

QUALITY & OUTCOMES FRAMEWORK STATISTICS FOR NORTHERN IRELAND 2008/09

This bulletin summarises the fifth year of Quality & Outcomes Framework (QOF) achievement data from general practices relating to April 2008 to March 2009. A revised set of indicators was introduced from April 2006, which included some new domains, indicators, and revised points. No additional changes were introduced for the 2007/08 year, but there have been some changes to the indicators for 2008/09 – see section 6. 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 973.1 (97.3%) of the 1,000 points available.
- Of the clinical registers collected for QOF that measure actual disease prevalence, prevalence was highest for hypertension (12.15%) and lowest for Heart Failure due to LVD (0.35%).
- The average points achieved in the four main domains was 644.2 points (99.1%) for clinical, 164.6 points (98.3%) for organisational, 128.7 points (87.8%) for patient experience and 35.6 points (99.0%) 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 2009 for the complete financial year April 2008 to March 2009. Any adjustments made by the Health Boards in the period April to June 2009 are included. This publication uses the most up-to-date figures for each practice as at 30 June 2009.

The 2008/09 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 2009. 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 2008/09 data is also reported at Local Commissioning Group (LCG) level, even though they were not introduced until April 2009 so were not in existence during the 2008/09 QOF year. This is to enable comparison with future years which will be reported at LCG level. The four HSS Boards have been replaced by a single Health and Social Care Board as of 1st April 2009; LCGs came into existence on 1st April 2009 as part of the Health and Social Care Reform.

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.

For Northern Ireland reporting of PCAS information on these web pages, DHSSPS is reporting raw (unadjusted) disease prevalence – that is, the number on a disease register on 31 March 2009 as a proportion of patients on a practice list as at 1 January 2009. 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:

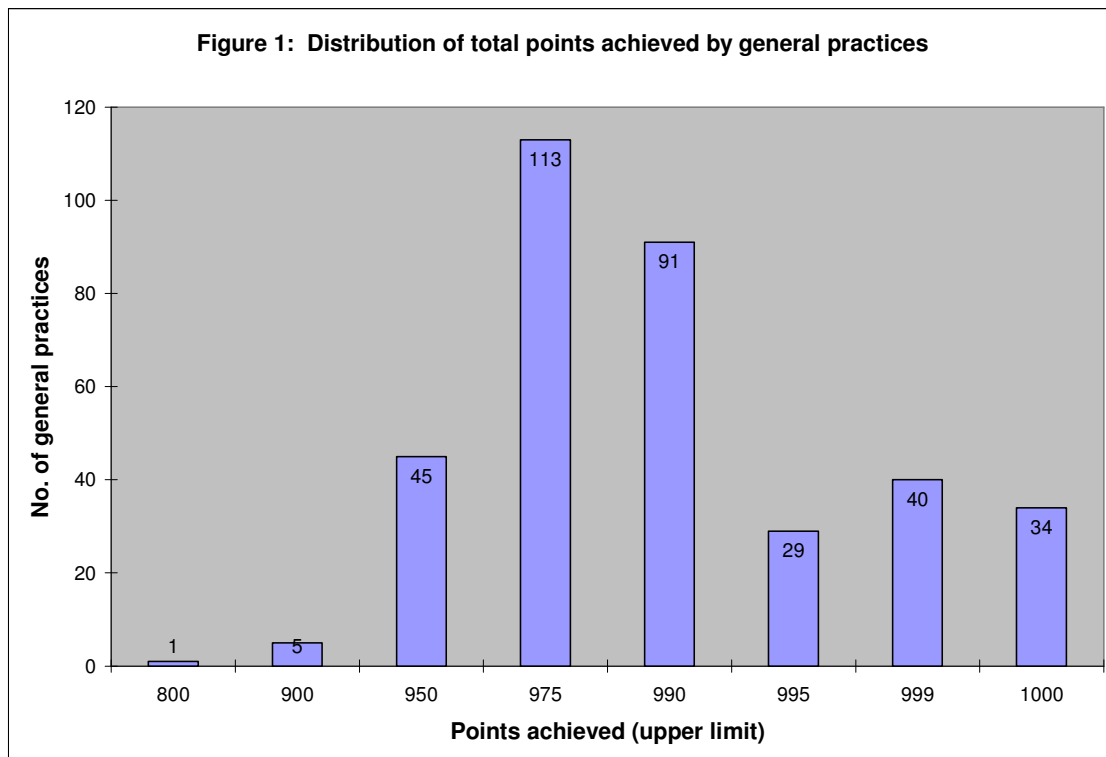
- Clinical Domain: 80 indicators in 19 areas (Asthma; Atrial Fibrillation; Cancer; Chronic Kidney Disease; Chronic Obstructive Pulmonary Disease; Coronary Heart Disease; Dementia; Depression; Diabetes; Epilepsy; Heart Failure; Hypertension; Hypothyroidism; Learning Disabilities; Mental Health; Obesity; Palliative Care; Smoking; Stroke and Transient Ischaemic Attacks) worth up to a maximum of 650 points (65.0% of the total).
- Organisational Domain: 36 indicators in 5 areas (Records and Information about Patients; Information for Patients; Education and Training; Clinical and Practice Management and Medicines Management) worth up to a maximum of 167.5 points (16.8% of the total).
- Patient Experience Domain: 5 indicators in 3 areas (Length of consultations, Patient surveys and Patient experience of access) worth up to a maximum of 146.5 points (14.7% of the total).
- Additional Services Domain: 8 indicators in 4 areas (Cervical Screening; Child Health Surveillance; Maternity Services and Contraceptive Services) worth up to a maximum of 36 points (3.6% of the total).
- The Holistic Care payment has been removed from QOF and the points reallocated to the new patient experience indicators (see section 6).

