

QUALITY & OUTCOMES FRAMEWORK STATISTICS FOR NORTHERN IRELAND 2010/11

This bulletin summarises the seventh year of Quality & Outcomes Framework (QOF) achievement data from general practices relating to the period from April 2010 to March 2011. There were no changes to the framework this year; the 134 indicators remained the same, with a total of 1000 points available as in 2009/10. The source of this data is the Payment Calculation and Analysis System (PCAS), a Northern Ireland IT system used by general practices to support the QOF payment process.

Summary

- The average total QOF points achieved in Northern Ireland was 962.4 (96.2%) of the 1,000 points available.
- Of the clinical registers collected for QOF that measure actual disease prevalence, prevalence was highest for hypertension (12.6%) and lowest for Heart Failure due to LVD (0.35%).
- The average points achieved in the four main domains were 684.7 points (98.2%) for clinical, 163.1 points (97.4%) for organisational, 71.6 points (78.3%) for patient experience and 43.0 points (97.7%) for additional services.

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1. Introduction

The figures in this bulletin are derived from the Payment Calculation and Analysis System (PCAS), a Northern Ireland system that uses data from general practices to calculate individual practices' QOF achievement. A full set of QOF data tables and explanation of the QOF can be found at

http://www.dhsspsni.gov.uk/index/hss/gp_contracts/gp_contract_qof.htm.

The figures presented are as submitted to PCAS. There is no adjustment for known factors that might influence disease prevalence such as the age structure of practice populations.

Figures are based on submissions made with reference to March 2011 for the complete financial year April 2010 to March 2011. Any adjustments made by the Health and Social Care Board in the period April to June 2011 are included. This publication uses the most up-to-date figures for each practice as at 30 June 2011.

The 2010/11 QOF tables published by the DHSSPS use practice list sizes supplied to PCAS from the National Health Applications and Infrastructure Services (NHAIS), the national general practice payments system, as at 1st January 2011. A more familiar term may be the "Exeter Payment System". These are the figures used in PCAS for the list size adjustments in final QOF payment calculations.

Note that in QOF publications in previous years, data was reported at practice level and at Health & Social Services (HSS) Board level. For 2010/11, data is reported at practice level and at Local Commissioning Group (LCG) level. LCGs came into existence on 1st April 2009 as part of the Health and Social Care Reform, and the four HSS Boards were replaced by a single Health and Social Care Board as of 1st April 2009.

Patient Exceptions

Practices may exclude specific patients from data collected to calculate QOF achievement within clinical areas. The GMS Contract sets out valid exception criteria (e.g. newly registered patients, patients newly diagnosed with a condition, patients unsuitable for treatment & informed dissent). Information on 2010/11 QOF exception reporting is published by the DHSSPS in a separate bulletin (also published 29th September 2011).

2. Disease Prevalence Data in the Quality & Outcomes Framework

Overview

An important feature of the QOF is the establishment of disease registers from which disease prevalence can be calculated. From April 2006, nine new registers were introduced and 2 previous registers were redefined. Further revisions were made for 2009/10, including the introduction of a new clinical domain, cardiovascular disease – primary prevention.

For the Northern Ireland PCAS information on these web pages, DHSSPS is reporting raw (unadjusted) disease prevalence – that is, the number on a disease register on 31 March 2011 as a proportion of patients on a practice list as at 1 January 2011. A report on “Raw Disease Prevalence in Northern Ireland” is available. http://www.dhsspsni.gov.uk/index/hss/gp_contracts/gp_contract_qof/pc-prevalence-reports.htm

A more detailed explanation of how prevalence is used within the calculation for QOF payments is available at http://www.dhsspsni.gov.uk/index/hss/gp_contracts/gp_contract_finance.htm.

3. Content of the Quality & Outcomes Framework

Summary of Domains

The QOF contains four domains. Each domain contains a range of areas described by key indicators. The indicators describe different areas of achievement. These are:

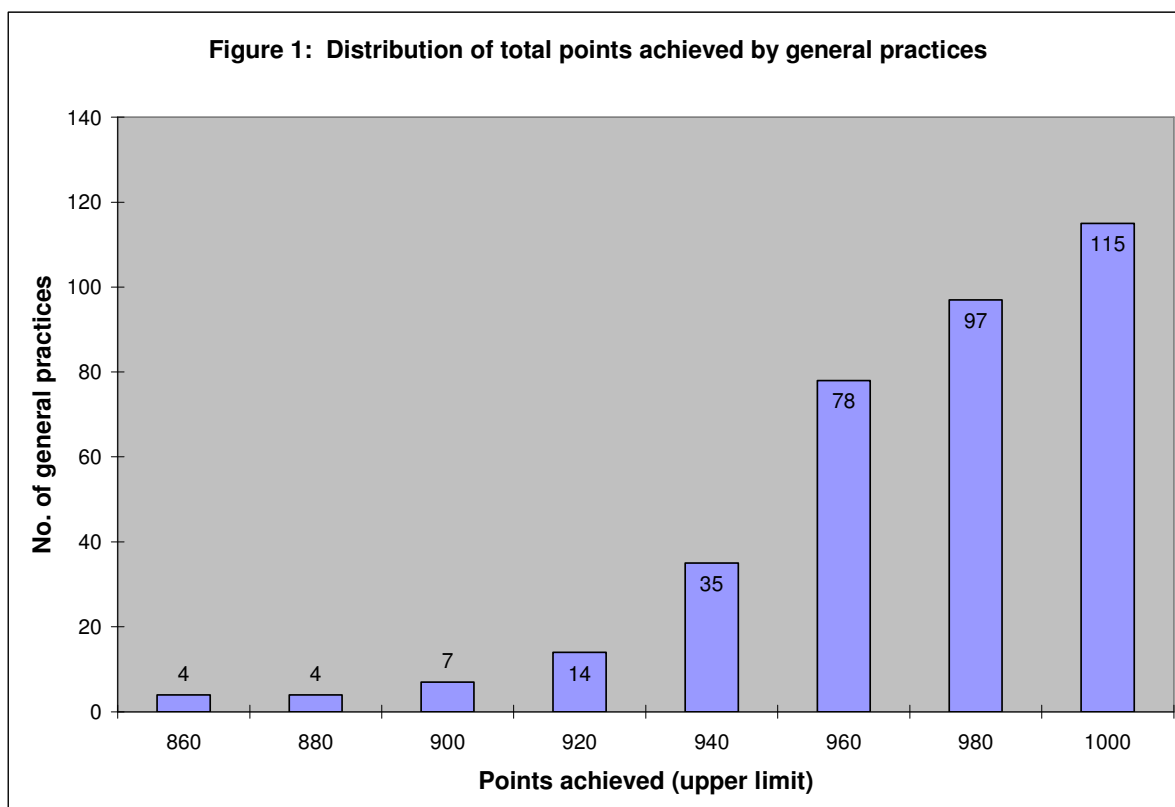
- Clinical Domain: 86 indicators in 20 areas (Asthma; Atrial Fibrillation; Cancer; Cardiovascular Disease – Primary Prevention; Chronic Kidney Disease; Chronic Obstructive Pulmonary Disease; Coronary Heart Disease; Dementia; Depression; Diabetes; Epilepsy; Heart Failure; Hypertension; Hypothyroidism; Learning Disabilities; Mental Health; Obesity; Palliative Care; Smoking; Stroke and Transient Ischaemic Attacks) worth up to a maximum of 697 points (69.7% of the total).
- Organisational Domain: 36 indicators in 5 areas (Records and Information; Information for Patients; Education and Training; Practice Management and Medicines Management) worth up to a maximum of 167.5 points (16.8% of the total).
- Patient Experience Domain: 3 indicators in 2 areas (Length of consultations, and Patient experience of access) worth up to a maximum of 91.5 points (9.2% of the total).
- Additional Services Domain: 9 indicators in 4 areas (Cervical Screening; Child Health Surveillance; Maternity Services and Contraceptive Services) worth up to a maximum of 44 points (4.4% of the total).

4. Overall Achievement in the Quality & Outcomes Framework

4.1 Summary at Northern Ireland Level

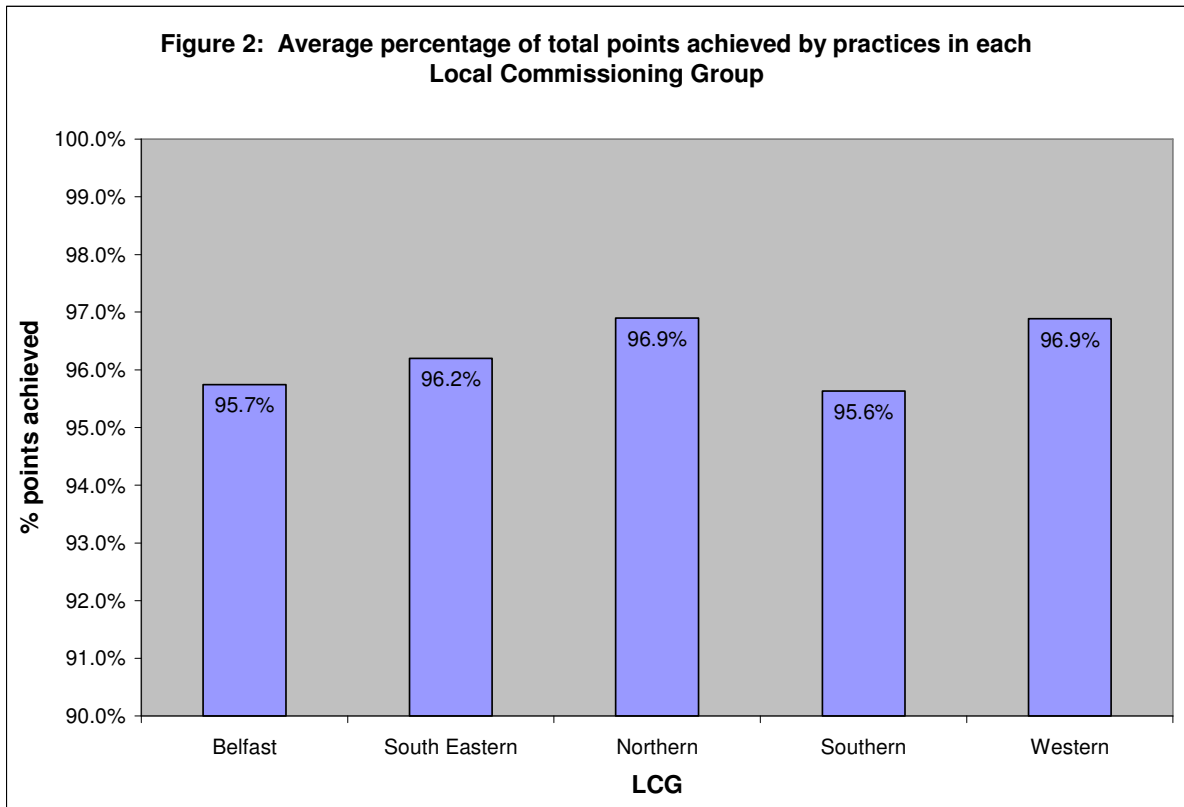
In Northern Ireland, QOF achievement data was received from 354 general practices. Overall, the average achievement in Northern Ireland was 962.4 of the 1,000 points available (96.2%). 9 practices achieved the maximum points of 1,000. The median score achieved was 967.1 points.

