

QUALITY & OUTCOMES FRAMEWORK STATISTICS FOR NORTHERN IRELAND 2005/06

This bulletin summarises the second year of Quality & Outcomes Framework (QOF) achievement data from general practices relating to April 2005 to March 2006. 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 average total QOF points achieved in Northern Ireland was 1,027.6 (97.9%) of the 1,050 points available.
- Of the 10 clinical disease areas collected by QOF, prevalence was highest for hypertension (11.13%) and lowest for cancer diagnosed after 1 April 2003 (0.63%).
- The average points achieved in the four main domains was 542.1 points (98.6%) for clinical, 174.5 points (94.9%) for organisational, 99.7 points (99.7%) for patient experience and 35.2 points (97.9%) 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/hss/gp_contracts/qof-introduction.asp . 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 2006 for the complete financial year April 2005 to March 2006. Any adjustments made by the Health Boards in the period April to June 2006 are included. This publication uses the most up-to-date figures for each practice as at 30 June 2006.

The 2005/06 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 2006. 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.

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.

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 14 February 2006 as a proportion of patients on a practice list as at 1 January 2006. A report on "Raw Disease Prevalence in Northern Ireland" is available. http://www.dhsspsni.gov.uk/hss/gp_contracts/documents/raw_disease.pdf

A more detailed explanation of how prevalence is used within the calculation for QOF payments is available at http://www.dhsspsni.gov.uk/hss/gp_contracts/qof-context.asp#disease.

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:** 76 indicators in 10 areas (Coronary Heart Disease and Left Ventricular Dysfunction; Stroke and Transient Ischaemic Attack; Hypertension; Diabetes Mellitus; Chronic Obstructive Pulmonary Disease; Epilepsy; Hypothyroidism; Cancer; Mental Health; and Asthma) worth up to a maximum of 550 points (52.4% of the total).
- **Organisational Domain:** 56 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 184 points (17.5% of the total).
- **Patient Experience Domain:** 4 indicators in 2 areas (Patient Survey and Consultation Length) worth up to a maximum of 100 points (9.5% of the total).
- **Additional Services Domain:** 10 indicators in 4 areas (Cervical Screening; Child Health Surveillance; Maternity Services and Contraceptive Services) worth up to a maximum of 36 points (3.4% of the total).

Other Payment Points

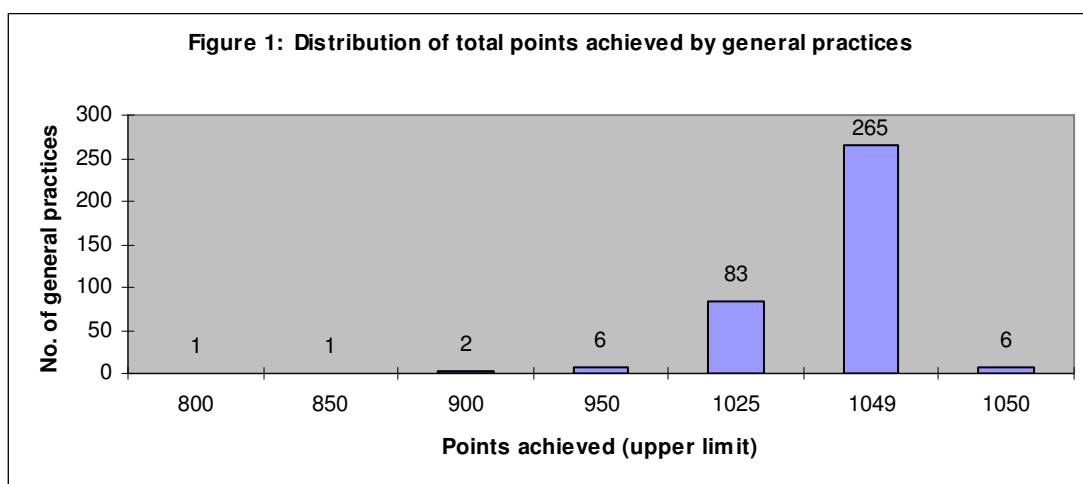
- **Holistic care payment:** measures achievement across the clinical domain – worth up to 100 points (9.5% of the total).
- **Quality practice payment:** measures overall achievement in the organisational, patient experience and additional services domains – worth up to 30 points (2.9% of the total).
- **An access bonus:** rewards target level of achievement on patient access to a GP, nurse or health professional within 48 hours – worth 50 points (4.8% of the total).

4. Overall Achievement in the Quality & Outcomes Framework

4.1 Summary at Northern Ireland Level

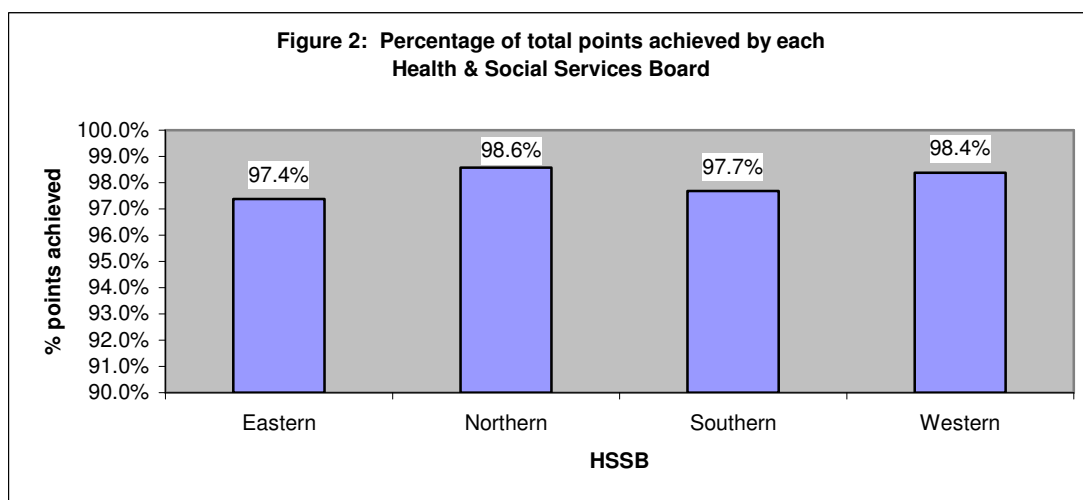
In Northern Ireland, QOF achievement data was received from 364 general practices. Overall, the average achievement of points in Northern Ireland was 1,027.6 of the 1,050 points available (97.9%). Six practices achieved the maximum points of 1,050. The median score achieved was 1,038.9 points.

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 1,050) counts those practices who had achieved more than 1,049 points or equal to 1,050 points of which there are 6 in Northern Ireland.



