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From Panic to Proactive: Your Complete Guide to QOF Success

Transforming recall, risk stratification, and workflow planning for sustainable primary care performance.

Contents

Introduction

Primary care teams are under more pressure than ever. Rising multimorbidity, expanding disease registers, and persistent workforce shortages mean that Quality and Outcomes Framework (QOF) reviews are no longer simple, one-condition check-ins. They've become complex, multi-layered activities that demand coordination across clinicians, administrators, and digital systems.

Each year, many practices find themselves caught in the familiar surge of "QOF panic" – the scramble to complete reviews, submit data, and secure the income that underpins service delivery. But this cycle is avoidable.

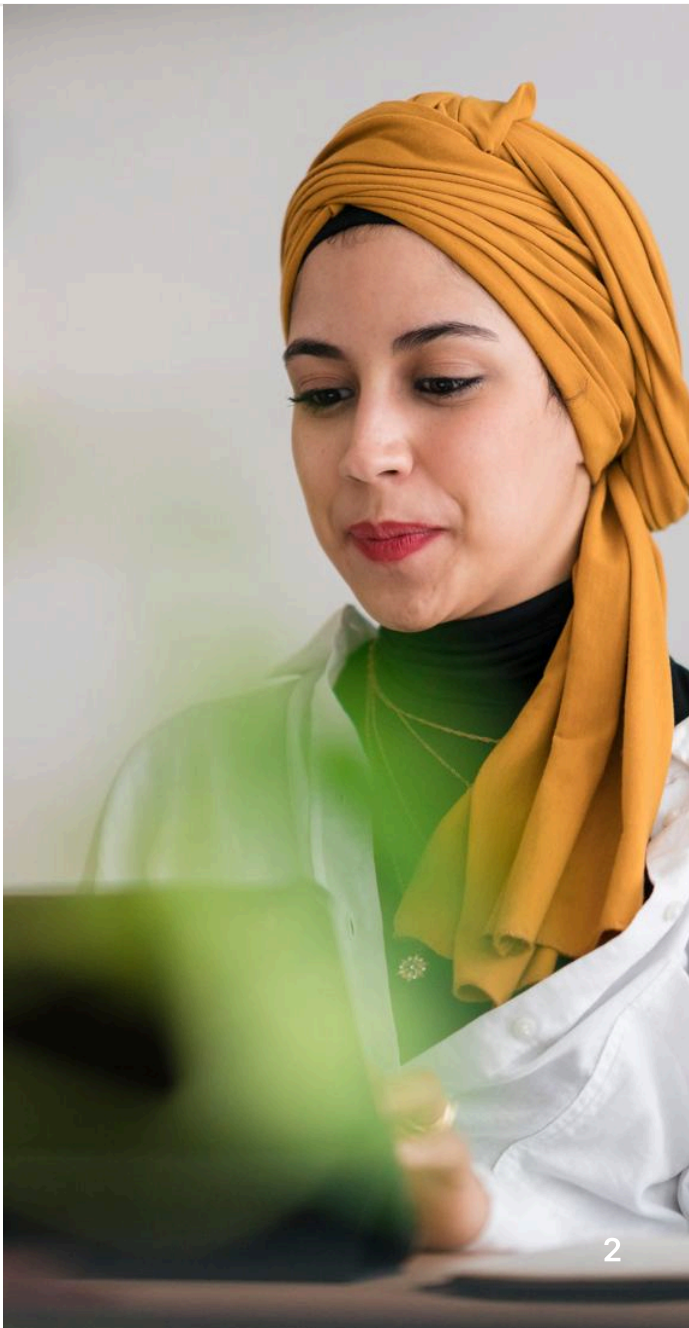
By moving from reactive end-of-year rushes to proactive, year-round workflows, practices can balance workload, improve patient outcomes, and strengthen financial resilience.

From reactive to proactive care

For years, QOF has rewarded completion, but not necessarily coordination. However, practices are starting to see the benefit of reframing their approach, building systems that integrate recall, review, and follow-up into everyday activity.

Proactive care doesn't just meet targets; it prevents problems. By using population health tools, risk-based logic, and streamlined templates, teams can deliver high-quality care continuously, alleviating clinical pressures when deadlines loom.

This guide explores how to make that shift – from panic to proactive – through practical steps, data insights, and digital tools that simplify even the most complex targets.