Figure 1 below shows the distribution of points achieved across all practices. The points achieved axis is the upper limit of the range, so for example, the last range (labelled 1,000) counts those practices who had achieved more than 980 points or equal to 1,000 points of which there are 115 in Northern Ireland.



4.2 Summary at Local Commissioning Group (LCG) Level

Figure 2 shows the average number of points achieved by practices in each Local Commissioning Group. These range from 956.3 points (95.6%) in the Southern LCG to 968.9 points (96.9%) in the Western and Northern LCGs. Section 6 looks at comparisons across the seven years of QOF by LCG.



4.3 Domain Level Achievement

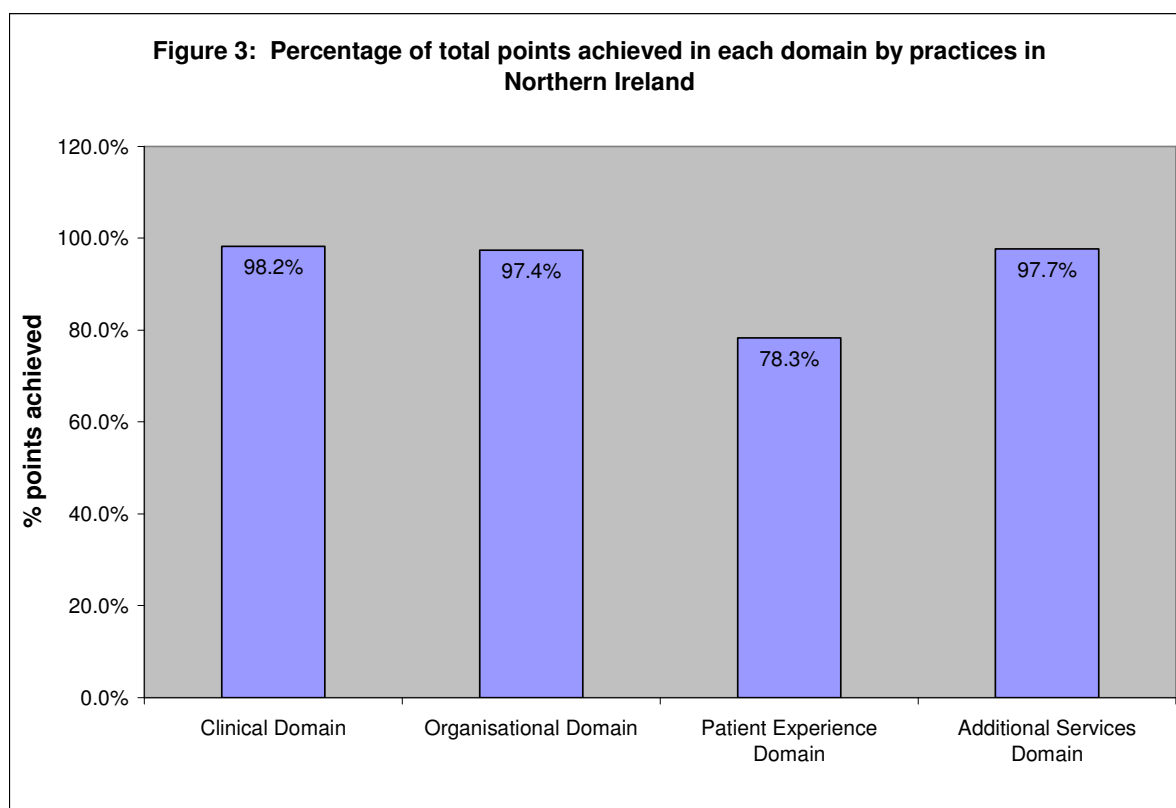
The average points achieved by general practices in Northern Ireland in each domain are as follows:

Table 1: Average practice achievement in each QOF domain.

Domain	Average points achieved	Average points achieved as a % of total available
Clinical	684.7	98.2%
Organisational	163.1	97.4%
Patient Experience	71.6	78.3%
Additional Services	43.0	97.7%

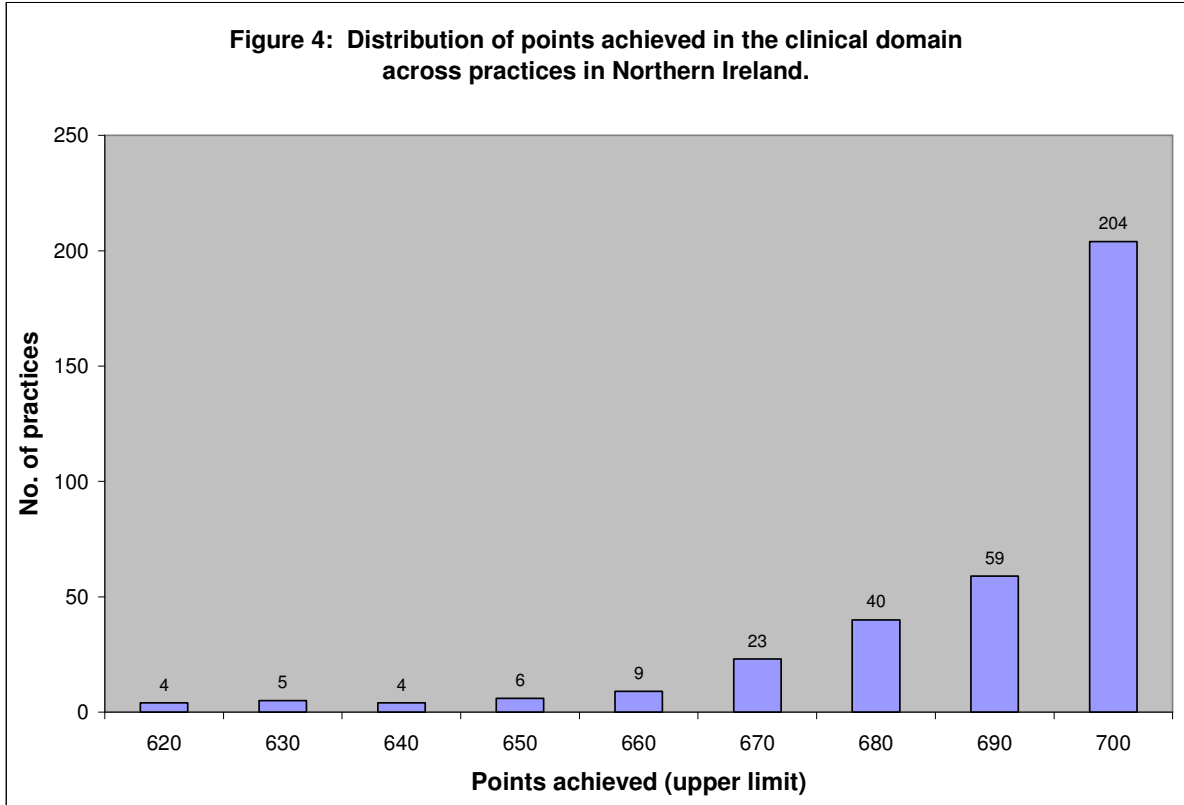
Note that each domain has a different number of indicators as well as a different number of points available.

Figure 3 below shows the percentage of available points achieved in each domain for 2010/11. Section 6 looks at comparisons across the seven years of QOF for each domain.