4. Overall Achievement in the Quality & Outcomes Framework

4.1 Summary at Northern Ireland Level

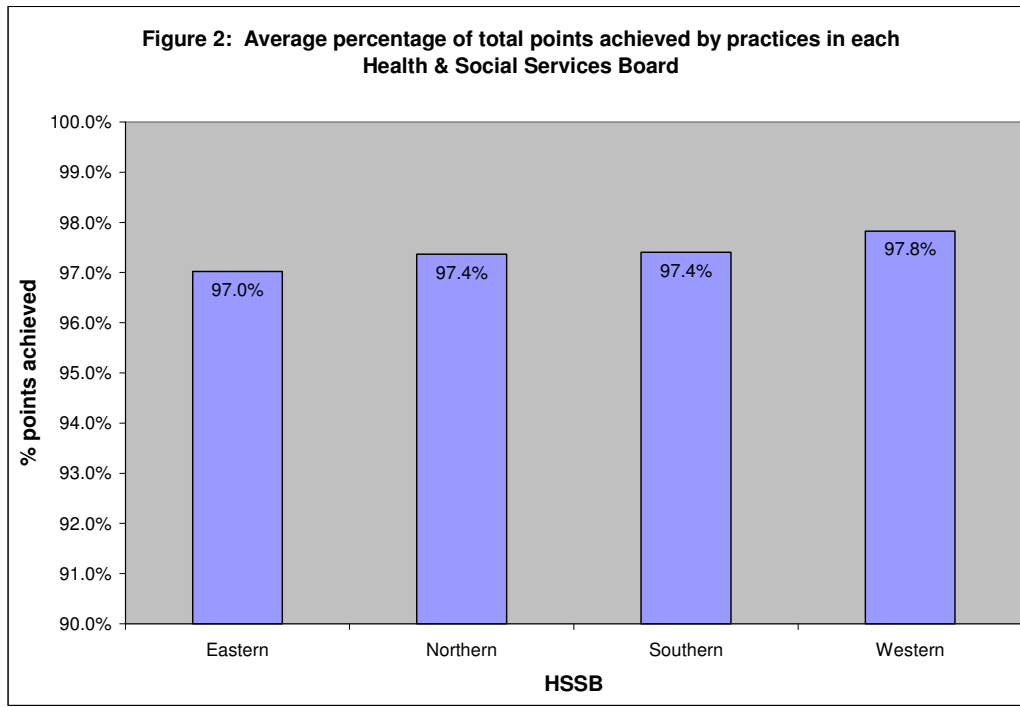
In Northern Ireland, QOF achievement data was received from 358 general practices. Overall, the average achievement of points in Northern Ireland was 973.1 of the 1,000 points available (97.3%). 19 practices achieved the maximum points of 1,000. The median score achieved was 977.8 points.

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 999 points or equal to 1,000 points of which there are 34 in Northern Ireland.



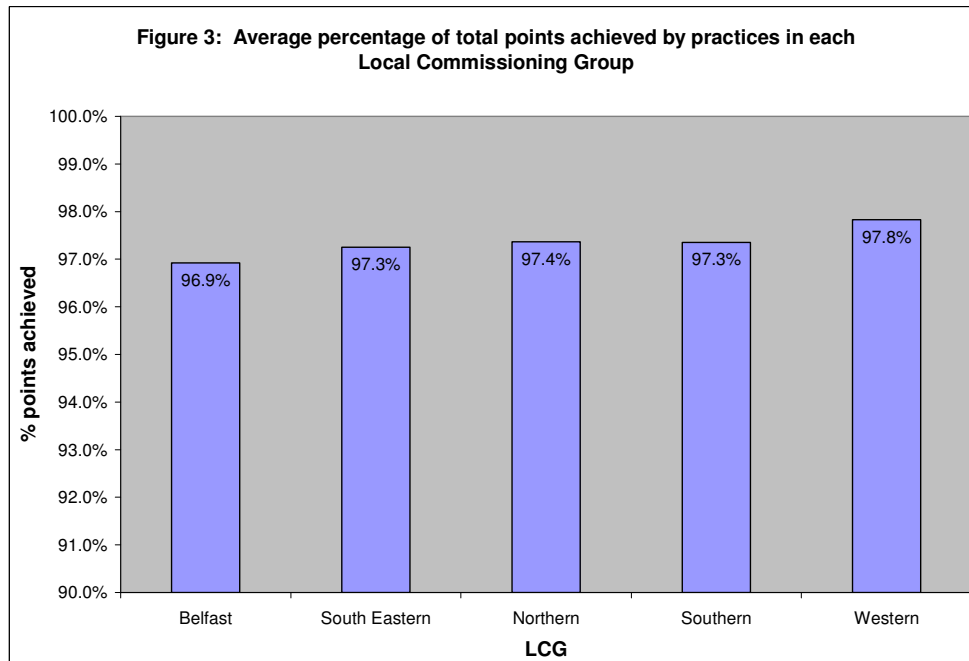
4.2 Summary at Health & Social Services Board (HSSB) Level

Figure 2 shows the average number of points achieved by practices in each Health & Social Services Board. These range from 970.2 points (97.0%) in the Eastern HSSB to 978.3 points (97.8%) in the Western HSSB. Section 6 looks at comparisons across the 4 years of QOF by HSSB.



4.3 Summary at Local Commissioning Group (LCG) Level

Figure 3 shows the average number of points achieved by practices in each Local Commissioning Group. These range from 969.2 points (96.9%) in the Belfast LCG to 978.3 points (97.8%) in the Western LCG.



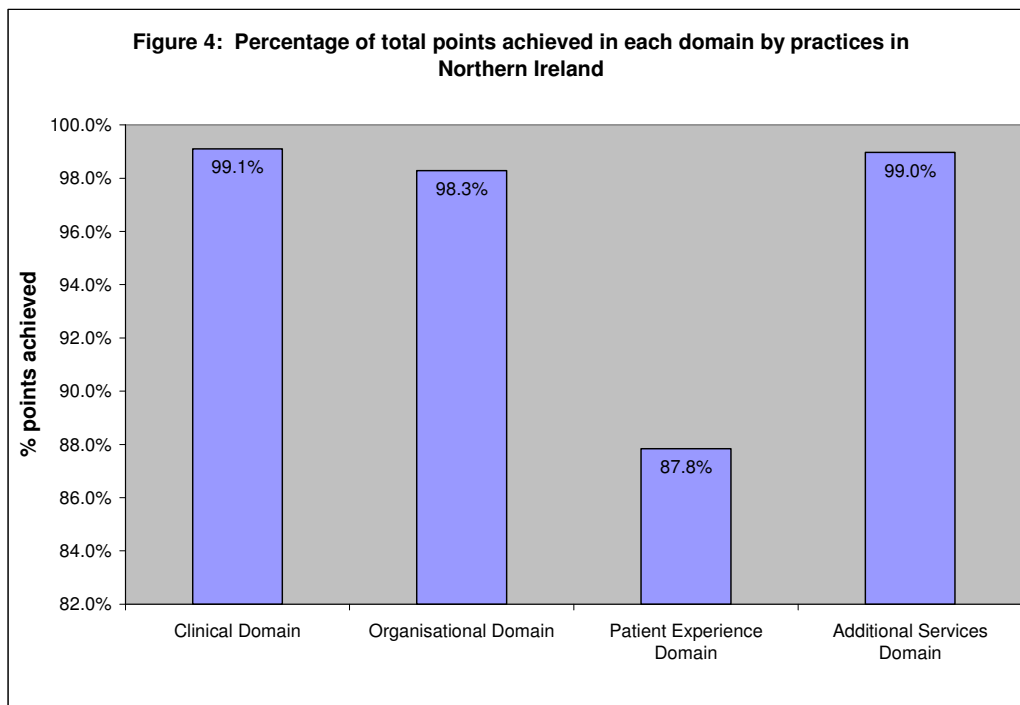
4.4 Domain Level Achievement

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

Domain	Average points achieved
Clinical	644.2
Organisational	164.6
Patient Experience	128.7
Additional Services	35.6

