

RAW PREVALENCE FOR NORTHERN IRELAND AS AT 14 FEBRUARY 2008

1. The following report contains a bar chart (Figure 1) of overall prevalence levels in N. Ireland for the 20 registers which count patients with specific conditions or diseases as covered by the Quality & Outcomes Framework for 2007/08. Some new registers do not count diseases or conditions and therefore cannot be used to determine prevalence; this applies particularly to Depression 1, Smoking Status recorded and Palliative Care.

QOF registers for 7 clinical areas have maintained consistent definition since April 2004: asthma, cancer, CHD, COPD, hypertension, hypothyroidism and stroke. Comparative figures for the last 4 years are shown in Figure 2.1. The definition of diabetes, epilepsy and mental health changed slightly for 2006/07, and eleven new registers were introduced: atrial fibrillation, chronic kidney disease, dementia, heart failure 1, heart failure 3, depression 1, depression 2, learning disabilities, obesity, palliative care, and conditions assessed for smoking. Comparative figures for 2006/07 and 2007/08 are shown in Figure 2.2.

The size of new registers should be treated with caution until such times as they can be established and validated (example, obesity).

Note also that some registers have a specific age requirement (see below), but for QOF payment purposes the registers are always presented out of the full patient list of practices.

2. The report also contains frequency distribution charts (Figures 3.1 - 3.20) for each register, showing the number of practices within each band of raw prevalence/register size per 1,000 patients. You can therefore identify which band your practice falls into.

- 3.1 Coronary Heart Disease (CHD)
- 3.2 Heart Failure 1
- 3.3 Heart Failure 3 (due to Left Ventricular Dysfunction)
- 3.4 Stroke or Transient Ischaemic Attack (TIA)
- 3.5 Hypertension
- 3.6 Diabetes (patients aged 17 years and over)
- 3.7 Chronic Obstructive Pulmonary Disease (COPD)
- 3.8 Epilepsy (patients aged 18 and over)
- 3.9 Hypothyroidism
- 3.10 Cancer (from 1 April 2003 and excluding non-melanotic skin cancers)
- 3.11 Mental Health (schizophrenia, bipolar disease and other psychoses)
- 3.12 Asthma
- 3.13 Dementia
- 3.14 Depression 1 (case finding - for patients on diabetes and/or CHD register)
- 3.15 Depression 2 (patients aged 18 years and over with a diagnosis of depression.)
- 3.16 Chronic Kidney Disease (patients aged 18 years and over)
- 3.17 Atrial Fibrillation
- 3.18 Obesity (patients aged 16 and over with BMI greater than or equal to 30)
- 3.19 Learning Disability (patients aged 18 years and over)
- 3.20 Smoking (smoking status recorded for patients with CHD, Stroke/TIA, hypertension, diabetes, COPD or asthma)

Please note this Report contains raw prevalence per 1,000 patients generated from 361 practice returns (100% of practices) covering 1,833,450 patients as at 14 February 2008.

3. Annex A illustrates how the Adjusted Practice Disease Factor (APDF) is calculated.
4. In order to understand the need for an "Adjusted Practice Disease Factor", it is worth noting the calculation for the Achievement Payment. The achievement payment will be calculated automatically by the PCAS System. Points achievement is assessed on National Quality Achievement Day (31 March 2008) by the PCAS System.

CALCULATION OF ACHIEVEMENT PAYMENT:

- (i) For each clinical domain = £122 per point x APDF x Points Achieved
- (ii) For the additional services domain = £122 per point adjusted by the relative size of the practice's target population compared to the NI target population x Points Achieved.
- (iii) For the other domains = £122 per point x Points Achieved.

TOTAL QUALITY & OUTCOMES FRAMEWORK PAYMENT =

Payments for the 4 domains are added together and adjusted by the practice's list size relative to the NI average list size.

