

EXCEPTION REPORTING BULLETIN FOR NORTHERN IRELAND 2010/11

This bulletin summarises the Exception Reporting data from the seventh year of the Quality & Outcomes Framework (QOF), April 2010 to March 2011. 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 4.6%.
- Of the 71 indicators for which exception data are published, the lowest exception rate at Northern Ireland level is for Thyroid 02 (0.2%) and the highest exception rate is for Epilepsy 08 (22.9%).
- The overall exception rates for GP practices range from 1.3% 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 2010/11. 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

The table below shows exception rates for 19 QOF areas at Northern Ireland level.

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

Indicator Group	Sum of Denominators	Sum of Exceptions	Exception Rate
Atrial Fibrillation	33,395	851	2.5%
Asthma	134,009	5,517	4.0%
Hypertension	468,287	7,381	1.6%
Cancer	4,482	27	0.6%
CHD	524,534	26,009	4.7%
CKD	176,362	5,537	3.0%
COPD	93,421	10,233	9.9%
Cervical Screening	415,357	44,491	9.7%
Dementia	10,660	586	5.2%
Depression	154,024	7,156	4.4%
Diabetes	1,036,112	59,813	5.5%
Epilepsy	39,535	4,226	9.7%
Heart Failure	16,443	2,164	11.6%
Mental Health	33,681	2,368	6.6%
Cardiovascular disease - Primary Prevention	26,007	2,753	9.6%
Contraceptive Services	138,110	2,318	1.7%
Smoking (status recorded)	463,835	2,367	0.5%
Stroke	188,137	9,696	4.9%
Hypothyroidism	61,572	142	0.2%
All Indicators	4,017,963	193,635	4.6%

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
EPILEP08	11,251	3,336	22.9%
DEP03	12,278	3,370	21.5%
HF04	4,176	1,048	20.1%
CKD05	3,480	639	15.5%
PP01	7,929	1,306	14.1%
STROKE10	28,493	4,505	13.7%
DM18	63,005	9,688	13.3%
COPD08	27,812	3,762	11.9%
CHD12	66,270	8,757	11.7%
HF03	5,790	764	11.7%

* See QOF Indicator Lookup for definitions

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

Indicator *	Sum of Denominators	Sum of Exceptions	Exception Rate
THYROI02	61,572	142	0.2%
CKD02	58,980	280	0.5%
SMOKE03	387,380	1,963	0.5%
SMOKE04	76,455	404	0.5%
CANCER03	4,482	27	0.6%
CHD05	74,554	473	0.6%
BP04	235,949	1,885	0.8%
STROKE05	32,635	363	1.1%
DM11	71,874	819	1.1%
CHD06	73,992	1,035	1.4%

* 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’.

5. Summary statistics for Exception Rates at LCG and Practice Level

Figure 1 shows the overall exception rates at Local Commissioning Group level. The Southern LCG has the lowest overall exception rate at 3.7% and the Belfast LCG has the highest overall exception rate at 5.2%.

