

# QUALITY & OUTCOMES FRAMEWORK STATISTICS FOR NORTHERN IRELAND 2009/10

This bulletin summarises the sixth year of Quality & Outcomes Framework (QOF) achievement data from general practices relating to the period from April 2009 to March 2010. There were several changes to the framework this year with nine new indicators introduced from April 2009; amendments were made to three existing indicators, and four indicators were removed. Further details can be found in 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 962.5 (96.3%) of the 1,000 points available.
- Of the clinical registers collected for QOF that measure actual disease prevalence, prevalence was highest for hypertension (12.4%) and lowest for Heart Failure due to LVD (0.35%).
- The average points achieved in the four main domains was 683.0 points (98.0%) for clinical, 163.9 points (97.8%) for organisational, 73.1 points (79.9%) for patient experience and 42.5 points (96.6%) 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](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 2010 for the complete financial year April 2009 to March 2010. Any adjustments made by the Health and Social Care Board in the period April to June 2010 are included. This publication uses the most up-to-date figures for each practice as at 30 June 2010.

The 2009/10 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 1<sup>st</sup> January 2010. 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 2009/10, data is reported at practice level and at Local Commissioning Group (LCG) level. LCGs came into existence on 1<sup>st</sup> 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 1<sup>st</sup> April 2009.

## **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 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 2010 as a proportion of patients on a practice list as at 1 January 2010. 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](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](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:

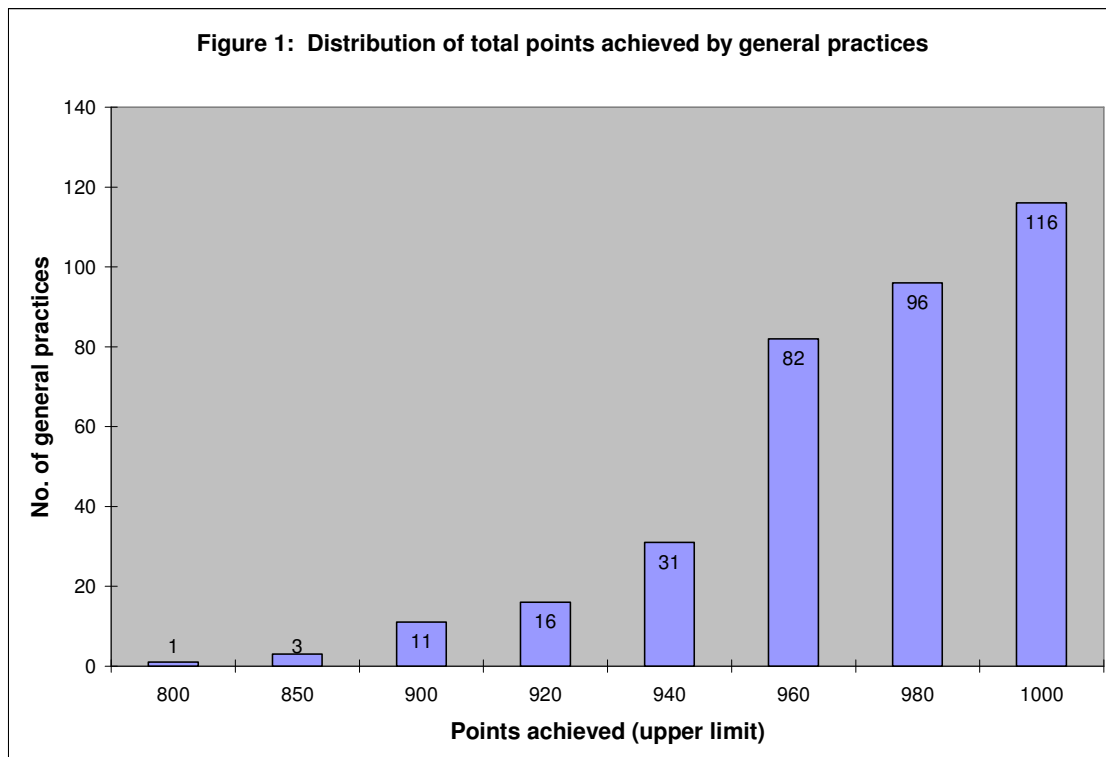
- Clinical Domain: 86 indicators in 20 areas (Asthma; Atrial Fibrillation; Cancer; Cardiovascular Disease – Primary Prevention; Chronic Kidney Disease; Chronic Obstructive Pulmonary Disease; Coronary Heart Disease; Dementia; Depression; Diabetes; Epilepsy; Heart Failure; Hypertension; Hypothyroidism; 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

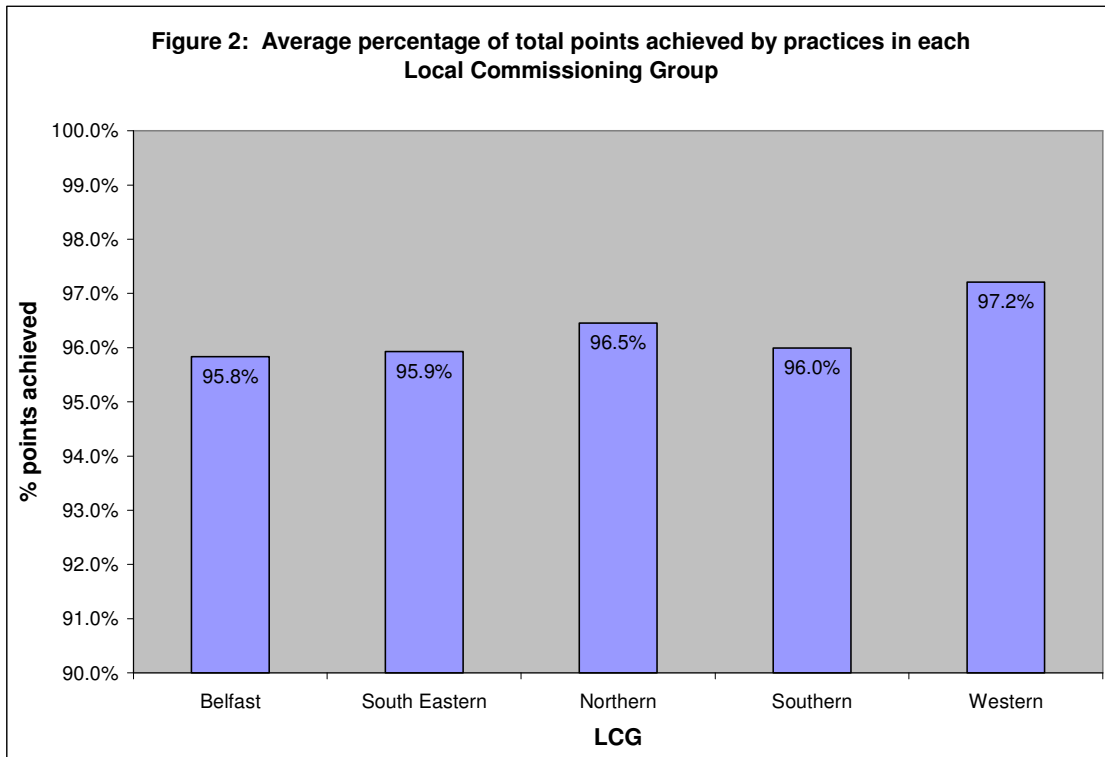
In Northern Ireland, QOF achievement data was received from 356 general practices. Overall, the average achievement in Northern Ireland was 962.5 of the 1,000 points available (96.3%). 11 practices achieved the maximum points of 1,000. The median score achieved was 967.1 points.