5. For full details of the Quality & Outcomes Framework 2007/08 see the Statement of Financial Entitlement at http://www.dhsspsni.gov.uk/index/hss/gp_contracts/gp_contract_finance.htm
For published QOF data see http://www.dhsspsni.gov.uk/index/hss/gp_contracts/gp_contract_qof.htm

CALCULATION OF ADJUSTED PRACTICE DISEASE FACTOR (APDF):

Payment per Quality Point £122

Practice	STEP 1			STEP 2		STEP 3	STEP 4			STEP 5	
	Registered List	No. of Patients on CHD Disease Register	Raw Prevalence per 1,000 patients	Raw Prevalence After 5% cut off	Sqr Root = ADP		APDF	% different from NI Avg	Adjustment (£) from £122 Avg	Final £ per Clinical Quality Point	Population Factor
A	1,250	75	60.0	60.0	7.7	1.21	21.3%	£26.02	£148.02	0.255	£37.76
B	2,500	170	68.0	68.0	8.2	1.29	29.2%	£35.58	£157.58	0.510	£80.40
C	4,900	200	40.8	40.8	6.4	1.00	0.1%	£0.09	£122.09	1.000	£122.09
D	4,900	370	75.5	75.5	8.7	1.36	36.1%	£44.06	£166.06	1.000	£166.06
E	7,000	22	3.1	3.6	1.9	0.30	-70.2%	-£85.65	£36.35	1.429	£51.93
F	9,800	400	40.8	40.8	6.4	1.00	0.1%	£0.09	£122.09	2.000	£244.18
N.I.	30,350	1237	40.8	40.8	6.4	1.00					
										NI Average List = 4,998	
	Min Raw Prevalence per 1,000 patients		3.14		1.90		Min Adjusted Prevalence per 1,000 patients				
	Max Raw Prevalence per 1,000 patients		75.51		8.69		Max Adjusted Prevalence per 1,000 patients				
	NI Raw Prevalence Range		72.37		6.79		NI Adjusted Prevalence Range				
	5% Cut-off		3.6								

Step 1: Calculate Raw Disease Prevalence for each practice as follows:

$$\frac{\text{No. of Patients on Practice's Disease Register}}{\text{No. of Patients on Practice's Registered List}} \times 1,000 \text{ Patients}$$

Likewise NI Raw Disease Prevalence is calculated as follows:

$$\frac{\text{No. of Patients in N Ireland on Disease Register}}{\text{Total No. of Registered Patients in N Ireland}} \times 1,000 \text{ Patients}$$

Step 2: A 5% cut-off is applied to the NI range of raw disease prevalence, bringing all contractors up to the base level of 5%. This recognises that even practices with relatively low disease prevalence still have costs in setting up registers, buying equipment, training staff and checking patients. For example, Practice E has raw prevalence of 3.1 per 1,000 patients, however, the 5% cut-off is 3.6 per 1,000 patients, therefore this Practice has its raw prevalence brought up to 3.6 per 1,000 patients.

The square root of each practice's raw prevalence figure is calculated to narrow the NI range of disease prevalence. This prevents destabilising the cash flow of practices with relatively low prevalence. This is the Adjusted Disease Prevalence (ADP) for each practice. Likewise the square root of NI raw prevalence is calculated, giving the NI Adjusted Disease Prevalence.

Step 3: The Adjusted Practice Disease Factor for each practice is then calculated as follows:

$$\text{Adjusted Practice Disease Factor (APDF) for each Practice} = \frac{\text{Practice Adjusted Disease Prevalence}}{\text{N Ireland Adjusted Disease Prevalence}}$$

This rebases each practice's Adjusted Disease Prevalence (ADP) around the NI average ADP of 1.0

Step 4: The APDFs are used to adjust the contractor's figures depending on how far above or below the NI average they are. This determines the pounds per clinical quality point. The average contractor is assumed to receive £122 per clinical quality point. Practice C has an average list size and average CHD prevalence and therefore receives approx. £122 per clinical quality point. The APDF does not adjust the contractor's achieved points, but rather the pounds per point they receive. The adjustment only applies to the clinical domain of the QOF.