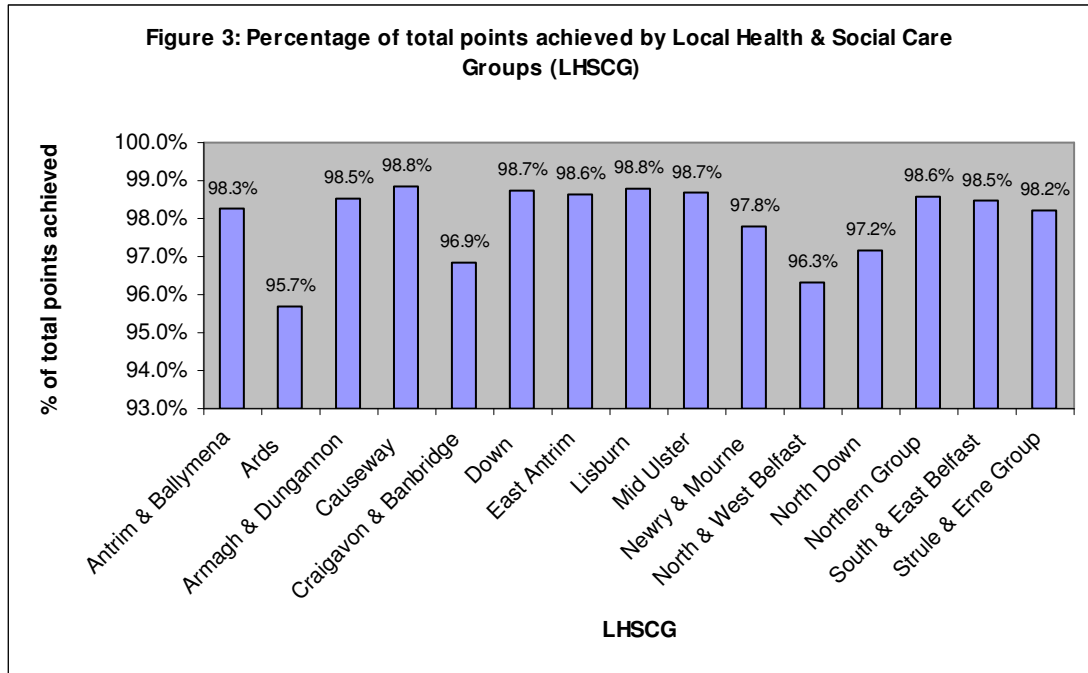
4.2 Summary at Health & Social Services Board (HSSB) Level

Figure 2 shows the average number of points achieved in each Health & Social Services Board. These range from 1,022.4 points (97.4%) in the Eastern HSSB to 1,035 points (98.6%) in the Northern HSSB.



4.3 Summary at Local Health & Social Care Groups (LHSCG) Level

Figure 3 shows the average number of points achieved in each Local Health & Social Care Group. These range from 1,004.8 points (95.7%) in the Ards LHSCG to 1,037.8 points (98.8%) in the Causeway LHSCG.



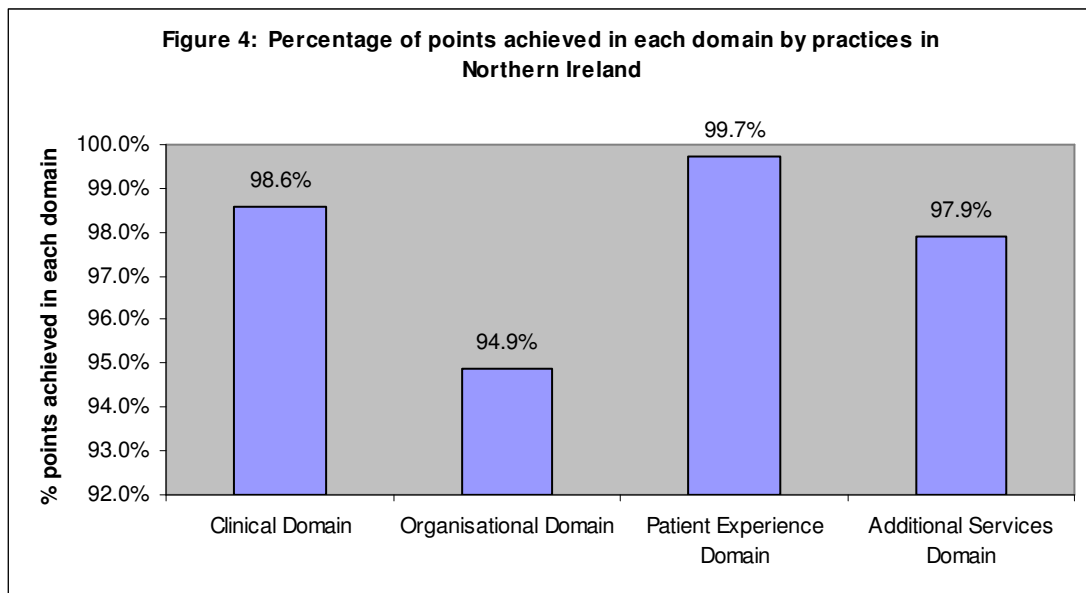
4.4 Domain Level Achievement

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

Domain	Average points achieved
Clinical	542.1
Organisational	174.5
Patient Experience	99.7
Additional Services	35.2

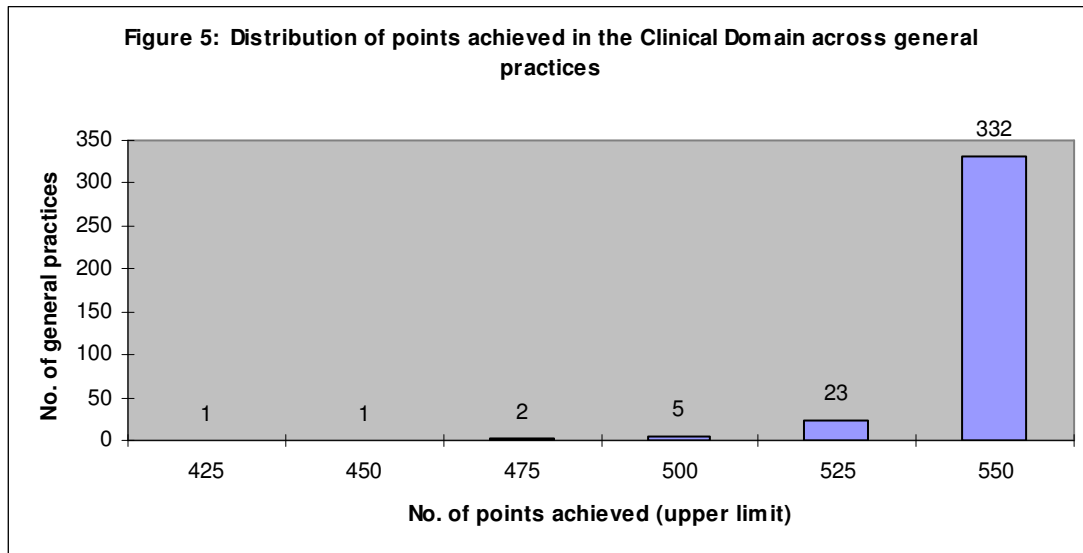
Note that each domain has a different number of indicators as well as a different number of points available.