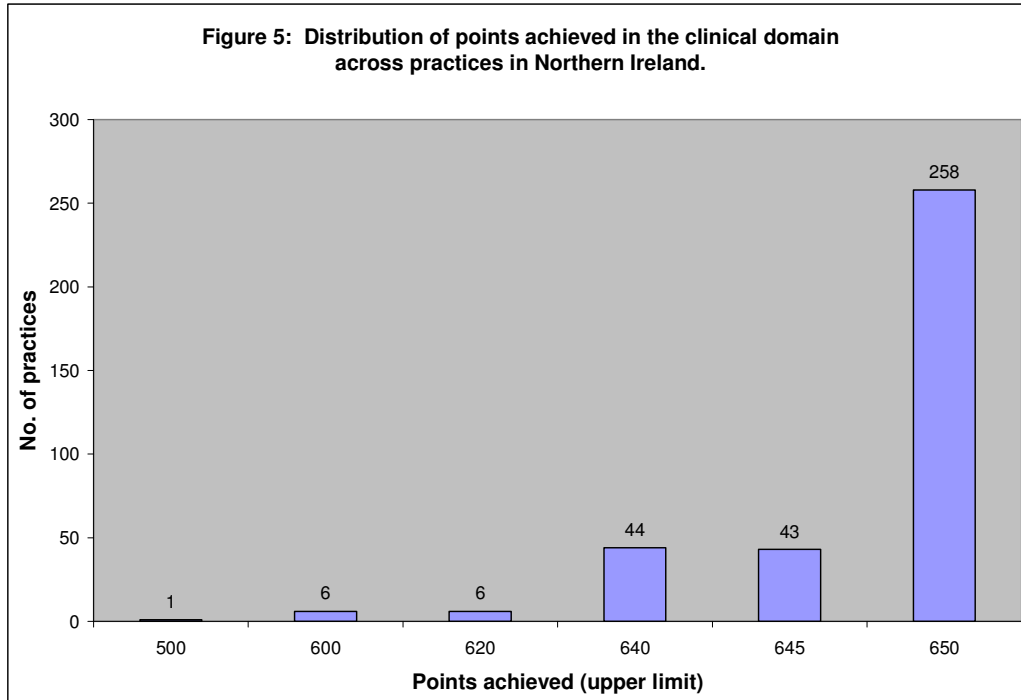
Note that each domain has a different number of indicators as well as a different number of points available.

Figure 4 below shows the percentage of available points achieved in each domain for 2008/09. Section 6 looks at comparisons across the 5 QOF years for each domain.



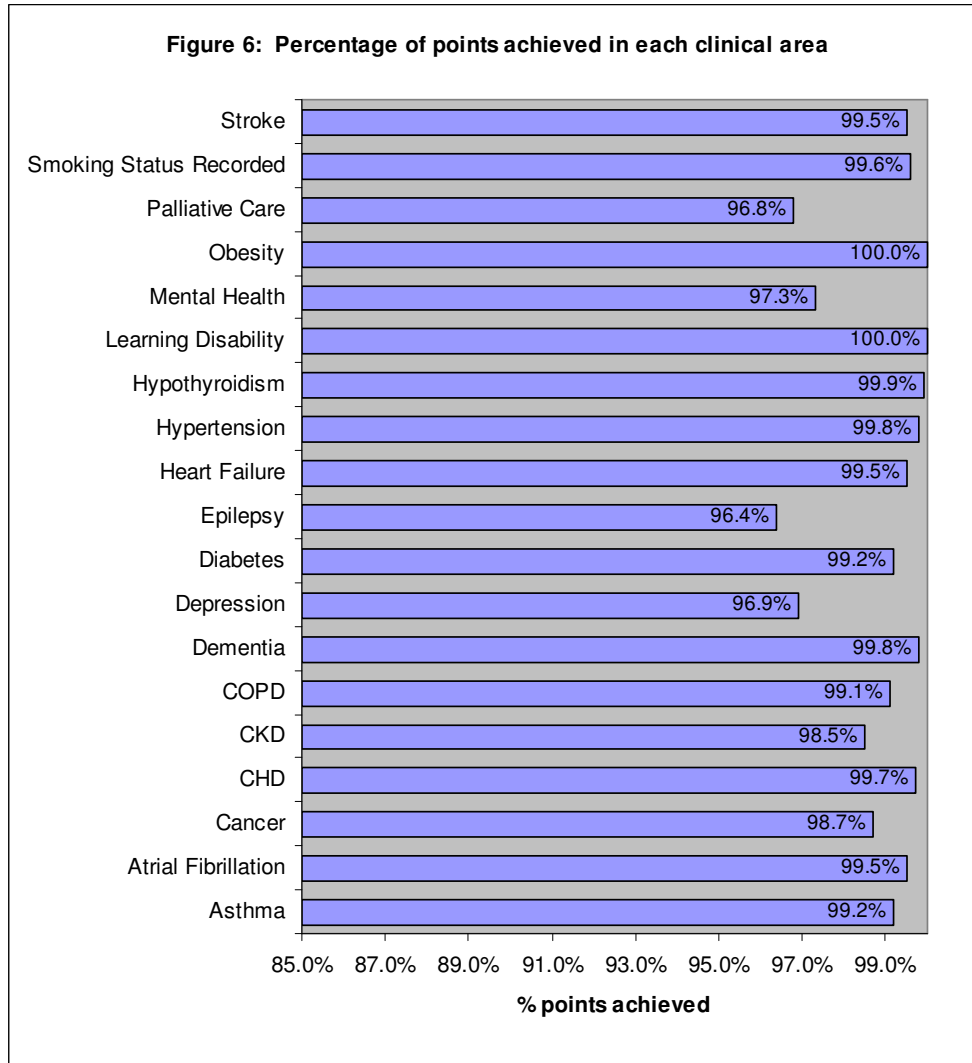
4.4.1 Clinical Domain

Figure 5 below shows the distribution of points achieved across general practices in the clinical domain. As shown, 258 general practices (72.1%) achieved over 645 points. Of those 258 practices, 136 achieved the full 650 points. The average points achieved in this domain were 644.2 (99.1% of the total available).



Clinical Domain areas

There are 19 areas within the clinical domain. Figure 6 shows the percentage of points achieved within each disease area.



Full achievement points were attained in the obesity and learning disability areas. The next highest percentage points achieved were in the hypothyroidism disease areas, and the lowest in the epilepsy, depression, and palliative care areas. Again, it is important to note that there are a different number of indicators and points available for each disease area.

4.4.2 Organisational Domain

Figure 7 below shows the distribution of points achieved within the organisational domain. The average number of points achieved was 164.6 (98.3%). 134 general practices (37.4%) achieved the maximum 167.5 points available and 255 (71.2%) achieved over 165 organisational points.