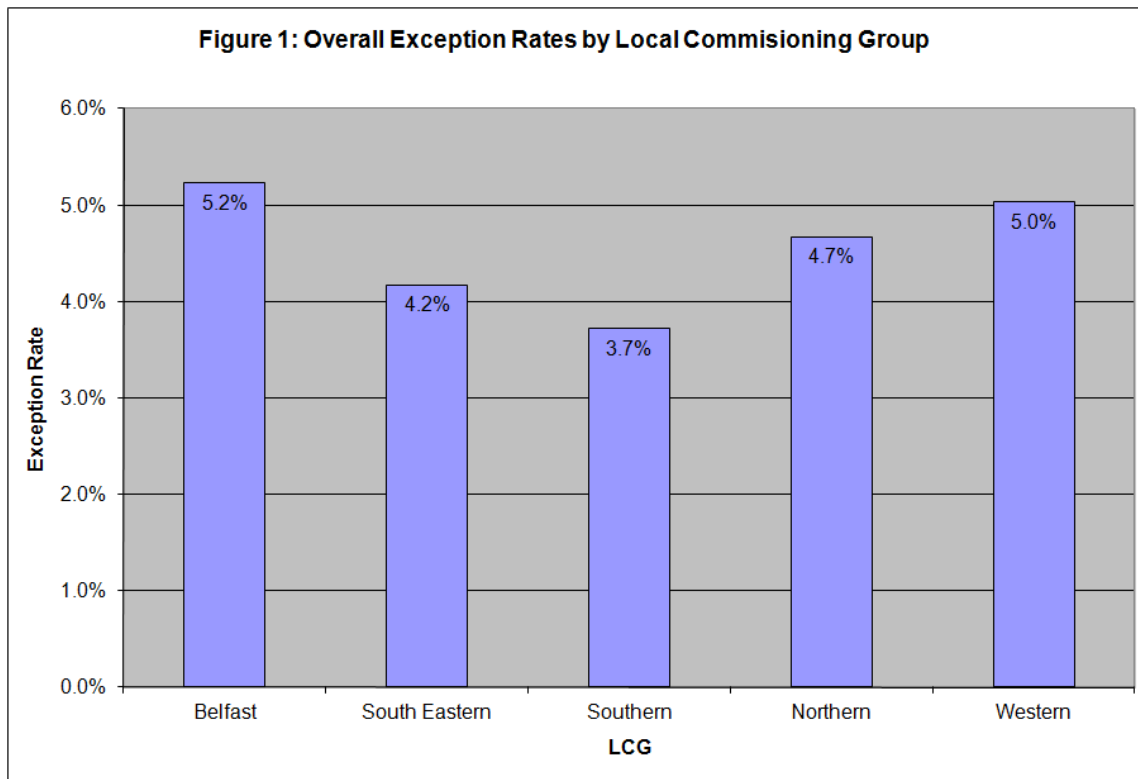
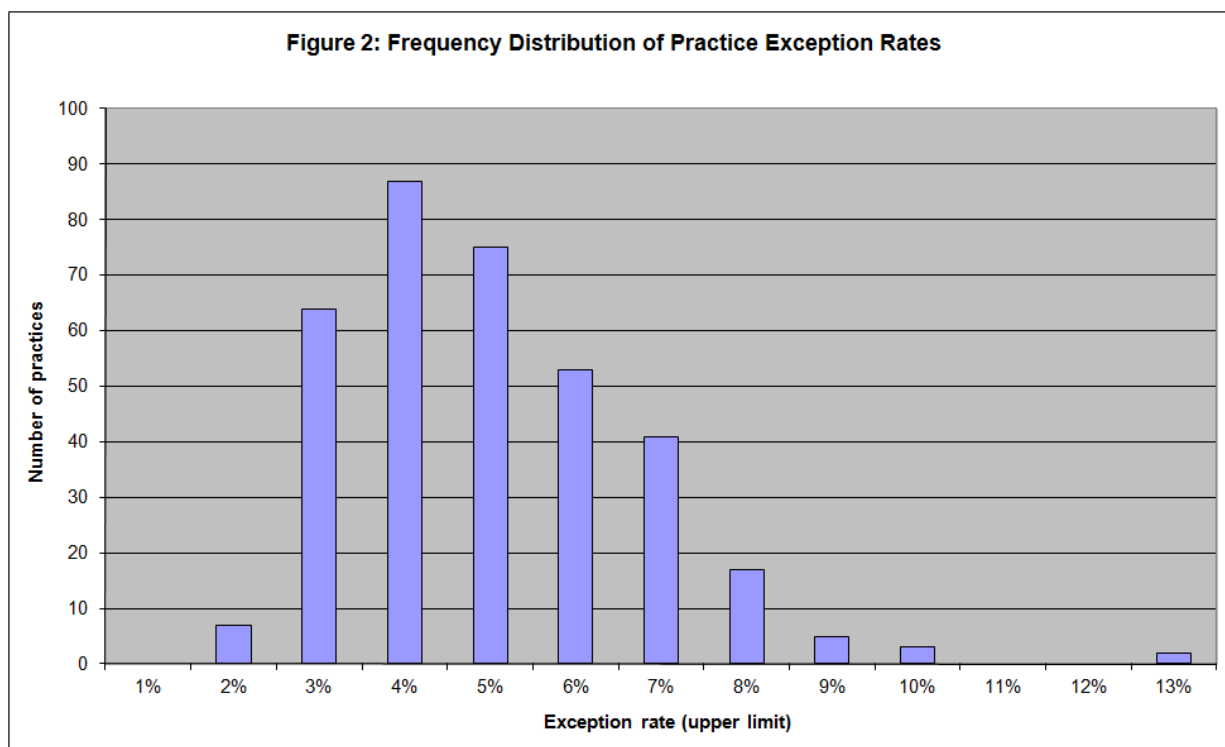


Figure 2 shows a frequency distribution of general practice exception rates. Note that the detailed practice level tables should be consulted when comparing rates at practice level as high exception rates may actually refer to small numbers of patients.



6. 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 4: 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	Exception rate
Health outcome	1	6	5.4	90.7%	22.9%
Intermediate outcome	12	173	170.8	98.7%	4.7%
Process measure directly linked to health outcomes	14	114	113.3	99.3%	8.2%
Process measure	42	333	324.1	97.3%	2.7%
Register	17	71	71.0	100%	N/A
Total	86	697	684.7	98.2%	4.1%

A list of the clinical indicators with their classification and the points available per practice is shown in Annex A. Please note only the clinical indicators are included. The additional services indicators for contraceptive services and cervical screening are not included.

Indicators classified as process measures have the lowest exception rate (2.7%). Epilepsy 08, the indicator classified as a health outcome measure has the highest exception rate of 22.9%. There is no exception reporting for register indicators.

Annex A Clinical Indicator Types

Indicator	Type	Clinical Indicator Type	Points available
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

