

EXCEPTION REPORTING BULLETIN FOR NORTHERN IRELAND 2009/10

This bulletin summarises the fifth year of available Exception Reporting data from the Quality & Outcomes Framework (QOF), relating to April 2009 to March 2010. The source of this data is the Payment Calculation and Analysis System (PCAS), a Northern Ireland IT system used by general practices that supports the QOF payment process.

Summary

- The overall Northern Ireland exception rate was 4.8%.
- Of the 71 indicators for which exception data are published, the lowest exception rate at Northern Ireland level is for Thyroid 02 (0.3%) and the highest exception rate is for Depression 03 (30.3%).
- The overall exception rates for GP practices range from 1.2% to 12.7%.

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1. Introduction to Exception Reporting

The Quality and Outcomes Framework (QOF) includes the concept of exception reporting. This has been introduced to allow practices to pursue the quality improvement agenda and not be penalized, where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side effect.

Practices can exclude specific patients from data collected to calculate QOF achievement scores. Patients with specific diseases can be excluded from the denominators of individual QOF indicators if the practice is unable to deliver recommended treatments to those patients.

Extract from Annex D of the Statement of Financial Entitlement -

The following criteria have been agreed for exception reporting:

- A) patients who have been recorded as refusing to attend review who have been invited on at least three occasions during the preceding twelve months;
- B) patients for whom it is not appropriate to review the chronic disease parameters due to particular circumstances e.g. terminal illness, extreme frailty;
- C) patients newly diagnosed within the practice or who have recently registered with the practice, who should have measurements made within three months and delivery of clinical standards within nine months e.g. blood pressure or cholesterol measurements within target levels;
- D) patients who are on maximum tolerated doses of medication whose levels remain sub-optimal;
- E) patients for whom prescribing a medication is not clinically appropriate e.g. those who have an allergy, another contraindication or have experienced an adverse reaction;
- F) where a patient has not tolerated medication;
- G) where a patient does not agree to investigation or treatment (informed dissent), and this has been recorded in their medical records;
- H) where the patient has a supervening condition which makes treatment of their condition inappropriate e.g. cholesterol reduction where the patient has liver disease;
- I) where an investigative service or secondary care service is unavailable.

In the case of exception reporting on criteria A and B this would apply to the disease register and these patients would be subtracted from the denominator for all other indicators. For example, in a practice with 100 patients on the CHD disease register, in which four patients have been recalled for follow-up on three occasions but have not attended and one patient has become terminally ill with metastatic breast

carcinoma during the year, the denominator for reporting would be 95. This would apply to all relevant indicators in the CHD set.

In addition, practices may exception-report patients relating to single indicators, for example a patient who has left ventricular dysfunction (LVD) but who is intolerant of ACE inhibitors could be exception-reported. This would again be done by removing the patient from the denominator.

Practices should report the number of exceptions for each indicator set and individual indicator. Practices may be called on to justify why they have excepted patients from the quality framework and this should be identifiable in the clinical record.

2. Exception Reporting in the Payment Calculation and Analysis System (PCAS)

Presented here are summaries of exception rates for 2009/10. There are 86 specific reasons that are used to except patients from the denominators of indicators. Patients are not excepted from disease register counts (i.e. Indicator 1 in each clinical area), but they can be excepted from the denominator of subsequent indicators in each clinical area.

Within PCAS these reasons are all classed as exceptions, however for the purposes of this publication we have agreed with UK colleagues a distinction between those that are true exceptions and those that are actually exclusions (see Exception/Exclusion Lookup). Exclusions refer to reasons that make the patient ineligible for inclusion in an indicator's denominator, for example because they do not meet the age requirement of the indicator.

Note that we cannot publish exception rates by specific reason of exception. This is because the sequence by which each GP clinical system (EMIS, InPractice Vision, iSoft Torex and Merlok) searches for exception reasons varies and so where a patient has been excepted for more than one reason; it is not clear which sequence has been used by each clinical system and therefore which exception reason was chosen.

3. Calculation of Exception and Exclusion Rates

The list of exceptions and exclusions can be found with the data tables under Exception/Exclusion Lookup.

The denominator is the number of patients that can appropriately be included in an indicator.

The exception rate calculation is:
$$\frac{\text{Number of Exceptions}}{(\text{Exceptions} + \text{Denominator})} \times 100$$

The exclusion rate calculation is:
$$\frac{\text{Number of Exclusions}}{(\text{Exclusions} + \text{Exceptions} + \text{Denominator})} \times 100$$

4. Exception Reporting Summaries for 2009/10

Table 1 shows exception rates for 19 QOF areas at Northern Ireland level. The exception rate percentage is calculated as follows: exceptions divided by (denominator plus exceptions) multiplied by 100.

Table 1: Exception Rates at Northern Ireland level by Indicator Group

Indicator Group	Sum of Denominators	Sum of Exceptions	Exception Rate
Atrial Fibrillation	29,464	941	3.1%
Asthma	128,125	6,184	4.6%
Hypertension	455,620	8,258	1.8%
Cancer	4,501	24	0.5%
CHD	522,205	26,805	4.9%
CKD	168,435	5,997	3.4%
COPD	86,144	10,675	11.0%
Cervical Screening	407,825	45,273	10.0%
Dementia	10,063	574	5.4%
Depression	151,029	8,671	5.4%
Diabetes	982,764	57,420	5.5%
Epilepsy	38,567	4,015	9.4%
Heart Failure	15,161	2,426	13.8%
Mental Health	32,262	2,614	7.5%
CVD - Primary Prevention	15,700	3,409	17.8%
Contraceptive Services	128,204	1,812	1.4%
Smoking (status recorded)	452,629	2,430	0.5%
Stroke	179,714	9,410	5.0%
Hypothyroidism	59,220	178	0.3%
All Indicators	3,867,632	197,116	4.8%

We are presenting exception rates for 71 individual indicators. Tables 2 and 3 show the ten highest and ten lowest exception rates at Northern Ireland level by indicator.