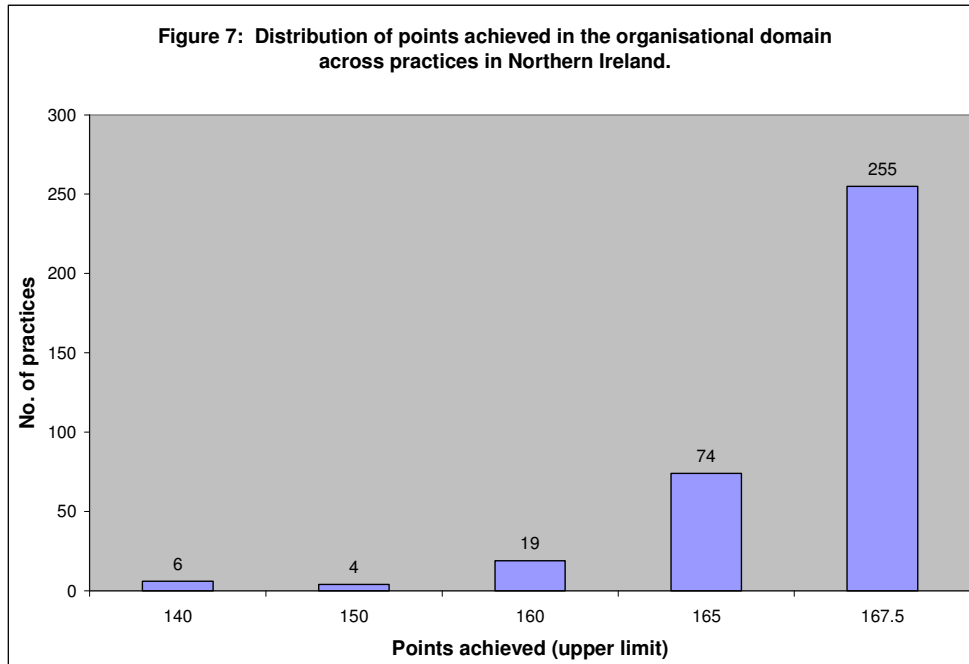
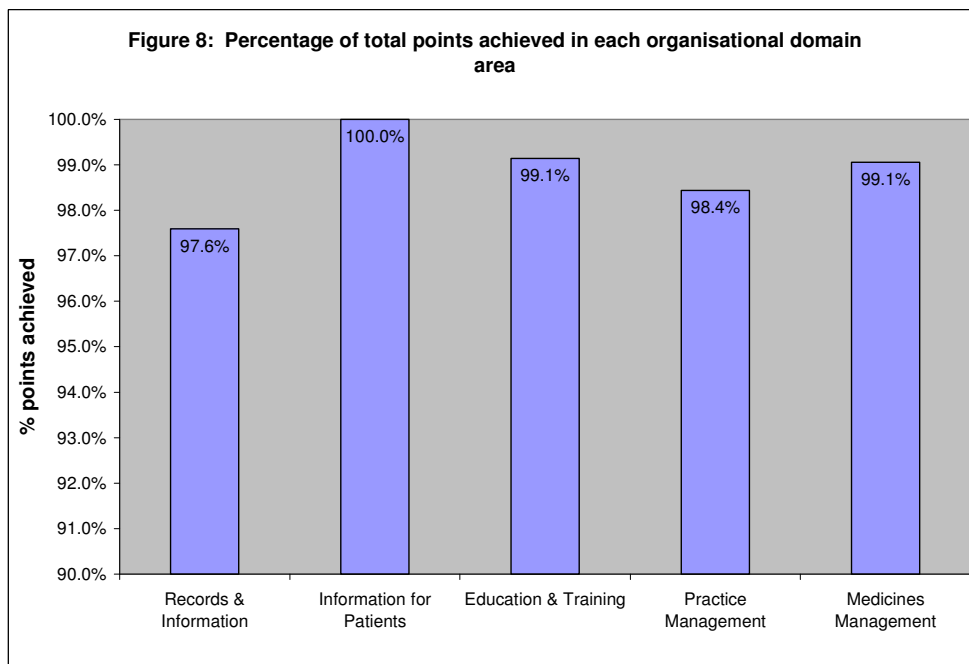
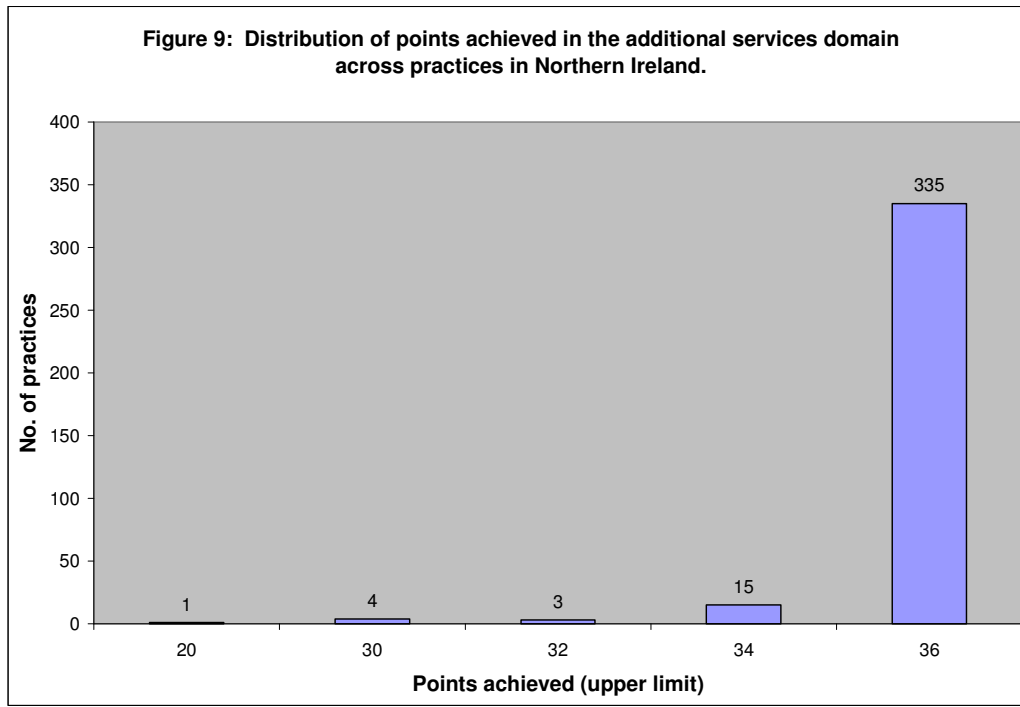


Figure 8 below shows the overall percentage achievement within each area of the organisation domain. General practices achieved a higher percentage of points within Information for patients (100%) and a lower percentage of points within Records and Information (97.6%).