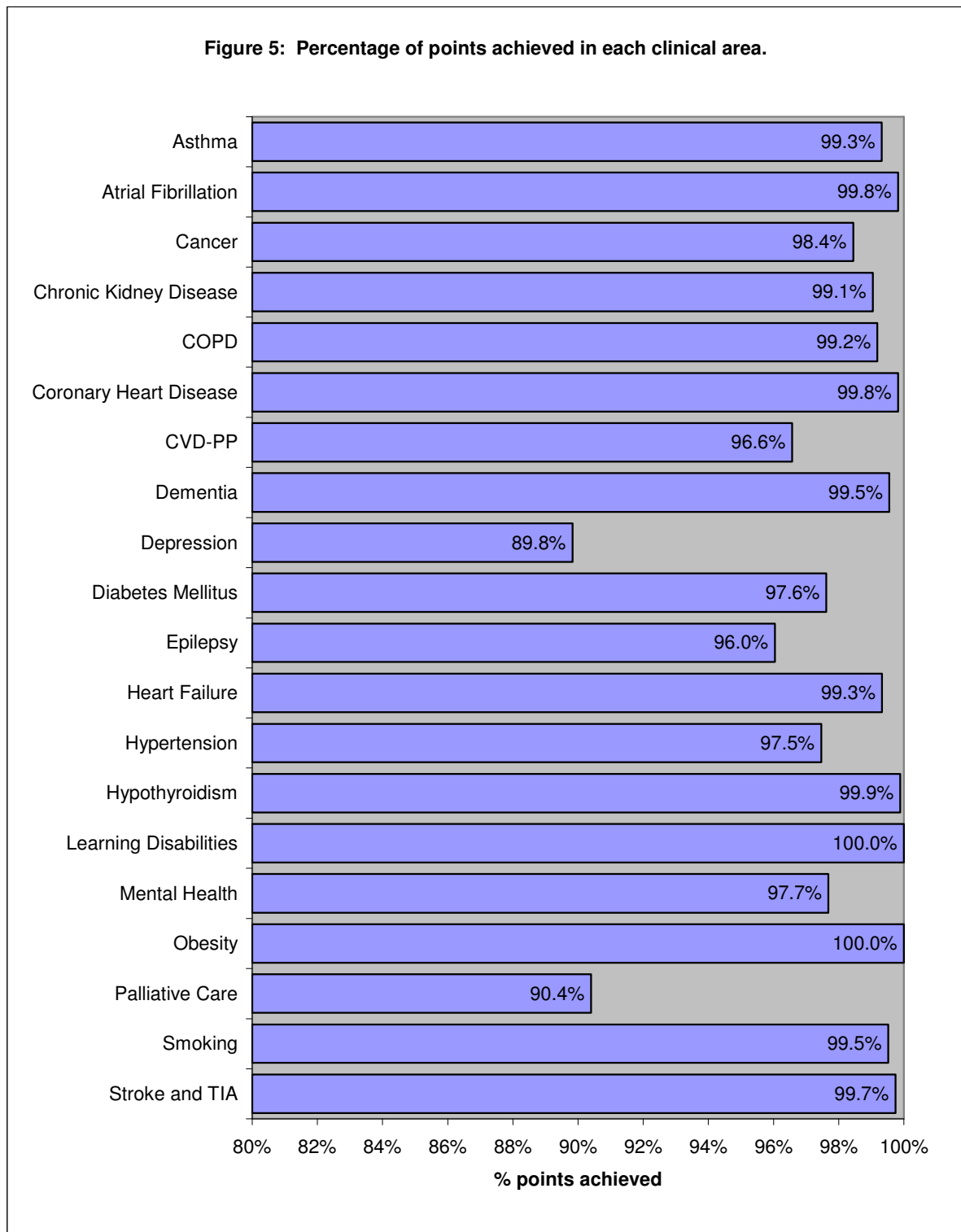
4.3.1 Clinical Domain

Figure 4 below shows the distribution of points achieved across general practices in the clinical domain. As shown, 204 general practices (57.6%) achieved over 690 points. Of those 204 practices, 74 achieved the full 697 points. The average points achieved in this domain were 684.7 (98.2% of the total available).



Clinical Domain areas

There are 20 areas within the clinical domain. Figure 5 shows the percentage of points achieved within each disease area.



Full achievement points were attained in the obesity and learning disability areas. The lowest percentage points achieved was in the depression area. It is important to note that the number of indicators and points available is different for each disease area.

Indicator Type within the Clinical Domain

The National Institute for Health and Clinical Excellence (NICE) has produced a classification of the types of indicator in the clinical domain of the QOF. The five categories of QOF clinical indicator, defined by NICE, are:

- Health outcome (O) – the indicator directly measures a health outcome (such as mortality, morbidity, and health-related quality of life). There is only one outcome indicator, Epilepsy 8.
- Intermediate outcome (IO) – the indicator measures an intermediate health outcome. This refers to indicators relating to BP targets; cholesterol targets; HbA1c targets; and lithium levels.
- Process measure directly linked to health outcomes (P-T-O) – the indicator measures an action (process) that is directly linked to a therapeutic intervention that is known to improve health outcomes. This is defined as delivery of a drug therapy or non-drug interventions and may include referral to specialist service where intervention will be delivered (for example, smoking cessation).
- Process measure (P) – this includes both pure process measures (e.g. BP measurement) and process measures that may indirectly lead to an improvement in health outcomes (e.g. the use of a diagnostic test or clinical review).
- Register (R) – the indicator is a clinical register.

Table 2: Average practice achievement by indicator type.

Indicator Category	Number of Indicators	Associated QOF points	Average points achieved	Average points achieved as a % of total available
Health outcome	1	6	5.4	90.7%
Intermediate outcome	12	173	170.8	98.7%
Process measure directly linked to health outcomes	14	114	113.3	99.3%
Process measure	42	333	324.1	97.3%
Register	17	71	71.0	100%
Total	86	697	684.7	98.2%

A list of the clinical indicators with their classification and the points available per practice is shown in Annex A.

4.3.2 Organisational Domain

Figure 6 below shows the distribution of points achieved within the organisational domain. The average number of points achieved was 163.1 (97.4%). 98 general practices (27.7%) achieved the maximum 167.5 points available.

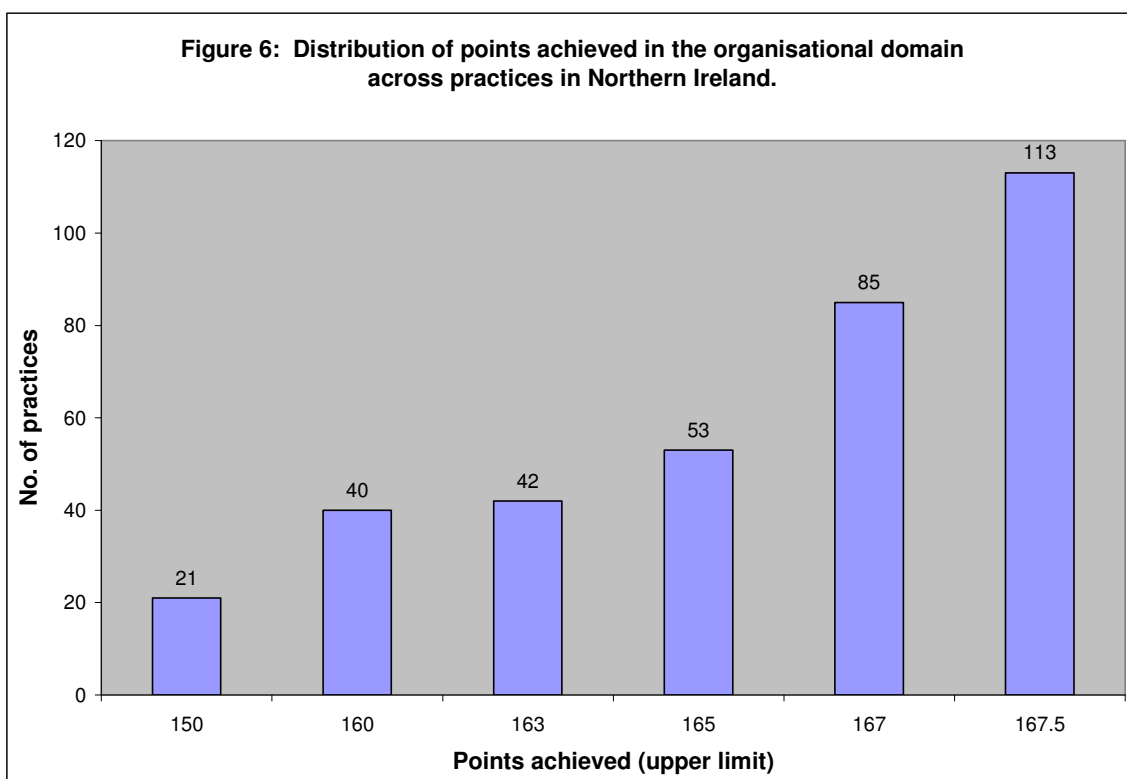
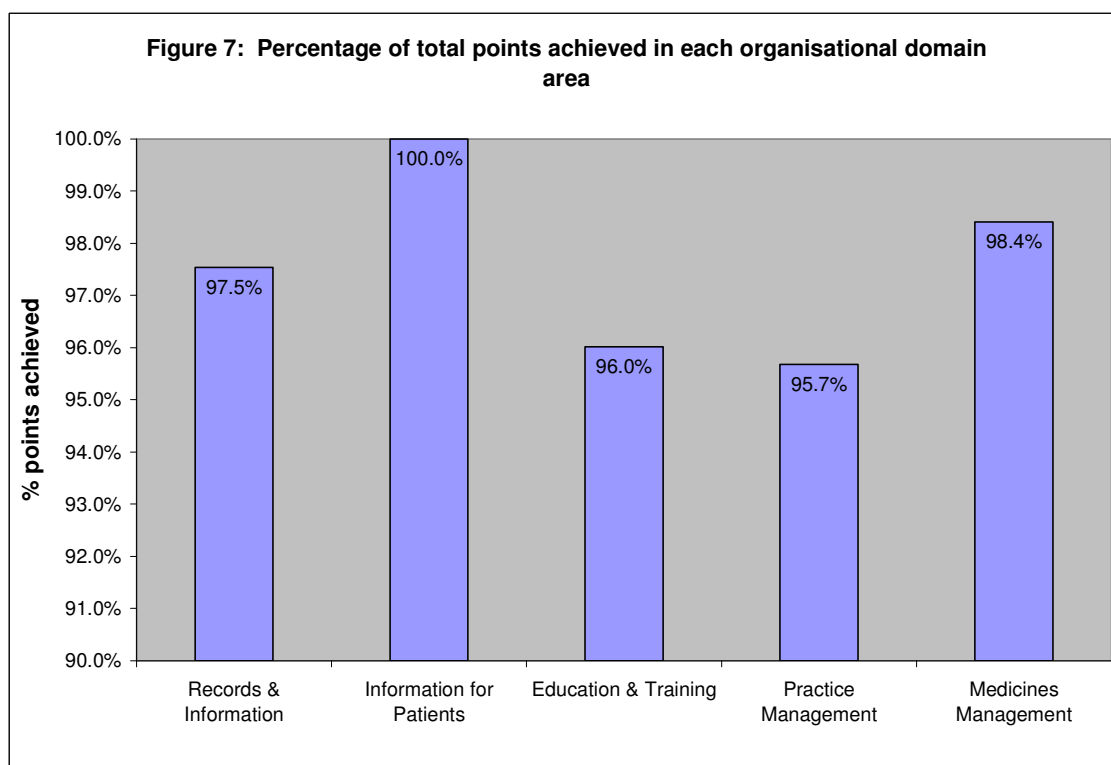
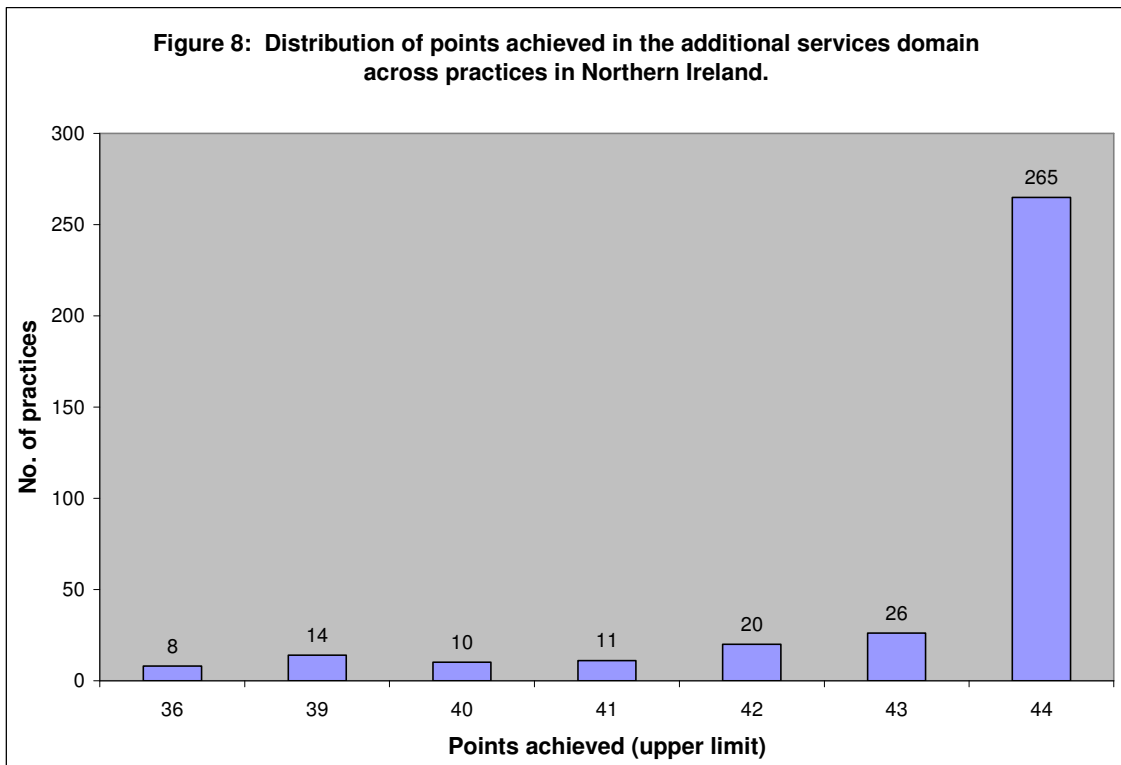