What's inside this guide:

- How QOF payments are calculated – and how prevalence impacts your income
- Why PCA rates vary, and what CQC looks for
- The link between QOF and local enhanced services (LES)
- How to design recalls that reduce DNAs and target multimorbidity
- How digital platforms like Suvera's Planner can simplify workflows and combine QOF and LES templates into one system for practice success

1

Understanding QOF:
How Payments Are Calculated

Primary care teams are under more pressure than ever. Rising multimorbidity, expanding disease registers, and persistent workforce shortages mean that Quality and Outcomes Framework (QOF) reviews are no longer simple, one-condition check-ins. They've become complex, multi-layered activities that demand coordination across clinicians, administrators, and digital systems.

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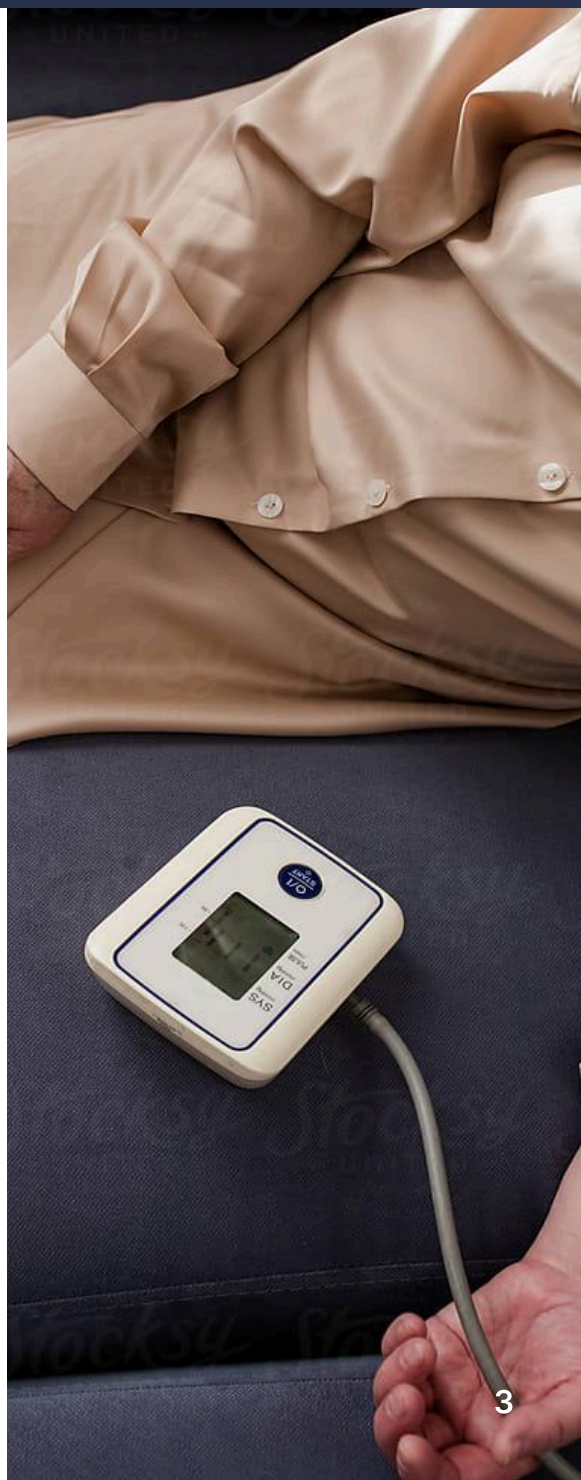


Reminder:
How your QOF earnings are calculated

QOF payment = (1) Points Achieved x (2) £225.49 x (3) CPI* x (4) APDF**
A total of 564 points are available under QOF for 2025/26.

*CPI – Contractor Population Index = practice list size ÷ national average (10,184)
**APDF – Adjusted Practice Disease Factor = practice prevalence ÷ national prevalence

The role of personalised care adjustment rates

In 2019, exception reporting received a modern replacement known as the personalised care adjustment (PCA). PCAs exist to ensure fairness, allowing practices to record when patients are unsuitable for, or decline, interventions.(2) It prevents teams being penalised for non-engagement, or when clinically appropriate decisions are made that deviate from QOF guidance.(3)

PCA rates vary widely across regions and conditions. In 2018-19, the blood pressure indicator group had the lowest overall exception rate (0.6%), while the cardiovascular disease – primary prevention indicator group had the highest (32.7%).(4) Consistent, transparent coding and a clear audit trail are key to staying compliant. Outliers can invite review, especially where patterns suggest overuse.

Myth

Practices can exclude up to 10% of patients per indicator

Fact

The 10% rule is a misconception – exception rates should reflect clinical reality not a target figure.