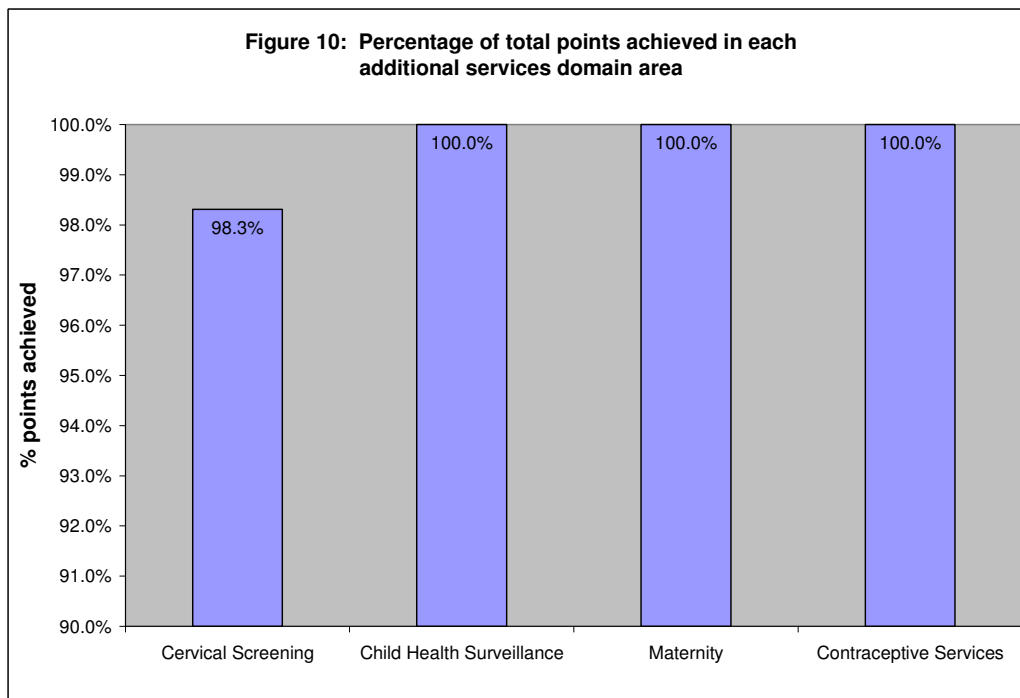


4.4.3 Additional Services Domain

Figure 9 below shows the distribution of points achieved in the additional services domain. Of the 358 practices, 335 (93.6%) achieved over 34 points, with 305 of those practices achieving the full 36 points. An average of 35.6 points, was achieved by practices and overall 99.0% of points were achieved in this domain.



Practices achieved all points available for 3 out of 4 additional services, cervical screening being the only area where 100% achievement was not attained – see figure 10 below. Again each of the additional services areas had a different number of indicators and points available.



4.4.4 Patient Experience Domain

Figure 11 below shows the distribution of points achieved in the patient experience domain. Of the 358 practices, 113 (31.6%) achieved over 145 points, with 102 of those practices achieving the full 36 points. The average number of points achieved was 128.7, 87.8% of the 146.5 points available.

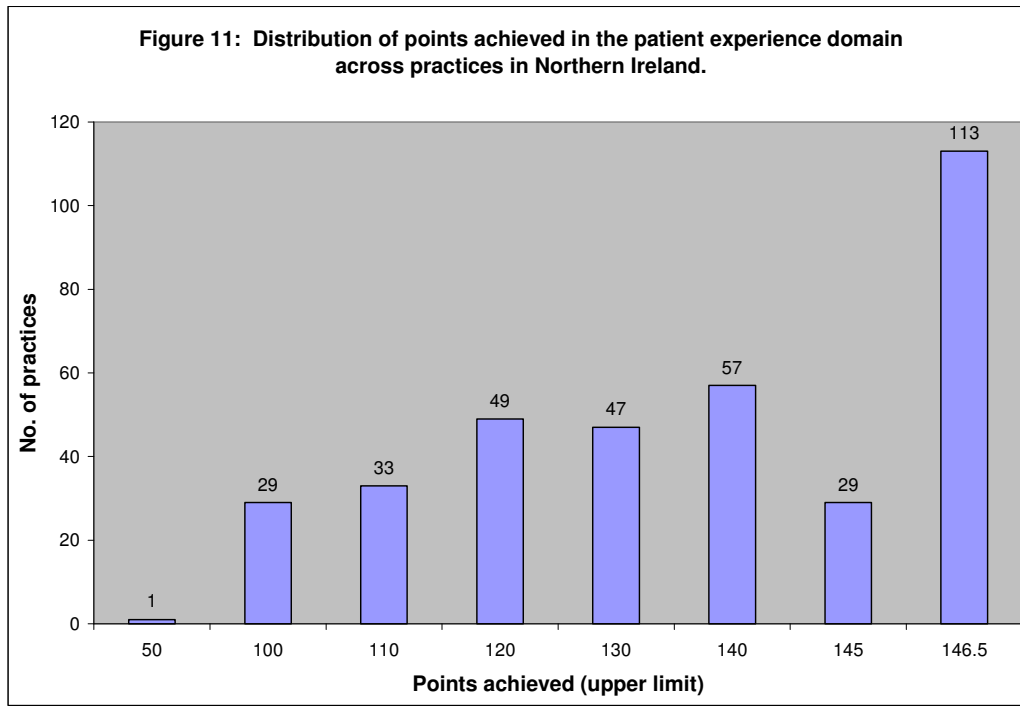
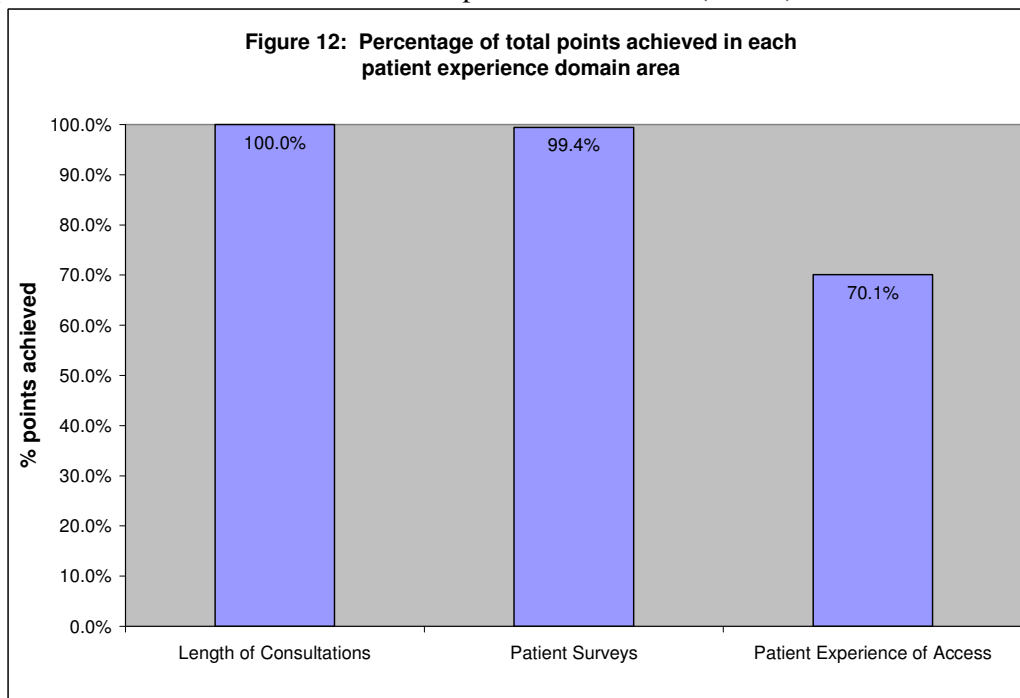


Figure 12 below shows the overall percentage achievement within each area of the patient experience domain. Practices achieved maximum points within Length of Consultations (100%), and a high percentage of points (99.4%) within Patient Surveys. A lower percentage of points were achieved within Patient Experience of Access (70.1%).