Figure 4 below shows the percentage of available points achieved in each domain.



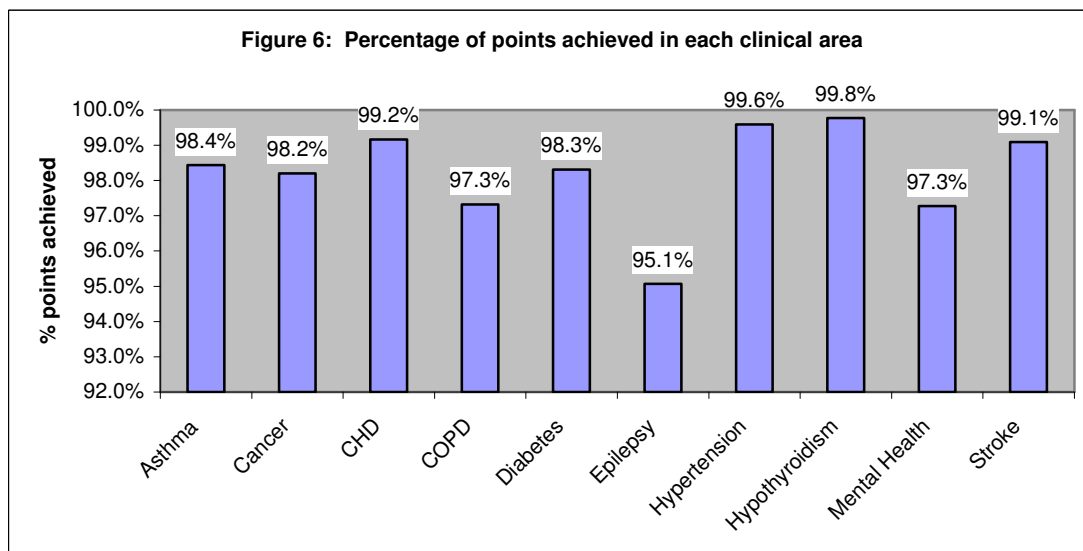
4.4.1 Clinical Domain

Figure 5 below shows the distribution of points achieved across general practices in the clinical domain. As shown, most general practices (91.2%) achieved from 525 to 550 points, with 94 of those practices achieving the full 550 points. The average points achieved in this domain were 542.1 (98.6% of the total available).



Clinical Domain – disease areas

There are 10 disease areas within the clinical domain. Figure 6 shows the percentage of points achieved within each disease area.



The highest percentage points achieved were in the hypothyroidism and hypertension disease areas and the lowest in the epilepsy, chronic obstructive pulmonary disease (COPD) and mental health 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 174.5 (94.9%). Eight general practices achieved the maximum 184 points available, however 86 (23.6%) achieved between 181 and 184 points.

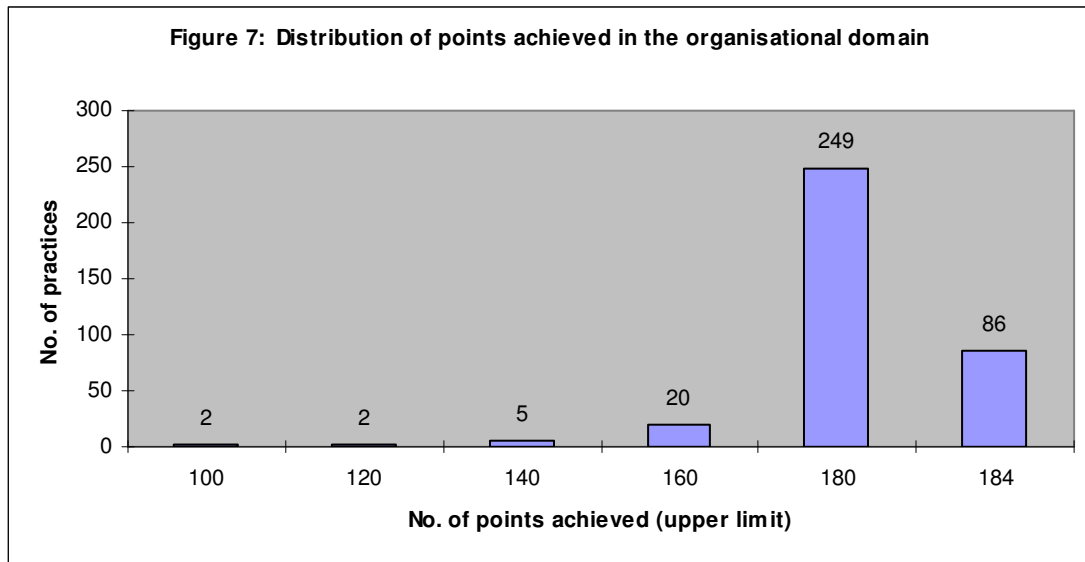
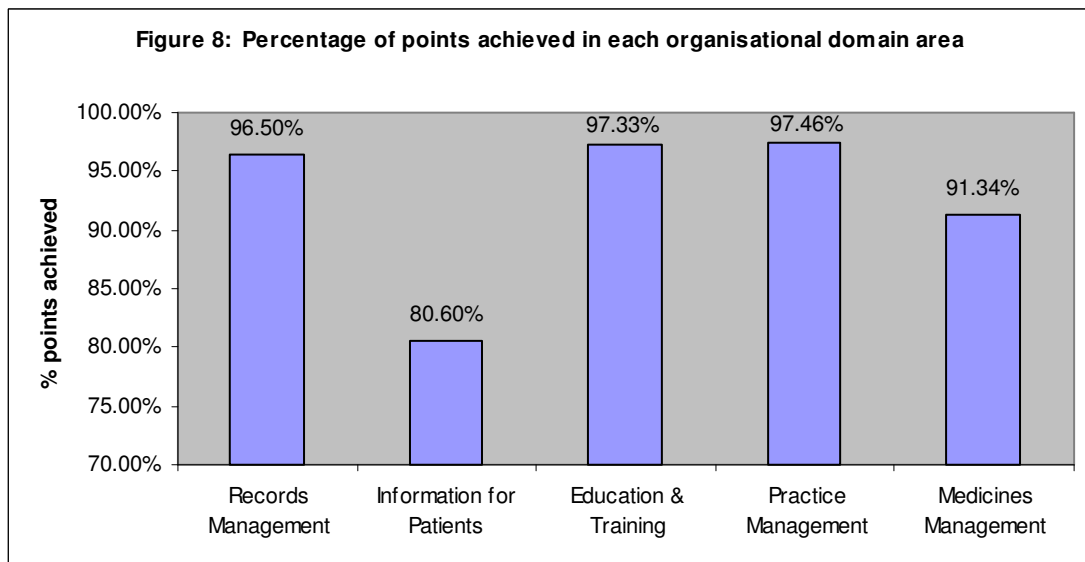
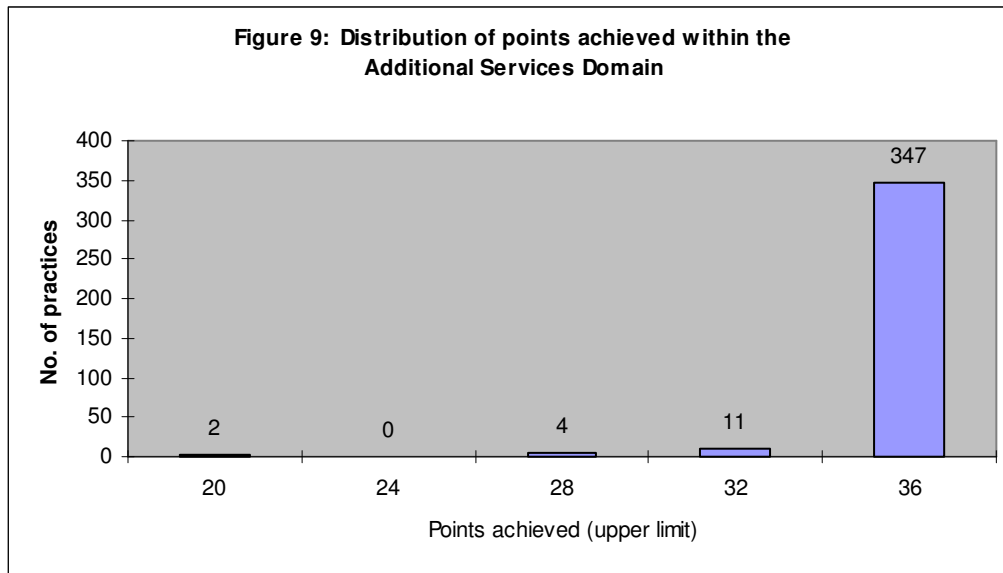