What CQC looks for

When reviewing QOF-related data, CQC focuses on:

- Evidence of consistent coding and clinical rationale
- A transparent approach to personalised care adjustments
- Clear recall systems for high-risk patients, or those with a long-term condition
- Equitable access for all patient groups

Understanding these principles helps practices strike the right balance between legitimate exceptions and ethical optimisation – focusing on inclusive, proactive care that benefits both patients and performance.

Try Suvera's QOF Calculator

Estimate your practice's potential earnings and explore how prevalence and PCA rates shape your payments. Find Suvera's QOF Calculator here.

Try our QOF Calculator now.

2

Patient Care Adjustments:
Optimising Ethically

Patient care adjustments (PCAs) exist to protect both patients and practices, ensuring that those who decline care, can't tolerate treatment, or are clinically unsuitable aren't unfairly included in performance calculations.

But when PCAs are inconsistent, or poorly evidenced, they can raise questions from commissioners or CQC inspectors. Understanding how and why to code exceptions appropriately is key to maintaining integrity and compliance.

Why PCA rates vary

PCA rates differ by condition, patient demographics, and region.

Research consistently shows that practices in more deprived areas, or with higher prevalence of multimorbidity, may have higher PCA rates. Older patients are more likely to be exempted, as are men – likely due to men having a higher prevalence of conditions with higher exemption rates.

In 2011/12 the rate of exception reporting ranged from:

17.1%
in South-Central England

25.5%
in Scotland

Patients with severe mental illness may be more likely to miss reviews or decline medication adjustments.(6) Research shows that patients with a serious mental illness (SMI) are more likely to be exception reported, with Launders et al. finding that nearly 28% of patients received an exception report at least once.(7)

These findings suggest that more complex patients can fall outside standard recall workflows, complicating access to healthcare services and early intervention when required. Targeted recall and review strategies are therefore critical.

Ethical optimisation, not overuse

Ethical optimisation means using PCAs responsibly: not to boost achievement rates, but to ensure accuracy. The aim is to maximise legitimate coding – capturing every eligible review, contact, and intervention – before resorting to PCAs.

Practices that code carefully often discover missed opportunities. For instance, updating medication reviews or confirming specific patient refusals can shift patients back into the QOF denominator, improving both care and performance.

Why high PCA rates raise concern

High exception rates are not automatically wrong, but they do invite scrutiny. CQC looks for consistent documentation, clear audit trails, and evidence that exceptions are justified.

If patterns appear inflated or inconsistent with peers, practices may be asked to review their processes. Transparent recording and regular internal audits help prevent reputational or compliance issues.

Tips for ethical exception reporting

- Focus on inclusion before exclusion.
- Consider alternative methods of engagement, such as digital clinics or appointments.
- Check that non-engagers have received multiple recall attempts.
- Record clinical reasoning clearly in the patient's notes.
- Review PCAs quarterly – don't wait for year end.
- Compare your data with regional averages.

3

Beyond QOF:
Aligning with LES and Population Health Goals

While QOF provides the national framework for performance and reward, local enhanced services (LES) often mirror its indicators, with variations that reflect regional priorities. These contracts may reward additional care priorities, such as additional COPD targets, dementia screening, or vaccination targets, but their requirements often sit just beyond the QOF boundaries.(8)

For many practices, this is where income is left on the table.

QOF and LES overlaps

QOF and LES share a common goal: better population health outcomes through structured, proactive care. Yet the subtle differences in template design and coding requirements can make the system feel fragmented.

A single patient review may cover five QOF indicators and three LES requirements, but unless the templates talk to each other, teams risk duplicating work or missing claims altogether.

Where practices can fall short

Common pain points include:

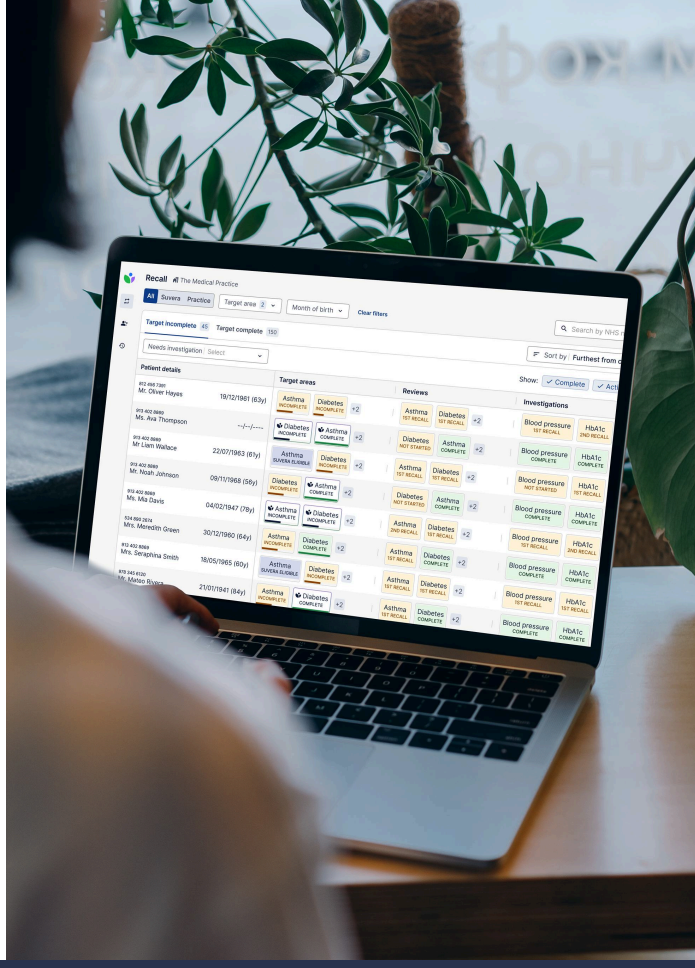
- Staff unaware that a completed QOF template doesn't automatically update the LES claim
- Variation in templates between systems or commissioners
- Missed opportunities to capture locally enhanced reviews during QOF appointments

This lack of integration leads to inefficiency and under-claiming despite the work often being completed. This may be especially true when clinicians are stretched, or staff are focused on QOF delivery alone.

How Planner brings QOF and LES together

Suvera's Planner bridges the gap in systems by combining QOF and LES indicators into a single digital workflow. It ensures every eligible patient interaction is recorded correctly, whether the metric sits within QOF, a local contract, or both.

By automating recall logic, highlighting outstanding indicators, and linking reviews to the right templates, Planner helps practices close gaps, improve income accuracy, and save time across teams.



The benefits of integration

- One review = multiple outcomes (QOF + LES + prevention targets).
- No missed income from unclaimed local indicators.
- Consistent data entry across clinical teams.
- Reduced duplication and administrative burden.

Next Steps

With QOF and LES aligned, end-of-year pressures can be prevented by utilising proactive recall systems and building year-round workflows.

4

Proactive Recall and Risk Stratification

Recalling patients efficiently is one of the most powerful ways to improve QOF outcomes, but the traditional month-of-birth recall system no longer meets the needs of modern primary care. Practices now need recall strategies that prioritise patients by risk and clinical need.

Why recall strategy matters

Traditional month-of-birth recall systems offer simplicity and predictability. However, they can leave high-risk patients waiting too long, while stable patients are reviewed sooner than clinically needed.

A risk-based recall model means patients with uncontrolled conditions or multiple comorbidities are proactively prioritised for earlier contact or one-stop reviews. Clinicians can spend time where they will have the greatest impact, rather than on routine reviews that can safely be deferred.

Smart recall logic means fewer backlogs and last-minute surges, transforming QOF into a manageable, steady process.

From single condition to multi-morbidity reviews

One of the biggest opportunities for efficiency – and patient benefit – is to shift to multimorbidity reviews. Rather than recalling a patient multiple times for separate hypertension, diabetes, and COPD checks, practices can offer one structured, holistic appointment.