4.5 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 2009 and total list sizes at January 2009.

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. Furthermore, new indicators have been introduced in some areas.

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 has been made with regard to the diagnosis codes which make patients eligible for the register. The definition of epilepsy was changed 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 21 registers collected for QOF, 4 of these have been excluded from the table below as these 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 of the smoking status of these patients has been recorded; and the palliative care register is not a disease prevalence register.

Of the registers collected for QOF for which prevalence can be derived, heart failure due to LVD is the least prevalent (0.36%) and hypertension is the most prevalent (12.2%) 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

QOF National Prevalence Day at March 2009

Clinical Disease Area	NI Prevalence For QOF Payment Purposes	NI Prevalence where age-specific groups
Asthma	5.64%	5.64%
Cancer	1.12%	1.12%
Chronic Obstructive Pulmonary Disease	1.57%	1.57%
Coronary Heart Disease	4.06%	4.06%
Diabetes (population aged 17+)	3.51%	4.50%
Epilepsy (population aged 18+)	0.76%	0.98%
Hypertension	12.15%	12.15%
Hypothyroidism	3.11%	3.11%
Mental Health	0.78%	0.78%
Stroke	1.68%	1.68%
Heart Failure	0.75%	0.75%
Heart Failure due to LVD	0.35%	0.35%
Dementia	0.54%	0.54%
Chronic Kidney Disease (population aged 18+)	2.98%	3.88%
Atrial Fibrillation	1.29%	1.29%
Obesity (population aged 16+)	8.96%	11.27%
Learning Disabilities (population aged 18+)	0.37%	0.49%

Note that 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. However, for 6 areas, the register is age-specific (diabetes, epilepsy, chronic kidney disease, learning disabilities, diagnosis of depression and obesity).

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 (refined 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 Annex E 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

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 age-specific or patient-specific data is held. So it is essential to note that it is raw data that has been published, particularly when looking at comparisons at Board level.
- The PCAS system does not hold information on co-morbidity or patients with more than one condition. Many patients are likely to have been diagnosed with more than one condition however, 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 4.5).
- 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.

6. Comparisons with previous years

Changes for the 2008/09 QOF year

From April 2008, 58.5 QOF points (38.5 from the holistic, clinical and organisation domains, plus 20 points from the patient experience domain) were reallocated to reward patient satisfaction with Access, through new QOF indicators in the patient experience domain, PE7 and PE8.

There were also a small number of evidence based changes introduced to other QOF indicators as recommended by the expert panel.

The holistic care bonus, eight organisational domain indicators and one patient experience domain indicator were removed from the QOF as detailed below, and the points reallocated to PE7 (23.5 points) and PE8 (35 points). COPD 9 (10 points) was amended to reflect NICE guidance and renamed COPD 12 (5 points) The 5 points available through replacing COPD 9 were reallocated to the new patient experience indicators.

Indicators	Points
Holistic care bonus	20
PE5 Patient Surveys (2)	20
Information 3	1
Information 7	1.5
Education 4	3
Management 4	1
Management 6	2
Management 8	1
Medicine 7	4
COPD 9 (remaining points)	5
Total	58.5

Changes to Clinical Indicators

Chronic Obstructive Pulmonary Disease - New indicator COPD 12 replaced COPD 9 to remove the requirement for reversibility testing and bring it in line with NICE guidance.

Smoking - Addition of patients on the QOF mental health and chronic kidney disease registers to target population for smoking 1.

“Never smoked status” is now to be checked and recorded annually until the patient is aged 25 years or over. Ex- smokers are to be asked about smoking status on an annual basis until they have been non-smokers for 3 years.

This was applied to both the smoking domain and the relevant indicator within the organisational domain. Smoking 1 and Smoking 2 were renamed Smoking 3 and Smoking 4 respectively. Records 22 was renamed as Records 23.

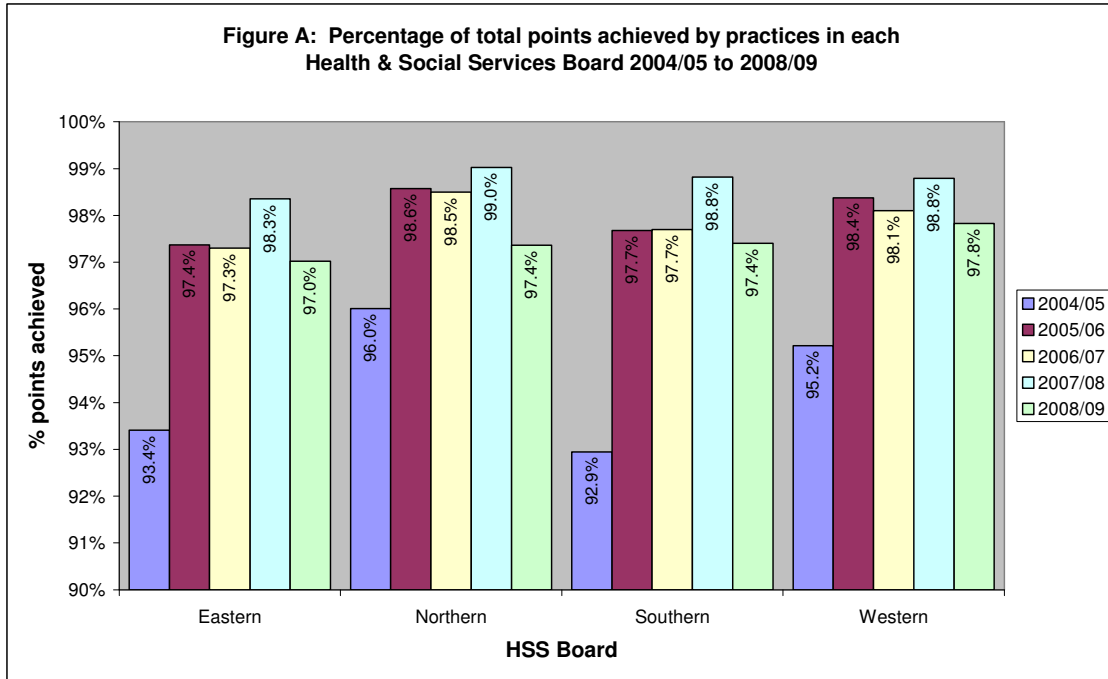
Chronic kidney disease – CKD 4 was amended and renumbered as CKD 5 to only include those patients with hypertension and proteinuria as detailed in the CKD FAQs.

Stroke – Stroke 11 to be amended to include patients with TIA and renamed as Stroke 13. Timescale for referral was reduced to 1 month following diagnosis in line with Expert Panel advice.