Table 2: Ten highest exception rates at Northern Ireland level by indicator

Indicator *	Sum of Denominators	Sum of Exceptions	Exception Rate
DEP03	10,491	4,570	30.3%
HF04	3,952	1,325	25.1%
EPILEP08	11,081	3,113	21.9%
PP02	8,253	1,839	18.2%
PP01	7,447	1,570	17.4%
CKD05	3,183	492	13.4%
CHD10	65,600	9,523	12.7%
COPD12	5,221	752	12.6%
STROKE10	27,982	3,965	12.4%
DM18	60,858	8,122	11.8%

* See QOF Indicator Lookup for definitions

Of the ten indicators with the highest exception rates, four are new indicators introduced in 2009/10, Heart Failure 04; CVD – Primary Prevention 01 and 02; and the indicator with the highest exception rate, Depression 03.

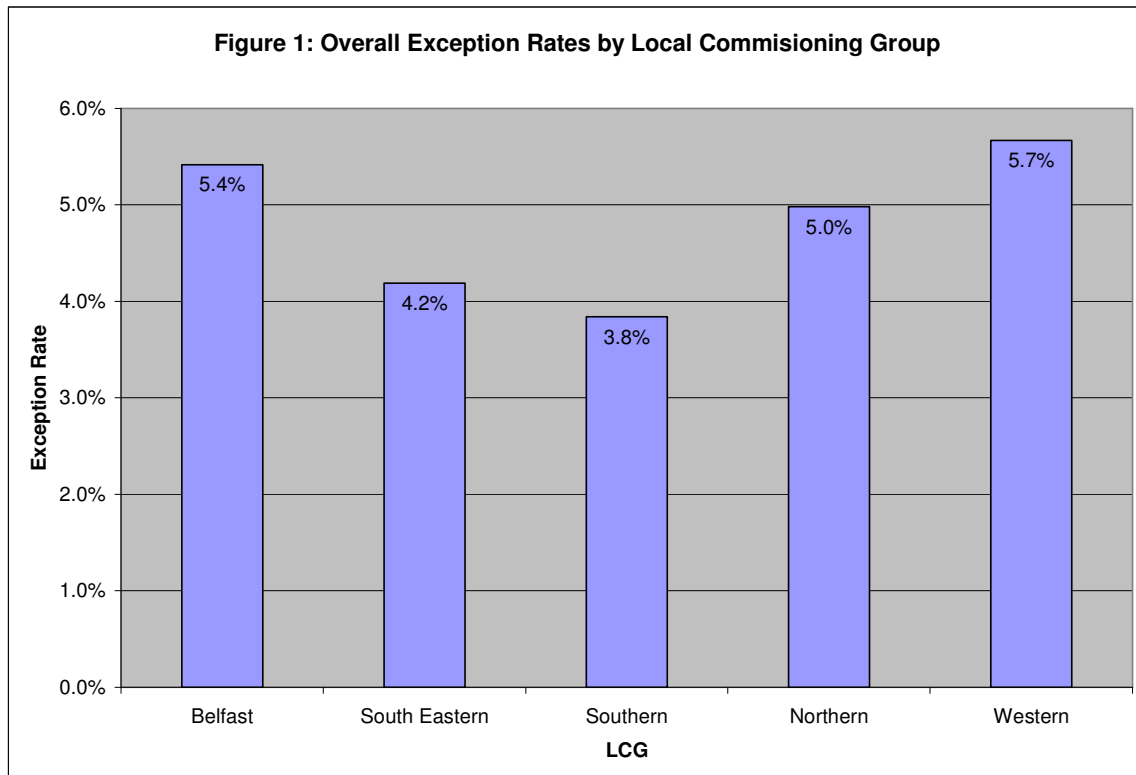
Table 3: Ten lowest exception rates at Northern Ireland level by indicator

Indicator *	Sum of Denominators	Sum of Exceptions	Exception Rate
THYROI02	59,220	178	0.3%
SMOKE04	75,200	395	0.5%
CANCER03	4,501	24	0.5%
SMOKE03	377,429	2,035	0.5%
CKD02	56,604	315	0.6%
CHD05	74,509	614	0.8%
BP04	229,821	2,118	0.9%
SH02	119,634	1,401	1.2%
DM11	68,144	836	1.2%
STROKE05	31,543	404	1.3%

* See QOF Indicator Lookup for definitions

The lowest exception rate at Northern Ireland level is for Thyroid 2, which is ‘The percentage of patients with hypothyroidism with thyroid function tests recorded in the previous 15 months’.

Figure 1 shows the overall exception rates at Local Commissioning Group level. Comparatively, the Southern LCG has the lowest overall exception rate at 3.8% and the Western LCG has the highest overall exception rate at 5.7%.



5. Summary statistics for Exception Rates at Practice Level

- The overall exception rates at general practice level ranged from 1.2% to 12.7%.
- The average exception rate was 4.8%.

Figure 3 shows a frequency distribution of general practice exception rates. Note that the detailed practice level tables should be consulted when comparing rates at practice level as high exception rates may actually refer to small numbers of patients.