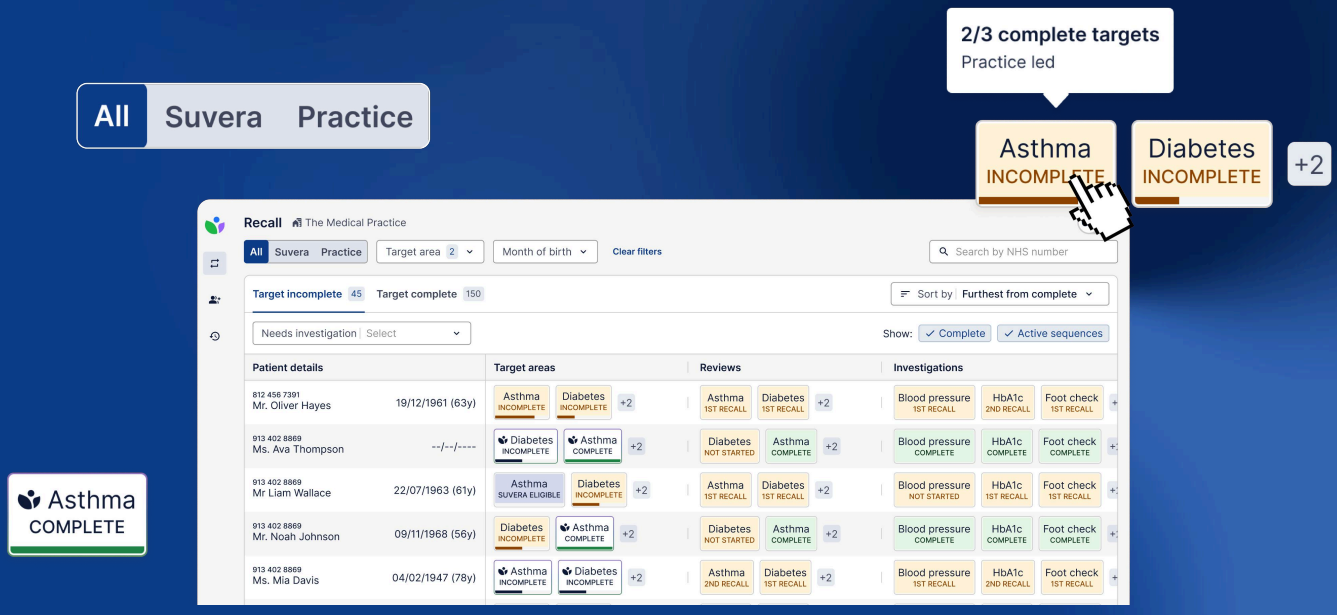
Integrated review models can also reduce DNA rates. Streamlining recall by identifying patients with more than one chronic condition means patients are contacted once for a holistic review. Using flexible, digital engagement, can significantly boost patient understanding and buy-in, improving attendance, too.(10)

23%
estimate of the population is living with multimorbidity

66%
For those aged 65+

Simplifying Proactive Recall

Data-driven recall and risk stratification work best when supported by the right technology. Digital platforms like Planner combine automation, recall and workflow optimisation.



5

The Role of Data and Technology in QOF Success

Effective QOF management starts with reliable data – data that's accurate, up-to-date, and easy to act on. When data sits in separate searches, spreadsheets and templates, many practices face duplication of tasks, delays, and unnecessary pressure at year end.

Digital automation changes this. By linking recall, risk stratification, and review templates in one system, practices can turn QOF from a manual task into a continuous, proactive workflow.

Suvera's Planner: a single view of QOF and LES

Planner brings every part of QOF management together – from patient recalls to template completion. It automatically identifies eligible patients, applies risk-based logic, and updates indicators in real time.

What sets Planner apart is its ability to combine QOF and local enhanced service (LES) requirements. Instead of switching between multiple templates, clinicians record activity once, and the platform maps it across both frameworks, closing income gaps and reducing administrative load.

Automation that drives performance

With automation built in, Planner ensures that no patient or indicator is overlooked.

Smart recalls

target high-risk or overdue patients automatically.

Real-time dashboards

show progress and exception trends.

Integrated templates

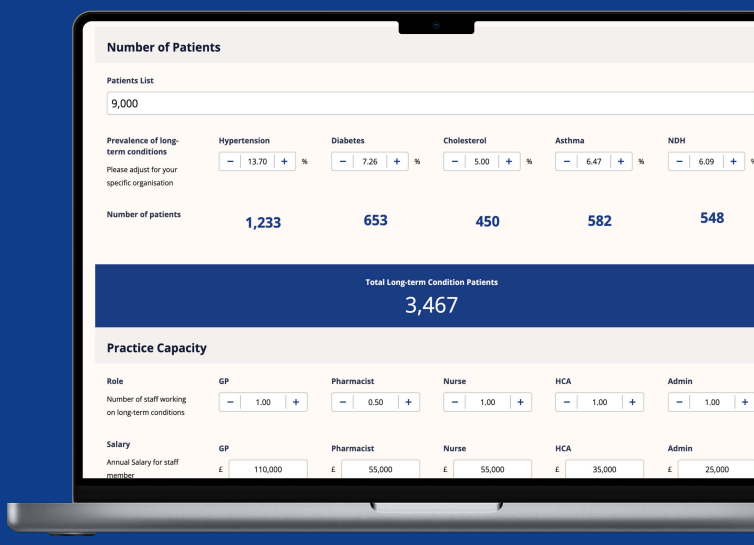
mean every contact contributes to the right indicators.