Step 5: The payments per clinical quality point are then adjusted by the practice's list size relative to the NI average list size using a population factor.

$$\text{Population Factors for each Practice} = \frac{\text{Practice List Size}}{\text{NI Average List Size}}$$

$$\text{The Pounds per Clinical Quality Point} \times \text{Practice Population Factor} = \text{Final Pounds per Point in the QOF}$$

Examples: Practice B has a list size half the NI average but has higher than average CHD prevalence and therefore has an APDF of 1.29. Practice B therefore receives a 29% higher payment per clinical quality point than the £122 average. Practice B receives £156 per clinical quality point. When adjusted for relative list size, practice B receives £80 per overall QOF point.

Practice F has a list size twice that of the NI average and has average prevalence. Practice F has an APDF of 1.0, the same as the NI APDF, therefore Practice F receives approx. £122 per clinical quality point. However, when adjusted for relative practice size, Practice F receives £244 per overall QOF point.

Figure 1: Percentage of patients on clinical registers at February 2008

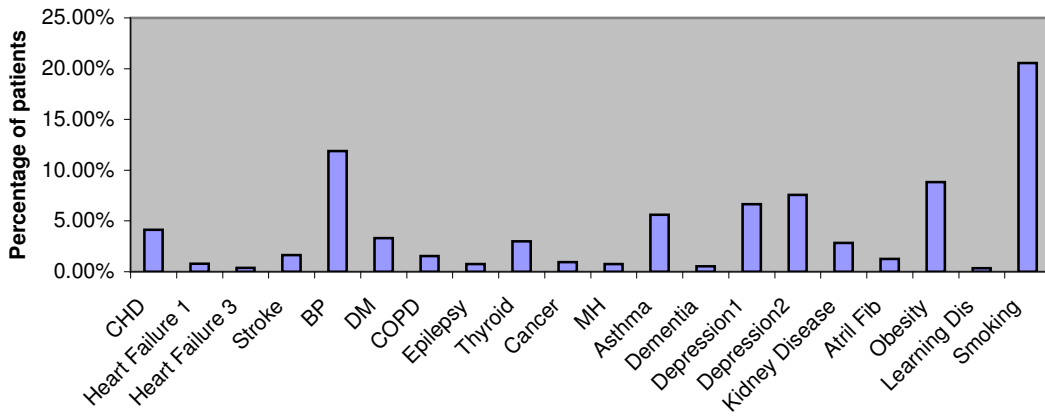


Figure 2.1: Percentage of Patients on each Clinical Disease Register

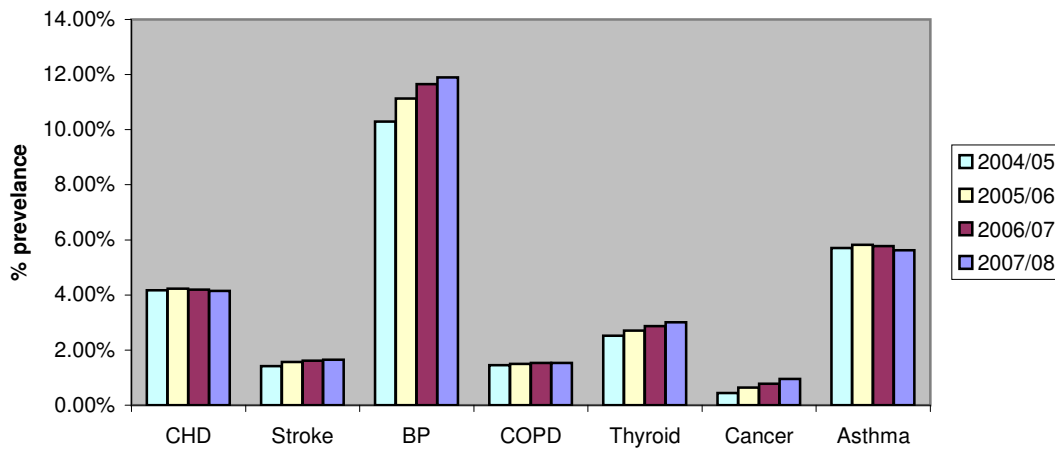