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 116 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 958.4 points (95.8%) in the Belfast LCG to 972.1 points (97.2%) in the Western LCG. Section 6 looks at comparisons across the 6 years of QOF by LCG.



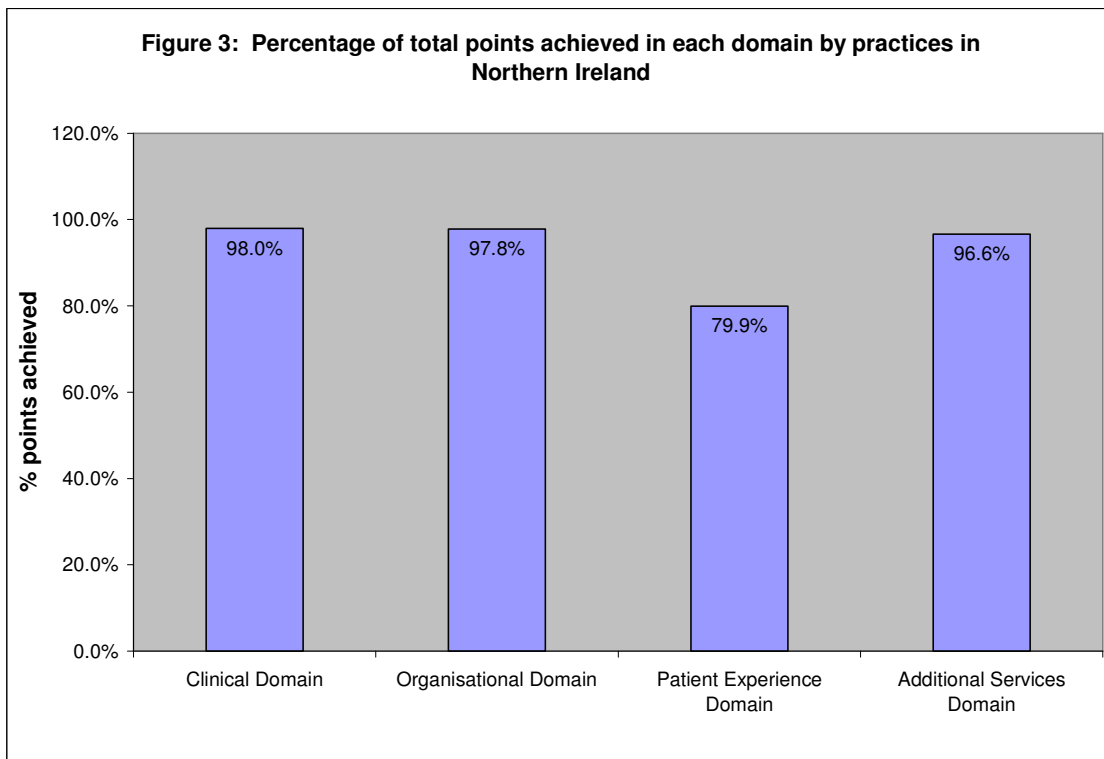
### 4.3 Domain Level Achievement

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

Domain	Average points achieved	Average points achieved as a % of total available
Clinical	683.0	98.0%
Organisational	163.9	97.8%
Patient Experience	73.1	79.9%
Additional Services	42.5	96.6%

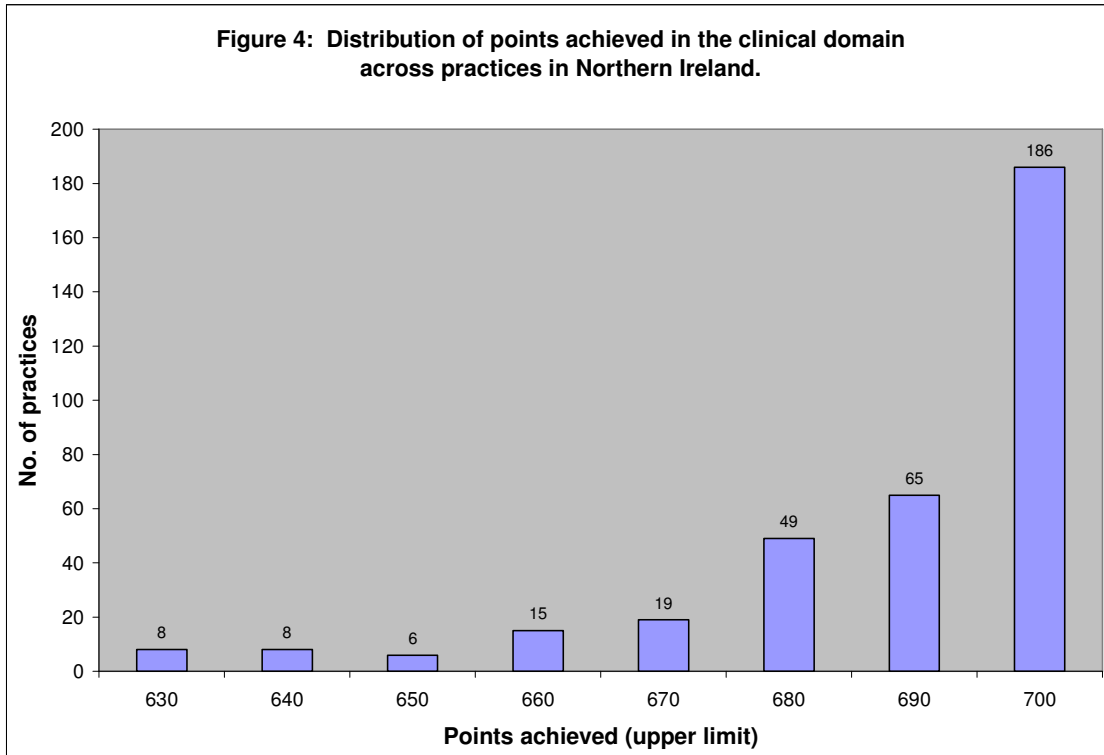
Note that each domain has a different number of indicators as well as a different number of points available.

Figure 3 below shows the percentage of available points achieved in each domain for 2009/10. Section 6 looks at comparisons across the six years of QOF for each domain.