Figure 8 below shows the overall percentage achievement within each area of the organisation domain. General practices achieved a higher percentage of points within practice management (97.46%) and lower percentage of points within information for patients (80.60%).

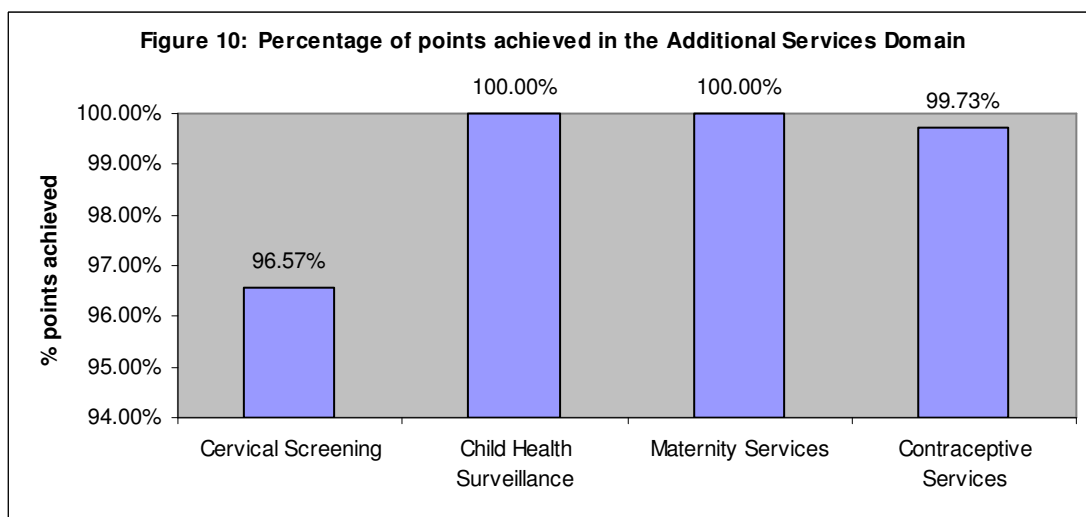


4.4.3 Additional Services Domain

Figure 9 below shows the distribution of points achieved in the patient experience domain. Amongst practices, 347 (95.3%) achieved between 32 and 36 points, with 259 of those practices achieving the full 36 points. An average of 35.2 points were achieved by practices and overall 97.9% of points were achieved in this domain.



Practices achieved all points available for the child health surveillance and maternity services indicators. The lowest percentage achievement was 96.57% within the cervical screening indicators, but again each of the additional services areas had a different number of indicators and points available.



4.4.4 Patient Experience Domain

The distribution of points achieved in the patient experience domain is shown in Figure 11 below. Maximum achievement of 100 points was achieved by 358 (98.4%) practices. An average of 99.7 points were achieved by general practices.

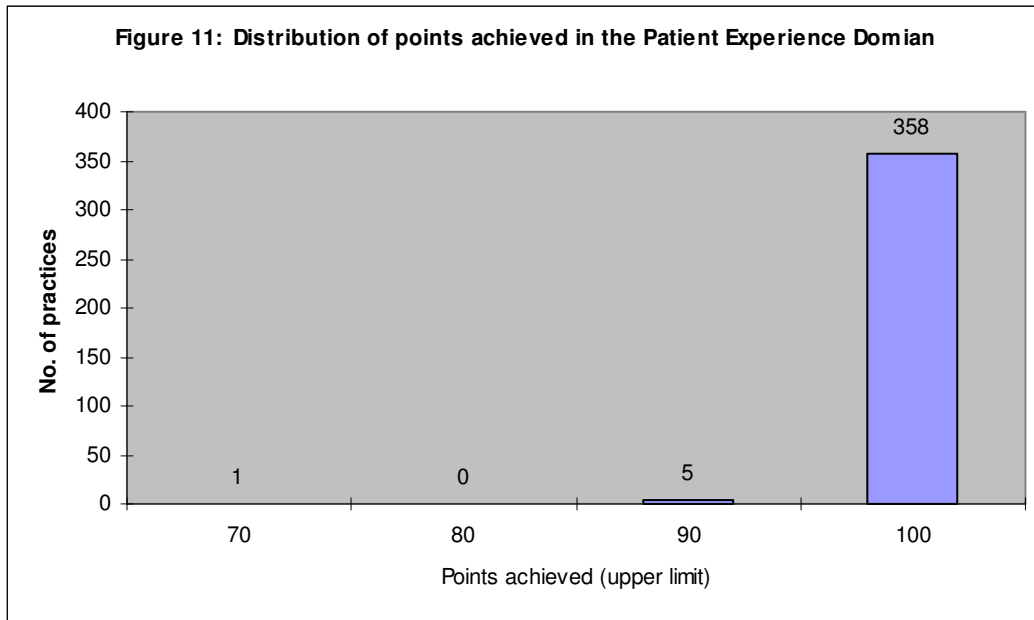
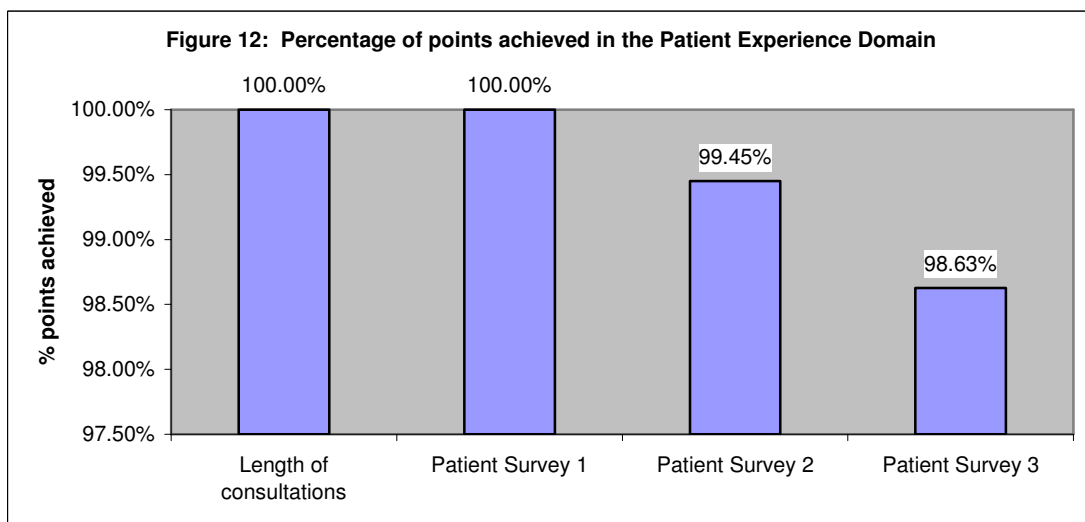


