Haresign CONSULTING SERVICES

Quality and Outcomes Framework 2026/27

Detailed update briefing with indicator-by-indicator changes, threshold movements, point reallocations, business-rule updates and operational watch-outs derived from the NHS England 2026/27 QOF guidance.

Bottom line: QOF 2026/27 shifts value into modern cardiovascular prevention, diabetes optimisation, HFrEF treatment, obesity management and immunisation improvement while making denominator quality, frailty coding and recall discipline even more important.

Most material changes: new CD001/CD002 combined CVD blood-pressure indicators; new DM037 annual diabetes care-process bundle; new HF009 four-pillar HFrEF indicator; new obesity indicators OB004/OB005; stronger diabetes statin incentives; and a new improvement route for VI001-VI003.

Executive summary

- This is not a cosmetic QOF refresh. NHS England has reweighted points toward areas that need organised population management, cleaner coding and stronger medicines optimisation rather than opportunistic activity.
- Frailty coding now directly affects denominator construction across several blood-pressure indicators. Practices with weak frailty capture will carry avoidable burden and may misread performance trends.
- The immunisation domain now has two scoring routes for VI001-VI003: the traditional absolute-threshold route and a new improvement-against-baseline route, with CQRS awarding whichever gives the higher points total.
- Several indicator IDs are new or replaced. Internal dashboards, partner packs and year-on-year comparators need relabelling so teams do not compare unlike with unlike.

Highlighted changes: thresholds and points movement summary

ID	Change	2025/26	2026/27	Movement	Watch-out
AF006	Threshold uplift	40–90% / 12	40–95% / 12	UT +5 points	Tighter annual stroke-risk review discipline needed to max out.
CD001	New combined CHD + STIA BP indicator, age ≤79, no moderate/severe frailty	Old CHD/STIA indicators retired	40–90% / 41	New / reallocated	Secondary-prevention BP control consolidated into one denominator.

ID	Change	2025/26	2026/27	Movement	Watch-out
CD002	New combined CHD + STIA BP indicator, age 80+, no moderate/severe frailty	Old CHD/STIA indicators retired	46–90% / 20	New / reallocated	Separate older cohort with frailty exclusion and higher entry threshold.
CHOL003	Points reduced	70–95% / 38	70–95% / 20	-18 pts	Still clinically important but less scoring weight.
DM034	Points increased	50–90% / 4	50–90% / 8	+4 pts	Greater value in primary-prevention statin optimisation.
DM035	Points increased	50–90% / 2	50–90% / 8	+6 pts	Much stronger reward for secondary-prevention statin optimisation.
DM037	New annual diabetes care-process bundle	Not in 2025/26	35–75% / 10	New / reallocated	Eight care processes must all be present in-year.
HF009	New HFrEF four-pillar therapy indicator	Not in 2025/26	20–50% / 12	New / reallocated	Requires ACEi/ARNI/ARB + beta blocker + MRA + SGLT2.
HYP010	Frailty exclusion added	40–85% / 38	40–85% / 38	Cohort change only	Moderate/severe frailty now excluded.
HYP011	Frailty exclusion added	40–85% / 14	40–85% / 14	Cohort change only	Moderate/severe frailty now excluded.
NDH003	Gestational diabetes cohort added	50–90% / 18	50–90% / 20	+2 pts	Historic GDM now explicitly captured.
OB004	New referral-to-weight-management indicator	Not in 2025/26	10–30% / 5	New	Need ethnicity-adjusted BMI logic and referral coding.
OB005	New obesity medicines / shared decision-making indicator	Not in 2025/26	50–80% / 13	New	Requires NICE-aligned pharmacotherapy offer plus behavioural support.
STIA007	Medication list broadened	57–97% / 4	57–97% / 4	No threshold/point change	Ticagrelor now counts.
VI001	Improvement calculation added	89–96% / 18	89–96% / 18 + improvement route	Scoring method expanded	Can now earn points via baseline improvement.
VI002	MMRV + improvement	86–96% / 18	86–96% / 18 +	Scoring	MMRV explicitly recognised.

ID	Change	2025/26	2026/27	Movement	Watch-out
	calculation added		improvement route	method expanded	
VI003	MMRV + improvement calculation added	81–96% / 18	81–96% / 18 + improvement route	Scoring method expanded	MMRV explicitly recognised.

Childhood immunisation changes: standard thresholds and new improvement route

Why this matters: the immunisation domain no longer behaves only as a high-threshold reward system for already strong performers. Lower-performing practices now have a credible route into points through improvement against their own baseline.

For VI001, VI002 and VI003, two separate calculations will be run in CQRS. Practices receive whichever outcome generates the higher points total: the standard threshold calculation or the improvement-against-baseline calculation. The improvement route only starts paying once performance improves by at least 5 percentage points over the practice baseline.

Important clarification: the practice baseline is the average annual achievement across 2024-2026, as made available in CQRS. Some practices will not have a historical baseline, for example newly formed practices; in those cases the improvement thresholds do not apply, but the practice can still earn the full range of points through the standard threshold route.

