

**Background Quality Report Covering:**

- (i) **Quality and Outcomes Framework (QOF) Statistics Annual Report**
- (ii) **Annual Disease Prevalence Data and Trends**

<b>Dimension</b>	<b>Assessment by the author</b>
<b>Introduction</b>	<p data-bbox="507 412 927 448"><b><i>Context for the quality report.</i></b></p> <p data-bbox="507 488 1262 551">This report assesses the quality of the annual Quality and Outcomes Framework (QOF) statistics.</p> <p data-bbox="507 591 1374 954">QOF is a system to remunerate general practices for providing good quality care to their patients, and to help fund work to further improve the quality of health care delivered. It is a fundamental part of the General Medical Services (GMS) Contract, introduced on 1st April 2004. The QOF measures achievement against a range of evidence-based indicators, with points and payments awarded according to the level of achievement. Data on the prevalence of specific diseases or conditions is an important element of the QOF. The QOF uses prevalence data to calculate points and payments within each of the clinical domain areas and a number of the public health domain areas.</p> <p data-bbox="507 994 1358 1155">The information presented in the Quality and Outcomes Framework annual report derives from achievement, exceptions and financial data sourced from PCAS (Payment Calculation and Analysis System, a Northern Ireland IT system used by general practices to support the QOF payment process).</p> <p data-bbox="507 1196 1358 1357">GP practice level achievement figures for QOF indicators are downloaded from PCAS, for calculation of points achieved and payment purposes. Disease register data is also downloaded for this purpose, and is also used to produce disease prevalence statistics.</p> <p data-bbox="507 1397 1337 1460">PSAB produce a raw disease prevalence trend data publication for Northern Ireland.</p> <p data-bbox="507 1478 1257 1514"><a href="https://www.health-ni.gov.uk/articles/prevalence-statistics">https://www.health-ni.gov.uk/articles/prevalence-statistics</a></p> <p data-bbox="507 1532 1342 1662">QOF achievement statistics are presented in an annual report, published online in conjunction with QOF achievement data, by clinical indicator, domains and groups, and at GP practice, LCG and NI levels.</p> <p data-bbox="507 1680 1283 1742"><a href="https://www.health-ni.gov.uk/articles/quality-and-outcomes-framework-qof-statistics-annual-report">https://www.health-ni.gov.uk/articles/quality-and-outcomes-framework-qof-statistics-annual-report</a></p> <p data-bbox="507 1760 1278 1796"><a href="https://www.health-ni.gov.uk/articles/qof-achievement-data">https://www.health-ni.gov.uk/articles/qof-achievement-data</a></p> <p data-bbox="507 1827 1305 1890">A Quality Assessment (QAAD) is available for QOF, as are a detailed Process Map and guidance notes.</p>
<b>Relevance</b>	<p data-bbox="507 1895 1374 1957"><b><i>The degree to which the statistical product meets user needs in both coverage and content.</i></b></p>

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	<p>Whilst voluntary, it is custom that all GP practices in Northern Ireland participate in the QOF and so are included in QOF achievement analysis. Although rare, on occasion agreements may be in place between the HSCB and an individual practice regarding QOF achievement, such that they may be excluded from analysis for the publications.</p> <p>In addition to presenting the annual achievement data, comparisons are made with previous years; the percentage of points achieved at LCG level is compared over the last 5 years, for total achievement, by domain area and at clinical indicator level.</p> <p>The publications are primarily used by researchers and in our correspondence with them, we take on board their comments and feedback. The publications may be used by a variety of other users for a range of purposes, such as the Northern Ireland Assembly devolved administration and the DoH (statutory users).</p> <p>PSAB ensures that these statistical publications remain relevant to users in a number of ways; the PCAS Operational Group exists to ensure that the requirements of users are met. As there is an equivalent framework in England and Wales, PSAB are mindful of these other publications, monitoring any changes or developments and if necessary, take on board such changes to improve our publication.</p>
<p><b>Accuracy and Reliability</b></p>	<p><b><i>The proximity between an estimate and the unknown true value.</i></b></p> <p>The principle purpose of the QOF achievement data is the calculation of QOF payments for GP practices. As such, data used in the production of the publication includes all participating GP practices (normally all practices in Northern Ireland). There is no sampling involved and no estimates are produced.</p> <p>The IT Solutions Company responsible for maintaining PCAS have their own internal quality assurance checks. The HSCB also validates the figures.</p> <p>Some of the figures required to keep PCAS operational are calculated by PSAB and our own internal quality assurance procedures are used here. PSAB carries out quality assurance of those figures which are automatically calculated within the PCAS system (for example Adjusted Practice Disease Factors). Further historical trend data is examined, particularly in relation to disease register sizes. Any issues are raised with the HSCB, who in turn liaise with the contracted IT Company as required.</p>