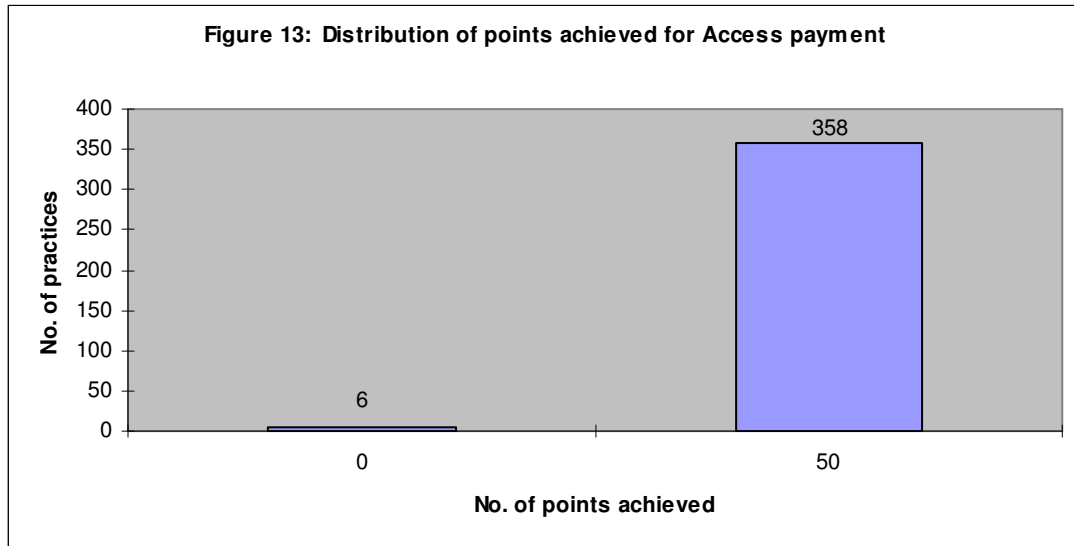
Figure 12 below shows the percentage of points achieved in each of the patient experience indicators. A different number of points were available for each indicator but highest percentage achievement of points was for the Length of Consultations and Patient Survey 1 indicators where 100% of points were achieved.



4.5 Access, Holistic and Quality Practice points

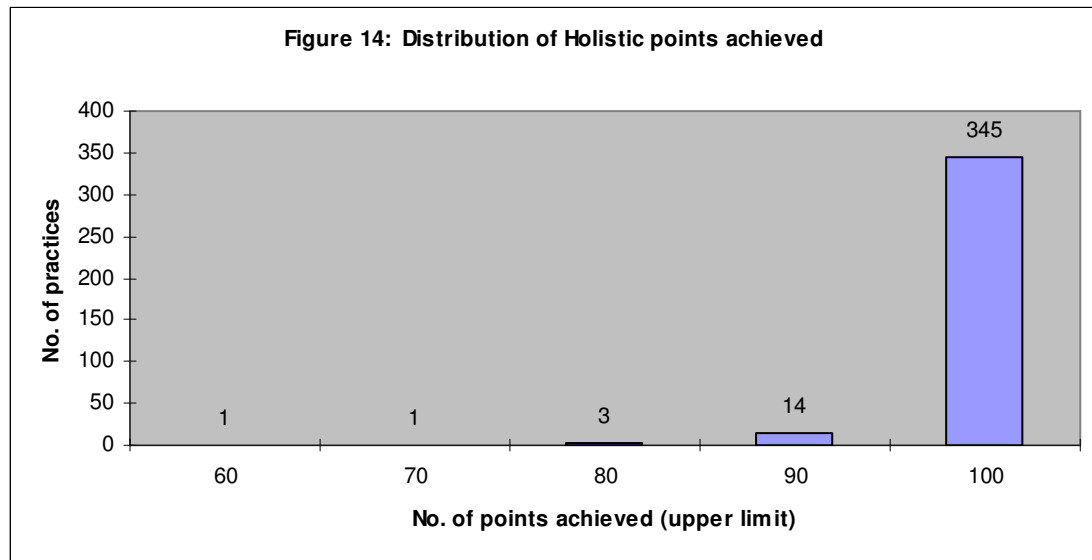
4.5.1 Access points

Figure 13 below shows that 358 general practices or 98.4% achieved the access points. At Health Board level the percentage achievement amongst practices ranged from 94.8% in the Southern Board to 100% achievement in the Northern and Western Boards. At LHSCG level, all practices within eleven of the fifteen LHSCGs achieved maximum points.



4.5.2 Holistic points

Figure 14 shows the distribution of holistic points achieved amongst practices. The majority of practices (94.8%) achieved between 90 and 100 points, with maximum points being achieved by 198 of those practices (54.4%). The percentage achievement at Health Board level ranged from 97.1% in the Eastern Board to 99.1% in the Northern Board. At LHSCG level the percentage achievement amongst practices ranged from 94.7% at Ards LHSCG to 99.8% at Causeway LHSCG.