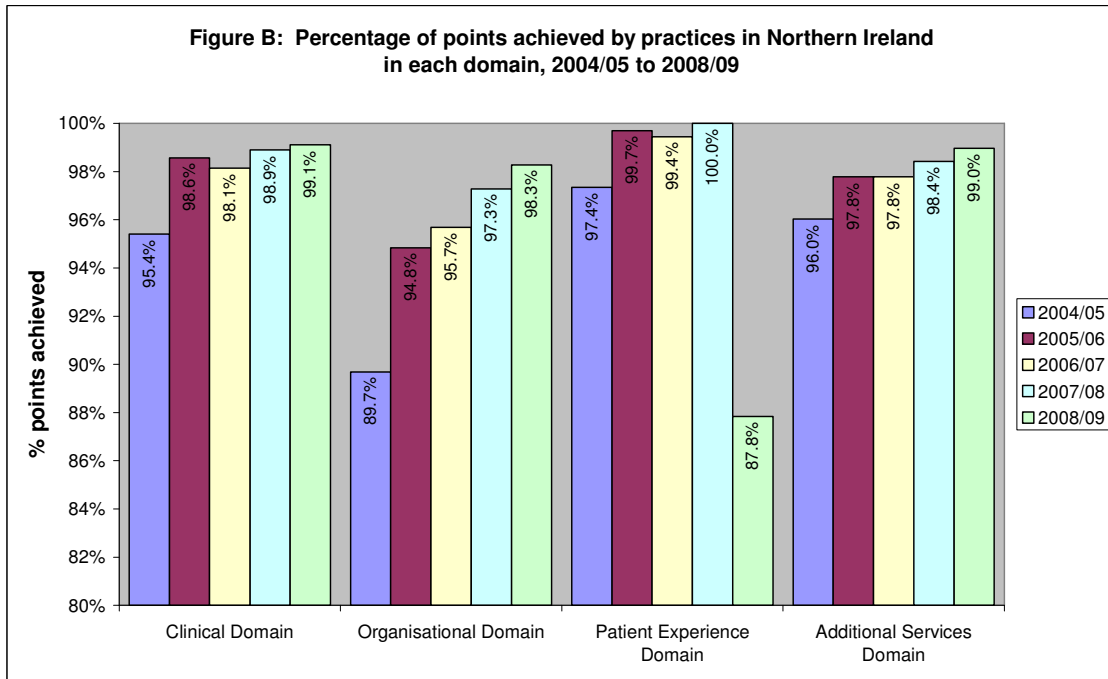
Atrial fibrillation – The qualifying timeframe for ECG assessment was reduced to 3 months pre and post diagnosis in line with Expert Panel advice. AF 2 was renamed as AF 4 and is prospective from 1 April 08.

Palliative Care – The register has been amended to include all patients irrespective of age, rather than just those patients aged 18+ as in previous years, and renamed as PC 3.

Total points achieved by Health & Social Services Board (HSSB)

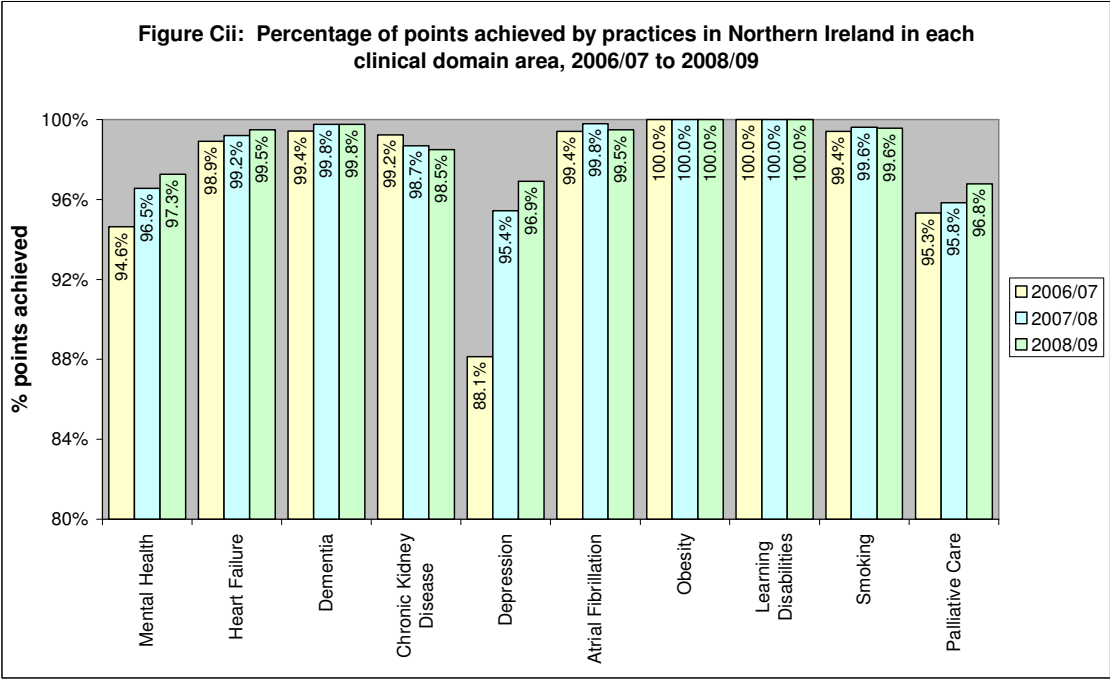
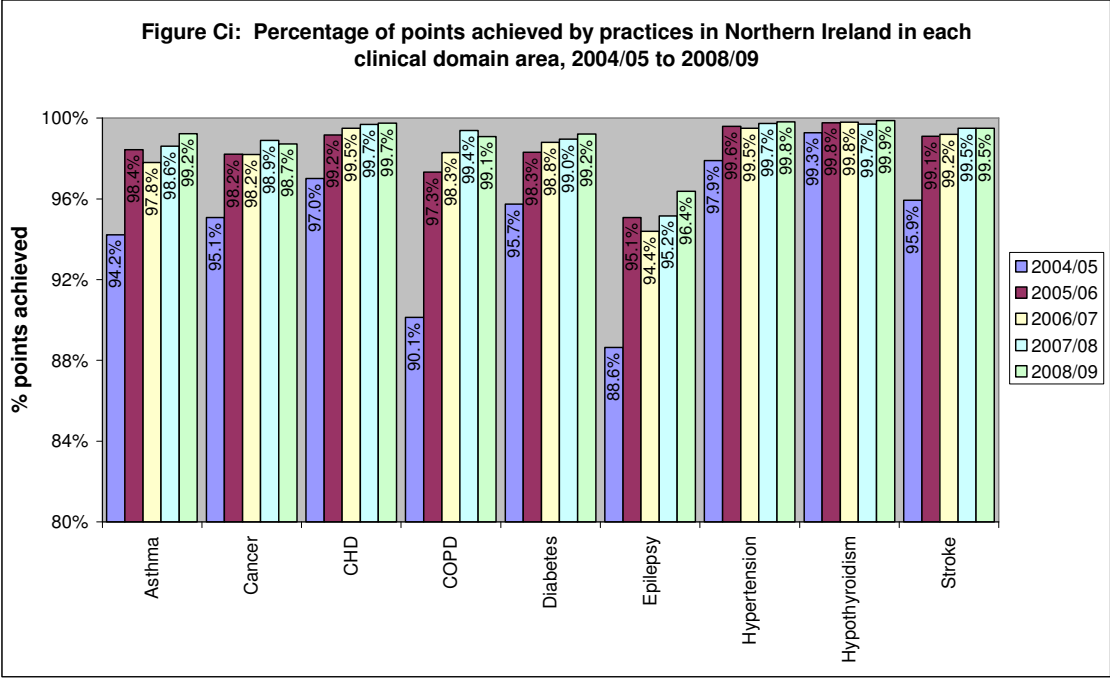