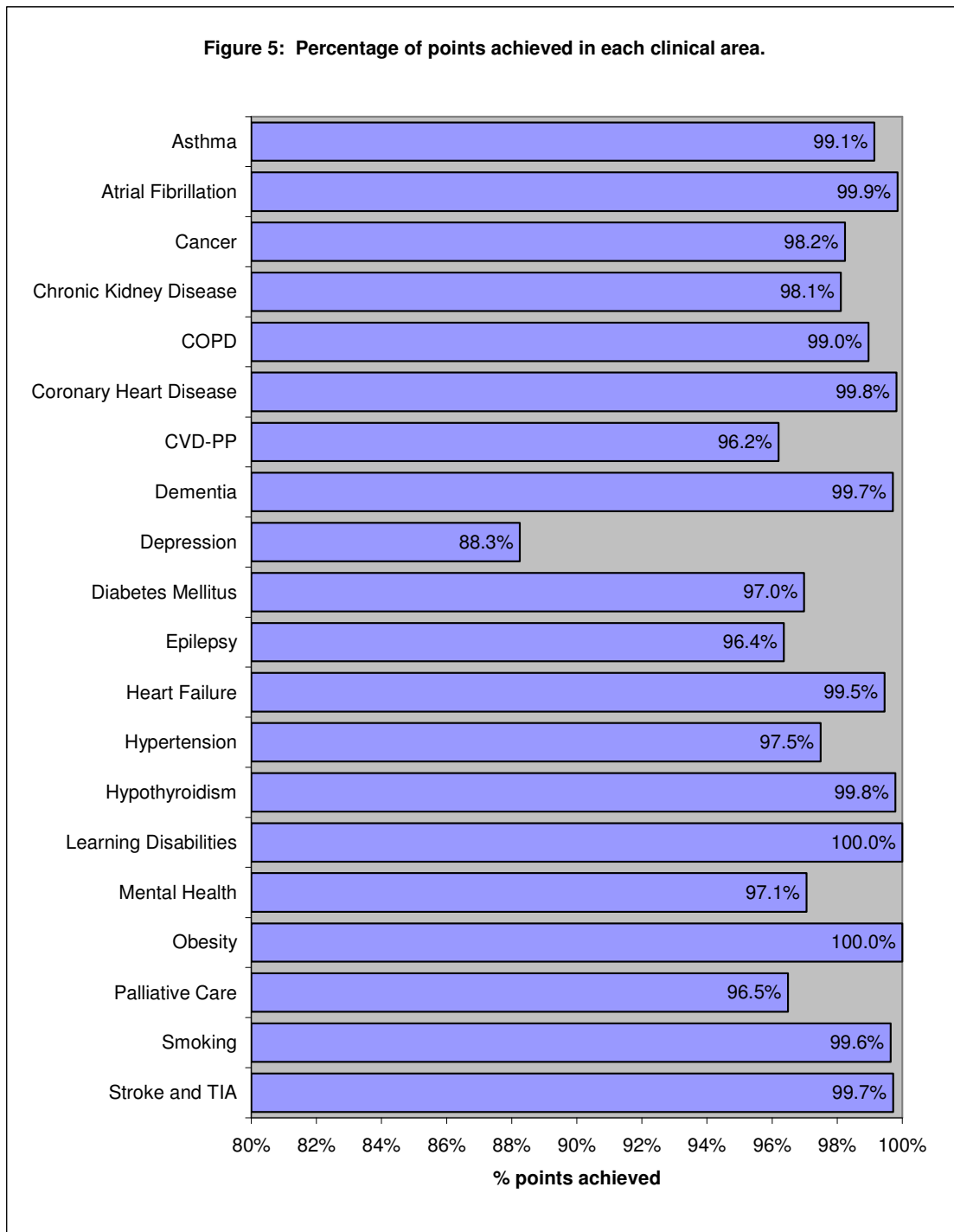
### 4.3.1 Clinical Domain

Figure 4 below shows the distribution of points achieved across general practices in the clinical domain. As shown, 186 general practices (52.2%) achieved over 690 points. Of those 186 practices, 54 achieved the full 697 points. The average points achieved in this domain were 683.0 (98.0% 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.

### 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 163.9 (97.8%). 132 general practices (37.1%) achieved the maximum 167.5 points available.

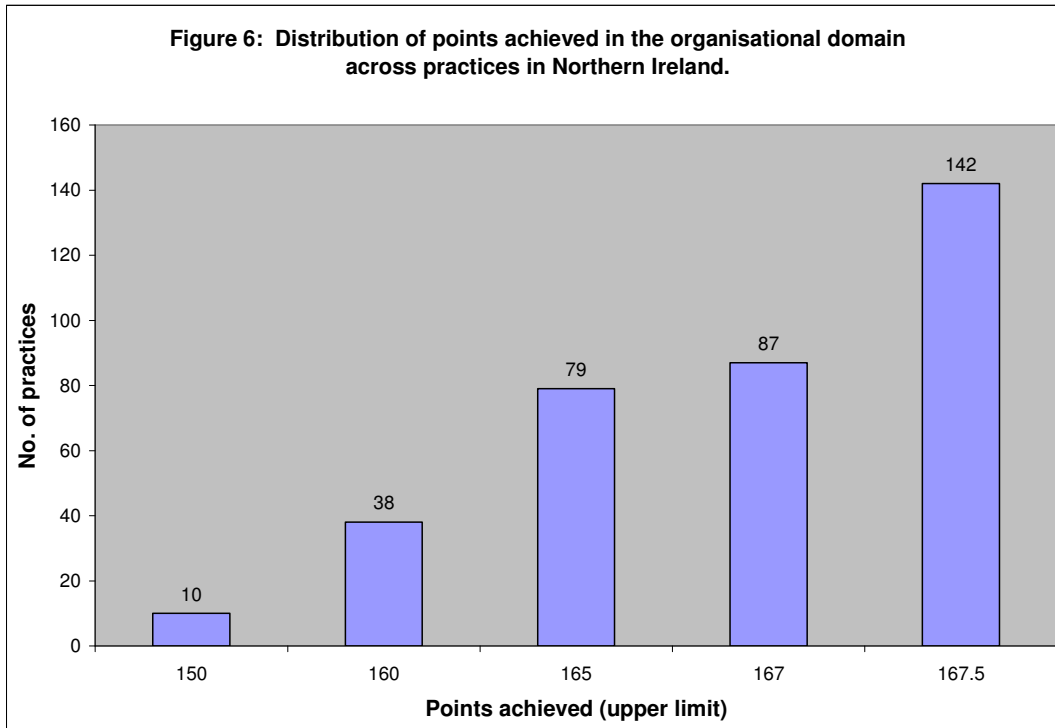
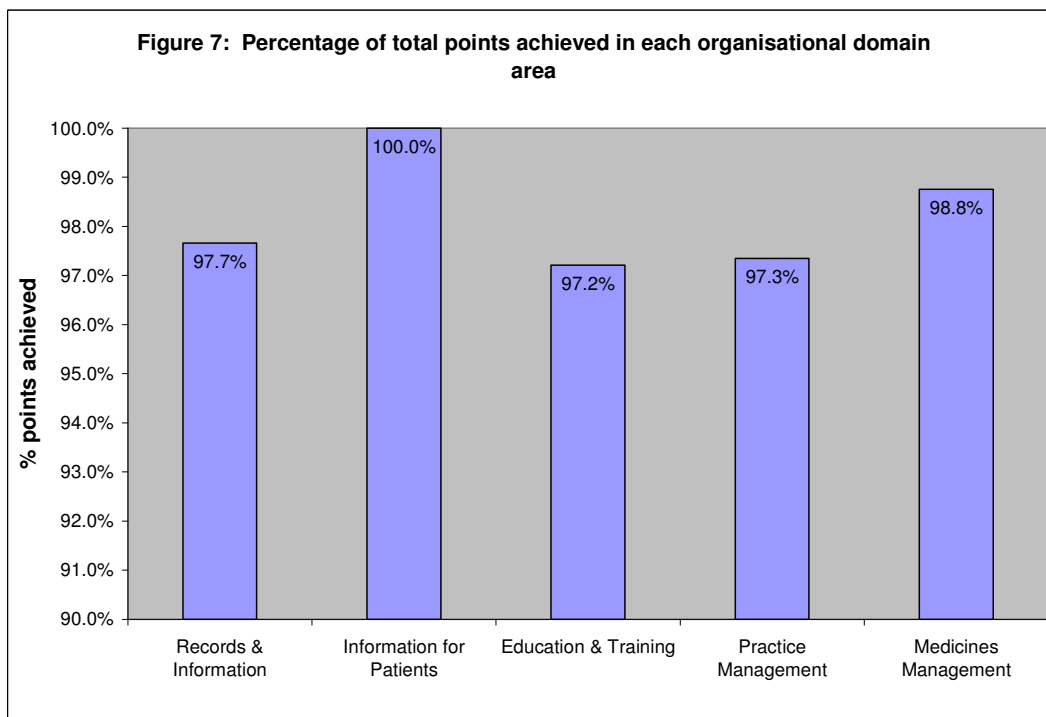
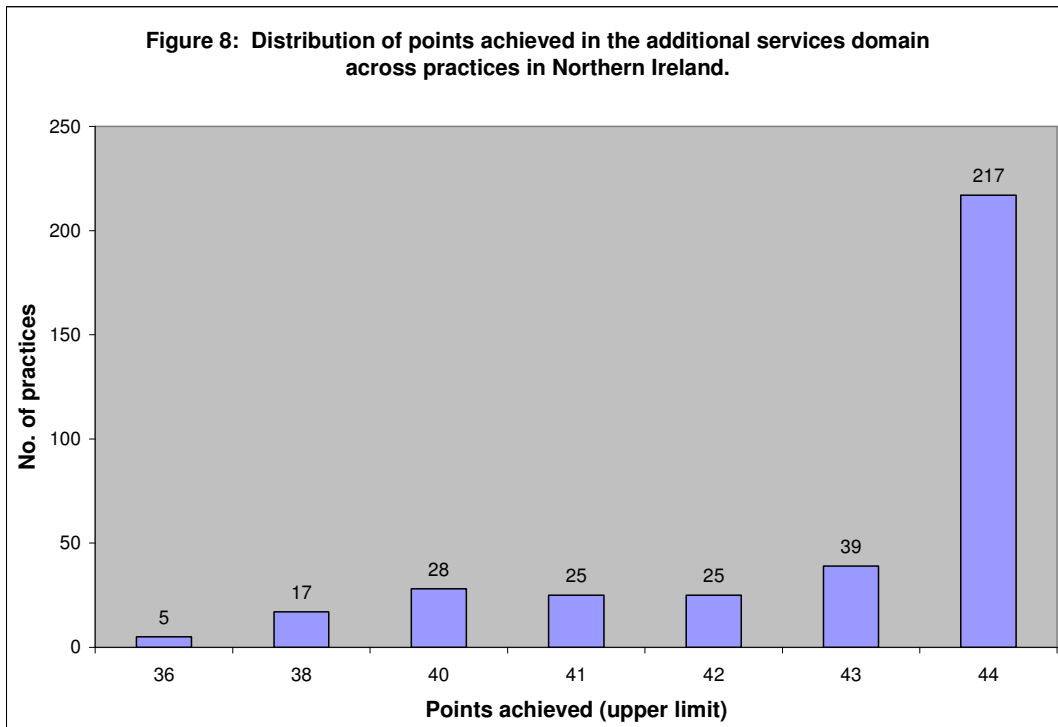