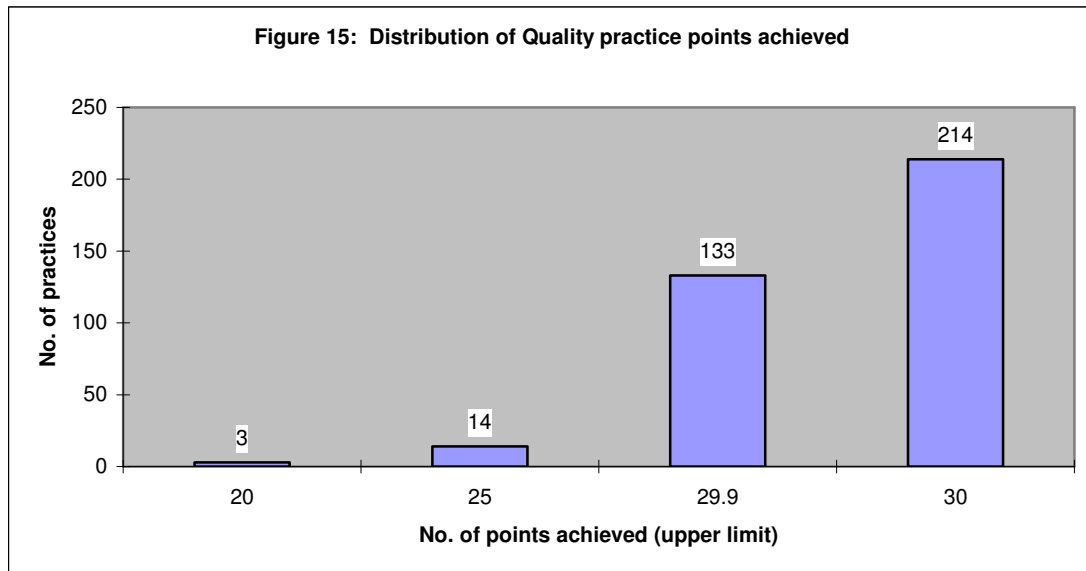


This score is calculated from achievement across other clinical indicators and ranges from zero to 100. The process is defined as follows:

The scale of the holistic care payment is calculated by considering the proportion of points achieved in each of the 10 clinical areas. The proportion of points achieved for the third lowest clinical area determines the proportion scored of the total 100 holistic care points available.

4.5.3 Quality practice payment points

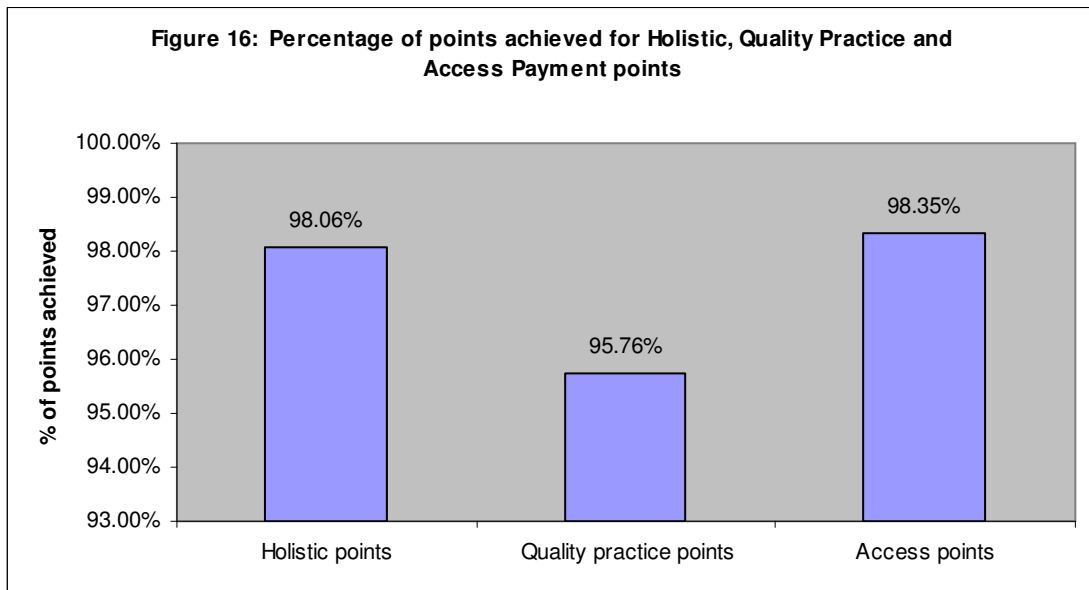
The distribution of quality practice points is shown in Figure 15. As shown, maximum points were achieved by 214 general practices (58.8%). At Health Board level the achievement of quality practice points ranged from 94.7% in the Eastern Board to 97.7% in the Northern Board. At LHSCG level the percentage achievement ranged from 91.4% in North & West Belfast LHSCG to 98.5% in East Antrim LHSCG.



This score is calculated from achievement across other non-clinical indicators and ranges from zero to 30. The process is defined as follows:

The scale of the quality practice payments is calculated by considering the proportion of points achieved in each of the non-clinical areas (organisational, additional services and patient experience). The proportion of points achieved for the third lowest area determines the proportion scored of the total 30 points available for the quality practice payment.

A summary of achievement of points for the access, holistic and quality practice areas is shown in Figure 16. Overall, a higher percentage of points were achieved for the access bonus (98.35%) than for the quality practice points (95.76%).



4.6 Prevalence Summary

The table below shows the percentage prevalence for the 10 clinical domain areas. The prevalence is based on disease register counts at 14 February 2006 and total list sizes at January 2006

Of the disease areas collected by QOF, cancer diagnosed after 1 April 2003 is the least prevalent (0.63%) and hypertension is the most prevalent (11.13%) 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/hss/gp_contracts/documents/raw_disease.pdf

Clinical Disease Area	NI Prevalence
Cancer	0.63%
Mental Health	0.75%
Epilepsy	0.76%
Chronic Obstructive Pulmonary Disease (COPD)	1.50%
Stroke	1.57%
Hypothyroidism	2.70%
Diabetes	3.06%
Coronary Heart Disease (CHD)	4.23%
Asthma	5.82%
Hypertension	11.13%

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 disease 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 16 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/hss/gp_contracts/qof-docs/gms-statement-annexeE-disease.pdf