Domain Summary

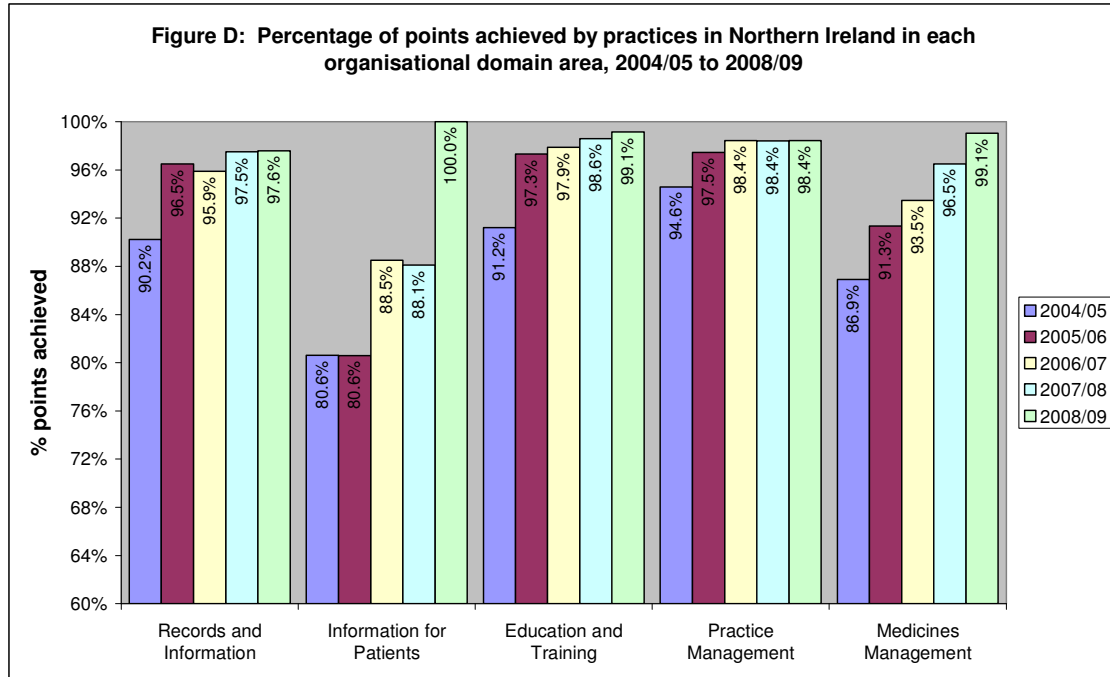


Three of the four domains show an increase in achievement from previous years. The greatest increase is in the organisational domain, with a 1.0% increase between 2007/08 and 2008/09. The decrease in achievement in the patient experience domain is due to the new 'Patient experience of access' indicators, which had low percentage achievement.

Clinical Domain

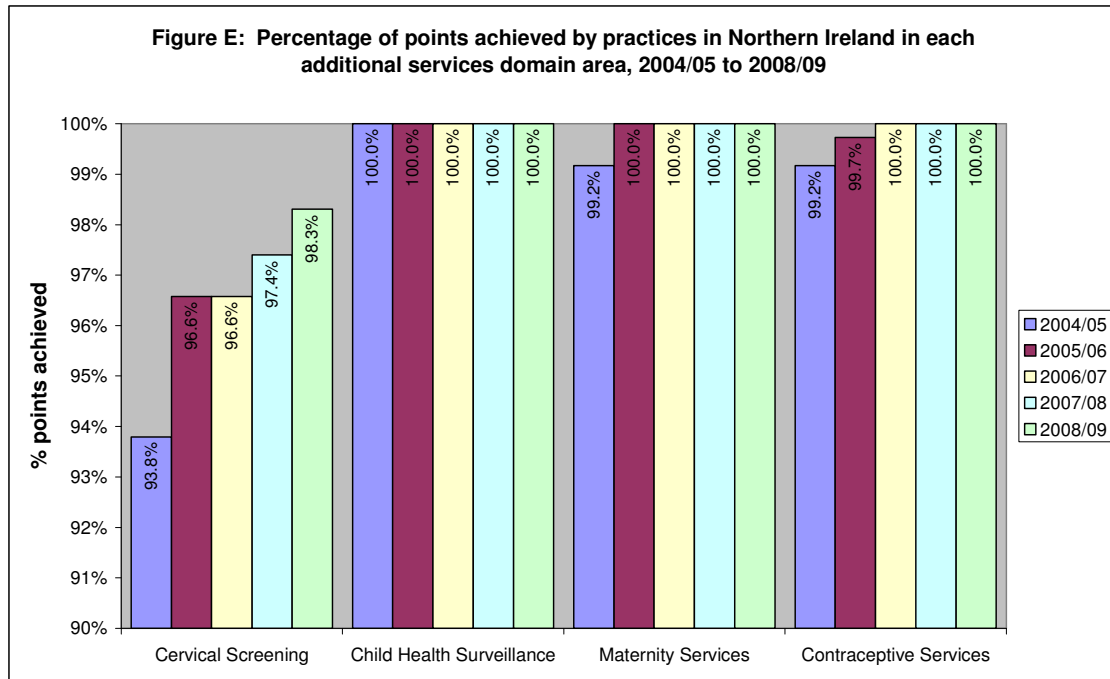


Organisational Domain



Within the organisational domain, all areas have seen improvement in achievement across the 5 years of QOF. The large increase in achievement on Information for patients in 2008/09 is due to the removal of 2 of the 4 indicators from this area. There were changes to indicators in all 5 areas of the organisational domain in 2008/09 – Records 22 was replaced by Records 23, and 7 indicators were removed: Information 3, Information 7, Education 4, Management 4, Management 6, Management 8 and Medicines 7. The points from these 7 indicators were reallocated to fund PE7 and PE8.

Additional Services Domain



Contraceptive services, child health surveillance and maternity services have maintained full achievement. Achievement in cervical screening has increased by 0.9% between 2007/08 and 2008/09.

Patient Experience Domain

Due to the changes for 2008/09 in the patient experience domain with the introduction of the new 'Patient experience of access' indicators PE7 and PE8, the data is no longer comparable to previous years.