Figure 7 below shows the overall percentage achievement within each area of the organisation domain. All 356 Practices achieved maximum points for the Information for Patients indicators.

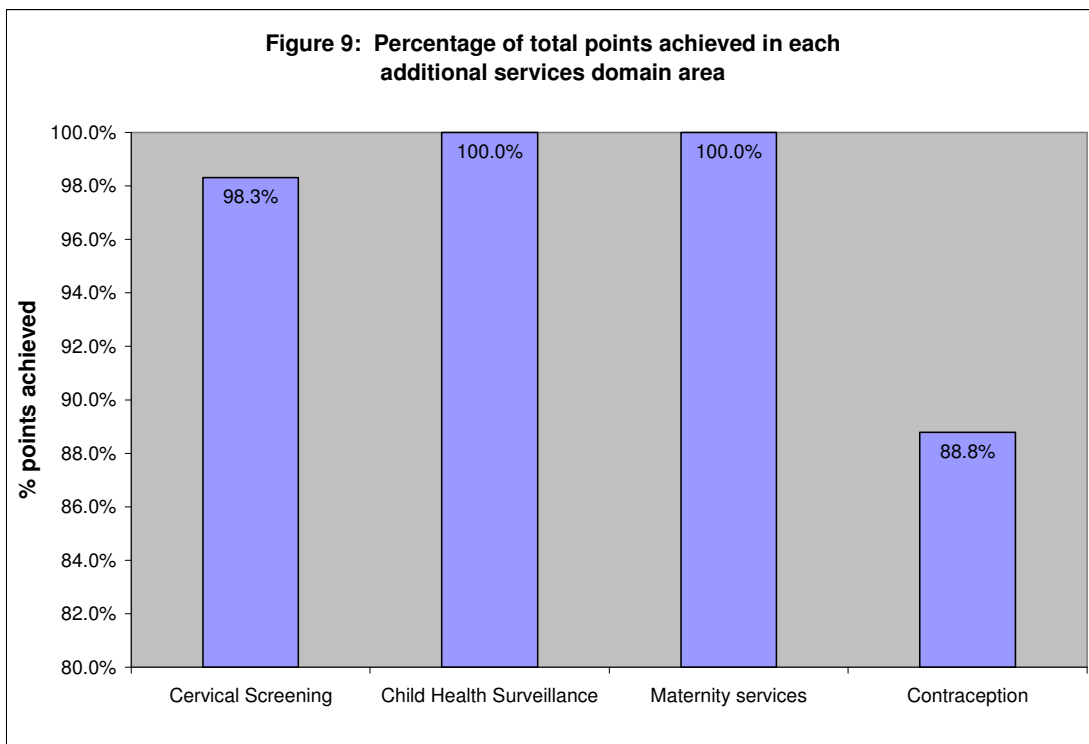


### 4.3.3 Additional Services Domain

Figure 8 below shows the distribution of points achieved in the additional services domain. Of the 356 practices, 168 (47.2%) achieved the full 44 available points. On average, practices achieved 42.5 points.



Practices achieved all points available for 2 out of the 4 additional services areas – 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 356 practices, 96 (27.0%) achieved the full 91.5 points. The average number of points achieved was 73.1, 79.9% of the 91.5 points available.