Figure 7 below shows the overall percentage achievement within each area of the organisation domain. All 356 Practices achieved maximum points for the Information for Patients indicators.

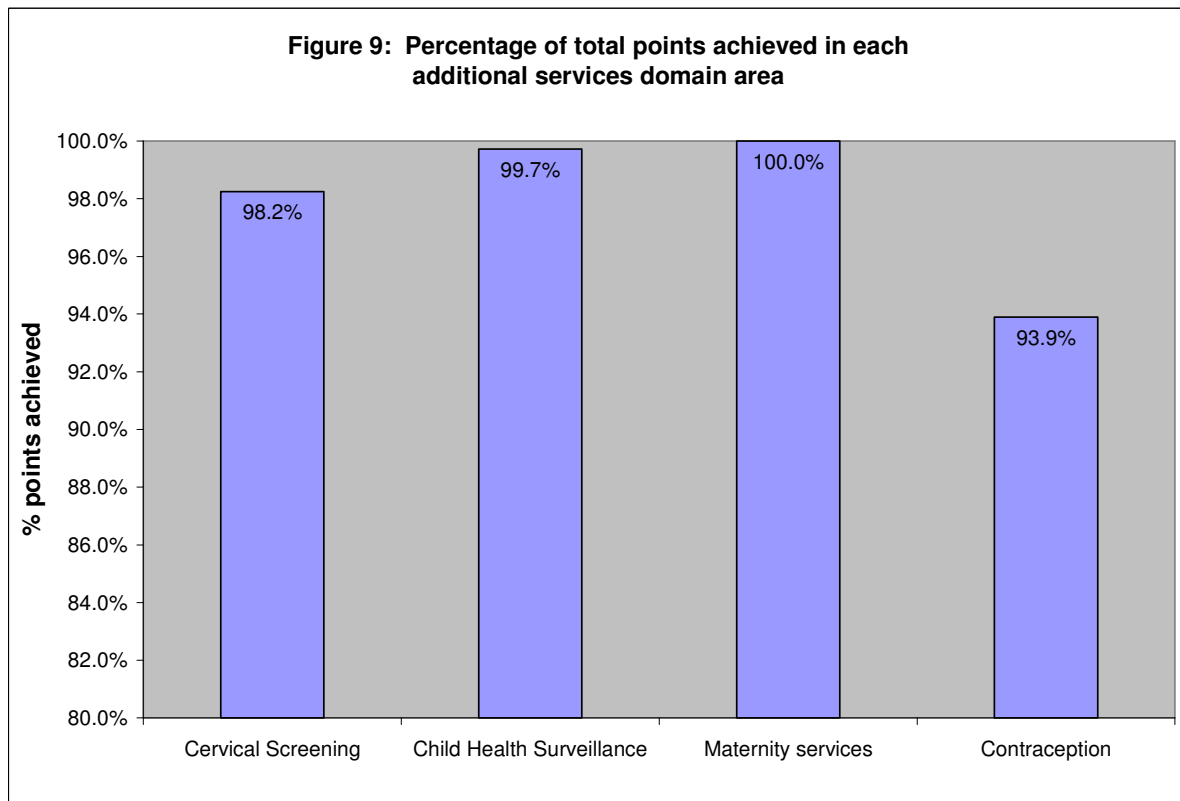


4.3.3 Additional Services Domain

Figure 8 below shows the distribution of points achieved in the additional services domain. Of the 354 practices, 222 (62.7%) achieved the full 44 available points. On average, practices achieved 43.0 points.



Practices achieved all points available for Maternity Services – see figure 9 below. It should be noted that each of the additional services areas had a different number of indicators and points available.



4.3.4 Patient Experience Domain

Figure 10 shows the distribution of points achieved in the patient experience domain. Of the 354 practices, 89 (25.1%) achieved the full 91.5 points. The average number of points achieved was 71.6, 78.3% of the 91.5 points available.

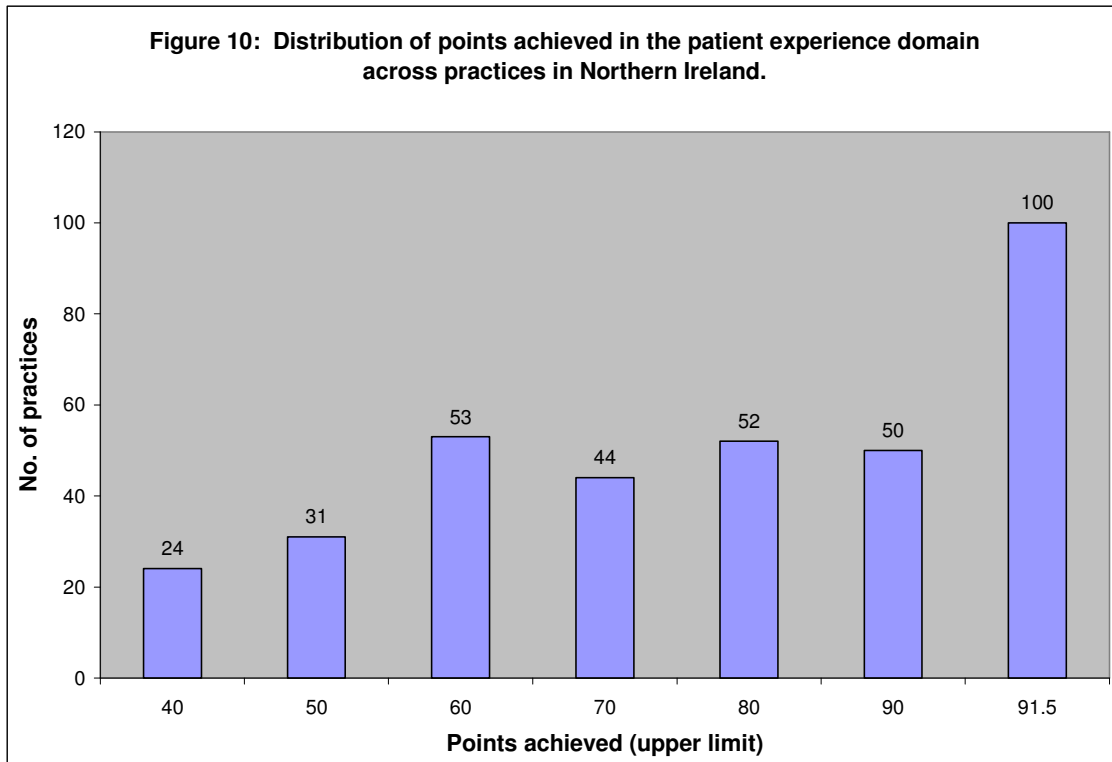
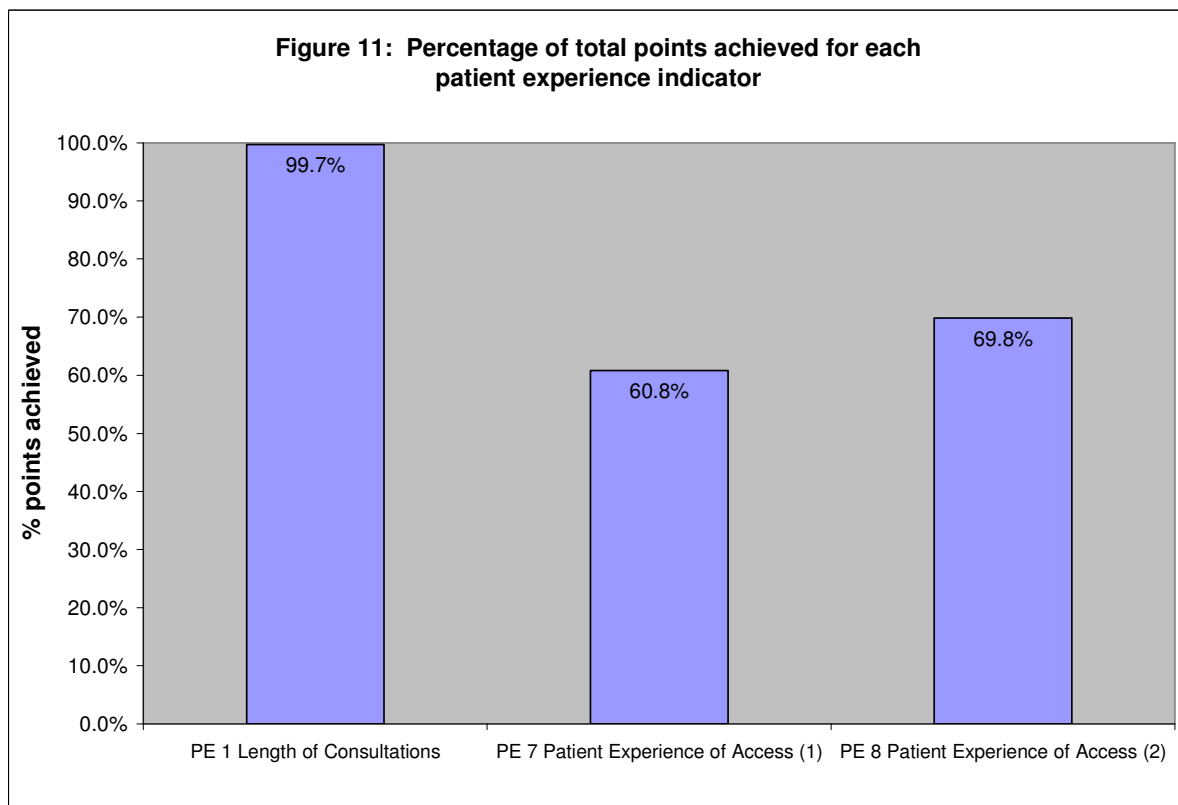