ID	Pts	Standard threshold range	Improvement threshold range	Detail
VI001	**18**	89-96%	5 to 18 percentage points improvement from baseline	DTP-containing vaccine by 8 months.
VI002	**18**	86-96%	5 to 23 percentage points improvement from baseline	MMR or MMRV between 12 and 18 months now explicitly recognised.
VI003	**18**	81-96%	5 to 30 percentage points improvement from baseline	Reinforcing DTaP/IPV plus at least 2 doses of MMR or MMRV between ages 1 and 5.

- High-performing practices will usually still score through the normal absolute thresholds.
- Lower-performing practices now have a second route to earn points, but only if they make a meaningful percentage-point improvement from their own 2024-2026 baseline average.
- MMRV coding now needs to flow correctly into VI002 and VI003 searches and dashboards.

Detailed change-by-change analysis

AF006 – upper threshold harder to reach

AF006 remains the annual CHA2DS2-VASc reassessment indicator, but the upper threshold increases from 90% to 95% while points stay at 12.

- Practices already performing in the low 90s will now need tighter recall and annual review discipline to achieve maximum value.

CD001 and CD002 – cleaner secondary-prevention BP architecture

- The separate CHD and stroke/TIA BP indicators are replaced by two combined cardiovascular disease indicators split by age band and both excluding moderate or severe frailty.
- CD001 covers patients aged 79 or under without moderate/severe frailty and pays 41 points at 40–90%. CD002 covers patients aged 80 or over without moderate/severe frailty and pays 20 points at 46–90%.
- Equivalent home BP readings still count, so coding discipline for home readings matters.

CHOL003, DM034 and DM035 – lipid work is being reweighted rather than abandoned

- CHOL003 remains at 70–95% but drops from 38 to 20 points.
- DM034 rises from 4 to 8 points and DM035 rises from 2 to 8 points, strengthening the incentive for diabetes statin optimisation, decline coding and intolerance handling.

DM037 – diabetes annual review now behaves like a true bundle measure

DM037 pays 10 points at 35–75% and requires eight care processes in the preceding 12 months: BMI, BP, HbA1c, cholesterol, smoking status, foot examination, albumin:creatinine ratio and eGFR creatinine measurement.

- One missing element means the patient fails the bundle, so recall process design matters more than last-minute chasing.

HF009 – HFrEF four-pillar therapy formally enters QOF

HF009 pays 12 points at 20–50% and expects patients with current heart failure with reduced ejection fraction to be on ACEi/ARNI/ARB, beta blocker, MRA and SGLT2 inhibitor.

- This pulls modern HFrEF treatment optimisation into routine primary care performance management and will expose gaps in coding, contraindication handling and shared-care boundaries.

HYP010 and HYP011 – no threshold change, but denominator logic changes

- Thresholds remain 40–85% with 38 and 14 points respectively, but patients with moderate or severe frailty are removed from both cohorts.
- Frailty coding quality will therefore move achievement even where BP management has not changed.

NDH003, OB004 and OB005 – prevention work becomes more structured

- NDH003 now explicitly includes previous gestational diabetes and rises from 18 to 20 points at 50–90%.
- OB004 pays 5 points at 10–30% for referral to a weight-management programme after ethnicity-adjusted BMI identification.
- OB005 pays 13 points at 50–80% for shared decision-making plus NICE-approved obesity pharmacotherapy offer with behavioural support.

STIA007 and register logic changes

- STIA007 thresholds and points are unchanged at 57–97% / 4 points, but ticagrelor is added to the list of medications that count toward achievement.
- Asthma register business rules now include patients from age 5, and COPD register logic is amended to address under- and over-recording identified by audit.

Retired / replaced indicator IDs to update in local reporting packs

Retired IDs called out in the guidance

- CHD015, CHD016, DM012, HF003, HF006, HYP008, HYP009, NDH002, STIA014 and STIA015 are retired and/or replaced by new indicators or materially changed logic.
- Do not compare these retired IDs directly with the new IDs in year-on-year scorecards without a mapping note, otherwise the dashboard will confidently lie to you.

Operational watch-outs for practices and PCNs

Coding and denominator control

- Refresh frailty coding, EF coding, obesity coding, ethnicity coding and vaccine coding early in the year.
- Update searches and templates for MMRV recognition and ticagrelor inclusion.

Recall design and team workflow

- Build monthly recall for DM037, AF006, NDH003 and childhood immunisations rather than relying on Q4 rescue work.
- Run proactive sweeps for HFrEF patients not on all four pillars and for diabetes patients missing statin coding or one care-process element.

Board / partner reporting

- Change the scorecard structure to reflect old-versus-new thresholds and point movements so the organisation understands what has genuinely changed and what is just a new ID.

Operational watch-outs and first 90 days

High-risk failure points: frailty coding, home BP capture, missing one element of the DM037 bundle, incomplete HFrEF medicines coding, MMRV mapping and dashboards that still use retired IDs.

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- Run proactive sweeps for HFrEF patients not on all four pillars and for diabetes patients missing statin coding or one care-process element.
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