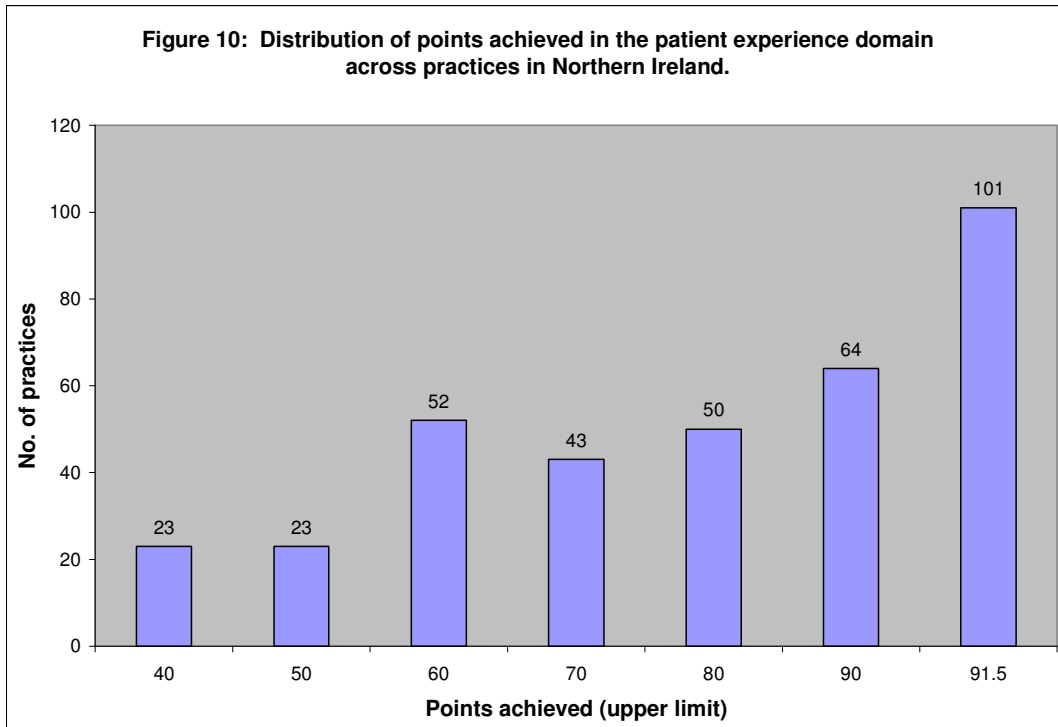
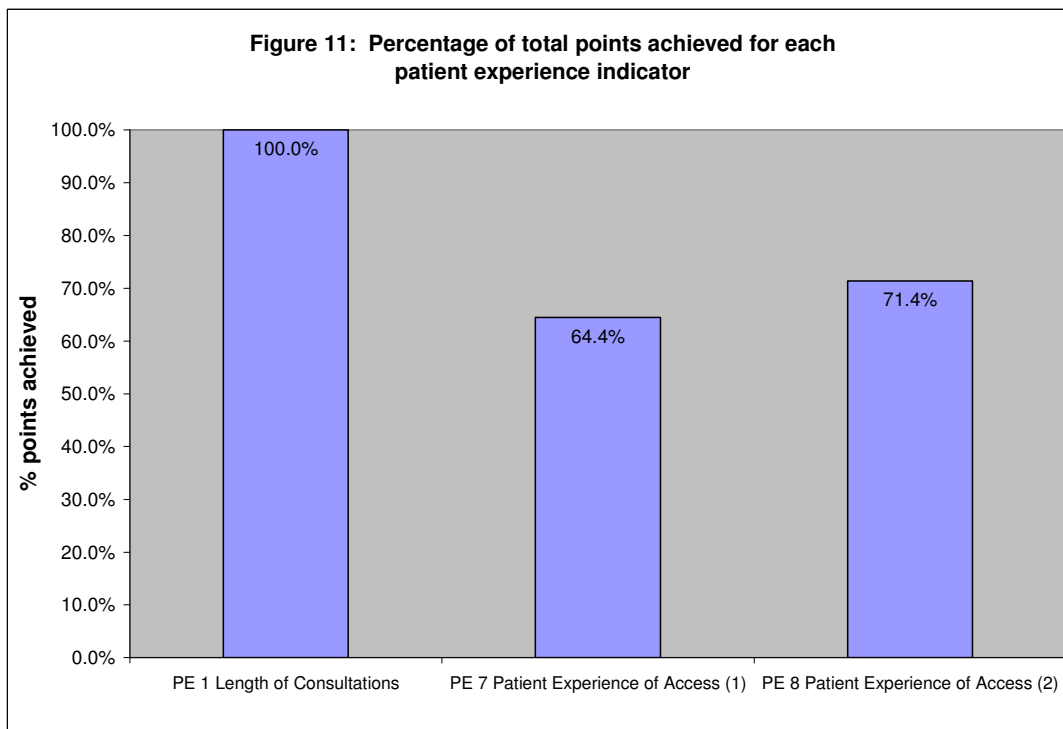


Figure 11 shows the overall percentage achievement within each area of the patient experience domain. All practices achieved maximum points for the Length of Consultations indicator.



#### 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 2010 and total list sizes at January 2010.

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. Further details of the changes can be found in Section 6.

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 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 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 (12.4%) 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](http://www.dhsspsni.gov.uk/index/hss/gp_contracts/gp_contract_qof/pc-prevalence-reports.htm)

## QOF National Prevalence Day at March 2010

Clinical Disease Area	NI Prevalence For QOF Payment Purposes	NI Prevalence where age-specific groups
Asthma	5.86%	5.86%
Cancer	1.29%	1.29%
Chronic Obstructive Pulmonary Disease	1.62%	1.62%
Coronary Heart Disease	4.03%	4.03%
Diabetes (population aged 17+)	3.70%	4.73%
Epilepsy (population aged 18+)	0.76%	0.99%
Hypertension	12.45%	12.45%
Hypothyroidism	3.19%	3.19%
Mental Health	0.80%	0.80%
Stroke	1.71%	1.71%
Heart Failure	0.76%	0.76%
Heart Failure due to LVD	0.35%	0.35%
Dementia	0.57%	0.57%
Chronic Kidney Disease (population aged 18+)	3.05%	3.97%
Atrial Fibrillation	1.33%	1.33%
Obesity (population aged 16+)	9.35%	11.73%
Learning Disabilities (population aged 18+)	0.43%	0.56%

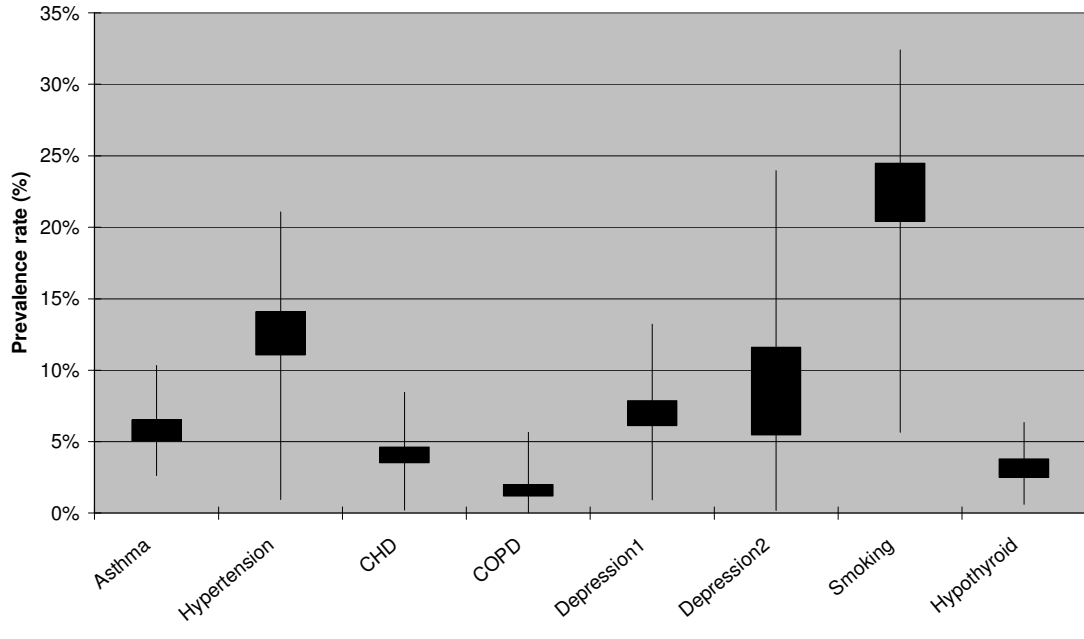
For QOF payment purposes, the Adjusted Practice Disease Factors which are used to weight QOF points in each clinical area, the raw prevalence is derived by dividing the count of patients on the register by the total practice list (all ages). For five of these disease areas, the register is age-specific (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.