5. Recommendations around the use of QOF data

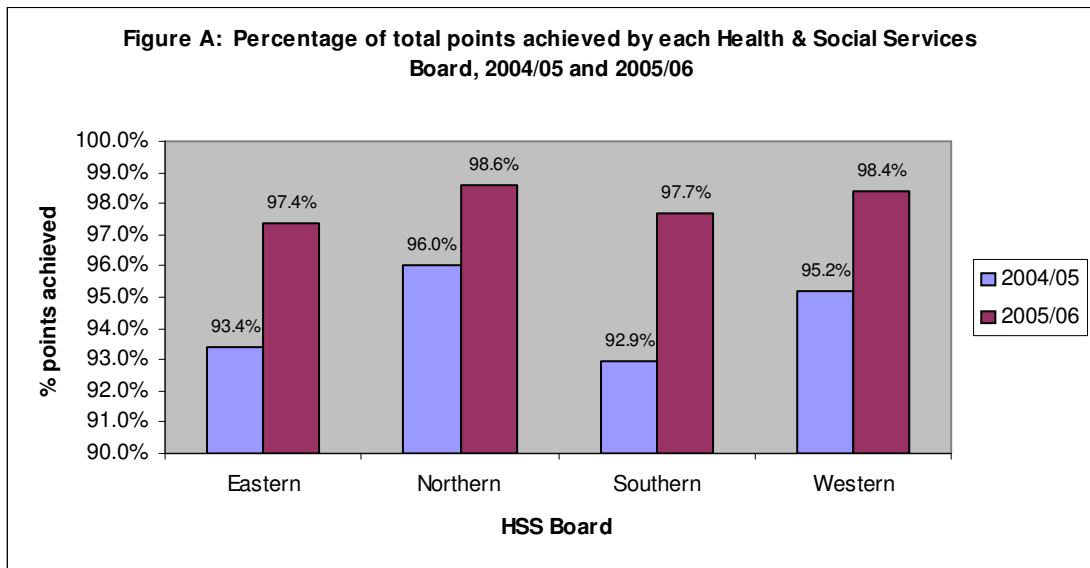
The data collected for the Quality & Outcomes Framework provides some useful information for researchers and public health officials in terms of disease prevalence and information about general practices. However, it is important to note the limitations of using the QOF data to make further inferences and conclusions.

The following points should be noted:

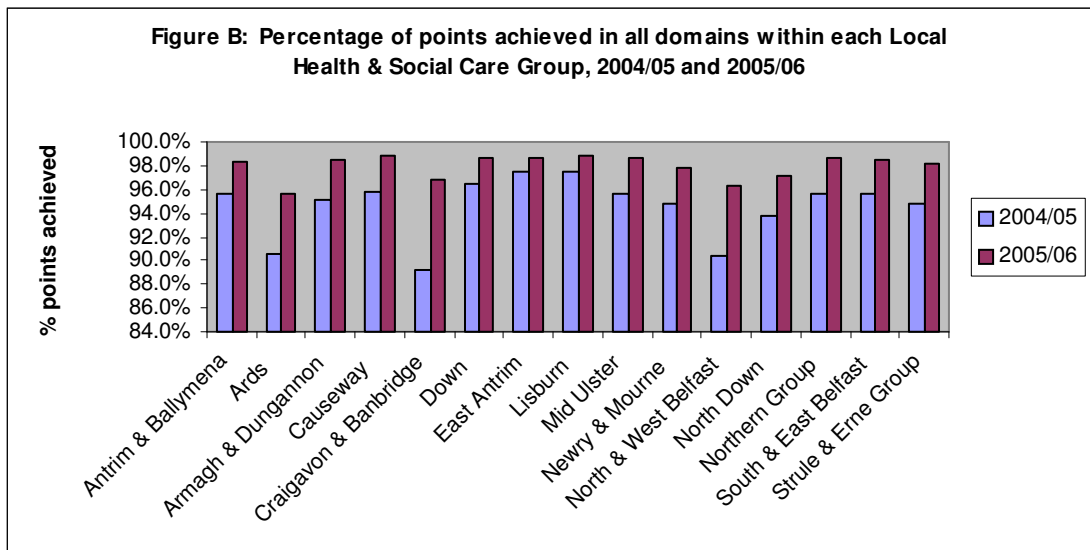
- It may be inappropriate to use the data to make comparisons between practices in terms of the quality of care offered. For instance, the clinical disease areas chosen for the Quality & Outcomes Framework represent the minority of patients in Northern Ireland and therefore points achievement in these 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 domain on disease prevalence contains a count of patients on each disease 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 of Board and LHSCG level data.
- The PCAS system does not hold information on co-morbidity or patients with more than one disease. 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.
- Each general practice's points 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 2004/05

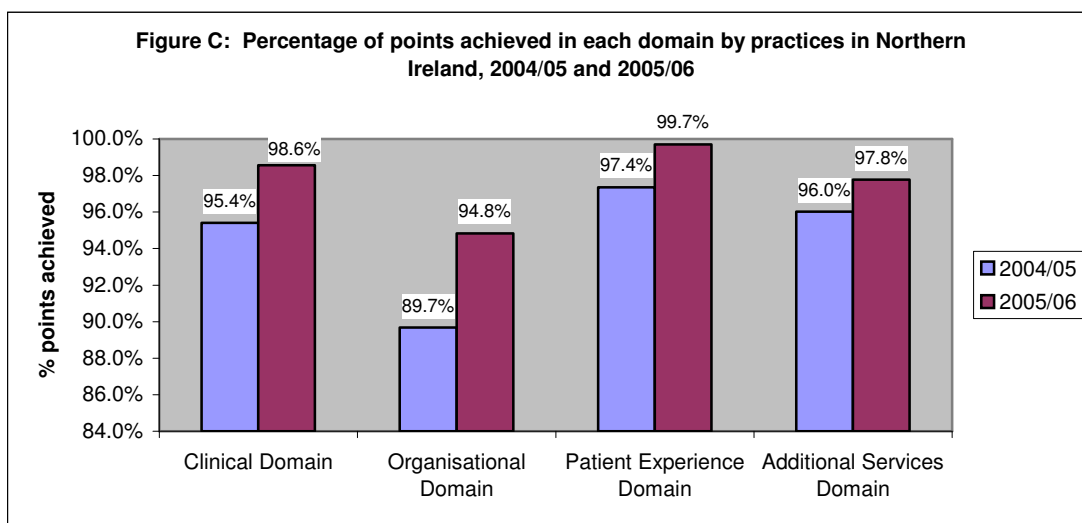
Total points achieved by Health & Social Services Board (HSSB)



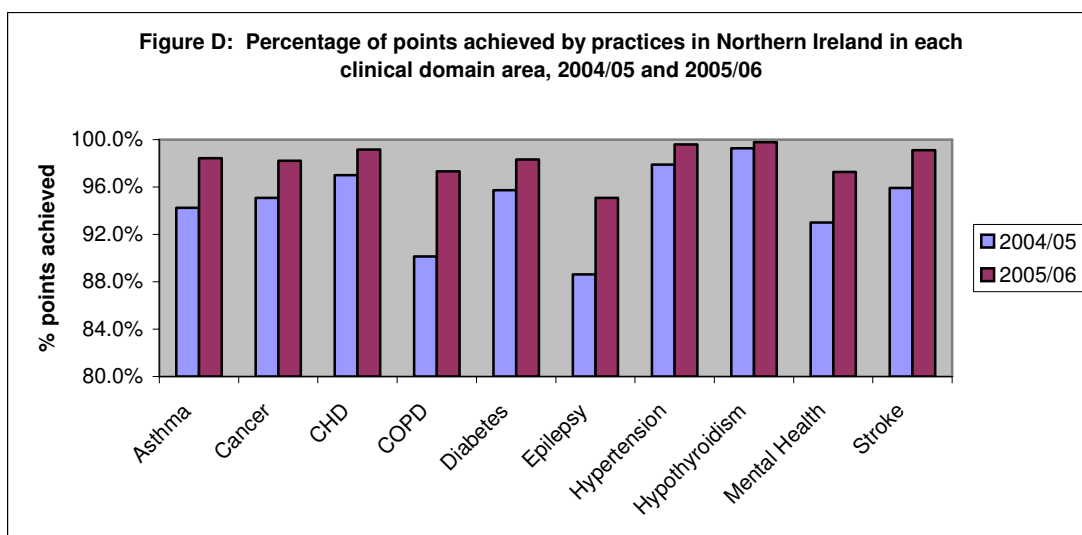
Total points achieved by Local Health & Social Care Groups (LHSCG)