Figure 11 shows the overall percentage achievement within each area of the patient experience domain.



4.4 Prevalence Summary

The table below shows the percentage prevalence for those clinical registers within the QOF that are appropriate to describe in terms of disease prevalence.

Prevalence day was moved in 2008/09 to 31 March (14 February in previous years) to bring it in line with National QOF Achievement day. The prevalence is based on register counts at 31 March 2011 and total list sizes at January 2011.

A number of revisions were implemented to the QOF in April 2006, most significantly affecting the clinical domain. A number of new clinical areas were introduced and revised definitions were implemented in some areas. No clinical areas were dropped but specific indicators within some clinical areas were redefined or removed and new indicators were introduced in some areas.

Further changes were implemented in April 2009, including the introduction of a new clinical area, cardiovascular disease – primary prevention; however these changes did not affect prevalence.

QOF registers for 7 clinical areas have maintained consistent definition since April 2004: asthma, cancer, CHD, COPD, hypertension, hypothyroidism and stroke. In terms of diabetes, a small change was made in 2006 with regard to the diagnosis codes which make patients eligible for the register. The definition of epilepsy was changed in 2006 from patients aged 16+ to patients aged 18+.

As of April 2006, the mental health register has been redefined from ‘those with severe long-term mental health problems who require and have agreed to regular follow-up’ to ‘people with schizophrenia, bipolar disorder and other psychoses’. A specific register has now been introduced to capture conditions assessed for depression.

New registers were introduced in April 2006 for: atrial fibrillation, chronic kidney disease, dementia, heart failure, heart failure due to LVD, learning disabilities, obesity, palliative care and conditions assessed for smoking.

Of the 22 registers collected for QOF, 5 have been excluded from the table below as they do not actually measure disease prevalence. The depression registers are concerned with case finding among diabetes and CHD patients; the smoking register does not allow prevalence to be derived but rather counts if the smoking status of these patients has been recorded; and the palliative care register and sexual health registers are not disease prevalence registers.

Of the registers collected for QOF for which prevalence can be derived, heart failure due to LVD is the least prevalent (0.35%) and hypertension is the most prevalent (12.6%) amongst patients. Further work on prevalence is available on request and a prevalence summary report is available on the DHSSPS website using the following link: http://www.dhsspsni.gov.uk/index/hss/gp_contracts/gp_contract_qof/pc-prevalence-reports.htm

Table 3: QOF Prevalence for Northern Ireland at 31 March 2011

Clinical Disease Area	NI Prevalence For QOF Payment Purposes	NI Prevalence where age-specific groups
Asthma	5.90%	5.90%
Cancer	1.43%	1.43%
Chronic Obstructive Pulmonary Disease	1.68%	1.68%
Coronary Heart Disease	3.99%	3.99%
Diabetes (population aged 17+)	3.86%	4.92%
Epilepsy (population aged 18+)	0.77%	1.00%
Hypertension	12.63%	12.63%
Hypothyroidism	3.28%	3.28%
Mental Health	0.82%	0.82%
Stroke	1.75%	1.75%
Heart Failure	0.76%	0.76%
Heart Failure due to LVD	0.35%	0.35%
Dementia	0.60%	0.60%
Chronic Kidney Disease (population aged 18+)	3.15%	4.08%
Atrial Fibrillation	1.38%	1.38%
Obesity (population aged 16+)	9.07%	11.37%
Learning Disabilities (population aged 18+)	0.46%	0.60%

For QOF payment purposes, the Adjusted Practice Disease Factors which are used to weight QOF points in each clinical area, the raw prevalence is derived by dividing the count of patients on the register by the total practice list (all ages). For five of these disease areas, the register is age-specific (diabetes, epilepsy, chronic kidney disease, learning disabilities, and obesity), and an age-specific prevalence rate is also calculated using the number of patients on the practice list that fall into the relevant age band as a denominator.

To estimate how many patients are affected by at least one of these conditions we cannot simply add the prevalence figures together. Many patients are likely to suffer from co-morbidity, that is, to have been diagnosed with more than one of these conditions.

It is important to note the details of which patients were to be included on each register. For example, the cancer register refers to patients diagnosed after 1 April 2003, the diabetes register includes only patients aged 17 and over, the epilepsy register includes only patients aged 18 and over from April 2006 (redefined from 16 years and over) and the asthma register includes only those with asthma who have been prescribed asthma-related drugs in the past 12 months. Refer to Annexe D of the Statement of Financial Entitlement for full details of each register using the following link:

http://www.dhsspsni.gov.uk/index/hss/gp_contracts/gp_contract_finance.htm

Figure 12: Variation in practice raw prevalence rates for QOF registers, based on full GP registered population (all ages)