As data flows automatically, teams can focus on clinical decisions, not on chasing lists or reconciling reports.

The QOF Calculator

For planning and forecasting, our free QOF Calculator helps practices model potential earnings, explore how prevalence affects payment, and identify areas for improvement.

Using Planner and our QOF Calculator together provides a complete digital toolkit for proactive QOF management, supporting both quality improvement and financial stability.



Planner: the proactive recall system

Planner combines clinical prioritisation, automation, and patient engagement in the following ways.

Assesses risk
Identifies patients with uncontrolled conditions, multiple QOF indicators, or recent hospital admissions.

Combines reviews where possible
Supports one-stop reviews for effective, efficient multimorbidity management.

Automates reminders
Reduces administrative burden through digital recall tools.

Monitors uptake dynamically
Tracks attendance and outcomes to refine recall logic over time.

Adapts to patient needs
Can offer remote or digital reviews for stable conditions where clinically appropriate.

6

Building a Year-Round QOF Strategy

Every March, many practices face the same challenge – an intense rush to complete reviews, reconcile data, and meet QOF targets. This end-of-year surge drains clinical time, adds stress, and risks patients being reviewed reactively rather than proactively. Moving to a year-round QOF strategy spreads activity evenly, embedding recall into routine workflows to manage demand, maintain quality, and protect staff wellbeing and patient outcomes.

Creating capacity through proactive scheduling

Instead of waiting for the annual pressure of meeting QOF targets, reviews can be planned throughout the year, starting with the highest-risk patients and working methodically through registers.

Digital planning tools like Suvera's Planner make this easier by showing which patients are due or overdue, which indicators remain open, and where workload can be shared across the team.

By identifying bottlenecks early and scheduling intelligently, practices can:

Reduce end-of-year pressures

by spreading workload according to patient need.

Increase clinical capacity

by combining multiple conditions into one review.

Improve continuity

by aligning reviews with patient preferences and staff availability.

Proactive scheduling allows capacity to be built in early. When chronic disease reviews, medication checks, and follow-ups are distributed evenly, workloads stay balanced, and QOF indicators stay on track.

Aligning with national frameworks

A year-round strategy also supports NICE and CQC priorities around prevention, safety, and population health. By recalling patients proactively and monitoring long-term conditions consistently, practices demonstrate compliance with:

- **NICE guidelines** on managing chronic disease risk and early intervention
- **CQC's Key Lines** of Enquiry (KLOEs) on safe, effective, and responsive care
- **NHS Core20PLUS5** targets, by engaging high-risk and deprived groups throughout the year

Together, these frameworks reinforce the value of consistent, preventative care.

A sustainable model for the future

Embedding QOF into daily operations isn't just about meeting yearly targets, it's about futureproofing care delivery. When recall, review, and reporting happen continuously, practices can adapt more easily to changing indicators and patient needs.

Conclusion:

From Panic to Proactive

Sadly, many practices feel that QOF is a source of pressure rather than opportunity. Every year, teams work tirelessly to close reviews, reconcile data, and meet targets, often at the expense of time, energy, and patient experience.

But now there's a different way to ensure QOF success. By adopting joined-up, data-driven systems, practices can transform QOF from a once-a-year scramble to an ongoing process that supports both quality and sustainability.

How digital planning is already supporting practices

When recalls, templates, and reporting are integrated into one digital workflow, every patient contact becomes more meaningful. Reviews happen at the right time, high-risk patients are prioritised automatically, and exceptions are recorded transparently.

This approach doesn't just save time, it improves care. Patients benefit from timely, proactive reviews, and teams gain back the capacity to focus on clinical priorities. The result is a cycle of better outcomes, stronger engagement, and consistent financial performance throughout the year.

Our approach

Suvera Planner is designed to make the transformation to proactive planning simple.

By combining QOF and LES templates, automating recall and risk stratification, and tracking performance in real time, practices have a clear, connected view of their population and progress.

Together with the free QOF Calculator, Planner provides everything teams need to plan ahead, work smarter, and achieve more, without the last-minute rush.

Ready to move from panic to proactive?

Build your bespoke plan today

Use our pricing calculator to build a plan that fits your practice and see how much you could save with Suvera.

View Pricing for my Practice

Book a demo of Planner

Discover how automation and integration can simplify QOF management and free your team to focus on patient care.

Book your free demo today.

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