Figure 2.2: Percentage of Patients on each Clinical Disease Register

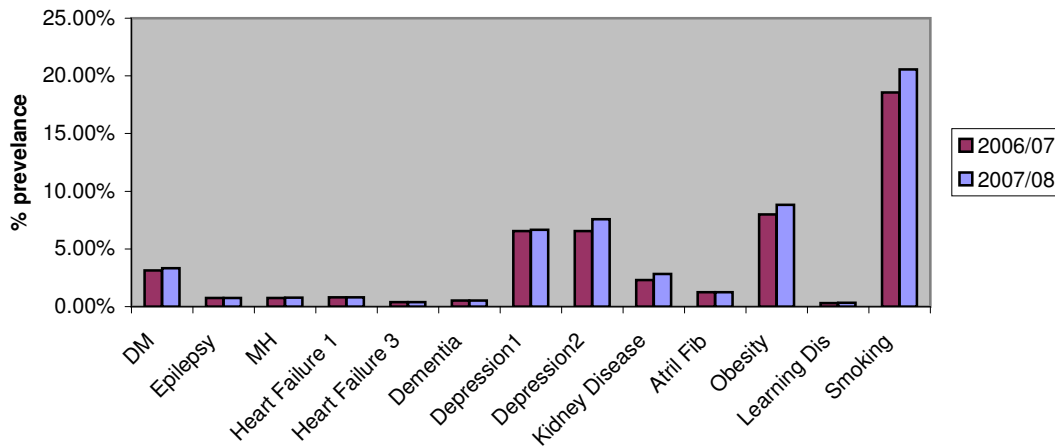


Figure 3.1 Frequency distribution of CHD prevalence

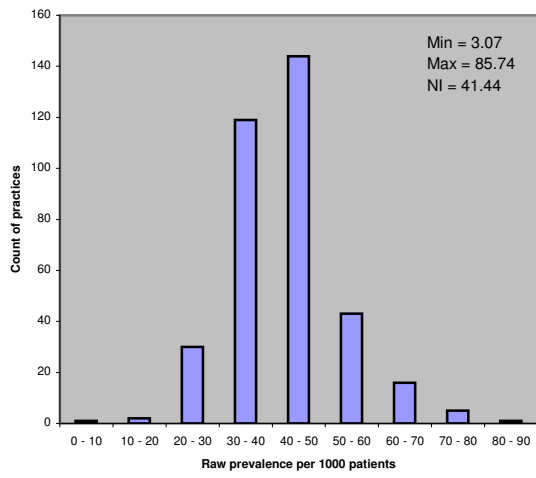


Figure 3.2 Frequency distribution of Heart Failure 1 prevalence

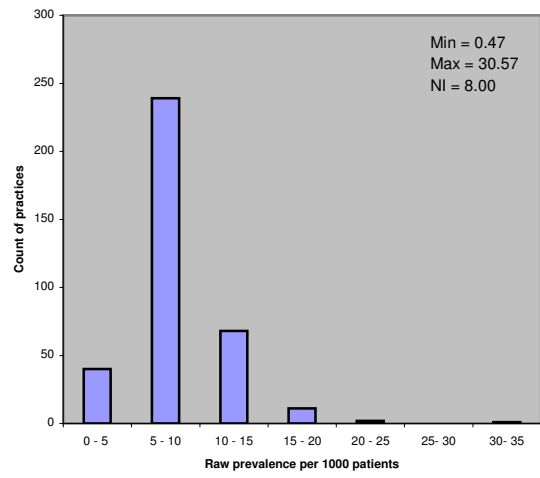


Figure 3.3 Frequency distribution of Heart Failure 3 prevalence

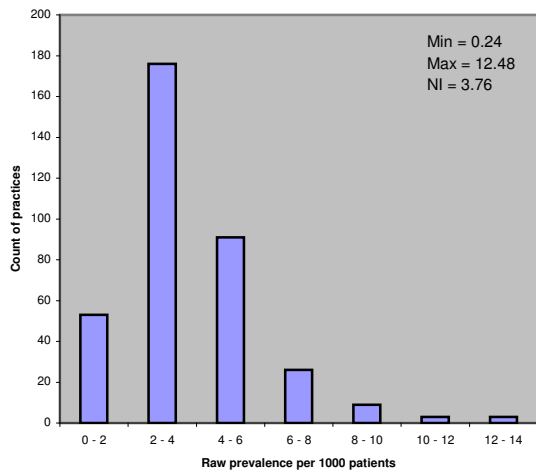


Figure 3.4 Frequency distribution of Stroke prevalence

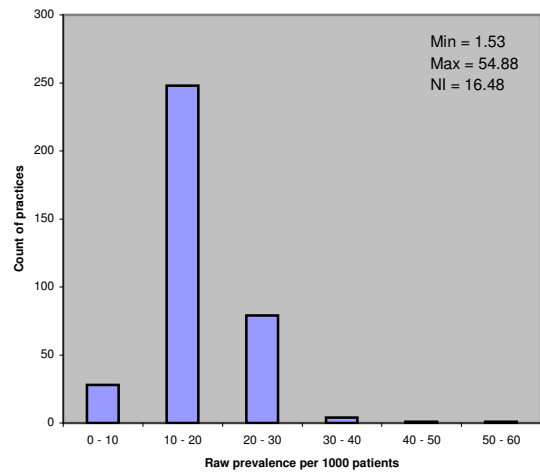


Figure 3.5 Frequency distribution of BP prevalence

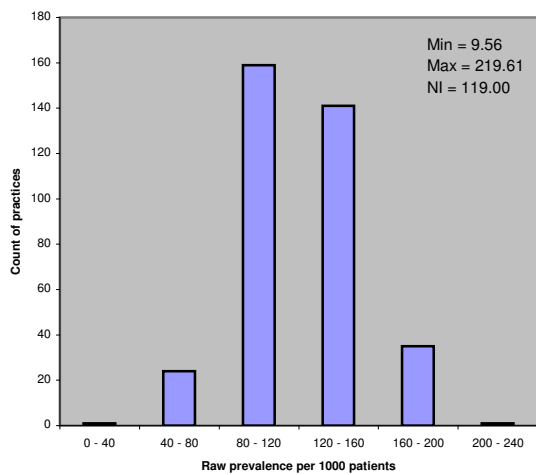
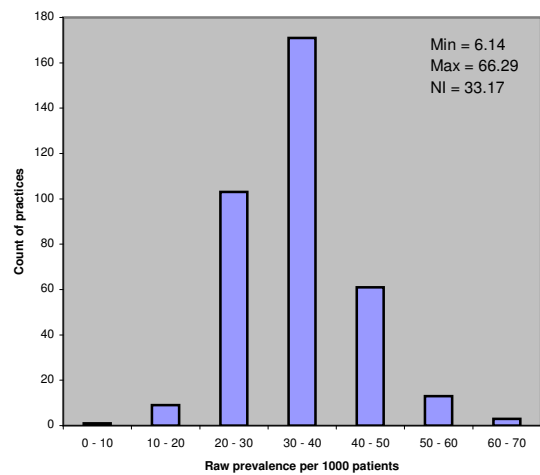