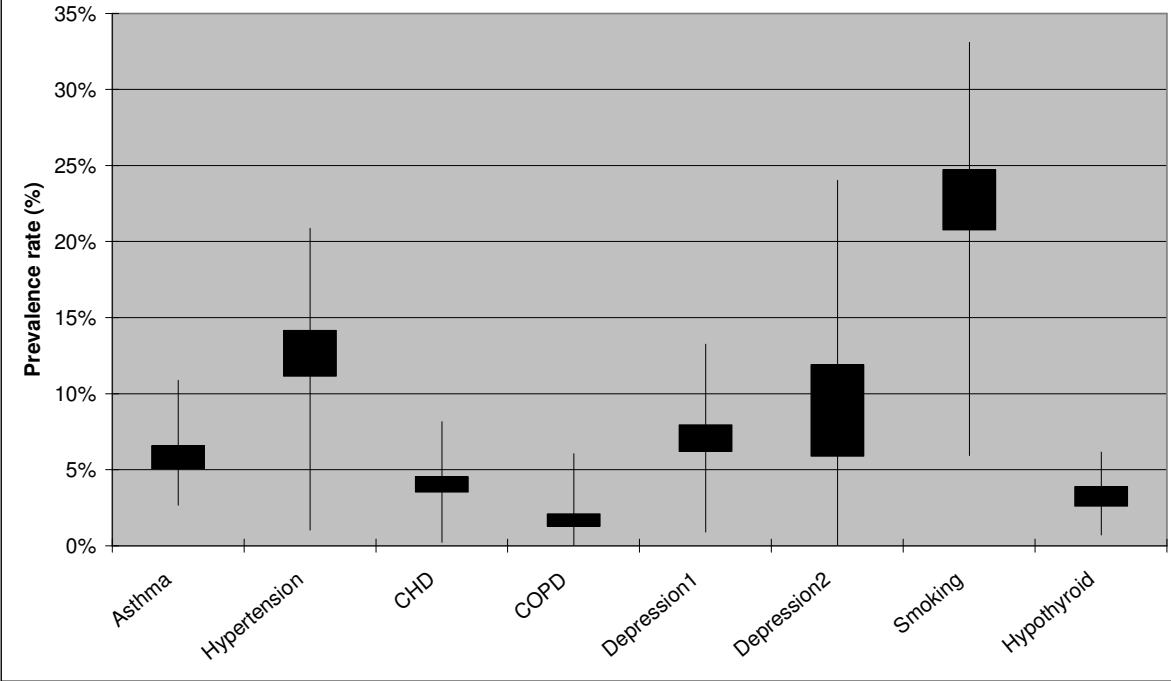
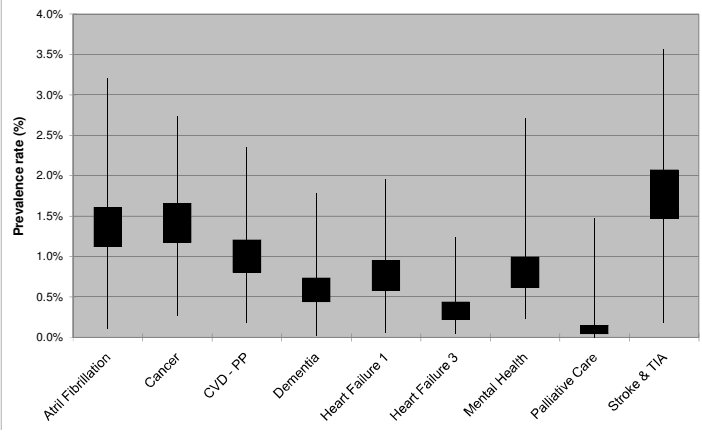
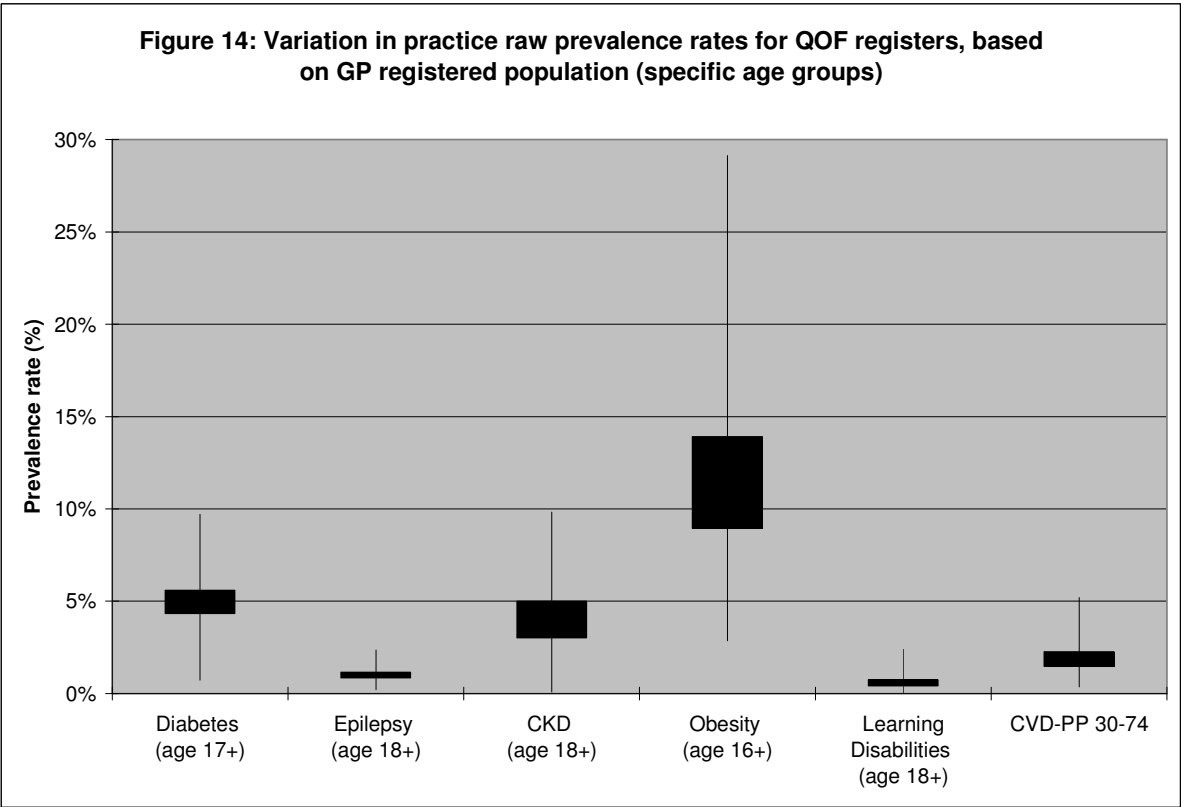


Figure 13: Variation in practice raw prevalence rates for QOF registers, based on full GP registered population (all ages)





The distribution of prevalence at practice level is shown in charts 12 & 13 (for those registers which cover the whole population, the denominator being the full practice list) and chart 14 (for diseases which cover a particular age range). The black boxes show the range from the lower to upper quartiles (50% of practices will lie between these limits) while the 'whiskers' show the range from the minimum to maximum values.

5. Recommendations around the use of QOF data

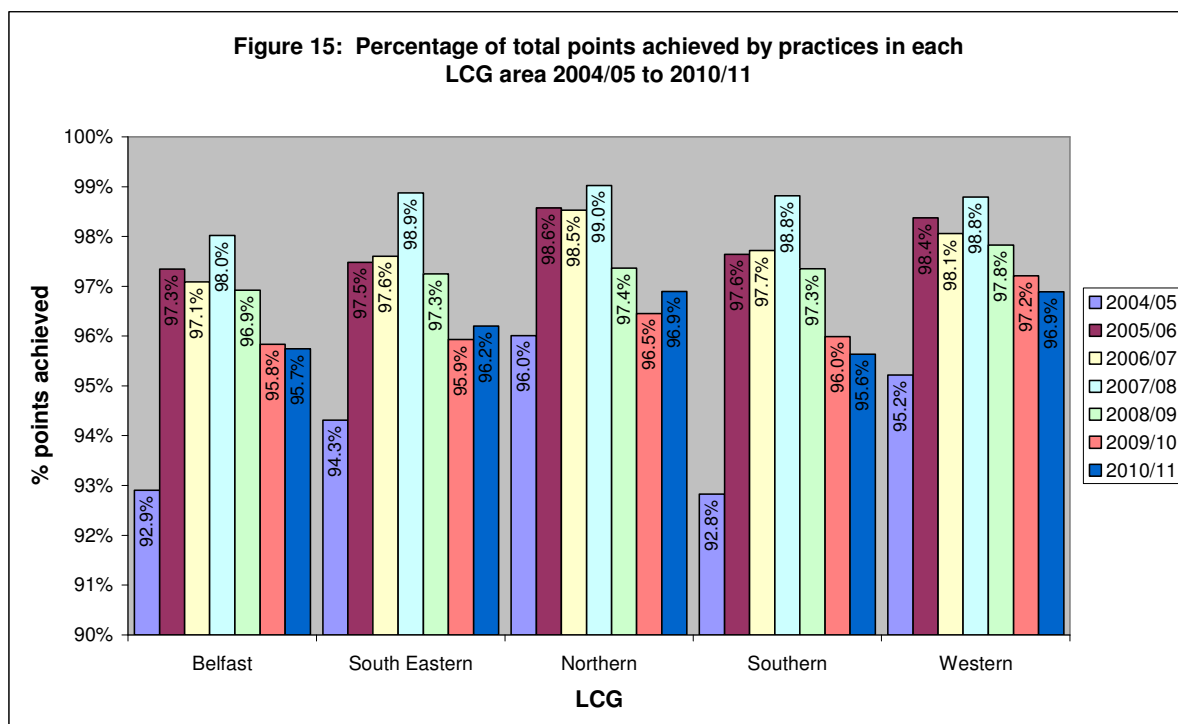
The data collected for the Quality & Outcomes Framework provides some useful information for researchers and public health officials in terms of disease prevalence and information about general practices. However, it is important to note the limitations of using the QOF data to make further inferences and conclusions.

The following points should be noted:

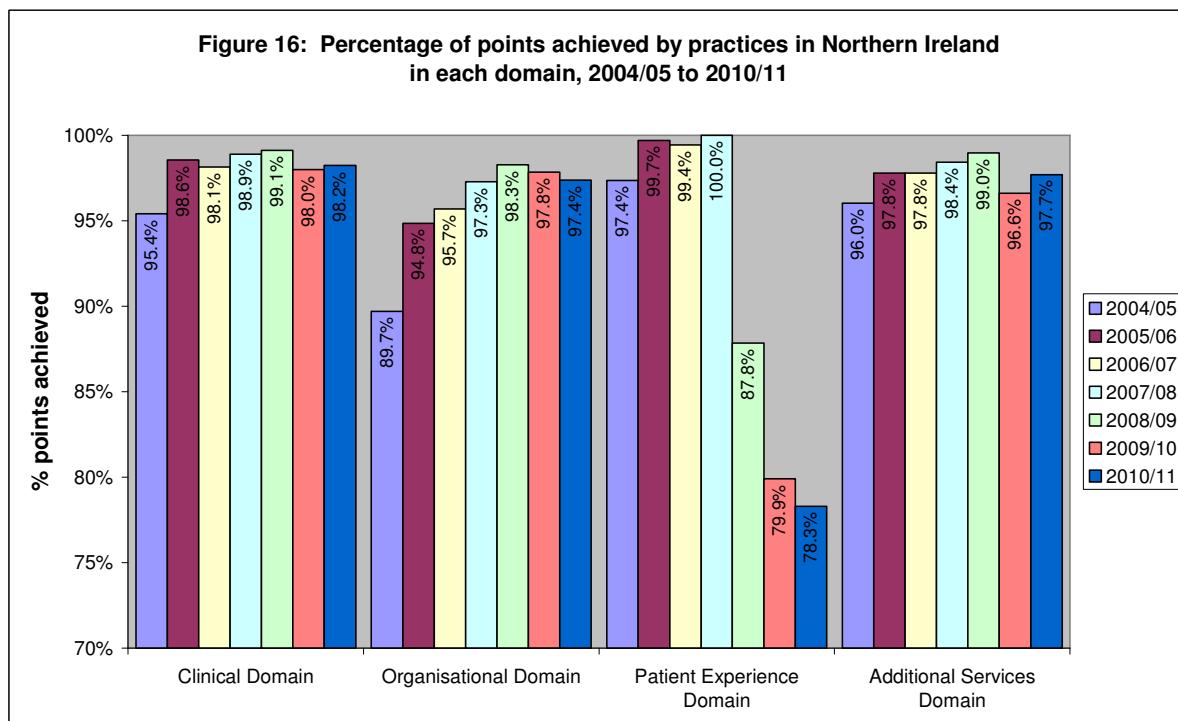
- It may be inappropriate to use the data to make comparisons between practices in terms of the quality of care offered. For instance, the clinical disease areas chosen for the Quality & Outcomes Framework represent the minority of patients in Northern Ireland and therefore points achievement in these areas does not reflect the full workload of general practices.
- The Quality & Outcomes Framework system takes into account general practice list size and disease prevalence before calculating payment, therefore comparing practices by isolating particular domain points achieved does not take into account the full system of QOF.
- The data collected for the clinical domains on prevalence contains a count of patients on each register only, no patient details such as age or gender are held. It is essential to note that it is raw, unadjusted data that has been published, particularly when looking at comparisons at LCG level or practice level, which will not take account of the underlying social and demographic characteristics of the populations concerned.
- The PCAS system does not hold information on co-morbidity i.e. patients with more than one condition. Many patients are likely to have been diagnosed with more than one condition, therefore it is not correct to simply add prevalence figures together as no patient-specific data is held.
- Prevalence figures will not be directly comparable across all years where definitions have been revised (see notes under paragraph 4.4). Achievement will also be affected by changes to the indicators so will not be comparable across all years. Year-on-year comparisons are also difficult to interpret due to demographic reasons (e.g. ageing population) and improvement in case finding and recording by practices.
- Each general practice's achievement will be partly dependent on the number of points each practice aspired to. Therefore not all practices will have commenced QOF from the same baseline and not all will have improved to the same extent. Practices may have had different standards in terms of recording diagnoses and other administrative procedures.
- Prevalence figures based on QOF registers may differ from prevalence figures from other sources because of coding or definitional issues. E.g. to be on the QOF diabetes register patients need to be aged 17 or over, and the type of diabetes (1 or 2) must be specified by the practice. If the type is not specified, the patient will not be counted in the register. Patients with gestational diabetes are also excluded from the register. Other sources may not be subject to such restrictions.