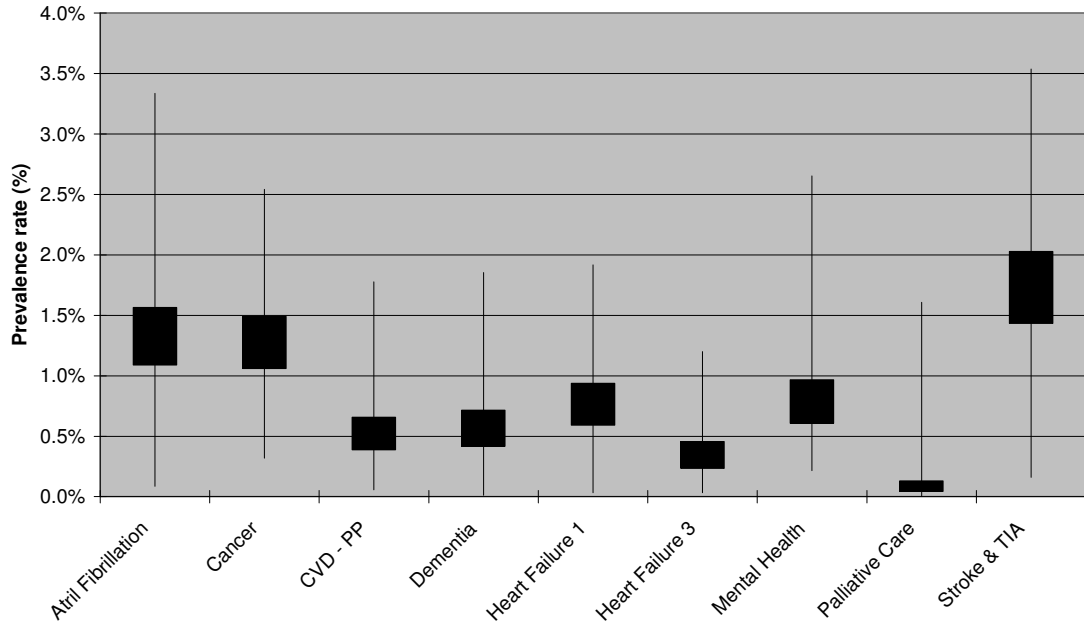
It is important to note the details of which patients were to be included on each register. For example, the cancer register refers to patients diagnosed after 1 April 2003, the diabetes register includes only patients aged 17 and over, the epilepsy register includes only patients aged 18 and over from April 2006 (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 Annexe 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](http://www.dhsspsni.gov.uk/index/hss/gp_contracts/gp_contract_finance.htm)

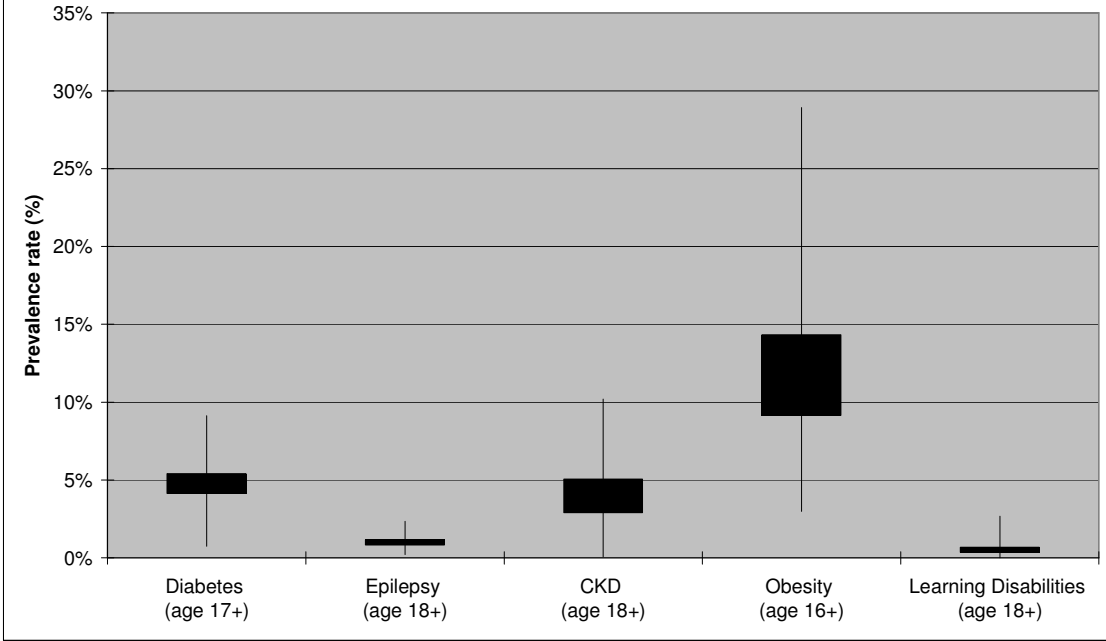
**Figure 12: Variation in practice raw prevalence rates for QOF registers, based on full GP registered population (all ages)**



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



**Figure 14: Variation in practice raw prevalence rates for QOF registers, based on GP registered population (specific age groups)**



## 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.
- 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).
- 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

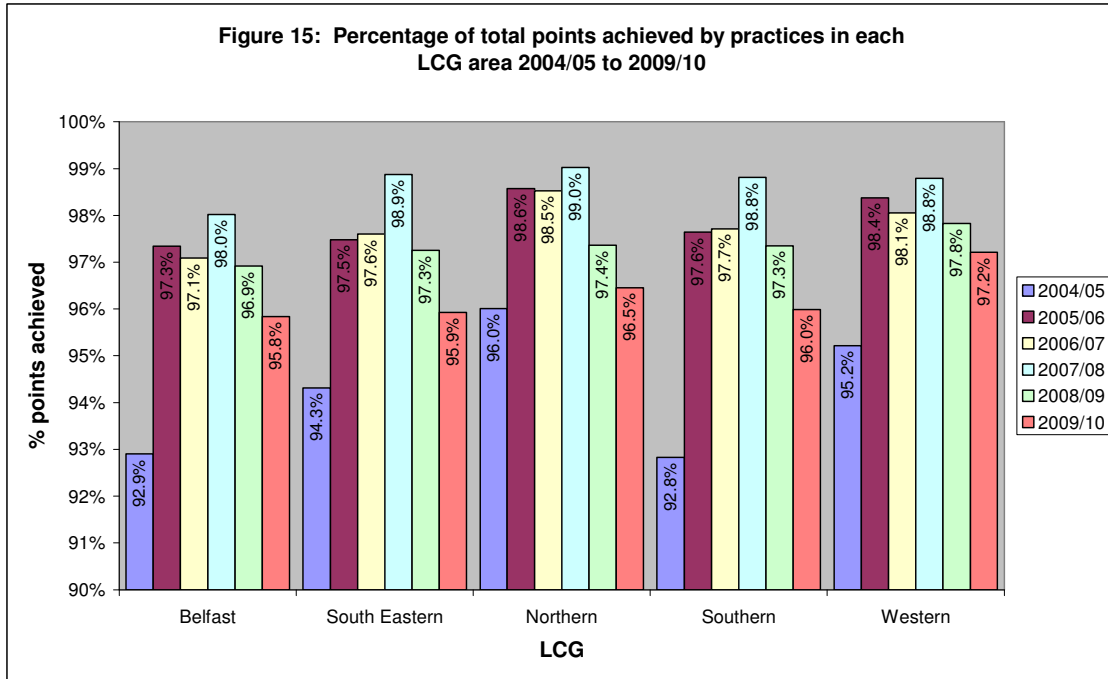
### Changes for the 2009/10 QOF year

From April 2009, a new clinical area was introduced with two indicators, Cardiovascular Disease - Primary Prevention 1 and 2. Four new indicators were added to existing clinical areas: Heart Failure 4; Chronic Kidney Disease 6; Depression 3; and Diabetes Mellitus 24; three new indicators were added to the additional services area: Sexual Health 1, 2 and 3. Amendments were made to the definitions of three existing indicators: Diabetes Mellitus 23 replaced Diabetes Mellitus 20; Diabetes Mellitus 25 replaced Diabetes Mellitus 7; and Chronic Obstructive Pulmonary Disease 13 replaced Chronic Obstructive Pulmonary Disease 11.