Figure 3.6 Frequency distribution of Diabetes prevalence



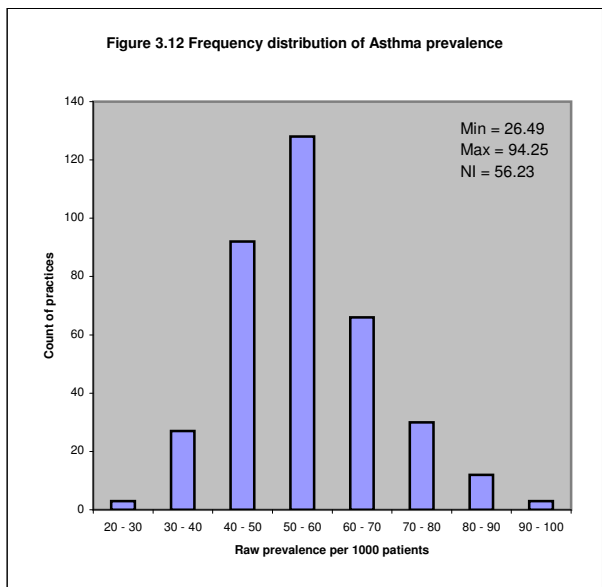
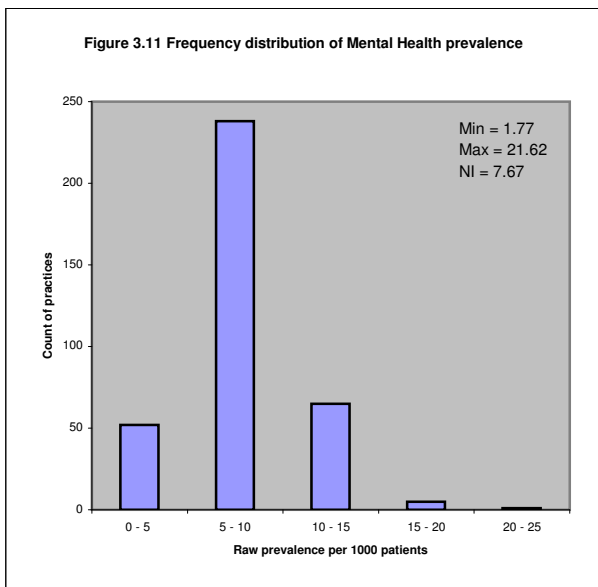
