage of patients aged 45 years or over and recorded as being from an ethnic minority who have a record of blood pressure in the preceding 5 years [HI-09]	No
NCDMI134	Percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who received all six elements of the Physical Health Check for people with Severe Mental Illness [HI-16]	No
NCDMI135	Percentage of patients with schizophrenia, bipolar affective disorder and other psychoses and recorded as being from an ethnic minority who received all six elements of the Physical Health Check for people with Severe Mental Illness [HI-17]	No
NCDMI136	Number of registered patients with a Type 1 Opt Out [HI-18]	No
NCDMI137	Number of patients recorded as having a diagnosis of autism [HI-21]	No
NCDMI028	Percentage of patients aged 14 years or over and on the QOF Learning Disability Register who received a Learning Disability Annual Health Check [HI-27]	No
NCDMI060	Percentage of registered patients who were given the opportunity to state their ethnicity but chose not to. [HI-04]	No

Indicator Declaration Status

Name	Description	Subject to Declaration
NCDMI132	Percentage of patients aged 18 years or over, recorded as being from an ethnic minority, not on the QOF Hypertension Register as of 31 March 2023, and who have (i) a last recorded blood pressure reading in the 3 years prior to 1 April 2023 \geq 140/90mmHg (with the exception of patients whose first blood pressure reading \geq 140/90mmHg in this period is on or after 1 October 2022) for whom there is evidence of clinically appropriate follow-up* to confirm or exclude a diagnosis of hypertension by 31 March 2024 OR (ii) a blood pressure reading \geq 140/90mmHg on or after 1 October 2022, for whom there is evidence of clinically appropriate follow-up* to confirm or exclude a diagnosis of hypertension within 6 months of elevated reading [HI-08]	No
NCDMI182	Percentage of patients on the QOF Learning Disability register aged 14 years or over, who received an annual Learning Disability Health Check and a completed Health Action Plan [HI-01]	No
NCDMI200	Percentage of registered patients with a recording of ethnicity [HI-02]	No
NCD003	Percentage of at-risk patients aged 18 to 64 years inclusive who received a seasonal influenza vaccination between 1 September and 31 March [VI-02]	Yes
NCD004	Percentage of patients aged two or three years on 31 August of the relevant financial year who received a seasonal influenza vaccination between 1 September and 31 March [VI-03]	Yes
NCDMI025	Percentage of patients in long stay residential or homes who received a seasonal influenza vaccination between 1 September and 31 March. [O-Flu-02k]	No
NCDMI026	Percentage of patients on the Learning Disability register aged 18 years or over who received a seasonal influenza vaccination between 1 September and 31 March. [O-Flu-02l]	No
NCDMI027	Percentage of patients on the QOF Mental Health register for schizophrenia, bipolar affective disorder and other psychoses and either aged 65 years or over or aged 18 to 64 years inclusive and in a clinical at-risk group, who received a seasonal influenza vaccination between 1 September and 31 March. [O-Flu-02m]	No
NCDMI199	Percentage of patients aged 65 years or over who received a seasonal influenza vaccination between 1 September and 31 March [VI-01]	No