6. Comparisons with previous years

Total points achieved by Local Commissioning Group (LCG)

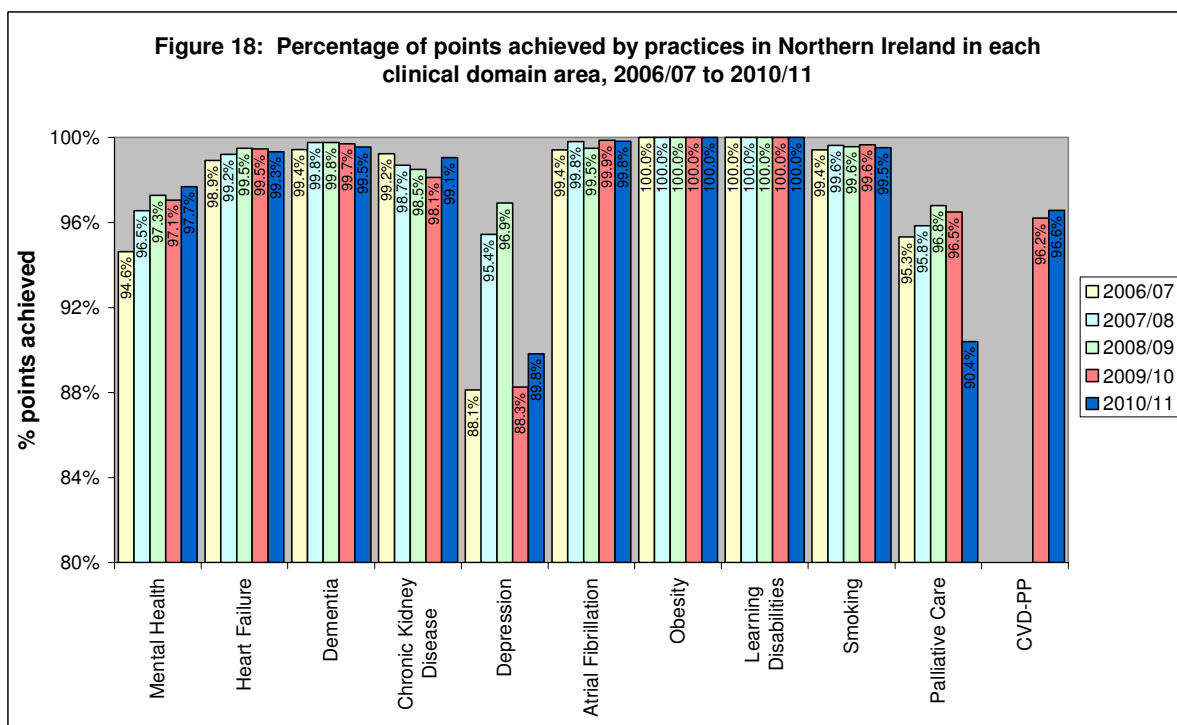
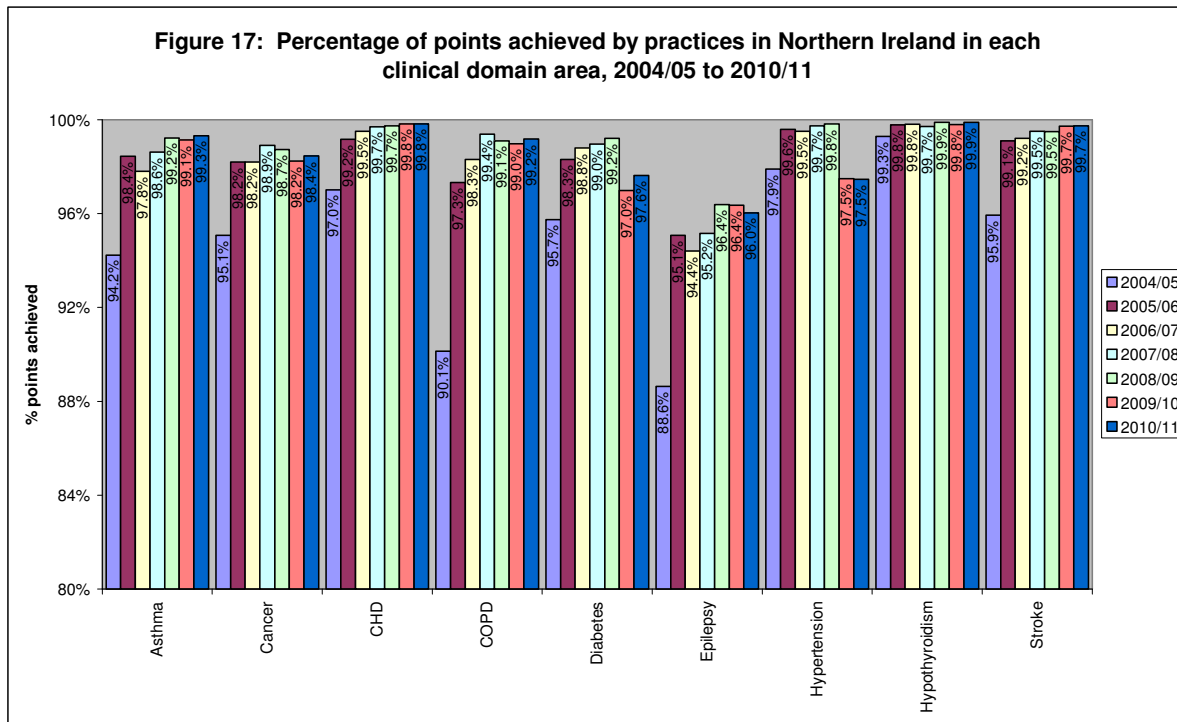


Domain Summary

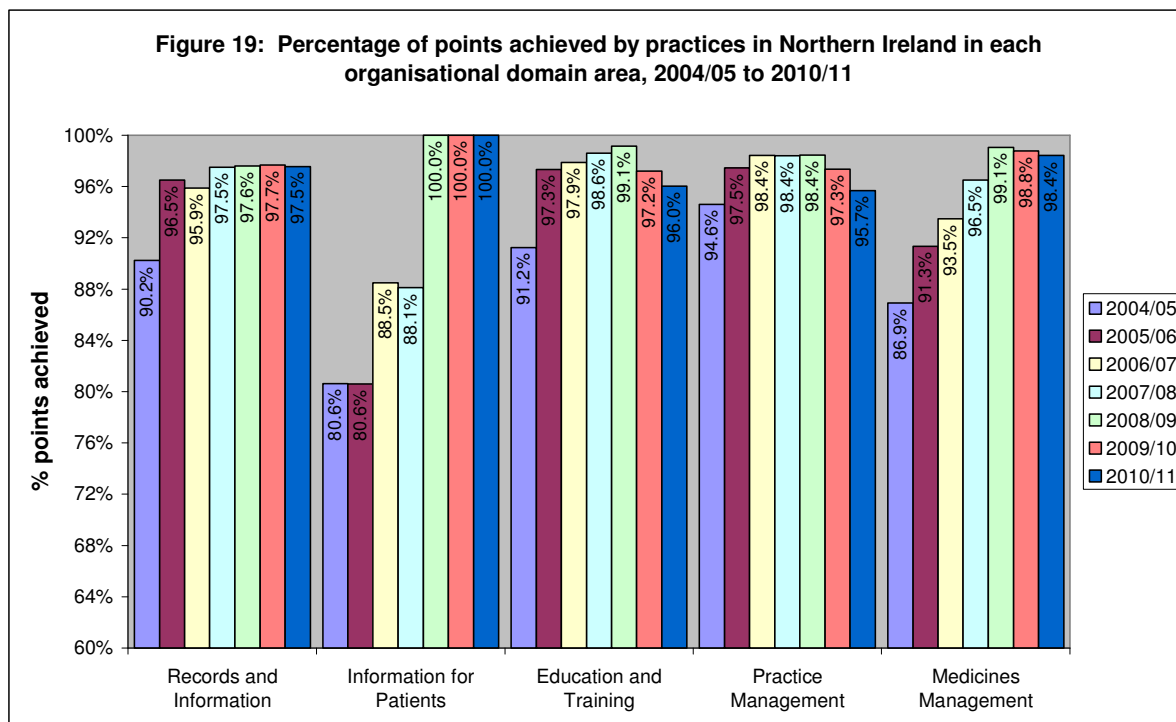


The organisational and patient experience domains show a decrease in achievement in 2010/11 compared to the previous year, the clinical domain and additional services domain show an increase in achievement compared to 2009/10.