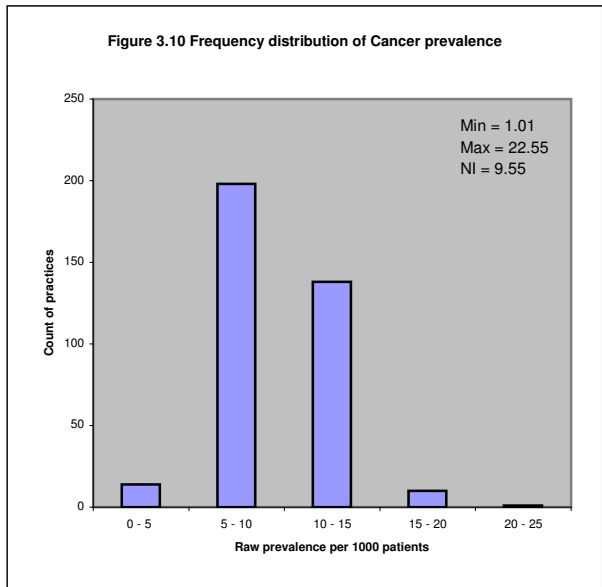
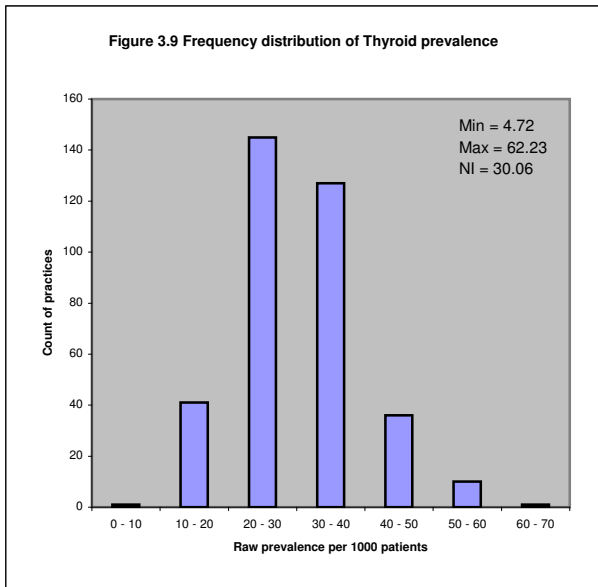
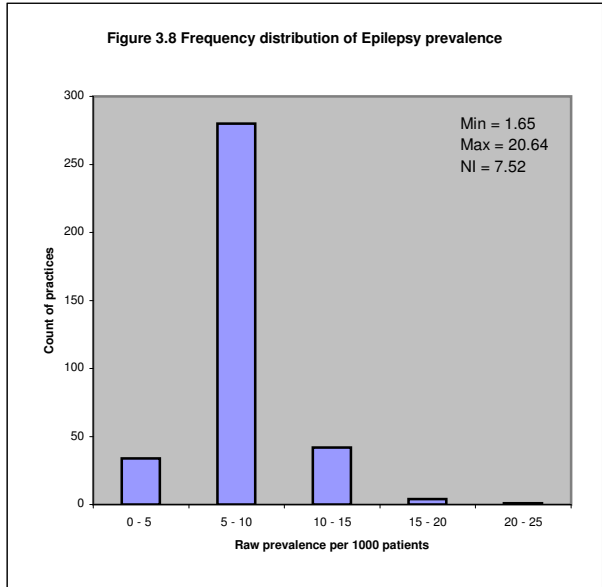
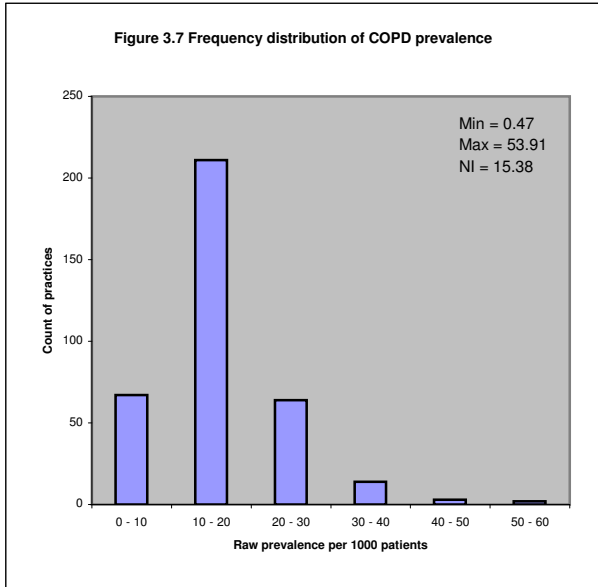