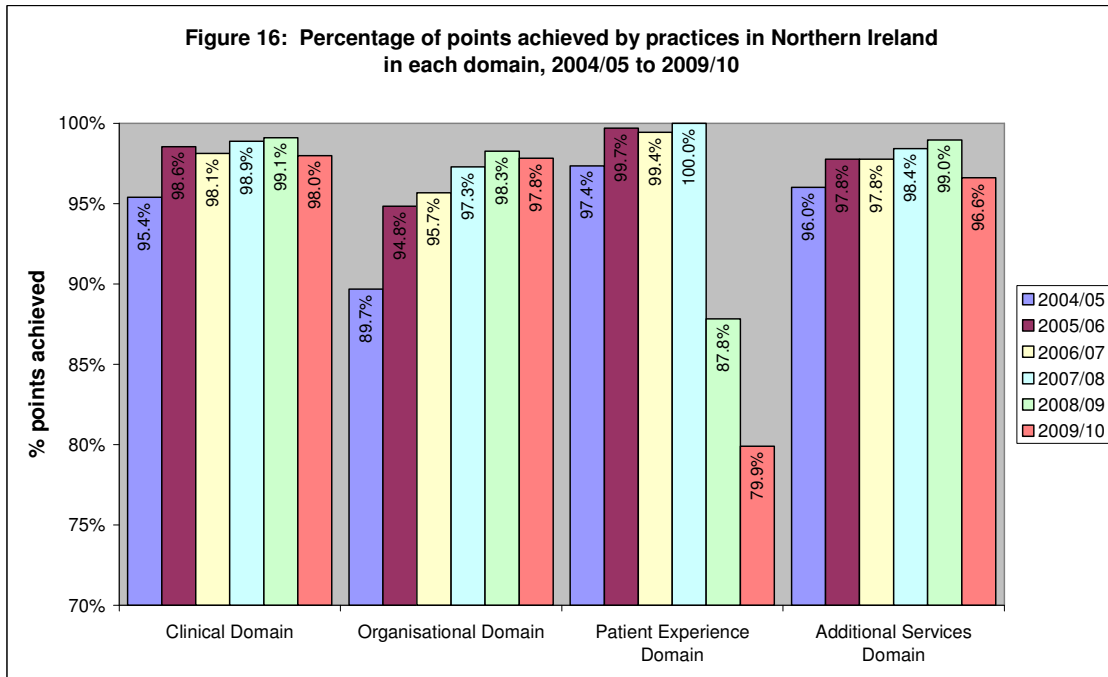
The total QOF points available have remained at 1,000 points; the points for the new indicators were reallocated from adjustments to the points of six existing indicators, and four indicators which were removed. Details of the reallocation of points are shown in the table below.

	Points		
	2008/09	2009/10	Difference
<b>New indicators</b>			
CVD - PP 1	-	8	8
CVD - PP 2	-	5	5
HF 4	-	9	9
CKD 6	-	6	6
DEP 3	-	20	20
DM 24	-	8	8
SH 1	-	4	4
SH 3	-	3	3
SH 4	-	3	3
<b>Amended indicators</b>			
DM 23 (replaces DM 20)	17	17	0
DM 25 (replaces DM 7)	11	10	-1
COPD 13 (replaces COPD 11)	7	9	2
<b>Point changes to existing indicators</b>			
CKD 5	4	9	5
Smoking 3	33	30	-3
Smoking 4	35	30	-5
BP 4	20	18	-2
CHD 6	19	17	-2
AF 3	15	12	-3
<b>Removed indicators</b>			
CON 1	1	-	-1
CON 2	1	-	-1
PE 2	25	-	-25
PE 6	30	-	-30

## Total points achieved by Local Commissioning Group (LCG)

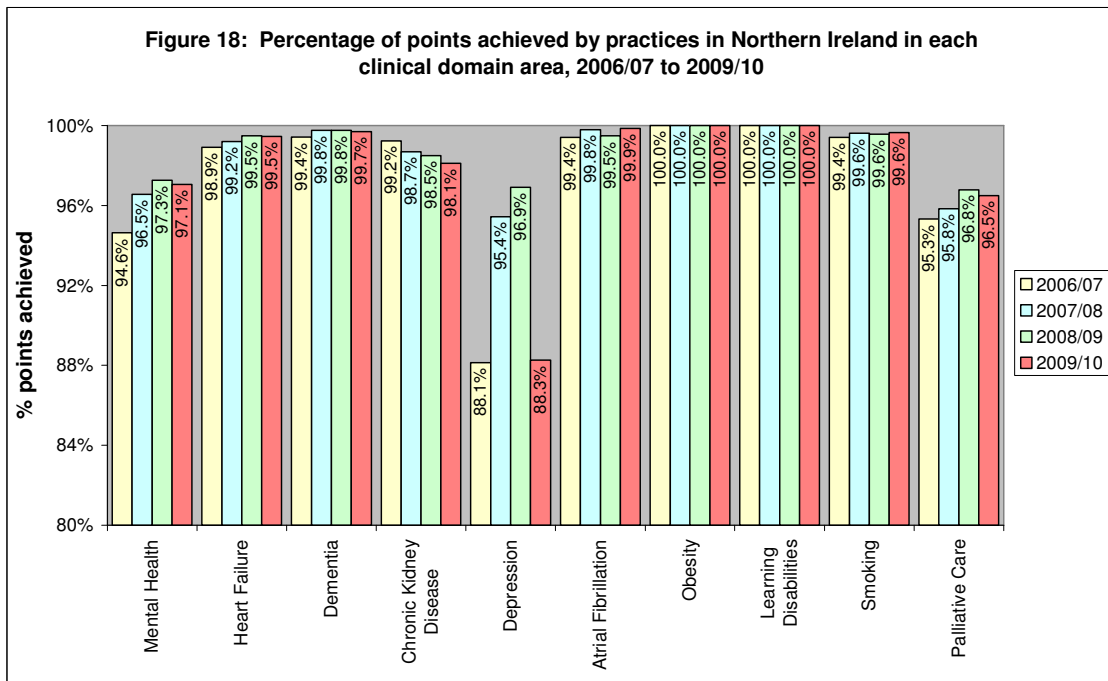
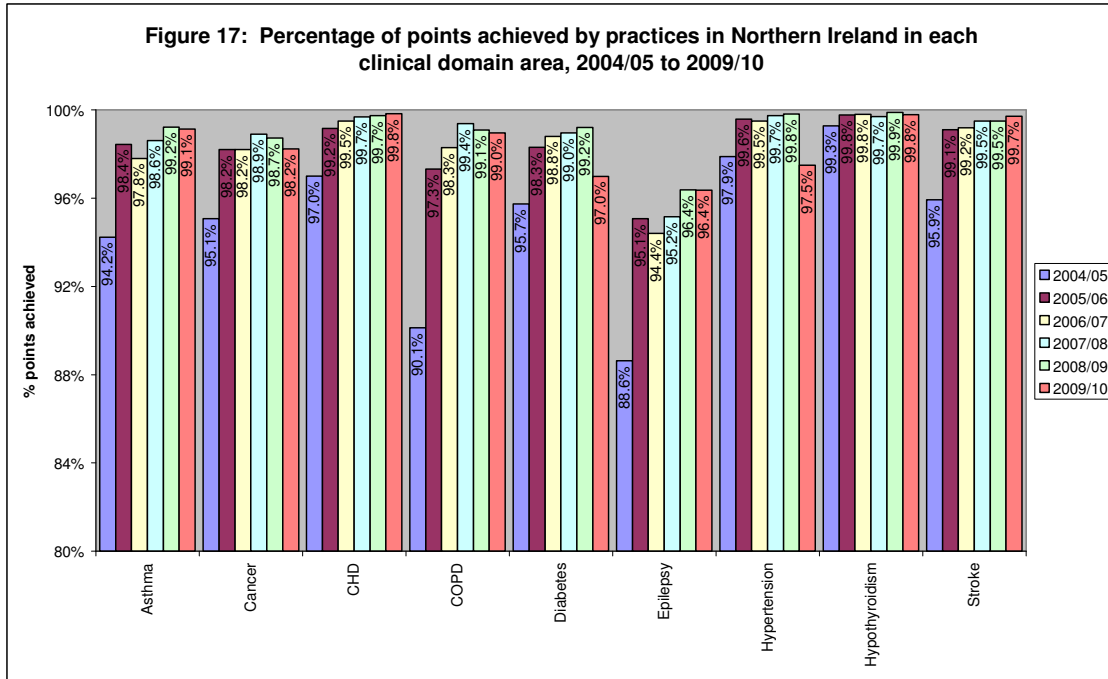