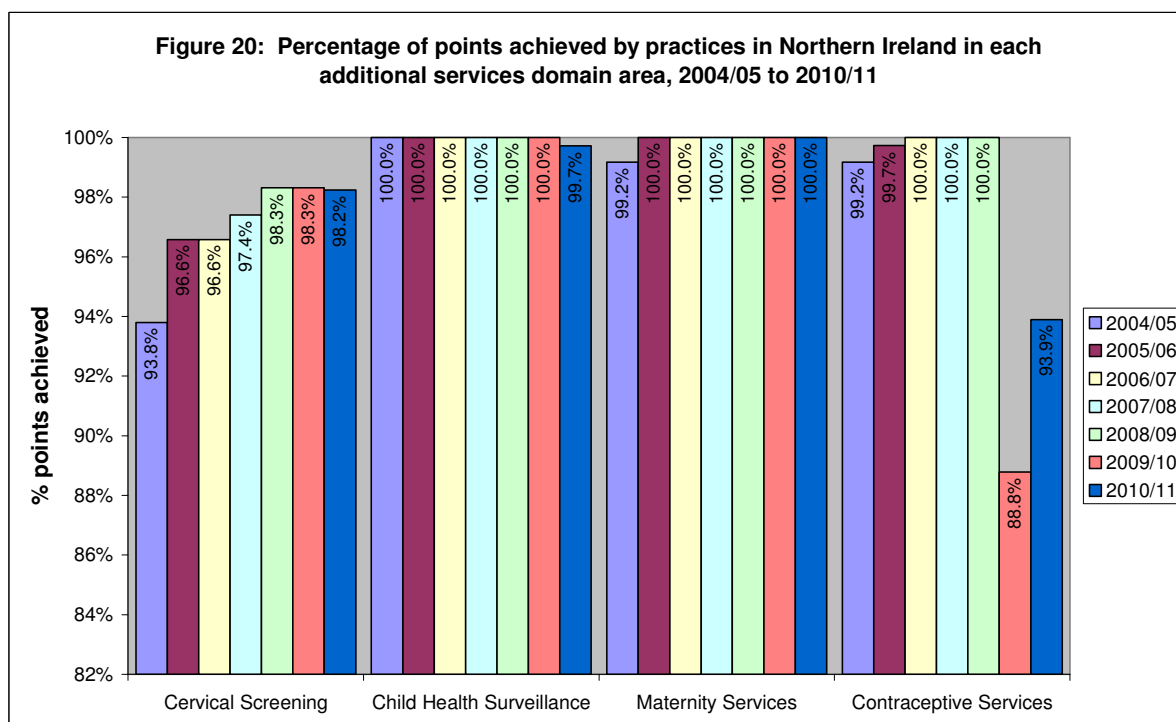
Clinical Domain



Organisational Domain



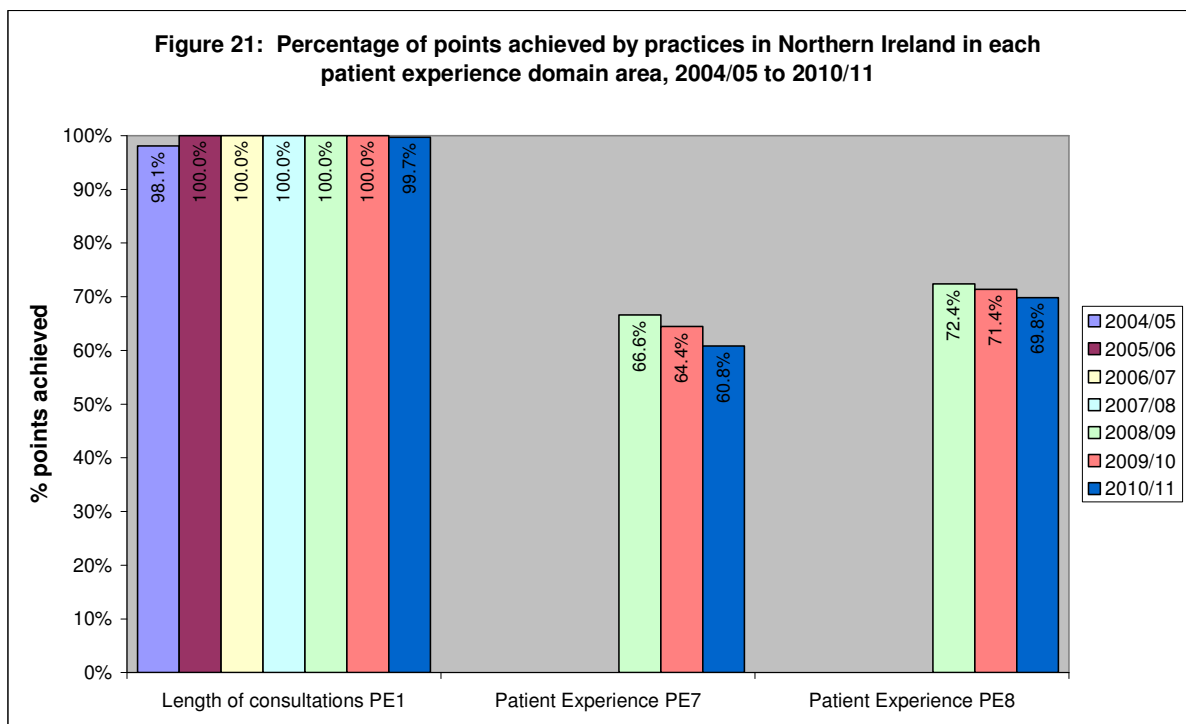
Additional Services Domain



The Contraceptive Services section shows a large decrease in 2009/10 compared to previous years. This is due to the replacement of indicators CON 1 and CON 2, with the new Sexual Health indicators SH 1, SH 2 and SH 3. The achievement has improved for the contraceptive services indicator in 2010/11.

Patient Experience Domain

The 'Patient experience of access' indicators PE7 and PE8, were introduced in 2008/09 so only three years' data is available for comparison.



Annex A Clinical Indicator Types

Indicator	Type	Clinical Indicator Type	Points
AF 1	R	Register	5
AF 3	P	Process measure	12
AF 4	P-T-O	Process measure directly linked to health outcomes	10
ASTHMA 1	R	Register	4
ASTHMA 3	P	Process measure	6
ASTHMA 6	P	Process measure	20
ASTHMA 8	P	Process measure	15
BP 1	R	Register	6
BP 4	P	Process measure	18
BP 5	IO	Intermediate outcome	57
CANCER 1	R	Register	5
CANCER 3	P	Process measure	6
CHD 1	R	Register	4
CHD 2	P	Process measure	7
CHD 5	P	Process measure	7
CHD 6	IO	Intermediate outcome	17
CHD 7	P	Process measure	7
CHD 8	IO	Intermediate outcome	17
CHD 9	P-T-O	Process measure directly linked to health outcomes	7
CHD 10	P-T-O	Process measure directly linked to health outcomes	7
CHD 11	P-T-O	Process measure directly linked to health outcomes	7
CHD 12	P-T-O	Process measure directly linked to health outcomes	7
CKD 1	R	Register	6
CKD 2	P	Process measure	6
CKD 3	IO	Intermediate outcome	11
CKD 5	P-T-O	Process measure directly linked to health outcomes	9
CKD 6	P	Process measure	6
COPD 1	R	Register	3
COPD 8	P-T-O	Process measure directly linked to health outcomes	6
COPD 10	P	Process measure	7
COPD 12	P	Process measure	5
COPD 13	P	Process measure	9
DEM 1	R	Register	5
DEM 2	P	Process measure	15
DEP 1	P	Process measure	8
DEP 2	P	Process measure	25
DEP 3	P	Process measure	20
DM 2	P	Process measure	3
DM 5	P	Process measure	3
DM 9	P	Process measure	3
DM 10	P	Process measure	3
DM 11	P	Process measure	3

DM 12	IO	Intermediate outcome	18
DM 13	P	Process measure	3
DM 15	P-T-O	Process measure directly linked to health outcomes	3
DM 16	P	Process measure	3
DM 17	IO	Intermediate outcome	6
DM 18	P-T-O	Process measure directly linked to health outcomes	3
DM 19	R	Register	6
DM 21	P	Process measure	5
DM 22	P	Process measure	3
DM 23	IO	Intermediate outcome	17
DM 24	IO	Intermediate outcome	8
DM 25	IO	Intermediate outcome	10
EPILEPSY 5	R	Register	1
EPILEPSY 6	P	Process measure	4
EPILEPSY 7	P	Process measure	4
EPILEPSY 8	O	Health outcome	6
HF 1	R	Register	4
HF 2	P	Process measure	6
HF 3	P-T-O	Process measure directly linked to health outcomes	10
HF 4	P-T-O	Process measure directly linked to health outcomes	9
LD1	R	Register	4
MH 4	P	Process measure	1
MH 5	IO	Intermediate outcome	2
MH 6	P	Process measure	6
MH 7	P	Process measure	3
MH 8	R	Register	4
MH 9	P	Process measure	23
OB 1	R	Register	8
PC 2	P	Process measure	3
PC 3	R	Register	3
PP 1	P	Process measure	8
PP 2	P	Process measure	5
Smoking 3	P	Process measure	30
Smoking 4	P-T-O	Process measure directly linked to health outcomes	30
STROKE 1	R	Register	2
STROKE 5	P	Process measure	2
STROKE 6	IO	Intermediate outcome	5
STROKE 7	P	Process measure	2
STROKE 8	IO	Intermediate outcome	5
STROKE 10	P-T-O	Process measure directly linked to health outcomes	2
STROKE 12	P-T-O	Process measure directly linked to health outcomes	4
STROKE 13	P	Process measure	2
THYROID 1	R	Register	1
THYROID 2	P	Process measure	6