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<p><b>Timeliness and Punctuality</b></p>	<p><b><i>Timeliness refers to the time gap between publication and the reference period. Punctuality refers to the gap between planned and actual publication dates.</i></b></p> <p>There is a strict year end process for practices to submit both achievement and exception reporting data. The data is validated by the HSCB and there is an appeals process, allowing liaison between the HSCB and practices to arrive at final agreed figures. The appeals process ends on the 30<sup>th</sup> June each year and PSAB can then download the data immediately after this deadline date, although PSAB will await confirmation from the HSCB that the appeals process has been signed off.</p> <p>Communication between all parties (practices, HSCB, DoH, the IT Solutions Company and GPC) is considered good. There is a PCAS operational group, comprising representatives from HSCB, DoH and GPC. The remit of this group is to ensure that PCAS is operational and fit for purpose. This group is the forum where any issues can be discussed and resolved.</p> <p>Publication of the annual Achievement and Exception reports and data occurs in late October each year.</p> <p>Twelve months advance notice of publications is given in the IAD Statistical Releases Calendar on the DoH website  <a href="https://www.health-ni.gov.uk/publications/statistical-releases-calendar">https://www.health-ni.gov.uk/publications/statistical-releases-calendar</a></p> <p>In the majority of cases, the target publication deadlines are met. However, in the event of a change to a pre-announced release date, the delay is announced, explained and updated regularly.</p>
<p><b>Accessibility and Clarity</b></p>	<p><b><i>Accessibility is the ease with which users are able to access the data, also reflecting the format in which the data are available and the availability of supporting information. Clarity refers to the quality and sufficiency of the metadata, illustrations and accompanying advice.</i></b></p> <p>PSAB publishes a raw disease prevalence trend data and a QOF annual report, including QOF achievement data by clinical indicator areas at GP practice and LCG level, and by QOF domains and groups, at LCG level. PSAB also publishes an Exception report and associated data files. All of the files are freely available on the Department of Health website at  <a href="https://www.health-ni.gov.uk/articles/quality-and-outcomes-framework-qof-statistics-annual-report#toc-1">https://www.health-ni.gov.uk/articles/quality-and-outcomes-framework-qof-statistics-annual-report#toc-1</a></p> <p>The reports are available to download in PDF format and the achievement data files and exception files are available as Excel files.</p> <p><a href="https://www.health-ni.gov.uk/publications/quality-and-outcomes-framework-qof-achievement-data-201718">https://www.health-ni.gov.uk/publications/quality-and-outcomes-framework-qof-achievement-data-201718</a></p>

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	<p data-bbox="507 264 1318 331"><a href="https://www.health-ni.gov.uk/publications/exception-reporting-data-201718">https://www.health-ni.gov.uk/publications/exception-reporting-data-201718</a></p> <p data-bbox="507 365 1273 465">The publication is also accessible through the UK National Statistics Publication Hub at: <a href="http://www.statistics.gov.uk/hub/index.html">http://www.statistics.gov.uk/hub/index.html</a></p> <p data-bbox="507 499 1353 600">Footnotes/ caveats and annexes are provided in the publication which cover a range of explanatory information, such as sources and missing data.</p> <p data-bbox="507 633 1326 734">The publication contains contact details for further information. Additional ad-hoc analysis, where appropriate, is provided on request. If requested, PSAB can provide hard copies.</p> <p data-bbox="507 768 1345 835">A QOF factsheet is available to download at <a href="https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/qof-f.pdf">https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/qof-f.pdf</a></p> <p data-bbox="507 869 1361 1037">This is updated annually and includes background information on the QOF, data sources, how practices submit data to PCAS, the level of detail available and not available, secondary use issues, summary of points available, key stages in the QOF process and definitions.</p> <p data-bbox="507 1070 1369 1205">Contact information for further information if required is also provided in the factsheet, both for PSAB and for policy colleagues for further information regarding GMS policy matters. Links are provided to QOF publications in the other UK countries.</p>
<p data-bbox="204 1249 443 1317"><b>Coherence and Comparability</b></p>	<p data-bbox="507 1249 1377 1373"><b><i>Coherence is the degree to which data that are derived from different sources or methods, but refer to the same topic, are similar. Comparability is the degree to which data can be compared over time and domain.</i></b></p> <p data-bbox="507 1417 1353 1977">The only source of QOF data is the Payment Calculation and Analysis System (PCAS), a Northern Ireland IT system that supports the QOF payment process. PCAS was initially developed by MSD Informatics (part of the Merck, Sharp and Dohme pharmaceutical company) to provide practices with objective evidence of the quality of their patient care and to reward them financially for providing that care. From 1st July 2019, the contract to maintain PCAS now sits with CACI (a UK company specialising in integrated marketing, technology solutions and network services). PCAS ensures consistency in the calculation of quality achievement and prevalence, and is linked to payment. This means that payment rules underpinning the GMS Contract are implemented consistently across all GP clinical systems and across all practices in NI. PCAS also gives general practices and the Health and Social Care Board (HSCB) objective evidence and feedback on the quality of care delivered to patients.</p>