Figure 3.13 Frequency distribution of Dementia prevalence

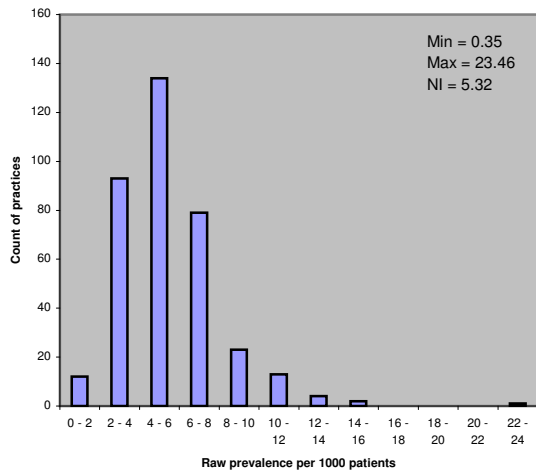


Figure 3.14 Frequency distribution of Depression 1 prevalence

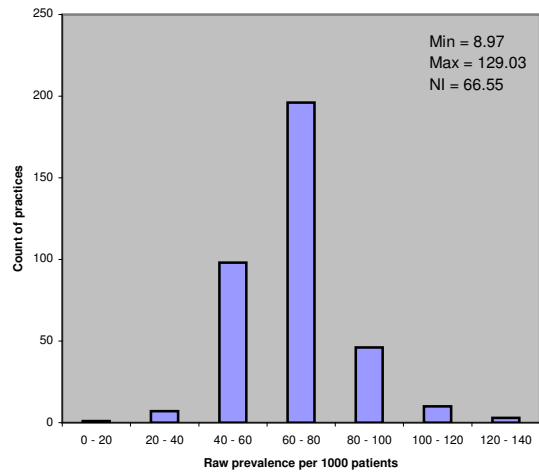


Figure 3.15 Frequency distribution of Depression 2 prevalence

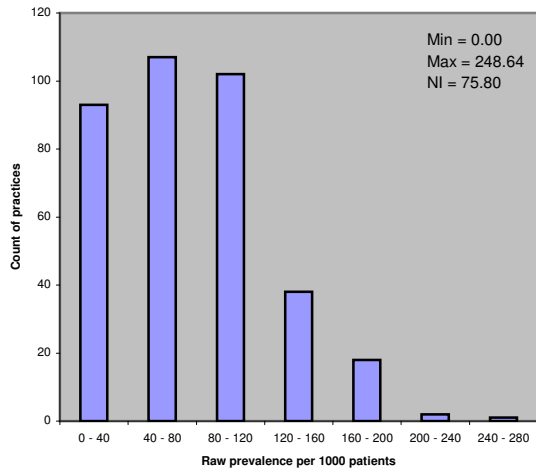


Figure 3.16 Frequency distribution of Kidney Disease prevalence

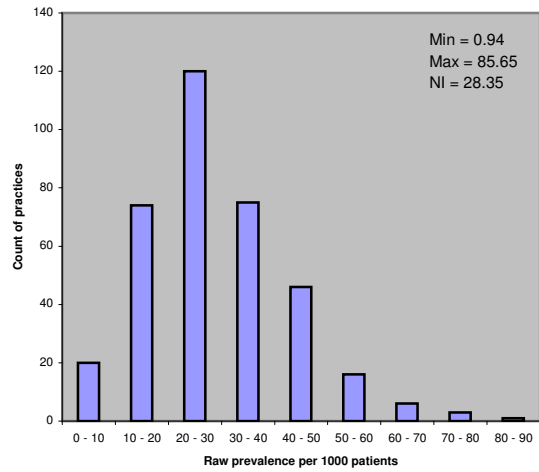


Figure 3.17 Frequency distribution of Atrial Fibrillation prevalence

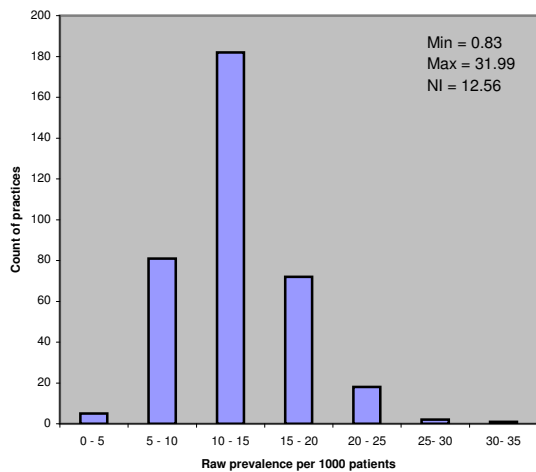


Figure 3.18 Frequency distribution of Obesity prevalence

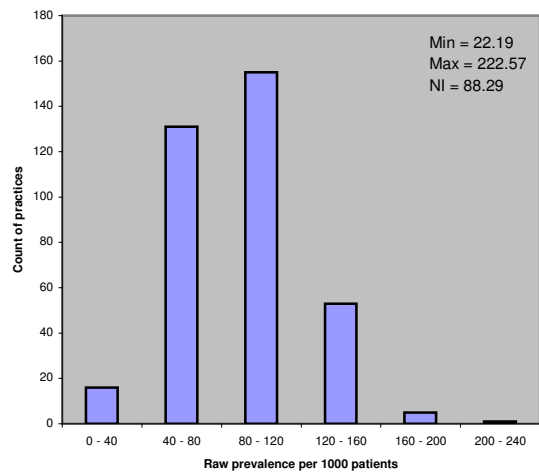


Figure 3.19 Frequency distribution of Learning Disability prevalence

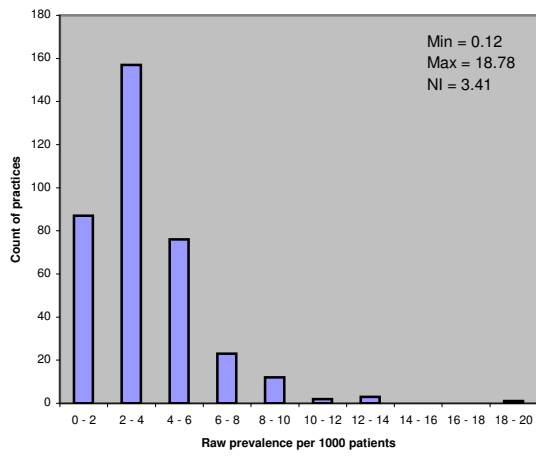


Figure 3.20 Frequency distribution of Smoking prevalence