## Domain Summary



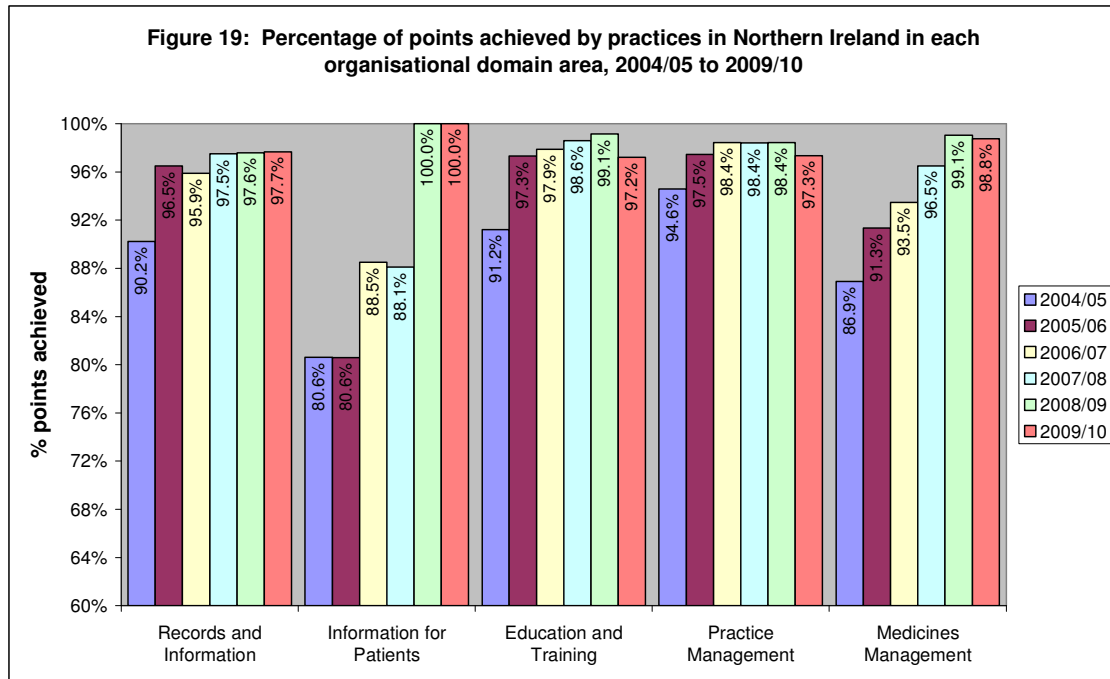
All four domains show a decrease in achievement from previous years. The greatest decrease is in the patient experience domain, and is due to the removal of the patient surveys indicators, which had high percentage achievement.

## Clinical Domain

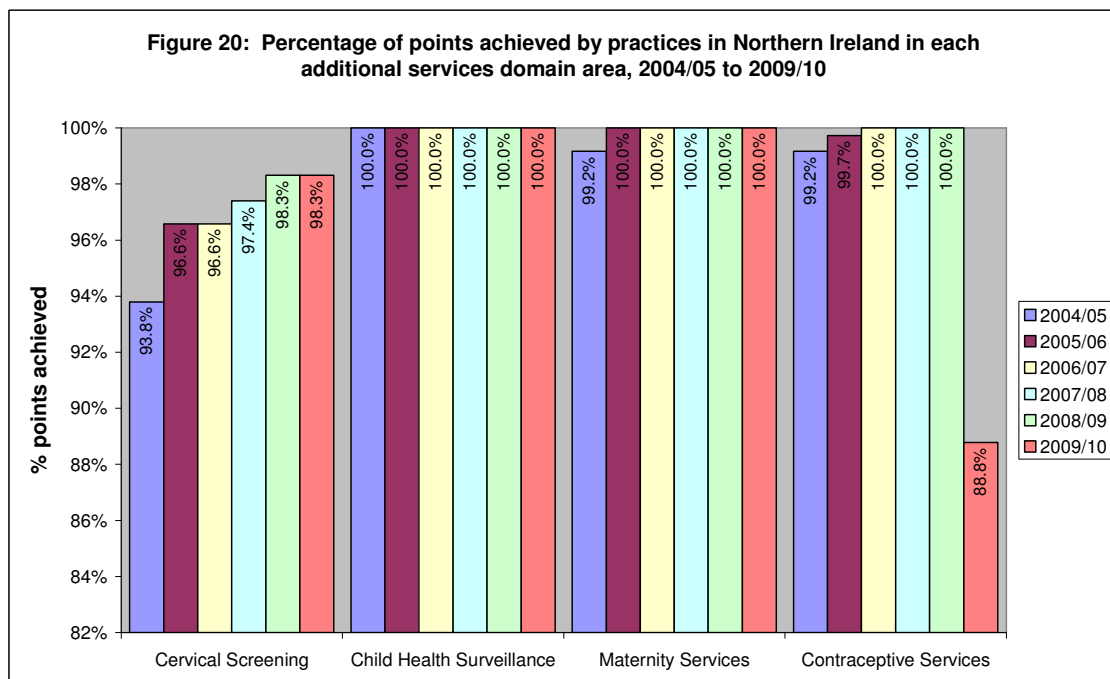


Changes to the indicators in the clinical disease areas Heart Failure, Chronic Kidney Disease, Depression, Diabetes Mellitus, and COPD may have affected achievement in these areas. The new CVD-PP indicator introduced in 2009/10 is not shown as there is no comparative data from previous years.

## 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

## Patient Experience Domain

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