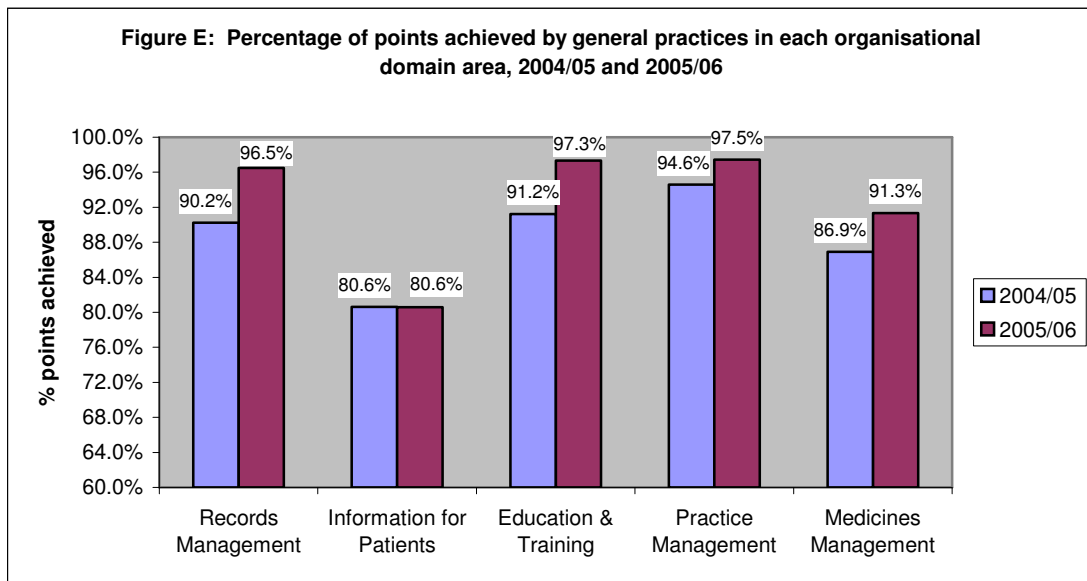
Domain Summary



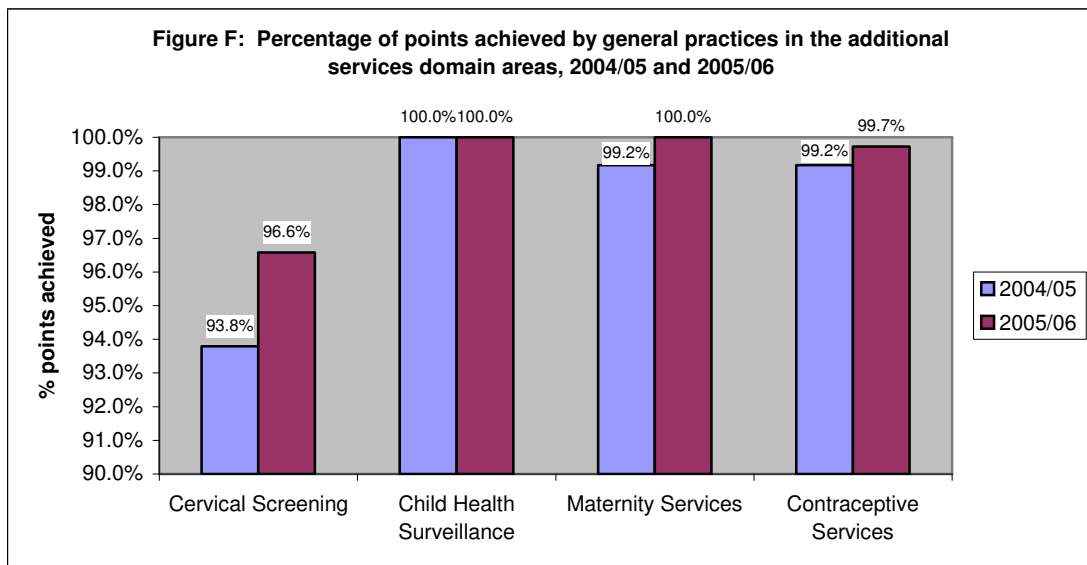
Clinical Domain



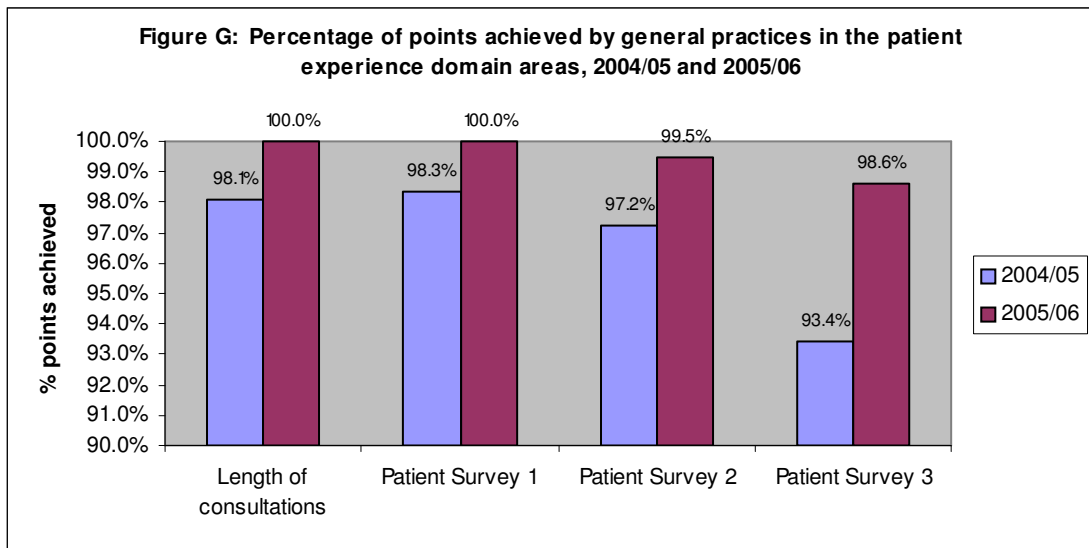
Organisational Domain



Additional Services Domain



Patient Experience Domain



Holistic, Quality and Access points