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	<p>Overall QOF achievement levels at LCG are compared across a 5 year period. Achievement at domain level (Clinical, Patient Experience, Additional Services, Records &amp; Systems and Public Health) and individual clinical domain areas are also compared across a 5 year period. Achievement is also published at GP practice level, although care should be taken to note any relevant issues, such as practice mergers or changes that may have occurred to individual practices since the previous year.</p> <p>QOF achievement data is available from 2004/05 onwards.</p> <p>The ranking of practices on the basis of QOF points achieved, either overall or with respect to areas within the QOF, may be inappropriate. QOF points do not reflect practice workload issues, for example, around list sizes and disease prevalence – that is why payments include adjustments for both these factors.</p> <p>Comparative analysis of practice, HSS Board or LCG level QOF achievement may also be inappropriate without taking account of the underlying social and demographic characteristics of the populations concerned. The delivery of services will be related to, for example, age, gender, socio-economic and deprivation characteristics not included in the QOF data collection process.</p> <p>Users of the data should be aware that different types of practice may serve different communities. Comparative analysis should therefore take account of local circumstances such as numbers of students, homeless people, drug users and asylum seekers.</p> <p>Information on QOF achievement should also be interpreted with respect to local circumstances around general practice infrastructure. Users should be aware of any effect of the numbers of partners (including single-handed practices), local recruitment and staffing issues, issues around practice premises and local IT issues.</p>
<b>Trade-offs between Output Quality Components</b>	<p><b><i>Trade-offs are the extent to which different aspects of quality are balanced against each other.</i></b></p> <p>None</p>
<b>Assessment of User Needs and Perceptions</b>	<p><b><i>The processes for finding out about users and uses, and their views on the statistical products.</i></b></p> <p>PSAB ensures that these statistical publications remain relevant to users in a number of ways; the PCAS Operational Group exists to ensure that the requirements of users are met. As there is an equivalent framework in England and Wales, PSAB are mindful of these other publications, monitoring any changes or</p>

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	<p>developments and if necessary, take on board such changes to improve our publication. The publications are primarily used by researchers and in our correspondence with them, we take on board their comments and feedback.</p> <p>Readers are provided with contact details for further information and we also gain awareness of users of our data from ad hoc requests for information.</p>
<b>Performance, Cost and Respondent Burden</b>	<p><b><i>The effectiveness, efficiency and economy of the statistical output.</i></b></p> <p>The information downloaded by PSAB for this publication is required for the calculation of QOF payments to GP practices; the information is not collected specifically for PSAB and would be collected whether these publications were produced or not. GP participation in QOF is voluntary.</p>
<b>Confidentiality, Transparency and Security</b>	<p><b><i>The procedures and policy used to ensure sound confidentiality, security and transparent practices.</i></b></p> <p>The PCAS system does not hold any information about individual patients. PCAS was designed to collect information to support the calculation of practice QOF payments.</p> <p>Disclosure controls are applied to suppress small numbers (numerators and denominators) of patients in the QOF achievement data files.</p> <p>Statisticians in PSAB extract the data from the PCAS. Following this, it is held on a network that is only accessible to the statisticians who need access.</p> <p>DoH's 'Statistical Policy Statement on Confidentiality' can be found in the Statistics Charter at: <a href="https://www.health-ni.gov.uk/publications/doh-statistics-charter">https://www.health-ni.gov.uk/publications/doh-statistics-charter</a></p>